HOME-ARP
Draft Allocation Plans

10/4/2021
Sacramento Housing and Redevelopment Agency
On behalf of the City and County of Sacramento
CITY OF SACRAMENTO

HOME-ARP

ALLOCATION PLAN
HOME-ARP Allocation Plan Template

Guidance

- To receive its HOME-ARP allocation, a PJ must:
  - Engage in consultation with at least the required organizations;
  - Provide for public participation including a 15-day public comment period and one public hearing, at a minimum; and,
  - Develop a plan that meets the requirements in the HOME-ARP Notice.
- To submit: a PJ must upload a Microsoft Word or PDF version of the plan in IDIS as an attachment next to the “HOME-ARP allocation plan” option on either the AD-26 screen (for PJs whose FY 2021 annual action plan is a Year 2-5 annual action plan) or the AD-25 screen (for PJs whose FY 2021 annual action plan is a Year 1 annual action plan that is part of the 2021 consolidated plan).
- PJ must also submit an SF-424, SF-424B, and SF-424D, and the following certifications as an attachment on either the AD-26 or AD-25 screen, as applicable:
  - Affirmatively Further Fair Housing;
  - Uniform Relocation Assistance and Real Property Acquisition Policies Act and Anti-displacement and Relocation Assistance Plan;
  - Anti-Lobbying;
  - Authority of Jurisdiction;
  - Section 3; and,
  - HOME-ARP specific certification.

Participating Jurisdiction: City of Sacramento Date: 10/19/2021

Consultation

Before developing its plan, a PJ must consult with the CoC(s) serving the jurisdiction’s geographic area, homeless and domestic violence service providers, veterans’ groups, public housing agencies (PHAs), public agencies that address the needs of the qualifying populations, and public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities, at a minimum. State PJs are not required to consult with every PHA or CoC within the state’s boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

Summarize the consultation process:
As part of the HOME-ARP Allocation Plan development process, federal regulations (24 CFR 91.200(b), 91.215(i)), CPD Notice 21-10 include the requirement that a jurisdiction consult extensively with homeless and domestic violence service providers, veterans’ groups, public housing agencies, public agencies that address the needs of the qualifying populations, persons with disabilities, and other interested parties. The Sacramento Housing and Redevelopment
Agency (SHRA) developed the draft allocation plan, on behalf of the City of Sacramento, by following its adopted Citizen Participation Plan and CPD Notice 21-10 which allows for a 15-day public comment period. The Sacramento Continuum of Care (CoC) was consulted and provided feedback of the draft allocation plan. CoC members include representatives from the following: person with lived homelessness experience, mental health, substance abuse, veterans, persons with disabilities, county health services, law enforcement, shelter providers, County of Sacramento, faith community advocates, homeless youth providers, homeless youth with lived homeless experience, employment development, and the City and County of Sacramento Housing Authority. In addition to the CoC, SHRA also reached out to the Sacramento Fair Housing team which includes Legal Services of Northern California and Project Sentinel.

List of consulted organizations inserted below.

<table>
<thead>
<tr>
<th>HOME-ARP Consultation List</th>
<th>Agency/Organization Consulted</th>
<th>Type of Agency/Organization</th>
<th>Method of Consultation</th>
<th>Contact Date: 9/21/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuum of Care Board Member</td>
<td>Business Community</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Business Community &amp; Street Outreach</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Citrus Heights</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Elk Grove</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Rancho Cordova</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Sacramento</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Coalition/Network</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>County Health Services</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>County of Sacramento</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Education</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Employment Development</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Faith Community Advocate</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Homeless Youth</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Housing Authority</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Law Enforcement</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Lived Experience</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Mental Health</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Mental Health Service Organization</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>People with Disabilities</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Shelter and/or Housing Provider</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Shelter Provider</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Substance Abuse</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Substance Abuse Service Organizations</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Veterans</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Youth with Lived Experience</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Legal Services of Northern California</td>
<td>Fair Housing</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Project Sentinel</td>
<td>Fair Housing</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>Veterans Resource Centers of America</td>
<td>Veterans</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
<tr>
<td>WEAVE</td>
<td>Domestic Violence</td>
<td>Letter/Email</td>
<td>To be added if received</td>
<td></td>
</tr>
</tbody>
</table>
List the organizations consulted, and summarize the feedback received from these entities.

<table>
<thead>
<tr>
<th>Agency/Org Consulted</th>
<th>Type of Agency/Org.</th>
<th>Method of Consultation</th>
<th>Feedback</th>
</tr>
</thead>
</table>

If additional space is needed, insert image of table here:

Public Participation

PJ$s must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJ$s must provide residents with reasonable notice and an opportunity to comment on the proposed HOME-ARP allocation plan of no less than 15 calendar days. The PJ must follow its adopted requirements for “reasonable notice and an opportunity to comment” for plan amendments in its current citizen participation plan. In addition, PJ$s must hold at least one public hearing during the development of the HOME-ARP allocation plan and prior to submission.
For the purposes of HOME-ARP, PJs are required to make the following information available to the public:
- The amount of HOME-ARP the PJ will receive,
- The range of activities the PJ may undertake.

Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:
- **Public comment period**: start date - 10/4/2021 end date - 10/19/2021
- **Public hearing**: 10/19/2021

A duly noticed public hearing was held before the Sacramento City Council.

Describe any efforts to broaden public participation:
Efforts to reach out to the community and neighborhood population for citizen comments began during the City of Sacramento’s Master Siting Plan to Address Homelessness (Homeless Siting Plan) process and continued with the development of the City’s HOME-ARP Allocation Plan (Allocation Plan). The Sacramento City Council adopted the Homeless Siting Plan on August 10, 2021 by Resolution 2021-00924. Draft copies of the the proposed Allocation Plan activities were made available for the 15-day public comment period beginning on October 4, 2021 with publication in the Sacramento Bee (paper of general circulation). The public notice was also posted in the Latino Times, Sacramento Observer and Hai Van News. The draft Allocation Plan was also posted on SHRA web site located at www.shra.org and a hard copy was made available upon request. The public noticing indicated that citizens could also send their public comments to SHRA’s Development Department with contact information being provide in the public notice.

A PJ must consider any comments or views of residents received in writing, or orally at a public hearing, when preparing the HOME-ARP allocation plan.

Summarize the comments and recommendations received through the public participation process:
To be added upon completion of public participation process.

Summarize any comments or recommendations not accepted and state the reasons why:
No comments were not accepted. All recommendations were considered.
For the Needs Assessment and Gaps Analysis refer to attached Sacramento Steps Forward’s 2021 Homeless Needs Gaps Analysis.

SHRA completed the Housing Needs and Inventory Gap analysis table provided by HUD.

1. Data Source 1: ACS Table S2503, 2019 1-Year Estimates
   a. City of Sacramento –

2. Data Source 2: Comprehensive Housing Affordability Strategy (CHAS)

Needs Assessment and Gaps Analysis

PJs must evaluate the size and demographic composition of qualifying populations within its boundaries and assess the unmet needs of those populations. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system. A PJ should use current data, including point in time count, housing inventory count, or other data available through CoCs, and consultations with service providers to quantify the individuals and families in the qualifying populations and their need for additional housing, shelter, or services. The PJ may use the optional tables provided below and/or attach additional data tables to this template.
### Optional Homeless Needs Inventory and Gap Analysis Table

<table>
<thead>
<tr>
<th></th>
<th>Current Inventory</th>
<th>Homeless Population</th>
<th>Gap Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
<td>Adults Only</td>
<td>Vets</td>
</tr>
<tr>
<td></td>
<td># of Beds</td>
<td># of Units</td>
<td># of Beds</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Permanent Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheltered Homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsheltered Homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Gap</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Suggested Data Sources:** 1. Point in Time Count (PIT); 2. Continuum of Care Housing Inventory Count (HIC); 3. Consultation

### Optional Housing Needs Inventory and Gap Analysis Table

<table>
<thead>
<tr>
<th></th>
<th>Current Inventory</th>
<th>Level of Need</th>
<th>Gap Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Units</td>
<td># of Households</td>
<td># of Households</td>
</tr>
<tr>
<td>Total Rental Units</td>
<td>98,402</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)</td>
<td>26,125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Units Affordable to HH at 50% AMI (Other Populations)</td>
<td>42,015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)</td>
<td></td>
<td>17,470</td>
<td></td>
</tr>
<tr>
<td>30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)</td>
<td></td>
<td>5,935</td>
<td></td>
</tr>
<tr>
<td><strong>Current Gaps</strong></td>
<td></td>
<td></td>
<td>23,405</td>
</tr>
</tbody>
</table>

**Suggested Data Sources:** 1. American Community Survey (ACS); 2. Comprehensive Housing Affordability Strategy (CHAS)
Describe the size and demographic composition of qualifying populations within the PJ’s boundaries:

Data Source: 2020-2024 Consolidated Plan, Section NA-40 Homeless Needs Assessment.

Geographic Boundary: County of Sacramento

At the time of the last homeless Point-in-Time (PIT) count, in January 2019, 5,570 people were experiencing homelessness in Sacramento County. More than half of those counted, or 3,900 individuals, were unsheltered (i.e. slept outside or in a location not suitable for human habitation). This is the largest report of nightly homelessness on record for Sacramento County, which signals a troubling trend first noted in the 2017 Sacramento Homeless Count. Most County residents facing homelessness today are unsheltered, even during presumably one of the coldest nights of the year.

A common misconception of the Point-in-Time (PIT) Homeless Count is that it provides a total yearly estimate of all of the individuals experiencing homelessness within the community—for example, approximating the total number of individuals who fall into homelessness or access shelters across the span of the year. As the name implies, however, the Point-in-Time count provides only a snapshot of one night of homelessness in a community.

- During the course of an entire year different individuals enter, exit, and return to a state of homelessness in our community. In other words, the homeless population is in constant flux as different individuals enter and exit homelessness each week. For example, as shown in the above table, an estimated 3,610 families with children are homeless in the region, annually, yet another 2,278 become homeless.

- Taking into consideration this dynamic of homelessness, researcher can use the results of the PIT Count to approximate the total number of individuals who will likely experience homelessness or access shelters at least once during the course of the year. These annualized estimates are typically calculated as two to three times the nightly estimate of nightly homelessness.

- The 2019 Homeless Count suggests that approximately 10,000 to 11,000 residents in Sacramento County will experience homelessness during the next year.

- The estimates in the above table, produced by SSF, are larger, approaching 20,000 people who could experience homelessness. It is not clear, however, how many individuals encountered during the Homeless Count overlap with individuals interacting with broader system of homeless services, which the HMIS data capture

Chronic Homelessness: A high proportion (59%) of unsheltered individuals have been experiencing long-term and continuous periods of being unsheltered of over a year. This suggests that unsheltered people in Sacramento County are having more prolonged experiences with homelessness than before, which may indicate greater barriers to housing. This finding, coupled with the high rate of unsheltered homelessness overall, would suggest that a growing proportion of individuals would also be meeting HUD’s criteria for chronic homelessness (which is based on both length of homelessness and presence of a disabling condition). The estimate for chronic
homelessness, however, has remained stagnant even though individuals are spending more time homeless.

- Even though Sacramento County is observing an increase in unsheltered homelessness, the overall chronic homeless proportion for 2019 is almost identical to 2017 (31% in 2017 compared to 30% in 2019), and substantially lower within the unsheltered population (31% chronically homeless in 2019 vs. 39% in 2017).

- A closer examination of the survey data suggests that while a fair number of unsheltered individuals report significant challenges a smaller percentage appears to report disabling conditions.

- Though it is beyond the limits of the 2019 Homeless Count to explore this decline conclusively, it is apparent that the rate of chronic homelessness has at least remained stagnant, and for some groups even indicated some modest declines, particularly for older adults and veterans.

- This pattern could reflect better efforts to engage disabled individuals experiencing chronic homelessness in the county; even with substantial increases in unsheltered homelessness it is likely that some groups have benefited from targeted efforts to transition them into housing and services.

Families with Children: On a single night in January, approximately 372 families with children were experiencing homelessness in Sacramento County.

- These 372 households consisted of 451 adults and 688 children under age 18 (1,139 in total), representing approximately 20 percent of all persons experiencing homelessness in the county.

- About half of family households with children experiencing homelessness (52% or 195 households) were unsheltered.

- There were 567 persons within 195 unsheltered families with children, which represent approximately 15 percent of the unsheltered homeless population in Sacramento County (567 individuals in families out of 3,900 total persons who were unsheltered). This rate is much higher than national averages, where 90 to 95 percent of families are found in shelters.

- There were 542 persons within the 174 sheltered families, which represent 34 percent of the sheltered homeless population (542 out of the 1,670 total persons who were sheltered).

Veterans: On a single night in January, 667 veterans were experiencing either sheltered or unsheltered homelessness in Sacramento County.

- Veterans represent approximately 12 percent of all persons experiencing homelessness in the county.
• The majority (73%) of these veterans were unsheltered, a similar unsheltered proportion as in the overall homeless population in Sacramento County (70%).

• Of those who were sheltered, half were in emergency shelters and half were in transitional housing programs.

**Youth**: During the night of the 2019 Count, approximately 415 transitional age youth were experiencing homelessness in Sacramento County. An additional 28 unaccompanied minors (14 unsheltered and 14 sheltered) were experiencing homelessness.

• Transitional age youth (TAY) represent approximately eight percent of the total homeless population.

• Similar to other groups, the majority of TAY were experiencing unsheltered homelessness on the night of the count (59%).

In contrast, 41 percent of youth were experiencing sheltered homelessness, most of whom were staying in a transitional housing program.

**Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.**

Approximately 18 percent of people experiencing homelessness identified their ethnicity as Hispanic, while the majority identified as non-Hispanic (82%). With respect to racial identity, the majority of individuals identified as either White (47%) or Black/African American (34%). A substantial proportion of individuals also identified as American Indian or Alaska Native (8%), while nine percent (9%) identified themselves with multiple races or considered themselves Multiracial. Relatively few individuals identified as either Hawaiian-Pacific Islander (2%) or Asian (1%).

When the racial composition of people experiencing homelessness is compared to the total racial composition of all residents of Sacramento County, it reveals:

• White individuals comprise the largest racial group of people experiencing homelessness in Sacramento County (47%), they are nonetheless underrepresented given that 64 percent of Sacramento County residents identify as White.

• In contrast, Black/African American individuals are disproportionately represented in the county’s homeless population (34% vs 13% of Sacramento County).

• American Indian/Alaska Native individuals are also overrepresented in the homeless population in Sacramento County (8% vs. 2% of Sacramento County), which mirrors national trends.

• In contrast, individuals who identify as Asian are substantially underrepresented in the homeless population (1% vs 18% of Sacramento County).

The overrepresentation of racial minorities in the homeless population is largely consistent with trends reported across California, as well as the United States more broadly.
On June 30, 2020, Sacramento Steps Forward reported 5,123 people experiencing homelessness in Sacramento County, a majority of whom were in the City of Sacramento. According to Sacramento Steps Forward, that number has remained unchanged over the last six months despite the placement of 1,606 people in supportive housing during the same timeframe. This is likely due to continued influx of individuals experiencing homelessness as a result of job losses and lack of affordable housing, including rising rents. The coronavirus pandemic, with its devastating impact on public health and the region’s economy, has only served to further exacerbate the issues surrounding homelessness in the City of Sacramento and increased the humanitarian crisis.

Describe the unmet housing and service needs of qualifying populations, including but not limited to:

- Sheltered and unsheltered homeless populations;
- Those currently housed populations at risk of homelessness;
- Other families requiring services or housing assistance or to prevent homelessness; and,
- Those at greatest risk of housing instability or in unstable housing situations:

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

On a single night in January 2019 an estimated 5,570 individuals were experiencing homelessness in Sacramento County.

- This is the largest report of nightly homelessness on record for Sacramento County.
- The estimate of 5,570 includes the 1,670 sheltered individuals who accessed emergency shelters or transitional housing the night of the count, and the 3,900 unsheltered individuals who slept outside or in a location not suitable for human habitation (e.g., on the street, in a vehicle, or in a tent).
- This suggests that over 70 percent of individuals experiencing homelessness in the county are unsheltered as opposed to sheltered on any given night (i.e., not accessing shelters or transitional housing).

The high number of people experiencing unsheltered homelessness in our region signals a troubling trend first noted in the 2017 Sacramento Homeless Count, that the vast majority of county residents facing homelessness today are unsheltered, even during presumably one of the coldest nights of the year.

- The 2017 Homeless Count was the first year that Sacramento County reported more people experiencing unsheltered than sheltered homelessness (56% vs. 44%).
• Though this trend has continued to worsen, it follows a larger pattern of growing unsheltered homelessness reported across communities in California.

• According to HUD, California reports the highest proportion of unsheltered homelessness in the country, currently averaging 69 percent (HUD, 2018). This proportion of unsheltered homelessness has grown over the last four years, consistent with the growth observed in Sacramento.

Given Sacramento County’s population of approximately 1.5 million residents, the estimate of 5,570 people experiencing homelessness each night suggests that approximately 36 in every 10,000 residents in the county experience homelessness each night.

• This per capita rate of nightly homelessness is about ten percent higher than the 2018 state average of 33 per 10,000 Californians experiencing homelessness each night.

While 2019 data for the state will not be available until 2020, the PIT anticipates that the per capita homelessness rate for California will rise and Sacramento County will approximate the state average (i.e., the PIT anticipates that the state average will reach or exceed 36 out of 10,000).

Data Source: 2020-2024 City of Sacramento Consolidated Plan, Section NA-45 Non-Homeless Special Needs Assessment.

This section provides data and information about special needs populations in the City of Sacramento. Non-homeless special needs populations include households containing persons with a disability (hearing/vision limitation, ambulatory limitation, cognitive limitation, and/or self-care/independent living limitation), elderly households, persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and victims of domestic violence, dating violence, sexual assault, and stalking. The characteristics of these populations are described below.

The City of Sacramento is the recipient of the Housing Opportunities for Persons with AIDS (HOPWA) funds for the Eligible Metropolitan Statistical Area (EMSA) serving the geographic areas of Sacramento, El Dorado, Placer, and Yolo Counties. Program funds are used to assist HOPWA eligible participants in maintaining stable housing arrangements, reducing the risk of homelessness and improving their access to care. This is done through Tenant-Based Rental Assistance (TBRA), Short-Term Rental, Mortgage, and Utility Assistance (STRMU), facility-based housing assistance, and supportive services. Supportive services, usually are tied to HOPWA housing assistance, can include alcohol and drug abuse services, case management, life skills management, meals/nutritional services, outreach, childcare and other services, education, and employment assistance and training.

SHRA currently provides HOPWA funds to the following organizations:
• Colonia San Martin, LP (Mercy Housing California) provides supportive services to HOPWA eligible residents at one property which is managed by Mercy Housing California.
• The CARES Community Health dba One Community Health provides STRMU and non-facility-based case management to eligible HIV/AIDS individuals in Shelter Plus Care and other housing situations within Sacramento County.
• The ComuniCare Health Centers provides STRMU and supportive services to eligible individuals in Yolo County.
• The Sierra Foothills AIDS Foundation (SFAF) provides STRMU and TBRA assistance to eligible individuals in El Dorado and Placer Counties.
• Volunteers of America (VOA) operates a transitional short-term supportive housing facility and provides supportive services for the housing facility and to HOPWA clients.

It is increasingly difficult to fund non-homeless special needs projects due to the limited amount of funding received annually to support housing and community development initiatives and the increasing amount of basic community needs resulting from ongoing economic conditions. However, other resources are available at the federal, state, and local levels, including nonprofit organizations that area organizations can solicit to help provide affordable housing opportunities and supportive services to the non-homeless special needs populations in Sacramento County.

Describe the characteristics of special needs populations in your community:
Housing and supportive service needs for Sacramento’s non-homeless special needs populations are described below. Needs were determined through occurrence of HUD-defined housing problems, income/employment status, and stakeholder and resident engagement.

Elderly: In Sacramento, 81,888 persons are 62 years or older, accounting for 16 percent of all residents.

Senior households may be less able to cope with increasing housing costs (rents for renters and property taxes for owners) as they are more likely to be living on a fixed retirement income. Most seniors desire to age in place but may need accessibility modifications as they age and may need additional support services in order to properly maintain their home and property. Many may also require transportation services and in-home health care at certain stages.

Frail elderly: Of the elderly residents in Sacramento, 9,417 of them are frail elderly (defined as an elderly person who requires assistance with three or more activities of daily living, such as bathing, walking, and performing light housework). Frail elderly residents comprise just two percent of all residents in the City.

Persons with mental, physical, and/or developmental disabilities: In Sacramento, 57,926 persons live with a mental, physical, and/or developmental disability, accounting for 12 percent of all residents.
As discussed in the Regional AI, the top housing challenges for people with disabilities include:

- A lack of affordable, accessible housing throughout the region. Focus group participants describe finding an accessible, affordable place to live as “incredibly difficult” and that adding access to transit to the affordable, accessible housing search further increases the difficulty of finding a place to live. Market rate units that are accessible are financially out of reach to households relying on disability income.
- Worry about rent increases, being unable to buy a home, and worry about property taxes are among the concerns identified by the greatest proportions of respondents whose household includes a member with a disability.
- More than one in three (35%) struggle to pay the rent. Those with housing vouchers are more likely than voucher holders who do not have a disability to have a very difficult time finding a landlord willing to accept their voucher.
- One in three live in housing that does not meet their accessibility needs. The most frequently mentioned modifications or accommodations needed include installation of grab bars; service or emotional support animals allowed in the home; walk or roll-in shower; reserved accessible parking spot by the entrance; ramps; and wider doors.
- One in five worry about retaliation if they report harassment by neighbors/building staff/their landlord, and one in four (23%) worry that they if they request an accommodation for their disability their rent will be increased or they will be evicted.
- In focus groups stakeholders identified a lack of supportive housing services as a critical need to helping residents with disabilities, particularly those with mental illness, to remain living in the most independent setting possible.

Persons with alcohol or other drug addiction: In Sacramento, 29,949 persons (18 years or older) live with an alcohol or other drug addiction, accounting for 6 percent of all residents.

Persons with HIV/AIDS and their families: Jurisdiction-specific data is not available for the number of persons living with HIV/AIDS. The CDC reports the number of persons living with HIV/AIDS by state only and jurisdictional numbers are estimated based on the state. In Sacramento, it is estimated that 1,933 persons, or 0.4 percent of the total population, live with HIV/AIDS.

Victims of domestic violence, dating violence, sexual assault, and stalking: Jurisdiction-specific data is not available for the number of victims of domestic violence. Jurisdictional numbers are estimated based on national incidence rates. In Sacramento, it is estimated that 20,626 persons, or four percent of the total population, are victims of domestic violence, dating violence, sexual assault, and stalking.

What are the housing and supportive service needs of these populations and how are these needs determined?
The non-homeless special needs populations in Sacramento have a wide range of service needs, including transitional housing, supportive housing, counseling, care management, transportation.
to health care facilities and employment, and more. Information was also retrieved from interviews and focus group sessions with area organizations during the planning process.

**Elderly:** In Sacramento, 38 percent of elderly households have some type of housing need. Elderly participants in the Sacramento Valley Resident Survey report experiencing a range of housing needs:

- Among those who rent, one in five (21%) struggle to pay the rent, and 15 percent are afraid they will be evicted or kicked out;
- Among homeowners, one in three (33%) “worry about property taxes increasing to an amount I can’t afford”, and 6 percent say they can’t afford to pay their property taxes;
- One in five (19%) “need help taking care of my home and can’t find or afford to hire someone”;
- About one in six report that their home/apartment is in “poor condition” (such as mold or needs repairs); and
- One in 10 can’t pay their utilities.

**Persons with mental, physical, and/or developmental disabilities:** In Sacramento, 54 percent of households including a person with a mental, physical, and/or developmental disability have a housing need.

In a focus group with residents who utilize Resources for Independent Living, participants expressed the need for accessible housing, well-maintained and managed housing, access to reliable and affordable transportation, access to fresh food, and a better reasonable accommodation process with the Housing Authority.

As discussed above, the most pressing housing needs of residents with disabilities include a lack of accessible, affordable housing, particularly affordable and accessible housing that is close to transit. In addition to issues related to physical accessibility and cost burden, stakeholders and residents identified a lack of supportive housing services as a critical need in helping the region’s most vulnerable residents, including those with mental illness, to remain living in the most independent setting possible. Gaps or in the system identified by stakeholders include lack of funding for supportive services, a shortage of qualified care providers for assistance with daily living, and lack of access to mental health care services or those with access find the frequency of mental health service allowed under Medi-Cal is insufficient to maintain stability. Others report frequent switching of stabilizing medications due to changes in Medi-Cal or other insurer policies, leading to mental health crises which jeopardize a resident’s ability to remain housed.

**Victims of domestic violence, dating violence, sexual assault, and stalking:** In Sacramento, four percent of households with victims of domestic violence, dating violence, sexual assault, and/or stalking have a housing need.
Discuss the size and characteristics of the population with HIV/AIDS and their families
within the Eligible Metropolitan Statistical Area:

Based on the California HIV Surveillance Report, which reports on the size of the population with HIV/AIDS at the county-level, the annual number of new HIV diagnoses and the rate of HIV infection declined from 2013 through 2017 in Sacramento County. The number of new diagnoses declined by 8.8 percent—from 171 in 2013 to 156 in 2017, and the rate of new diagnoses per 100,000 population declined by 12.8 percent, from 11.7 to 10.2.

During this same five-year period, the number of persons in Sacramento County living with diagnosed HIV infection increased from 3,744 to over 4,405. In 2017, the prevalence rate of diagnosed HIV infection was 288.9 per 100,000 population, compared to 257.2 in 2013—an increase of 12.3 percent.

Of the 4,405 people living with diagnosed HIV infection in 2017, 79 percent were in HIV care and 69 percent achieved viral suppression. California's Integrated Plan objectives are to increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care to at least 90 percent and increase viral suppression to 80 percent by 2021.

The California HIV Surveillance Report provides demographic data on persons living with diagnosed HIV infection at the state-level only. In California, 39 percent of persons living with HIV are white, 36 percent are Hispanic, and 17 are Black. The majority of persons living with HIV in California are between the ages of 45 and 59.

Identify and consider the current resources available to assist qualifying populations,
including congregate and non-congregate shelter units, supportive services, TBRA, and
affordable and permanent supportive rental housing:

SHRA, on behalf of the City of Sacramento, funds various HOPWA providers as outlined above. In addition to HOPWA, SHRA annually brings before the City Council for approval proposed funding allocations of Emergency Solutions Grant (ESG) and Community Development Block Grant (CDBG) for emergency shelters (congregate and non-congregate) and rapid re-housing. HOME funding is allocated towards new affordable housing construction and/or rehabilitation. The City of Sacramento’s Homeless Citing Plan (Resolution 2021-00924) includes HOME and ESG as potential funding components. The Homeless Citing Plan resources are from the state and federal government, both in response to the COVID-19 pandemic and in the interest of providing a safety net and ensuring communities can make a full recovery, are provided at a scale very rarely available. Included in the Master Siting Plan was a conceptual framework for how the City might muster $100 million to invest in shelter and housing solutions during the next two years. The funds are a combination of ongoing and one-time funding from the state and federal government. A financing plan will be brought back to the City Council soon to allocate funds from available state and federal resources to implement the Master Siting Plan.
The Homeless Citing Plan further states that work to prevent homelessness during the pandemic has been a priority of the City of Sacramento. On September 22, 2020, the City Council approved the first allocation of City Coronavirus Aid, Relief and Economic Security Act, Coronavirus Relief Funds (CARES CRF) and CDBG funding for the Sacramento Emergency Rental Assistance (SERA) program administered by SHRA. In 2020, a total of $5.36 million was allocated for rental assistance and 930 City households received rental assistance. The federal government, through the State of California have since allocated over $33 million to the City of Sacramento and nearly $100 million in funding to the City and County of Sacramento for rental and utility payment assistance to keep housing insecure Sacramentans in their current homes. Approximately 5,000 households will be assisted in the City with the second round of emergency rental assistance to prevent homelessness.

Since March 2020 when the COVID-19 pandemic was declared a public health emergency in California, the City Council has allocated over $113 million in onetime funding sources to provide shelter and emergency housing. The homelessness response included the first safe parking overnight spots for vehicles; triage capacity for overnight respite; Safe Ground organized camping on Caltrans and City property downtown; 500 motel rooms for city interim motel vouchers including outreach and supportive services for 100 chronically homeless individuals; housing voucher coordination and support services for 100 homeless individuals; 104 traditional shelter beds; 50 beds at the Meadowview Navigation Center, a women’s shelter expanding to 100 beds as COVID-19 protocols allow; 109 HomeKey permanent supportive housing units and 11 interim supportive housing units; 24 cabins at Grove Avenue expanding to 48 beds for transitional aged youth as COVID-19 protocols allow; 20 beds at a 24/7 methamphetamine sobering center for three months; 500 households rehoused from Project Roomkey; 75 shelter beds for transition-aged youth; and 40 units of scattered site housing have been purchased and opened. The planned X Street Navigation Shelter experienced significant federal obstacles, delaying its construction. The 100-bed shelter will open in late summer 2021. CRF funds also supported portable restrooms and showers and the necessary trucks and generators for homeless support services. Still, the numbers are increasing and therefore the response by the City must also accelerate.

The City anticipates significant additional one-time and ongoing funding from the Biden Administration’s American Rescue Plan Act and future legislation and the State of California. A variety of programs, including direct allocation to cities, counties and Continuums of Care for the next two years as a continuation of the Homeless Housing, Assistance, and Prevention (HHAP) program and billions of dollars available for Homekey projects, will allow the City to continue programs created before and during the COVID-19 pandemic and stand up new programs to provide beds, spaces and roofs to thousands of Sacramentans experiencing homelessness.

In an effort to provide a systemic and comprehensive approach to the address the humanitarian crisis of homelessness, the Mayor and Councilmembers are collaborating with the Sacramento County Board of Supervisors. Formal discussions via the City-County 2x2 meetings and
individual conversations are ongoing and include joint efforts to establish one or more large campus solutions, programs for unsheltered in need of mental health and substance abuse treatment, partnerships with providers including the region’s health care companies, the faith-based communities, and identifying significant funding resources. Staff from the City, County, SHRA, and Sacramento Steps Forward are also collaborating to implement existing programs and expand the shelter, housing and services as directed by the City Council, Board of Supervisors, and the Continuum of Care Board and Committees.

**Identify any gaps within the current shelter and housing inventory as well as the service delivery system:**
As stated in the August 10, 2021 City’s Homeless Siting Plan, funding resources to house individuals remains a constant need and equally as compelling is the identification, community engagement process, and approval of sites to serve as both temporary and long-term shelter, transitional housing and permanent supportive housing. On August 10, 2021 the City Council directed SHRA to implement the programmatic strategies contained within the Homeless Siting Plan to add further affordable rental housing capacity through hotel/motel conversion. HOME-ARP will be utilized as a match source for the State of California’s Homekey program for two motel/hotel conversions.

**Identify the characteristics of housing associated with instability and an increased risk of homelessness if the PJ will include such conditions in its definition of “other populations” as established in the HOME-ARP Notice:**
Data Source: 2020-2024 Consolidated Plan, Section NA-10 Housing Needs Assessment.

The Housing Needs section of the Consolidated Plan examines housing, community, and economic development needs of residents. As required by the U.S. Department of Housing and Urban Development (HUD), the assessment is based on an analysis of “disproportionate needs” based on HUD’s housing problems tables, and informed by resident input and stakeholder consultation. The top housing and community development needs include:

**Housing Needs:**
- **Affordability.** The changes in regional home values and rents have exceeded changes in median incomes for all households, meaning that households have lost their housing “purchasing power.” This challenge was mentioned in every resident focus group conducted for the Five-year Plan. Participants searching for a place to live as “frustrating” and, particularly for rental housing, includes “denials after denials.” Compared to the typical regional resident, Hispanic residents, residents whose household includes a member with a disability, non-Hispanic White respondents, and large family households are more likely to say they struggle to pay the rent and worry their rent will increase more than they can afford.

- **Cost burden and severe cost burden,** for both renter and owner households, are the most common housing problems. Consistent with the cost burden data, about 30 percent
of Sacramento City and County renters who participated in the resident survey report struggling to pay their rent (sometimes paying late, not paying other bills on time, not buying food or medicine). Among low- to moderate-income owner households, 28 percent are cost burdened and 25 percent are severely cost burdened—slightly lower than the rates experienced by renters. Half of regional homeowners with household incomes less than $25,000 who participated in the resident survey worry that their property taxes will increase to an amount they can’t afford.

- **Quality housing.** Resident focus group participants shared stories of poor housing condition, ranging from units in need of basic repairs, to problems with mold, to pest infestations. Many shared that they were afraid to request repairs or remediation out of fear of being evicted or having the rent increase. Evictions resulting from code enforcement actions were described in nearly all resident focus groups, regardless of the community where they were held. Compared to the region, African American residents, residents whose household includes a member with a disability, and large family households participating in the resident survey were more likely to report living in a home in poor condition.

- **Overcrowding.** Overcrowding is defined by HUD as more than one person per bedroom. According to the experience of focus group participants, it is common for low-income households to live with extended family, roommates, or other friends in order to afford housing. In extreme cases, two or more households share a unit. Overcrowding is more likely to be a challenge experienced by African American residents, Hispanic residents, large family households, and residents with Limited English Proficiency (LEP) than regional survey respondents overall.

- **Equity in ownership.** The homeownership rate for Black/African American households in the Sacramento region is 35 percent; for Hispanic households, 45 percent; compared to 67 percent for Non-Hispanic White households. For the majority of households in the U.S., owning a home is the single most important factor in wealth-building—and the disparate ownership rates contribute to longer term wealth disparities.

- **Public housing and housing choice voucher holders.** Residents who live in publicly supported housing developments shared their experience and tenants who are voucher holders spoke to their experience finding rental housing using a voucher. In general, maintenance and management issues raised by public housing tenants are similar to those raised by residents living in privately provided housing. Focus group participants who are voucher holders described the difficulty they have experienced when faced with finding a new place to rent. Finding a quality unit that is within the voucher amount is very challenging, particularly in a tight rental market where landlords can easily find residents without vouchers. Challenges navigating the system for obtaining affordable housing, including waitlist processes, were raised frequently by participants. In addition to residents’ own experiences, advocates for survivors of domestic violence echoed that there is difficulty in finding a unit within the voucher amount and navigating the system to find affordable housing. Advocates note circumstances wherein they have assisted survivors of domestic violence in using Housing Choice Vouchers, these vouchers were critical to the success and independence of the survivor, and it would have been very
difficult for the survivor to navigate the process of utilizing a voucher without the support of a housing advocate.

- **Homelessness.** Homelessness has been a significant issue for many years but, until recently, housing market conditions and local efforts to fight homelessness appear to have mitigated the most significant growth in the homeless population. The 2019 PIT Count indicates that homelessness is expanding substantially and requires a new and intensified response. In interviews, stakeholders expressed the ongoing need for emergency shelters and services, but also getting people back into housing after experiencing homelessness. Advocates for survivors of domestic violence concur that lack of housing has led to higher demand and longer stays in emergency shelter services overall.

Stakeholders recommended prioritizing investments in diversion at emergency shelters, rather than expanding homeless services overall. Rapid rehousing has not been working well enough to improve the flow of individuals for a variety of reasons including ESG fair market rent requirements which make it difficult for participants to locate ESG-eligible affordable housing, leading to higher demand and longer stays at emergency shelters. If the region focuses on services to better divert residents experiencing homelessness from emergency shelters through concentrated service delivery and housing placement, then new beds would not be required because beds would open up more frequently. Stakeholders felt that it is important for the City and County to invest in projects that are scalable and flexible, rather than targeting a specific population, so that service providers can focus on those that are currently the most vulnerable, including the elderly and at-risk youth.

- **Non-homeless special needs.** Households that include a member with a disability may experience housing challenges related to needed modifications to the home or accommodations from their housing provider. According to the resident survey, one in three (35%) households that include a member with a disability live in a home that does not meet the needs of the resident with a disability. Among these households, the improvements or modifications needed include grab bars and walk/roll in showers in bathrooms, service or emotional support animals allowed in the home, reserved accessible parking, ramps, wider doorways, and accessible safety alarms. Residents whose household includes a member with a disability experience other barriers to living in housing in the most integrated, independent setting possible.
Identify priority needs for qualifying populations:
Data Source: 2020-2024 Consolidated Plan, Section SP-25 Priority Needs, Table 50-Priority Needs Summary.

Expanding the supply and improving the quality of affordable housing for low- and moderate-income households are high priority goals over the next five years for the City of Sacramento.

Priority populations (alphabetical order):
- Chronic Homelessness Individuals
- Chronic Substance Abuse
- Elderly
- Elderly Families with Children
- Families with Children
- Frail Elderly
- Large Families
- Low/moderate income
- Mentally Ill
- Non-housing Community Development
- Persons with Alcohol or Other Addictions
- Persons with Developmental Disabilities
- Persons with HIV/AIDS
- Persons with HIV/AIDS and their Families
- Persons with Mental Disabilities
- Persons with Physical Disabilities
- Public Housing Residents
- Unaccompanied Youth
- Veterans
- Victims of Domestic Violence
- Victims of Domestic Violence

Explain how the level of need and gaps in its shelter and housing inventory and service delivery systems based on the data presented in the plan were determined:
Data Source: 2020-2024 Consolidated Plan, Section NA-05 Needs Assessment Overview.

The Consolidated Plan examines housing, community, and economic development needs of residents. As required by HUD, the assessment is based on an analysis of “disproportionate needs” based on HUD’s housing problems tables, and informed by resident input and stakeholder consultation.
HOME-ARP Activities

Describe the method for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors and whether the PJ will administer eligible activities directly:

SHRA will follow its adopted policies on soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors. SHRA will retain 10 percent of the funds for planning and administration.

If any portion of the PJ’s HOME-ARP administrative funds were provided to a subrecipient or contractor prior to HUD’s acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ’s entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ’s HOME-ARP program:

Not applicable.

PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits. The following table may be used to meet this requirement.

Use of HOME-ARP Funding

<table>
<thead>
<tr>
<th>Activity</th>
<th>Funding Amount</th>
<th>Percent of the Grant</th>
<th>Statutory Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Services</td>
<td>$ #</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Acquisition and Development of Non-Congregate Shelters</td>
<td>$ #</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Tenant Based Rental Assistance (TBRA)</td>
<td>$ #</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Development of Affordable Rental Housing</td>
<td>$ 8,212,784</td>
<td>%</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Profit Operating</td>
<td>$ #</td>
<td>%</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Profit Capacity Building</td>
<td>$ #</td>
<td>%</td>
<td>5%</td>
</tr>
<tr>
<td>Administration and Planning</td>
<td>$ 912,531</td>
<td>10 %</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Total HOME ARP Allocation</strong></td>
<td>$ 9,125,315</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional narrative, if applicable:

SHRA will retain 10% of the HOME-ARP for planning and program administration. Remaining funds to develop affordable rental housing.
Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:

The HOME-ARP funds will provide affordable rental housing to HUD defined homeless families with children and individuals as both groups are identified as a high priority need in the Consolidated Plan and by the Sacramento City Council. The City Council based its priority need on data supplied by Sacramento Steps Forward/Continuum of Care.

HOME-ARP Production Housing Goals

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:

Funds to provide up to 220 affordable rental housing units for families with children and individuals.

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how it will address the PJ’s priority needs:

The rental housing production goal is up to 220 housing units. Producing affordable housing is one of the Consolidated Plan’s five-year goals, and housing homeless families and individuals is a high priority for the City of Sacramento.

Preferences

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:

- Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).
- PJs are not required to describe specific projects to which the preferences will apply.

Not applicable.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or category of qualifying population, consistent with the PJ’s needs assessment and gap analysis:

Not applicable.
If a preference was identified, describe how the PJ will use HOME-ARP funds to address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the preference:
Not applicable.

**HOME-ARP Refinancing Guidelines**

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME-ARP refinancing guidelines in accordance with 24 CFR 92.206(b). The guidelines must describe the conditions under with the PJ will refinance existing debt for a HOME-ARP rental project, including:

- **Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity**
  
  Not applicable.

- **Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.**
  
  Not applicable.

- **State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.**
  
  Not applicable.

- **Specify the required compliance period, whether it is the minimum 15 years or longer.**
  
  Not applicable.

- **State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG.**
  
  Not applicable.

- **Other requirements in the PJ’s guidelines, if applicable:**
  
  Not applicable.
COUNTY OF SACRAMENTO

HOME-ARP

ALLOCATION PLAN
HOME-ARP Allocation Plan Template

Guidance

- To receive its HOME-ARP allocation, a PJ must:
  - Engage in consultation with at least the required organizations;
  - Provide for public participation including a 15-day public comment period and one public hearing, at a minimum; and,
  - Develop a plan that meets the requirements in the HOME-ARP Notice.
- To submit: a PJ must upload a Microsoft Word or PDF version of the plan in IDIS as an attachment next to the “HOME-ARP allocation plan” option on either the AD-26 screen (for PJs whose FY 2021 annual action plan is a Year 2-5 annual action plan) or the AD-25 screen (for PJs whose FY 2021 annual action plan is a Year 1 annual action plan that is part of the 2021 consolidated plan).
- PJs must also submit an SF-424, SF-424B, and SF-424D, and the following certifications as an attachment on either the AD-26 or AD-25 screen, as applicable:
  - Affirmatively Further Fair Housing;
  - Uniform Relocation Assistance and Real Property Acquisition Policies Act and Anti-displacement and Relocation Assistance Plan;
  - Anti-Lobbying;
  - Authority of Jurisdiction;
  - Section 3; and,
  - HOME-ARP specific certification.

Participating Jurisdiction: County of Sacramento

Date: 10/19/2021

Consultation

Before developing its plan, a PJ must consult with the CoC(s) serving the jurisdiction’s geographic area, homeless and domestic violence service providers, veterans’ groups, public housing agencies (PHAs), public agencies that address the needs of the qualifying populations, and public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities, at a minimum. State PJs are not required to consult with every PHA or CoC within the state’s boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

Summarize the consultation process:

As part of the HOME-ARP Allocation Plan development process, federal regulations (24 CFR 91.200(b), 91.215(i)), CPD Notice 21-10 include the requirement that a jurisdiction consult extensively with homeless and domestic violence service providers, veterans’ groups, public housing agencies, public agencies that address the needs of the qualifying populations, persons with disabilities, and other interested parties. The Sacramento Housing and Redevelopment
Agency (SHRA) developed the draft allocation plan, on behalf of the City of Sacramento, by following its adopted Citizen Participation Plan and CPD Notice 21-10 which allows for a 15-day public comment period. The Sacramento Continuum of Care (CoC) was consulted and provided feedback of the draft allocation plan. CoC members include representatives from the following: person with lived homelessness experience, mental health, substance abuse, veterans, persons with disabilities, county health services, law enforcement, shelter providers, County of Sacramento, faith community advocates, homeless youth providers, homeless youth with lived homeless experience, employment development, and the City and County of Sacramento Housing Authority. In addition to the CoC, SHRA also reached out to the Sacramento Fair Housing team which includes Legal Services of Northern California and Project Sentinel.

List of consulted organizations inserted below.

<table>
<thead>
<tr>
<th>Agency/Organization Consulted</th>
<th>Type of Agency/Organization</th>
<th>Method of Consultation</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuum of Care Board Member</td>
<td>Business Community</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Business Community &amp; Street Outreach</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Citrus Heights</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Elk Grove</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Rancho Cordova</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>City of Sacramento</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Coalition/Network</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>County Health Services</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>County of Sacramento</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Education</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Employment Development</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Faith Community Advocate</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Homeless Youth</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Housing Authority</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Law Enforcement</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Lived Experience</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Mental Health</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Mental Health Service Organization</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>People with Disabilities</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Shelter and/or Housing Provider</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Shelter Provider</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Substance Abuse</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Substance Abuse Service Organizations</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Veterans</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Continuum of Care Board Member</td>
<td>Youth with Lived Experience</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Legal Services of Northern California</td>
<td>Fair Housing</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Project Sentinel</td>
<td>Fair Housing</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>Veterans Resource Centers of America</td>
<td>Veterans</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
<tr>
<td>WEAVE</td>
<td>Domestic Violence</td>
<td>Letter/Email</td>
<td>To be added if received</td>
</tr>
</tbody>
</table>
List the organizations consulted, and summarize the feedback received from these entities.

<table>
<thead>
<tr>
<th>Agency/Org Consulted</th>
<th>Type of Agency/Org</th>
<th>Method of Consultation</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
<tr>
<td>Agency Name.</td>
<td>Type of Agency/Org</td>
<td>Method of Consultation</td>
<td>Feedback.</td>
</tr>
</tbody>
</table>

If additional space is needed, insert image of table here:

Public Participation

PJs must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJs must provide residents with reasonable notice and an opportunity to comment on the proposed HOME-ARP allocation plan of no less than 15 calendar days. The PJ must follow its adopted requirements for “reasonable notice and an opportunity to comment” for plan amendments in its current citizen participation plan. In addition, PJs must hold at least one public hearing during the development of the HOME-ARP allocation plan and prior to submission.

For the purposes of HOME-ARP, PJs are required to make the following information available to the public:

- The amount of HOME-ARP the PJ will receive,
- The range of activities the PJ may undertake.
Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:

- **Public comment period:** start date - 10/4/2021 end date - 10/19/2021
- **Public hearing:** 10/19/2021

A duly noticed public hearing was held before the Sacramento County Board of Supervisors.

Describe any efforts to broaden public participation:

Draft copies of the proposed Allocation Plan activities were made available for the 15-day public comment period beginning on October 4, 2021 with publication in the Sacramento Bee (paper of general circulation). The public notice was also posted in the Latino Times, Sacramento Observer and Hai Van News. The draft Allocation Plan was also posted on SHRA web site located at www.shra.org and a hard copy was made available upon request. The public noticing indicated that citizens could also send their public comments to SHRA’s Development Department with contact information being provide in the public notice.

A PJ must consider any comments or views of residents received in writing, or orally at a public hearing, when preparing the HOME-ARP allocation plan.

Summarize the comments and recommendations received through the public participation process:

To be added upon completion of public participation process.

Summarize any comments or recommendations not accepted and state the reasons why:

No comments were not accepted. All recommendations were considered.
For the Needs Assessment and Gaps Analysis refer to attached Sacramento Steps Forward’s 2021 Homeless Needs Gaps Analysis.

SHRA completed the Housing Needs and Inventory Gap analysis table provided by HUD.

The County Data was obtained from the total Sacramento County values minus Sacramento City values.

1. Data Source 1: ACS Table S2503, 2019 1-Year Estimates
   b. County of Sacramento

2. Data Source 2: Comprehensive Housing Affordability Strategy (CHAS)

**Needs Assessment and Gaps Analysis**

PJs must evaluate the size and demographic composition of qualifying populations within its boundaries and assess the unmet needs of those populations. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system. A PJ should use current data, including point in time count, housing inventory count, or other data available through CoCs, and consultations with service providers to quantify the individuals and families in the qualifying populations and their need for additional housing, shelter, or services. The PJ may use the optional tables provided below and/or attach additional data tables to this template.
### OPTIONAL Homeless Needs Inventory and Gap Analysis Table

<table>
<thead>
<tr>
<th></th>
<th>Current Inventory</th>
<th>Homeless Population</th>
<th>Gap Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
<td>Adults Only</td>
<td>Vets</td>
</tr>
<tr>
<td></td>
<td># of Beds</td>
<td># of Units</td>
<td># of Beds</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Permanent Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheltered Homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsheltered Homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Gap</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Suggested Data Sources:** 1. Point in Time Count (PIT); 2. Continuum of Care Housing Inventory Count (HIC); 3. Consultation

### OPTIONAL Housing Needs Inventory and Gap Analysis Table

<table>
<thead>
<tr>
<th></th>
<th>Non-Homeless</th>
<th>Current Inventory</th>
<th>Level of Need</th>
<th>Gap Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># of Units</td>
<td># of Households</td>
<td># of Households</td>
</tr>
<tr>
<td>Total Rental Units</td>
<td></td>
<td>142,248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)</td>
<td>34,150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Units Affordable to HH at 50% AMI (Other Populations)</td>
<td>59,910</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)</td>
<td></td>
<td>25,585</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)</td>
<td></td>
<td>9,065</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Gaps</strong></td>
<td></td>
<td></td>
<td></td>
<td>34,650</td>
</tr>
</tbody>
</table>

**Suggested Data Sources:** 1. American Community Survey (ACS); 2. Comprehensive Housing Affordability Strategy (CHAS)
Describe the size and demographic composition of qualifying populations within the PJ’s boundaries:

Data Source: 2020-2024 Consolidated Plan, Section NA-40 Homeless Needs Assessment.

Geographic Boundary: County of Sacramento

At the time of the last homeless Point-in-Time (PIT) count, in January 2019, 5,570 people were experiencing homelessness in Sacramento County. More than half of those counted, or 3,900 individuals, were unsheltered (i.e. slept outside or in a location not suitable for human habitation). This is the largest report of nightly homelessness on record for Sacramento County, which signals a troubling trend first noted in the 2017 Sacramento Homeless Count. Most County residents facing homelessness today are unsheltered, even during presumably one of the coldest nights of the year.

A common misconception of the Point-in-Time (PIT) Homeless Count is that it provides a total yearly estimate of all of the individuals experiencing homelessness within the community—for example, approximating the total number of individuals who fall into homelessness or access shelters across the span of the year. As the name implies, however, the Point-in-Time count provides only a snapshot of one night of homelessness in a community.

- During the course of an entire year different individuals enter, exit, and return to a state of homelessness in our community. In other words, the homeless population is in constant flux as different individuals enter and exit homelessness each week. For example, as shown in the above table, an estimated 3,610 families with children are homeless in the region, annually, yet another 2,278 become homeless.

- Taking into consideration this dynamic of homelessness, researcher can use the results of the PIT Count to approximate the total number of individuals who will likely experience homelessness or access shelters at least once during the course of the year. These annualized estimates are typically calculated as two to three times the nightly estimate of nightly homelessness.

- The 2019 Homeless Count suggests that approximately 10,000 to 11,000 residents in Sacramento County will experience homelessness during the next year.

- The estimates in the above table, produced by SSF, are larger, approaching 20,000 people who could experience homelessness. It is not clear, however, how many individuals encountered during the Homeless Count overlap with individuals interacting with broader system of homeless services, which the HMIS data capture

**Chronic Homelessness:** A high proportion (59%) of unsheltered individuals have been experiencing long-term and continuous periods of being unsheltered of over a year. This suggests that unsheltered people in Sacramento County are having more prolonged experiences with homelessness than before, which may indicate greater barriers to housing. This finding, coupled with the high rate of unsheltered homelessness overall, would suggest that a growing proportion of individuals would also be meeting HUD’s criteria for chronic homelessness (which is based on both length of homelessness and presence of a disabling condition). The estimate for chronic
homelessness, however, has remained stagnant even though individuals are spending more time homeless.

- Even though Sacramento County is observing an increase in unsheltered homelessness, the overall chronic homeless proportion for 2019 is almost identical to 2017 (31% in 2017 compared to 30% in 2019), and substantially lower within the unsheltered population (31% chronically homeless in 2019 vs. 39% in 2017).

- A closer examination of the survey data suggests that while a fair number of unsheltered individuals report significant challenges a smaller percentage appears to report disabling conditions.

- Though it is beyond the limits of the 2019 Homeless Count to explore this decline conclusively, it is apparent that the rate of chronic homelessness has at least remained stagnant, and for some groups even indicated some modest declines, particularly for older adults and veterans.

- This pattern could reflect better efforts to engage disabled individuals experiencing chronic homelessness in the county; even with substantial increases in unsheltered homelessness it is likely that some groups have benefited from targeted efforts to transition them into housing and services.

**Families with Children:** On a single night in January, approximately 372 families with children were experiencing homelessness in Sacramento County.

- These 372 households consisted of 451 adults and 688 children under age 18 (1,139 in total), representing approximately 20 percent of all persons experiencing homelessness in the county.

- About half of family households with children experiencing homelessness (52% or 195 households) were unsheltered.

- There were 567 persons within 195 unsheltered families with children, which represent approximately 15 percent of the unsheltered homeless population in Sacramento County (567 individuals in families out of 3,900 total persons who were unsheltered). This rate is much higher than national averages, where 90 to 95 percent of families are found in shelters.

- There were 542 persons within the 174 sheltered families, which represent 34 percent of the sheltered homeless population (542 out of the 1,670 total persons who were sheltered).

**Veterans:** On a single night in January, 667 veterans were experiencing either sheltered or unsheltered homelessness in Sacramento County.

- Veterans represent approximately 12 percent of all persons experiencing homelessness in the county.
• The majority (73%) of these veterans were unsheltered, a similar unsheltered proportion as in the overall homeless population in Sacramento County (70%).

• Of those who were sheltered, half were in emergency shelters and half were in transitional housing programs.

Youth: During the night of the 2019 Count, approximately 415 transitional age youth were experiencing homelessness in Sacramento County. An additional 28 unaccompanied minors (14 unsheltered and 14 sheltered) were experiencing homelessness.

• Transitional age youth (TAY) represent approximately eight percent of the total homeless population.

• Similar to other groups, the majority of TAY were experiencing unsheltered homelessness on the night of the count (59%).

In contrast, 41 percent of youth were experiencing sheltered homelessness, most of whom were staying in a transitional housing program.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group. Approximately 18 percent of people experiencing homelessness identified their ethnicity as Hispanic, while the majority identified as non-Hispanic (82%). With respect to racial identity, the majority of individuals identified as either White (47%) or Black/African American (34%). A substantial proportion of individuals also identified as American Indian or Alaska Native (8%), while nine percent (9%) identified themselves with multiple races or considered themselves Multiracial. Relatively few individuals identified as either Hawaiian-Pacific Islander (2%) or Asian (1%).

When the racial composition of people experiencing homelessness is compared to the total racial composition of all residents of Sacramento County, it reveals:

• White individuals comprise the largest racial group of people experiencing homelessness in Sacramento County (47%), they are nonetheless underrepresented given that 64 percent of Sacramento County residents identify as White.

• In contrast, Black/African American individuals are disproportionately represented in the county’s homeless population (34% vs 13% of Sacramento County).

• American Indian/Alaska Native individuals are also overrepresented in the homeless population in Sacramento County (8% vs. 2% of Sacramento County), which mirrors national trends.

• In contrast, individuals who identify as Asian are substantially underrepresented in the homeless population (1% vs 18% of Sacramento County).

The overrepresentation of racial minorities in the homeless population is largely consistent with trends reported across California, as well as the United States more broadly.
On June 30, 2020, Sacramento Steps Forward reported 5,123 people experiencing homelessness in Sacramento County. According to Sacramento Steps Forward, that number has remained unchanged over the last six months despite the placement of 1,606 people in supportive housing during the same timeframe. This is likely due to continued influx of individuals experiencing homelessness as a result of job losses and lack of affordable housing, including rising rents. The coronavirus pandemic, with its devastating impact on public health and the region’s economy, has only served to further exacerbate the issues surrounding homelessness in the County of Sacramento and increased the humanitarian crisis.

Describe the unmet housing and service needs of qualifying populations, including but not limited to:

- Sheltered and unsheltered homeless populations;
- Those currently housed populations at risk of homelessness;
- Other families requiring services or housing assistance or to prevent homelessness; and,
- Those at greatest risk of housing instability or in unstable housing situations:

Data Source: 2020-2024 County of Sacramento Consolidated Plan, Section NA-40 Homeless Needs Assessment.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

On a single night in January 2019 an estimated 5,570 individuals were experiencing homelessness in Sacramento County.

- This is the largest report of nightly homelessness on record for Sacramento County.
- The estimate of 5,570 includes the 1,670 sheltered individuals who accessed emergency shelters or transitional housing the night of the count, and the 3,900 unsheltered individuals who slept outside or in a location not suitable for human habitation (e.g., on the street, in a vehicle, or in a tent).
- This suggests that over 70 percent of individuals experiencing homelessness in the county are unsheltered as opposed to sheltered on any given night (i.e., not accessing shelters or transitional housing).

The high number of people experiencing unsheltered homelessness in our region signals a troubling trend first noted in the 2017 Sacramento Homeless Count, that the vast majority of county residents facing homelessness today are unsheltered, even during presumably one of the coldest nights of the year.

- The 2017 Homeless Count was the first year that Sacramento County reported more people experiencing unsheltered than sheltered homelessness (56% vs. 44%).
• Though this trend has continued to worsen, it follows a larger pattern of growing unsheltered homelessness reported across communities in California.

• According to HUD, California reports the highest proportion of unsheltered homelessness in the country, currently averaging 69 percent (HUD, 2018). This proportion of unsheltered homelessness has grown over the last four years, consistent with the growth observed in Sacramento.

Given Sacramento County’s population of approximately 1.5 million residents, the estimate of 5,570 people experiencing homelessness each night suggests that approximately 36 in every 10,000 residents in the county experience homelessness each night.

• This per capita rate of nightly homelessness is about ten percent higher than the 2018 state average of 33 per 10,000 Californians experiencing homelessness each night.

While 2019 data for the state will not be available until 2020, the PIT anticipates that the per capita homelessness rate for California will rise and Sacramento County will approximate the state average (i.e., the PIT anticipates that the state average will reach or exceed 36 out of 10,000).

Data Source: 2020-2024 County of Sacramento Consolidated Plan, Section NA-45 Non-Homeless Special Needs Assessment.

This section provides data and information about special needs populations in the County of Sacramento. Non-homeless special needs populations include households containing persons with a disability (hearing/vision limitation, ambulatory limitation, cognitive limitation, and/or self-care/independent living limitation), elderly households, persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and victims of domestic violence, dating violence, sexual assault, and stalking. The characteristics of these populations are described below.

The City of Sacramento is the recipient of the Housing Opportunities for Persons with AIDS (HOPWA) funds for the Eligible Metropolitan Statistical Area (EMSA) serving the geographic areas of Sacramento, El Dorado, Placer, and Yolo Counties. Program funds are used to assist HOPWA eligible participants in maintaining stable housing arrangements, reducing the risk of homelessness and improving their access to care. This is done through Tenant-Based Rental Assistance (TBRA), Short-Term Rental, Mortgage, and Utility Assistance (STRMU), facility-based housing assistance, and supportive services. Supportive services, usually are tied to HOPWA housing assistance, can include alcohol and drug abuse services, case management, life skills management, meals/nutritional services, outreach, childcare and other services, education, and employment assistance and training.

SHRA currently provides HOPWA funds to the following organizations:
• Colonia San Martin, LP (Mercy Housing California) provides supportive services to HOPWA eligible residents at one property which is managed by Mercy Housing California.

• The CARES Community Health dba One Community Health provides STRMU and non-facility-based case management to eligible HIV/AIDS individuals in Shelter Plus Care and other housing situations within Sacramento County.

• The CommuniCare Health Centers provides STRMU and supportive services to eligible individuals in Yolo County.

• The Sierra Foothills AIDS Foundation (SFAF) provides STRMU and TBRA assistance to eligible individuals in El Dorado and Placer Counties.

• Volunteers of America (VOA) operates a transitional short-term supportive housing facility and provides supportive services for the housing facility and to HOPWA clients.

It is increasingly difficult to fund non-homeless special needs projects due to the limited amount of funding received annually to support housing and community development initiatives and the increasing amount of basic community needs resulting from ongoing economic conditions. However, other resources are available at the federal, state, and local levels, including nonprofit organizations that area organizations can solicit to help provide affordable housing opportunities and supportive services to the non-homeless special needs populations in Sacramento County.

Describe the characteristics of special needs populations in your community:

Housing and supportive service needs for Sacramento’s non-homeless special needs populations are described below. Needs were determined through occurrence of HUD-defined housing problems, income/employment status, and stakeholder and resident engagement.

**Elderly:** In Sacramento, 81,888 persons are 62 years or older, accounting for 16 percent of all residents.

Senior households may be less able to cope with increasing housing costs (rents for renters and property taxes for owners) as they are more likely to be living on a fixed retirement income. Most seniors desire to age in place but may need accessibility modifications as they age and may need additional support services in order to properly maintain their home and property. Many may also require transportation services and in-home health care at certain stages.

**Frail elderly:** Of the elderly residents in Sacramento, 9,417 of them are frail elderly (defined as an elderly person who requires assistance with three or more activities of daily living, such as bathing, walking, and performing light housework). Frail elderly residents comprise just two percent of all residents in the City.

**Persons with mental, physical, and/or developmental disabilities:** In Sacramento, 57,926 persons live with a mental, physical, and/or developmental disability, accounting for 12 percent of all residents.
As discussed in the Regional AI, the top housing challenges for people with disabilities include:

- A lack of affordable, accessible housing throughout the region. Focus group participants describe finding an accessible, affordable place to live as “incredibly difficult” and that adding access to transit to the affordable, accessible housing search further increases the difficulty of finding a place to live. Market rate units that are accessible are financially out of reach to households relying on disability income.

- Worry about rent increases, being unable to buy a home, and worry about property taxes are among the concerns identified by the greatest proportions of respondents whose household includes a member with a disability.

- More than one in three (35%) struggle to pay the rent. Those with housing vouchers are more likely than voucher holders who do not have a disability to have a very difficult time finding a landlord willing to accept their voucher.

- One in three live in housing that does not meet their accessibility needs. The most frequently mentioned modifications or accommodations needed include installation of grab bars; service or emotional support animals allowed in the home; walk or roll-in shower; reserved accessible parking spot by the entrance; ramps; and wider doors.

- One in five worry about retaliation if they report harassment by neighbors/building staff/their landlord, and one in four (23%) worry that they if they request an accommodation for their disability their rent will be increased or they will be evicted.

- In focus groups stakeholders identified a lack of supportive housing services as a critical need to helping residents with disabilities, particularly those with mental illness, to remain living in the most independent setting possible.

**Persons with alcohol or other drug addiction:** In Sacramento, 29,949 persons (18 years or older) live with an alcohol or other drug addiction, accounting for 6 percent of all residents.

**Persons with HIV/AIDS and their families:** Jurisdiction-specific data is not available for the number of persons living with HIV/AIDs. The CDC reports the number of persons living with HIV/AIDS by state only and jurisdictional numbers are estimated based on the state. In Sacramento, it is estimated that 1,933 persons, or 0.4 percent of the total population, live with HIV/AIDS.

**Victims of domestic violence, dating violence, sexual assault, and stalking:** Jurisdiction-specific data is not available for the number of victims of domestic violence. Jurisdictional numbers are estimated based on national incidence rates. In Sacramento, it is estimated that 20,626 persons, or four percent of the total population, are victims of domestic violence, dating violence, sexual assault, and stalking.

**What are the housing and supportive service needs of these populations and how are these needs determined?**
The non-homeless special needs populations in Sacramento have a wide range of service needs, including transitional housing, supportive housing, counseling, care management, transportation
to health care facilities and employment, and more. Information was also retrieved from interviews and focus group sessions with area organizations during the planning process.

**Elderly:** In Sacramento, 38 percent of elderly households have some type of housing need. Elderly participants in the Sacramento Valley Resident Survey report experiencing a range of housing needs:

- Among those who rent, one in five (21%) struggle to pay the rent, and 15 percent are afraid they will be evicted or kicked out;
- Among homeowners, one in three (33%) “worry about property taxes increasing to an amount I can’t afford”, and 6 percent say they can’t afford to pay their property taxes;
- One in five (19%) “need help taking care of my home and can’t find or afford to hire someone”;
- About one in six report that their home/apartment is in “poor condition” (such as mold or needs repairs); and
- One in 10 can’t pay their utilities.

**Persons with mental, physical, and/or developmental disabilities:** In Sacramento, 54 percent of households including a person with a mental, physical, and/or developmental disability have a housing need.

In a focus group with residents who utilize Resources for Independent Living, participants expressed the need for accessible housing, well-maintained and managed housing, access to reliable and affordable transportation, access to fresh food, and a better reasonable accommodation process with the Housing Authority.

As discussed above, the most pressing housing needs of residents with disabilities include a lack of accessible, affordable housing, particularly affordable and accessible housing that is close to transit. In addition to issues related to physical accessibility and cost burden, stakeholders and residents identified a lack of supportive housing services as a critical need in helping the region’s most vulnerable residents, including those with mental illness, to remain living in the most independent setting possible. Gaps or in the system identified by stakeholders include lack of funding for supportive services, a shortage of qualified care providers for assistance with daily living, and lack of access to mental health care services or those with access find the frequency of mental health service allowed under Medi-Cal is insufficient to maintain stability. Others report frequent switching of stabilizing medications due to changes in Medi-Cal or other insurer policies, leading to mental health crises which jeopardize a resident’s ability to remain housed.

**Victims of domestic violence, dating violence, sexual assault, and stalking:** In Sacramento, four percent of households with victims of domestic violence, dating violence, sexual assault, and/or stalking have a housing need.
Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

Based on the California HIV Surveillance Report, which reports on the size of the population with HIV/AIDS at the county-level, the annual number of new HIV diagnoses and the rate of HIV infection declined from 2013 through 2017 in Sacramento County. The number of new diagnoses declined by 8.8 percent—from 171 in 2013 to 156 in 2017, and the rate of new diagnoses per 100,000 population declined by 12.8 percent, from 11.7 to 10.2.

During this same five-year period, the number of persons in Sacramento County living with diagnosed HIV infection increased from 3,744 to over 4,405. In 2017, the prevalence rate of diagnosed HIV infection was 288.9 per 100,000 population, compared to 257.2 in 2013—an increase of 12.3 percent.

Of the 4,405 people living with diagnosed HIV infection in 2017, 79 percent were in HIV care and 69 percent achieved viral suppression. California's Integrated Plan objectives are to increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care to at least 90 percent and increase viral suppression to 80 percent by 2021.

The California HIV Surveillance Report provides demographic data on persons living with diagnosed HIV infection at the state-level only. In California, 39 percent of persons living with HIV are white, 36 percent are Hispanic, and 17 are Black. The majority of persons living with HIV in California are between the ages of 45 and 59.

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing:

SHRA, on behalf of the City of Sacramento, funds various HOPWA providers as outlined above. HOPWA services are available to County of Sacramento eligible residents.

SHRA annually brings before the Sacramento County Board of Supervisors for approval proposed funding allocations of Emergency Solutions Grant (ESG) and Community Development Block Grant (CDBG) for emergency shelters (congregate and non-congregate) and rapid re-housing. HOME funding is allocated towards new affordable housing construction and/or rehabilitation.

On October 20, 2020 the Sacramento County Board of Supervisors approved (Resolutions 2020-0673 and 2020-0674) the Sacramento’s COVID-19 Response Team’s (Homelessness Response Team) plan to include strategies and actions necessary to slow the spread of COVID-19 and mitigate impacts for persons experiencing homelessness by allocating more than $15 million to use for COVID-19 specific response for persons experience homelessness. On October 20, 2020 SHRA was directed to development new permanent supportative housing through motel acquisition and conversion.
Identify any gaps within the current shelter and housing inventory as well as the service delivery system:
The October 20, 2020 Board of Supervisors staff report (Resolutions 2020-0673 and 2020-0674), requested funding resources to house individuals remains a constant need and equally as compelling is the identification, community engagement process, and approval of sites to serve as both temporary and long-term shelter, transitional housing and permanent supportive housing. On October 20, 2020 the Board of Supervisors directed SHRA to Plan to add further affordable rental housing capacity through hotel/motel conversion. HOME-ARP will be be utilized as a match source for the State of California’s Homekey program for motel/hotel conversions.

Identify the characteristics of housing associated with instability and an increased risk of homelessness if the PJ will include such conditions in its definition of “other populations” as established in the HOME-ARP Notice:
Data Source: 2020-2024 Consolidated Plan, Section NA-10 Housing Needs Assessment.

The Housing Needs section of the Consolidated Plan examines housing, community, and economic development needs of residents. As required by the U.S. Department of Housing and Urban Development (HUD), the assessment is based on an analysis of “disproportionate needs” based on HUD’s housing problems tables, and informed by resident input and stakeholder consultation. The top housing and community development needs include:

Housing Needs:
- **Affordability.** The changes in regional home values and rents have exceeded changes in median incomes for all households, meaning that households have lost their housing “purchasing power.” This challenge was mentioned in every resident focus group conducted for the Five-year Plan. Participants searching for a place to live as “frustrating” and, particularly for rental housing, includes “denials after denials.” Compared to the typical regional resident, Hispanic residents, residents whose household includes a member with a disability, non-Hispanic White respondents, and large family households are more likely to say they struggle to pay the rent and worry their rent will increase more than they can afford.
- **Cost burden and severe cost burden,** for both renter and owner households, are the most common housing problems. Consistent with the cost burden data, about 30 percent of Sacramento City and County renters who participated in the resident survey report struggling to pay their rent (sometimes paying late, not paying other bills on time, not buying food or medicine). Among low- to moderate-income owner households, 28 percent are cost burdened and 25 percent are severely cost burdened—slightly lower than the rates experienced by renters. Half of regional homeowners with household incomes less than $25,000 who participated in the resident survey worry that their property taxes will increase to an amount they can’t afford.
- **Quality housing.** Resident focus group participants shared stories of poor housing condition, ranging from units in need of basic repairs, to problems with mold, to pest
infestations. Many shared that they were afraid to request repairs or remediation out of fear of being evicted or having the rent increase. Evictions resulting from code enforcement actions were described in nearly all resident focus groups, regardless of the community where they were held. Compared to the region, African American residents, residents whose household includes a member with a disability, and large family households participating in the resident survey were more likely to report living in a home in poor condition.

- **Overcrowding.** Overcrowding is defined by HUD as more than one person per bedroom. According to the experience of focus group participants, it is common for low-income households to live with extended family, roommates, or other friends in order to afford housing. In extreme cases, two or more households share a unit. Overcrowding is more likely to be a challenge experienced by African American residents, Hispanic residents, large family households, and residents with Limited English Proficiency (LEP) than regional survey respondents overall.

- **Equity in ownership.** The homeownership rate for Black/African American households in the Sacramento region is 35 percent; for Hispanic households, 45 percent; compared to 67 percent for Non-Hispanic White households. For the majority of households in the U.S., owning a home is the single most important factor in wealth-building—and the disparate ownership rates contribute to longer term wealth disparities.

- **Public housing and housing choice voucher holders.** Residents who live in publicly supported housing developments shared their experience and tenants who are voucher holders spoke to their experience finding rental housing using a voucher. In general, maintenance and management issues raised by public housing tenants are similar to those raised by residents living in privately provided housing. Focus group participants who are voucher holders described the difficulty they have experienced when faced with finding a new place to rent. Finding a quality unit that is within the voucher amount is very challenging, particularly in a tight rental market where landlords can easily find residents without vouchers. Challenges navigating the system for obtaining affordable housing, including waitlist processes, were raised frequently by participants. In addition to residents’ own experiences, advocates for survivors of domestic violence echoed that there is difficulty in finding a unit within the voucher amount and navigating the system to find affordable housing. Advocates note circumstances wherein they have assisted survivors of domestic violence in using Housing Choice Vouchers, these vouchers were critical to the success and independence of the survivor, and it would have been very difficult for the survivor to navigate the process of utilizing a voucher without the support of a housing advocate.

- **Homelessness.** Homelessness has been a significant issue for many years but, until recently, housing market conditions and local efforts to fight homelessness appear to have mitigated the most significant growth in the homeless population. The 2019 PIT Count indicates that homelessness is expanding substantially and requires a new and intensified response. In interviews, stakeholders expressed the ongoing need for emergency shelters and services, but also getting people back into housing after experiencing homelessness. Advocates for survivors of domestic violence concur that
lack of housing has led to higher demand and longer stays in emergency shelter services overall.

Stakeholders recommended prioritizing investments in diversion at emergency shelters, rather than expanding homeless services overall. Rapid rehousing has not been working well enough to improve the flow of individuals for a variety of reasons including ESG fair market rent requirements which make it difficult for participants to locate ESG-eligible affordable housing, leading to higher demand and longer stays at emergency shelters. If the region focuses on services to better divert residents experiencing homelessness from emergency shelters through concentrated service delivery and housing placement, then new beds would not be required because beds would open up more frequently. Stakeholders felt that it is important for the City and County to invest in projects that are scalable and flexible, rather than targeting a specific population, so that service providers can focus on those that are currently the most vulnerable, including the elderly and at-risk youth.

- **Non-homeless special needs.** Households that include a member with a disability may experience housing challenges related to needed modifications to the home or accommodations from their housing provider. According to the resident survey, one in three (35%) households that include a member with a disability live in a home that does not meet the needs of the resident with a disability. Among these households, the improvements or modifications needed include grab bars and walk/roll in showers in bathrooms, service or emotional support animals allowed in the home, reserved accessible parking, ramps, wider doorways, and accessible safety alarms. Residents whose household includes a member with a disability experience other barriers to living in housing in the most integrated, independent setting possible.
Identify priority needs for qualifying populations:
Data Source: 2020-2024 Consolidated Plan, Section SP-25 Priority Needs, Table 50-Priority Needs Summary.

Expanding the supply and improving the quality of affordable housing for low- and moderate-income households are high priority goals over the next five years for the County of Sacramento.

Priority populations (alphabetical order):
- Chronic Homelessness Individuals
- Chronic Substance Abuse
- Elderly
- Elderly Families with Children
- Families with Children
- Frail Elderly
- Large Families
- Low/moderate income
- Mentally Ill
- Non-housing Community Development
- Persons with Alcohol or Other Addictions
- Persons with Developmental Disabilities
- Persons with HIV/AIDS
- Persons with HIV/AIDS and their Families
- Persons with Mental Disabilities
- Persons with Physical Disabilities
- Public Housing Residents
- Unaccompanied Youth
- Veterans
- Victims of Domestic Violence
- Victims of Domestic Violence

Explain how the level of need and gaps in its shelter and housing inventory and service delivery systems based on the data presented in the plan were determined:
Data Source: 2020-2024 Consolidated Plan, Section NA-05 Needs Assessment Overview.

The Consolidated Plan examines housing, community, and economic development needs of residents. As required by HUD, the assessment is based on an analysis of “disproportionate needs” based on HUD’s housing problems tables, and informed by resident input and stakeholder consultation.
HOME-ARP Activities

Describe the method for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors and whether the PJ will administer eligible activities directly:
SHRA will follow its adopted policies on soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors. SHRA will retain 10 percent of the funds for planning and administration.

If any portion of the PJ’s HOME-ARP administrative funds were provided to a subrecipient or contractor prior to HUD’s acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ’s entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ’s HOME-ARP program:
Not applicable.

PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits. The following table may be used to meet this requirement.

Use of HOME-ARP Funding

<table>
<thead>
<tr>
<th>Activity</th>
<th>Funding Amount</th>
<th>Percent of the Grant</th>
<th>Statutory Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Services</td>
<td>$ #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition and Development of Non-Congregate Shelters</td>
<td>$ #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenant Based Rental Assistance (TBRA)</td>
<td>$ #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of Affordable Rental Housing</td>
<td>$ 10,752,634</td>
<td># %</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Profit Operating</td>
<td>$ #</td>
<td># %</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Profit Capacity Building</td>
<td>$ #</td>
<td># %</td>
<td>5%</td>
</tr>
<tr>
<td>Administration and Planning</td>
<td>$ 1,194,737</td>
<td>10 %</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Total HOME-ARP Allocation</strong></td>
<td><strong>$ 11,947,371</strong></td>
<td><strong># %</strong></td>
<td></td>
</tr>
</tbody>
</table>

Additional narrative, if applicable:
SHRA will retain 10% of the HOME-ARP for planning and program administration. Remaining funds to develop affordable rental housing.
Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:
The HOME-ARP funds will convert motel/hotel(s) to provide affordable rental housing to HUD defined homeless families with children and/or individuals as both groups are identified as a high priority need in the Consolidated Plan and by the Sacramento Board of Supervisors.

HOME-ARP Production Housing Goals

*Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:*
Funds to provide up to 275 affordable rental housing units for families with children and individuals.

*Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how it will address the PJ’s priority needs:*
The rental housing production goal is up to 275 housing units. Producing affordable housing is one of the Consolidated Plan’s five-year goals, and housing homeless families and individuals is a high priority for the County of Sacramento.

Preferences

*Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:*
- Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).
- PJs are not required to describe specific projects to which the preferences will apply.

Not applicable.

*If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or category of qualifying population, consistent with the PJ’s needs assessment and gap analysis:*
Not applicable.
If a preference was identified, describe how the PJ will use HOME-ARP funds to address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the preference:
Not applicable.

HOME-ARP Refinancing Guidelines

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME-ARP refinancing guidelines in accordance with 24 CFR 92.206(b). The guidelines must describe the conditions under with the PJ will refinance existing debt for a HOME-ARP rental project, including:

- Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity
  Not applicable.

- Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.
  Not applicable.

- State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.
  Not applicable.

- Specify the required compliance period, whether it is the minimum 15 years or longer.
  Not applicable.

- State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG.
  Not applicable.

- Other requirements in the PJ’s guidelines, if applicable:
  Not applicable.
CoC’s Gaps Analysis
Gaps Analysis
Sacramento Continuum of Care
February 2021
# Table of Contents

Executive Summary .................................................................................................................. 3

Introduction ............................................................................................................................. 7

1. Stop Homelessness Before It Begins: Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care. ........................................................................ 9

2. Streamline Access to the Homeless System of Care: Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently. ............................................................................................................. 13

3. Optimize Existing Housing and Shelter Programs: Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement. 18

4. Address the Gap in Housing and Supportive Services for People Experiencing Homelessness: Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness. .................................................................................. 23

5. Create More Affordable Housing Units: Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs. ................................................................................................................................. 28

6. Increase System Equity: Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care. ..................................................................................................................... 31

7. Forge a Cohesive and Coordinated Homeless System of Care: Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting. 41

Next Steps .................................................................................................................................. 47

Appendix A: Acknowledgements ............................................................................................ 51

Appendix B: Methodology ......................................................................................................... 52

Appendix C: Prevention and Diversion Program Inventory ....................................................... 55

Appendix D: Better Estimating the Unmet Need for Prevention and Diversion ....................... 58

Appendix E: Housing Program Access Points ......................................................................... 60

Appendix F: Variations in Paths to Shelter Access .................................................................. 62

Appendix G: Street Outreach Team Program Inventory .......................................................... 64

Appendix H: Outcomes and Subsequent Enrollments from Street Outreach and Temporary Shelter ........................................................................................................................................ 66

Appendix I: Advantages and Disadvantages of Data Sharing Approaches ............................... 68

Appendix J: Key Community Questions for Future Exploration ............................................... 69
Executive Summary

The many partners responding to homelessness across Sacramento County serve well over 10,000 people every year. Many of those service interactions are very successful; more than 93.6% of people receiving permanent supportive housing maintain permanent housing going forward and more than 81% of people served by the system of care do not return to homelessness in the two years after they are served. However, despite these efforts, more than 5,000 people across the county experience homeless on a given night.

Within this context, Sacramento Steps Forward contracted Homebase to conduct a gaps analysis of Sacramento County’s homeless system of care to identify areas that could make the system more efficient, effective, and equitable. This analysis is also intended to meet the requirement of the U.S. Department of Housing and Urban Development (HUD) which obligates every Continuum of Care (CoC) to “develop a plan that includes…conducting an annual gaps analysis of the homeless needs and services available within the geographic area” in order to find ways to stretch their limited resources further and improve fairness across the system.

Process and Structure

The gaps analysis process in Sacramento involved interviews with stakeholders, surveys of homeless housing and services programs, focus groups with people with lived experience of homelessness, analysis of Homeless Management Information System (HMIS) data, as well as data collected from other funders and systems. The analysis also builds upon and incorporates significant systems mapping work already conducted by Homebase throughout 2019 and 2020.

The gaps analysis evaluates the system of programs and services responding to homelessness in Sacramento County, including street outreach, temporary shelter and housing programs, and permanent housing programs spread across the various systems and funders in the community.

Through this process, three opportunities for improvement were identified:

1. Improve Coordination and Align Priorities
2. Increase System Capacity
3. Explore and Address Disparities in Program Outcomes

To address these three key gaps, the report is organized around seven recommendations, with each section including the underlying analysis leading to the recommendation, prioritized suggestions for potential strategies that could improve the homeless system of care, and descriptions of current efforts underway to meet the needs of people experiencing homelessness in Sacramento County. In this Executive Summary, the recommendations are categorized under the three broader gaps, however, in the gaps analysis report, the seven recommendations are organized in the order that a person experiencing homelessness would encounter the system of care – starting with prevention efforts before a person enters the system and continuing through outcomes of housing and services programs.

Identified System Gaps

Gap: Improve Coordination and Align Priorities
Multiple sectors provide housing, shelter, and services to respond to and prevent homelessness in Sacramento County and a variety of local, state, federal, and private funding sources support these programs. Partners responding to homelessness include Sacramento’s Continuum of Care, Sacramento County departments, including the Department of Human Assistance and the Department of Behavioral Health Services Mental Health Division, Sacramento Housing and Redevelopment Agency, the Veterans Administration, the City of
Sacramento and other cities in the county, non-profit agencies, and numerous programs and services supporting low-income and vulnerable Sacramento County residents.

The funders, systems, agencies, and providers committed to serving people experiencing homelessness in Sacramento are both its greatest strength and a barrier to improving system efficiency, equity and effectiveness. Through the gaps analysis process, Homebase identified that greater coordination and shared priorities across these partners would better serve the needs of people experiencing homelessness and maximize limited resources. This was most evident in two areas—access and systems planning—and led to the following recommendations:

**Streamline Access to the Homeless System of Care**: Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently.

There are 112 different shelter and housing programs serving people experiencing homelessness in Sacramento County, and 61 different access points for housing programs. This structure provides a variety of options for a diverse homeless population, however, access to programs is not consistent across access points. Most housing programs—87% of permanent supportive housing and 62% of rapid re-housing programs—require a referral from a specific access point or set of access points. This means that the point a person enters the system dictates the housing resources that are available to them.

As a result, access is challenging for people experiencing homelessness to navigate. No access points provide access to all housing programs across the various funders and systems. Having multiple, well-publicized, coordinated options for accessing the breadth of Sacramento’s diverse housing resources would improve access for people experiencing homelessness, and does not require one prioritization schema or creation of one single waiting list for housing.

Insufficient coordination across the system also has an impact on what populations are able to access programs and services. For example, adults without children and transition age youth were more likely to access the homeless system through emergency shelter and street outreach than families with children. Because different access points unlock different housing resources, the populations have different access to housing.

**Forge a Cohesive and Coordinated Homeless System of Care**: Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting.

Systems and funders providing homeless housing and services engage in limited coordination and data sharing, with no standardized data collection across systems. For the gaps analysis, the lack of standardized data prevented an accurate measurement of inflow into the homeless system of care, the capacity of the system overall, utilization of available resources, and outcomes of programs and services dedicated to people experiencing homelessness. Having access to system-wide information is critical for effective systems planning, allowing leaders to see what is working and what is not working across the system of care. Additional coordination, data sharing, and reporting would increase accountability and transparency and help the community understand where to prioritize resources.

**Gap: Increase System Capacity**

Partners across Sacramento County dedicate a tremendous amount of resources for housing and services for people experiencing homelessness, including more than 6,000 beds that are dedicated to people experiencing homelessness. Despite this, more than 5,000 people are homeless in Sacramento County on any given night. Even more urgent, more than two-thirds of them are living outside, a trend that has been increasing in recent years.
The level of need among the homeless population exceeds shelter and housing resources currently available. Shelter, rapid re-housing, and permanent supportive housing programs all have gaps between resource and need; affordable housing for very low-income people has limited availability. Homebase made the following four recommendations to address these gaps:

**Stop Homelessness Before It Begins: Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.**
Research shows that one of the more cost-effective ways to decrease homelessness is to prevent or divert people from becoming homeless in the first place. Leveraging prevention and diversion programs allows the system to reserve limited beds in shelter and housing programs for those that need additional support to regain housing. Based on HMIS data in Sacramento, 92% of participants exiting prevention programs successfully exit to stable, permanent housing, a high success rate that suggests that expanding prevention programs could be an effective investment of resources. At the same time, Sacramento providers are offering prevention and diversion services using a wide variety of strategies and targeting, again with limited coordination or standard data collection, so impact and return on investment are unclear.

**Optimize Existing Housing and Shelter Programs: Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement.**
In addition to reducing inflow, a relatively low-cost approach to reducing gaps in system capacity – and serving more people – is to maximize the utilization and effectiveness of current housing programs. Limited access to affordable housing units in the community impacts housing program effectiveness. Over the last decade, the rental vacancy rate has continued to tick down, reaching 2.5% in 2019, creating an ever-larger impediment to accessing housing for people at risk of or experiencing homelessness. Some housing programs are having comparatively more success helping clients to access housing, and those strategies – including investing in housing navigation and landlord engagement – could be considered for wider implementation across the system. In addition, data reflects that shelter bed utilization varies among programs on a given night, indicating a need for reduced barriers to access to shelter.

**Address the Gap in Housing and Supportive Services for People Experiencing Homelessness:**
Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.
Sacramento’s programs and systems are working diligently and successfully to respond to homelessness, however, even by reducing inflow and maximizing the use of existing housing resources, the gap in capacity will continue to exist if new housing and shelter programs are not created to meet the need. Homebase estimates that 44% of the current homeless population require long-term housing assistance and supportive services to end their homelessness and another 44% require short to medium-term housing assistance and supportive services to end their homelessness. Increasing the capacity of housing programs will take time—the nearly 4,000 people experiencing homelessness who are sleeping outside need access to shelter or crisis housing in the interim period.

**Create More Affordable Housing Units:**
Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.
A lack of affordable housing units increases the risk of homelessness for low-income households while also making it challenging to re-house those that do become homeless. A key to increasing capacity across the system is to increase available affordable housing units however only 5% of the Regional Housing Needs Allocation for Very Low Income households in Sacramento was built between 2013 and 2019.

**Gap: Explore and Address Disparities in Program Outcomes**
While there is limited data available across the entire system of care, analysis of Homeless Management Information System (HMIS) data showed disparities in outcomes across different types of households, age groups, and racial groups. Addressing access challenges and data sharing gaps would improve understanding about how effectively different programs serve specific homeless subpopulations over others. The system overall would better leverage its successes and could redirect resources to increase equity across the system. Homebase made one recommendation related to this gap.

**Increase System Equity: Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care.**

In alignment with priorities established by the community, Sacramento’s homeless system of care is identifying and serving people with disabling conditions and people experiencing chronic homelessness with its limited resources. However, Veterans, American Indian and Alaska Natives, and males are overrepresented in the homeless population overall and underrepresented in those being served by the homeless housing and services reflected in HMIS (but may be served by non-HMIS-participating programs, like the Veterans Administration). Transition age youth are also underrepresented among those receiving homeless housing and services in HMIS.

In addition, the time it takes people to get housed or access housing resources is inequitable across household types, with a median length of time between initial system access and housing program enrollment varying from 62 days for families with children to 141 days for adults without children. Participation in programs and connections with housing resources are also different across racial groups. For example, according to HMIS data, adults without children that identify as American Indian or Alaska Native and exit from street outreach are connected with housing programs at lower rates than other races (4.3% for American Indian or Alaska Native; 9.1% average across all racial groups).

Inequitable housing outcomes and systematic disparities in bed dedication and resources also highlight missed opportunities for subpopulations. For example, in Sacramento, rapid re-housing is a successful program model for transition age youth and adults without children, but without additional dedicated resources, families are more likely to access the resource, given the availability of a significant state-funded rapid re-housing program dedicated to serving families.

**Next Steps**

While partners across Sacramento are already implementing strategies that begin to address all seven recommendations, effective response to the gaps identified will require additional focus and action. In the gaps analysis report, Homebase suggests potential actions to implement the seven recommendations and categorizes them in three ways, based on the amount of effort required, the level of impact, and the scope of change required.

Among the suggestions actions, Homebase recommends three actions that would provide maximum impact:

- Dedicate blended funding for “one-stop-shop” drop-in access points that provide referrals to all housing programs regardless of who funds or administers the housing.
- Build out programs that leverage housing vouchers to connect prioritized and referred tenants with permanent supportive housing case management resources in a coordinated housing program.
- Convene system leaders and database administrators from HMIS, CalWIN, Shine, Avatar, and SHRA’s internal databases to discuss opportunities to standardize data collection and reporting, reduce duplicative data entry across systems, and explore potential for future data sharing.

Creating a more coordinated and cohesive system of care that provides client-centered access and services will end and prevent homelessness for more Sacramento residents.
Introduction

Sacramento Steps Forward, on behalf of the Sacramento County Continuum of Care, contracted with Homebase — a national technical assistance provider on homelessness — to perform a gaps analysis of Sacramento County’s homeless system of care. This analysis evaluates the current system, including street outreach, shelter, and housing programs, and identifies existing system gaps. This report also includes tailored and prioritized recommendations designed to improve the overall homeless system of care and opportunities to build upon current efforts to better meet the needs of people experiencing homelessness in Sacramento County.

The homeless system of care in Sacramento County includes a variety of programs including shelter, street outreach, and housing programs designed to meet the needs of people experiencing homelessness across the county. These efforts are multi-sector and supported by local, state, federal, and private funding sources. As a result, analyzing the system as a whole must, at least, include information about housing programs and services affiliated with:

- Sacramento Continuum of Care’s Coordinated Entry System,
- Sacramento County,
- City of Sacramento,
- Sacramento Housing and Redevelopment Agency, and
- Veterans Administration.

Additionally, there are a multitude of other system partners serving people experiencing homelessness, including cities and non-profit agencies, as well as numerous mainstream programs that are not exclusively dedicated to serving people experiencing homelessness but provide significant support and resources.

That so many agencies and partners across the community dedicate resources to people experiencing homelessness reflects a common interest and commitment to ending and preventing homelessness in Sacramento. These various programs often operate independently, however, not as a system, due to rigid funding requirements or differences in leadership. They also do not aggregate data on people experiencing homelessness who access these programs. Although most communities have complex administration of homelessness-related resources and programs, collecting and sharing data can help overcome these challenges. Doing so more broadly in Sacramento would support system planning by creating ways to:

- Determine how many people are becoming homeless;
- How many people are accessing services across systems; and
- How much and what type of additional resources are required to meet the needs of people experiencing homelessness.

For purposes of this report, we have utilized the best available data, as described in Appendix B: Methodology, to determine system gaps and areas where additional data is needed to improve services, guide planning, and track equity across the system of care. Despite the lack of necessary, system-wide data, a number of gaps in the system were clear:

- There are more people becoming homeless each year than the system currently has the capacity to serve;
- A complicated web of access points creates barriers for people experiencing homelessness;
- Disparities in outcomes across program and household types indicate inequities in the system; and
- A lack of coordination, transparency, and data sharing limits accountability across the various systems and funders.

To address these gaps, the report is structured around seven key recommendations:

1. **Stop Homelessness Before It Begins**: Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.
2. **Streamline Access to the Homeless System of Care:** Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently.

3. **Optimize Existing Housing and Shelter Programs:** Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement.

4. **Address the Gap in Housing and Supportive Services for People Experiencing Homelessness:** Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.

5. **Create More Affordable Housing Units:** Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.

6. **Increase System Equity:** Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care.

7. **Forge a cohesive and coordinated homeless system of care:** Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting.

Implementing these recommendations will require coordination and collaboration among the various system partners but will ultimately lead to more efficient use of current resources and a better understanding of what is needed to end homelessness in Sacramento County. In the Next Steps section, we have compiled the potential strategies for response for each section to provide a roadmap for implementation.
1. **Stop Homelessness Before It Begins:** Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.

Sacramento’s prevention and diversion efforts are limited, decentralized, and difficult to access:

- There are **too few prevention and diversion resources** available to address the estimated need of individuals entering homeless for the first time each year.

- Sacramento’s 12 **prevention programs** are administered by 9 agencies with **different levels of assistance available and separate access points**, making it difficult for individuals seeking assistance to identify the best fit resource.

- **Diversion programs** at important access points are **limited and uncoordinated**, making it difficult to understand the extent of current efforts and their effectiveness.

- There are **no community-wide standards** for diversion or prevention, making it difficult to meaningfully compare the impact of the interventions and effectively target new resources.

**How to Stop Homelessness Before It Begins**

To stop homelessness before it begins, there needs to be an expansion of current prevention and diversion resources, as well as a client-centered access process, standardized data collection, and community-wide standards for prevention and diversion.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Increase flexible funding from various sources dedicated to prevention and diversion that can meet a broad range of needs, including longer-term and deeper financial assistance.</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>2 Establish a financial assistance pool that can be used flexibly to meet the needs of clients (e.g., rent arrears, credit repair) and train all access point staff in Housing Problem Solving to divert more households from entering the homeless system.</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>3 Integrate existing prevention providers into a network to facilitate warm-handoffs and shared data collection. These efforts can be led by the CoC or a provider agency.</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>4 Develop community-wide standards for prevention and diversion, including metrics for measuring success in these interventions, data collection standards, and targeting priorities. These metrics and standards should be developed in partnership with current prevention and diversion providers.</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Analysis**

The terms “prevention” and “diversion” refer to the spectrum of approaches intended to either prevent people from losing their housing or quickly identify alternatives to emergency shelter. The key difference between prevention and diversion is not the type of assistance provided, but the housing status of the clients served. This analysis adopts the following definitions:

- **“Prevention”** refers to assistance for households that are currently housed and likely to become
homeless if housing is lost, in order to maintain that housing or move to a more stable housing situation.

- **“Diversion”** refers to assistance provided to households who have just become homeless, in order to help them find alternative housing as quickly as possible and avoid entering shelter.

Preventing households from losing their housing in the first place, or quickly diverting them from entering shelter, preserves capacity in both shelter and housing programs. Across the homeless system of care the following gaps in current prevention and diversion efforts were identified:

*There are too few prevention and diversion resources available to address the estimated need of individuals entering homelessness for the first time each year.*

The best available data indicates a high level of households entering homelessness for the first time and a gap in available prevention and diversion resources.

- According to System Performance Measure data reported to the U.S. Department of Housing and Urban Development (HUD), 5,206 accessed housing or shelter programs for the first time in FY2019.1
- During that same time period, 249 individuals enrolled in a Homeless Management Information System (HMIS)-participating prevention or diversion program.

Ideally, all 5,206 individuals accessing housing or shelter programs for the first time would have enrolled in a prevention or diversion program and avoided enrolling in a shelter or housing program, indicating a gap in available prevention and diversion programs.2

**Sacramento’s 12 prevention programs are administered by 9 agencies with different levels of assistance available and separate access points.**

Currently, prevention programs are decentralized and uncoordinated, with nine agencies providing varying levels of assistance through access points that, for the most part, do not share information or cross-refer clients.3 As a result, households in crisis may be forced to approach multiple access points before connecting with a program that can assist them.

In response to a survey administered between March and November 2020, Sacramento prevention providers reported offering different categories of assistance:

**Number of Prevention or Diversion Programs Offering Assistance by Category**

1 Please note, HUD System Performance Measure 5 does not include individuals logging their first contact with a street outreach or homeless prevention program.

2 To develop a more exact projection of prevention and diversion program need moving forward, more data about the number of individuals accessing the system annually, as well as approximations of the capacity of current prevention and diversion programs is needed. Please see Appendix D for more information.

3 For an inventory of current prevention and diversion programs, see Appendix C.
These variations in assistance mean that the same individual that is in need of assistance may receive different resources depending on which program they access. Greater system-level integration of prevention and diversion programs, where agencies provide warm hand-offs to other service providers, would help individuals experiencing homelessness access the prevention or diversion program that will most efficiently meet their specific need (e.g., one-time large amount of housing assistance versus longer term small amount of housing assistance). Greater flexibility in funding would also help ensure each client receives a resource that fits their need.

**Diversion programs at important access points are limited and uncoordinated.**
Shelters and street outreach teams are important access points and ideally situated to provide diversion services; however not all offer diversion resources or clearly report data in HMIS about diversion services provided:
- 66% of year-round shelters (20 out of 30) reported offering diversion services.
- 90% of street outreach teams (9 out of 10) reported offering diversion services.

Currently, shelters and street outreach teams do not report on diversion efforts in a distinguishable way in HMIS or a single location, making it difficult to assess the relative success of diversion efforts and what models are most effective; however, in other communities, diversion has been found to be an effective and low-cost program that can reduce shelter demand. Similar to prevention programs, diversion programs in Sacramento also provide varying types of assistance.

**There are no community-wide standards for diversion or prevention.**
Based on HMIS data, 92% of participants exiting prevention programs successfully exit to permanent housing destinations, a high success rate that suggests that expanding prevention programs could be an effective use of resources.

However, in Sacramento, the relative success of existing prevention and diversion programs can be challenging to compare as there are currently no community-wide standards for prevention or diversion or unified approach to data entry. Across Sacramento County, prevention and diversion programs differ in their structure, level of support provided, and target populations. Programs also track different data points in different systems and define success differently. As a result, it is difficult to compare the success of different models, the cost effectiveness of different programs, and the ability to target households who are most likely to become homeless – a key characteristic of the most effective prevention and diversion programs. By collecting and reporting on comparable data across programs, systems leaders could evaluate the comparative success of each program. For example, Santa Clara County tracks the success of their homelessness prevention system using rate of exit to permanent destinations, rate of homelessness after one year, and percentage of households that received assistance within 72 hours of request, among other factors.

Developing prevention and diversion standards, including aligning eligibility processes and creating shared definitions and metrics of success, would provide a basis for prioritizing and targeting the community’s resources most efficiently toward those most likely to become homeless without prevention and diversion resources.

**Current Efforts to Stop Homelessness Before It Begins:**
- In Sacramento County, several time-limited prevention efforts have begun in response to COVID-19.
  - Sacramento Housing and Redevelopment Agency (SHRA) is administering the Sacramento Emergency Rental Assistance (SERA) Program, offering up to $4,000 in rental assistance to residents in the cities of Sacramento, Folsom, Isleton and Galt, along with unincorporated County of Sacramento, who are experiencing loss or reduction in income from employment.

---

4 Please see Appendix D for suggested data points for prevention and diversion programs.
5 For more information about Santa Clara County’s approach to measuring the success of their prevention programs, please see Destination: Home’s Homeless Prevention System Resources.
because of COVID-19.

- The City of Sacramento is partnering with the Sacramento Mediation Center to assist tenants with understanding the local Tenant Eviction Moratorium Ordinance and related rent repayment programs.
- Sacramento County and the City of Sacramento will receive over $94 million through the federal Emergency Rental Assistance Program. This funding can be used for homelessness prevention with COVID-19 impacted households, including up to 12 months of rental assistance and payment of rental arrears.

- Housing Problem Solving is a strategy based on a series of conversations with individuals at risk of and experiencing homelessness, focused on helping clients identify strengths and existing support networks, consider other safe housing options outside of emergency shelter (e.g., relocation, doubling up with family), connect to community support and services, and in some case, access flexible financial resources. At the time of this report:
  - Housing Problem Solving is currently being piloted in the Project Roomkey hotel and motels with a unique approach to logging data in HMIS.
  - The Coordinated Entry Rapid Access Problem Solving (RAPS) initiative includes a focus on offering Housing Problem Solving system-wide to divert or prevent individuals from entering homelessness.
2. Streamline Access to the Homeless System of Care: Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently.

By comparison to other communities, the process for accessing shelter and housing programs in Sacramento is uniquely challenging, creating barriers for individuals seeking assistance.

- **Access to housing programs is limited, decentralized, and reliant on referrals** from community partners.

- **Access to shelter programs often requires a referral from another organization**, creating barriers to access for shelter and housing programs.

- **Access to street outreach varies by geographic area**, creating barriers to access for housing programs.

- Because different sub-populations and demographic groups access the system differently, when combined with other barriers to access, **uneven housing program access across demographic groups can result**.

How to Streamline Access to the Homeless System of Care

In order to more effectively serve individuals experiencing homelessness, there needs to be greater coordination, capacity building, and consistent messaging about the path to accessing shelter and housing resources.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dedicate blended funding for “one-stop-shop” drop-in access points that provide referrals to all housing programs regardless of who funds or administers the housing.</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>2. Require all new rapid re-housing and permanent supportive housing programs to be accessed through the Coordinated Entry System.</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>3. Increase the number of existing housing programs accessed through the Coordinated Entry System by continuing to improve transparency and accountability.</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>4. Develop and disseminate informational materials and trainings focused on improving client and provider understanding of systems-wide housing and shelter programs, and how they can be accessed.</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>5. Coordinate access to shelter by streamlining the paths to access (e.g., one, unified shelter hotline or an online portal that provides information about all shelter resources in Sacramento).</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>6. Increase geographic coverage of street outreach teams in underserved areas and reduce barriers to access, such as requiring a referral from a community organization.</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

---

6 Housing programs are defined as permanent supportive housing, permanent housing without services, rapid re-housing, and transitional housing programs.
Analysis
Connecting with the appropriate access points\(^7\) for housing and/or shelter programs in Sacramento is a complicated process, which does not effectively serve individuals experiencing homelessness. Across the homeless system of care, the following barriers to access were identified:

Data around access is limited, creating challenges for measuring the capacity and effectiveness of access points.
The quantitative analysis in this section is based on the limited data about access collected in HMIS. Currently, access points do not collect consistent data or report on key data points for understanding access (e.g., the number of individuals requesting assistance, specific services were rendered, number of individuals denied assistance). For more information about improving Sacramento County’s access data, please see Forge a Cohesive and Coordinated Homeless System of Care.

Access to housing programs is decentralized.
Despite the introduction of the Coordinated Entry System in 2015, which was intended to provide centralized, efficient and fair access to housing resources, the process for accessing housing programs remains decentralized and highly dependent on the specific program or funder.

Only 26% of permanent supportive housing beds and 12% of rapid rehousing beds dedicated to individuals experiencing homelessness are accessed through Coordinated Entry.\(^8\) The remaining beds dedicated to individuals experiencing homelessness are accessed through 52 unique access points, including street outreach teams, emergency shelters, day centers, information hubs, and community partners – none of which provide access to all housing programs across the various funders and systems. While having a variety of housing programs and access points is a strength of the system, the lack of “one-stop-shop” access points where an individual can be connected to all of the housing programs places a burden on individuals experiencing homelessness and service providers in order to navigate the system.

Multiple key access points\(^9\) reported that the lack of coordination between funders has created internal challenges in connecting clients to housing programs. Keeping staff up-to-date and trained on access to various programs can be challenging given the lack of system-level coordination, high turnover among frontline staff, and frequent changes in the processes for access. Ultimately, this lack of consistent and clear training on how to access the system puts the burden of understanding how to access housing programs on individuals experiencing homelessness.

Access to housing programs is dependent on referrals from community partners.
Most housing programs – 87% permanent supportive housing and 62% of rapid re-housing programs – require a referral from a specific set of access points. As a result, different access points in Sacramento connect clients to different programs.

---

\(^7\) Sacramento does not have a community-wide definition of an access point. Access point is used in this report to represent an assessment point or referral partner that serves as a required initial point of contact to get into a program. Most access points are at the point of an assessment being conducted such as the VI-SPDAT for Coordinated Entry or LOCUS assessment for Behavioral Health. The other access points are through specific referral partners designated to provide referrals such as SHRA administered Shelters, or County Flexible Housing Program. Homebase worked with staff at each system partner to identify a list of access points.

\(^8\) An additional 19% of total beds share access across multiple systems/funders including Coordinated Entry. See table on pg. 24.

\(^9\) Four access points, including Next Move, Sacramento Self Help Housing, Volunteers of America and Wind Youth Services, provide eligible referrals to at least one housing program associated with each of the four major administrative entities (i.e., Coordinated Entry, Sacramento County Department of Human Assistance, Sacramento County Department of Behavioral Health Services, and Sacramento Housing and Redevelopment Agency).
For example, street outreach teams (which represent 18% of the total housing program access points) are one of the most common types of access points. Of the 11 street outreach teams:

- 7 teams connect clients to Coordinated Entry housing programs,
- 6 teams connect\(^\text{10}\) clients to the Department of Human Assistance’s Flexible Housing Pool Rapid Re-housing program,
- 2 teams connect clients to Behavioral Health Services programs,
- 1 team connects clients to Housing Choice Voucher programs, and
- 1 team connects clients to the CalWORKs rapid re-housing programs.

These differences in ability to refer to housing programs means that homeless individuals must contact multiple access points to assess their eligibility for all available housing programs.

Access to shelter programs often requires a referral from another organization, creating client-level barriers to accessing both shelter and housing programs.

The lack of clear processes creates barriers for individuals attempting to access shelter.

- In Sacramento County, only 9% of year-round shelter programs provide “walk-up” access, a method of shelter operation that permits an individual to request immediate access to a shelter program by physically traveling to the shelter without prior arrangement or referral.
- Instead, most shelter programs require a referral from a community partner, such as an outreach provider or law enforcement, or accept self-referral requests from potential clients
  - For programs allowing for self-referral, there are six distinct processes across nine shelter programs, which include online applications, interviews, and phone intake processes.
- These distinctions between programs can make the process difficult to navigate from the client perspective.

These access issues may also impact shelter bed utilization rates, which vary widely across programs.\(^\text{11} \text{ 12}\)

Please see Optimize Existing Housing and Shelter Programs for additional discussion around how shelter utilization can be improved across Sacramento County.

<table>
<thead>
<tr>
<th>Prevalence of walk-up access for non-domestic violence shelter programs based on survey responses collected between March-November 2020(^\text{13}) and the 2020 Housing Inventory Count(^\text{14})</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year-Round Emergency Shelter</strong></td>
</tr>
<tr>
<td>Walk-Up Access</td>
</tr>
<tr>
<td>(7.4% of total shelter)</td>
</tr>
<tr>
<td>No Walk-Up Access</td>
</tr>
<tr>
<td>(76.3% of total shelter)</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>(1.6% of total shelter)</td>
</tr>
</tbody>
</table>

\(^\text{10}\) Note: the Department of Human Assistance’s Flexible Housing Pool Rapid Re-housing program is currently closed to referrals due to funding constraints.

\(^\text{11}\) Due to sample size being small, and walk-up shelters having few beds, the differences are not statistically significant.

\(^\text{12}\) Please see Appendix F for a more robust discussion of the advantages and disadvantages to walk-up access for shelter.

\(^\text{13}\) For a full list of agencies that participated in surveys, please see Appendix A.

\(^\text{14}\) For the purposes of this analysis, shelters serving exclusively survivors of domestic violence have been excluded. For a full list of survey respondents, please see Appendix B. Please note, in addition to 2020 HIC-participating projects, this analysis also includes information from Meadowview Re-Housing Shelter (100 beds) and Emergency Bridge Housing (48 beds).
Shelter programs are also key access points for housing programs. A high number of shelter programs – 91% of emergency shelters and interim housing and 96% of transitional housing – reported connecting their clients to housing programs either through administering the VI-SPDAT or providing referrals to other housing programs. The wide variety of different paths to accessing shelter programs creates a series of administrative obstacles for individuals experiencing homelessness attempting to access shelter and/or housing programs.

**Access to street outreach varies by geographic area, creating barriers to access for housing programs.** Street outreach teams are also key access points for housing programs, but they vary in their success in connecting clients directly to housing. Outreach teams’ rates of success exiting participants to permanent destinations range from 1% to 42%. Also, each outreach team covers a specific geographic area with some outreach teams focused on a single city and others working throughout Sacramento County.\(^{15}\) As a result, geographic location impacts a homeless individual’s ability to access permanent housing through street outreach.

Stakeholders also reported limited street outreach coverage in certain parts of the county, such as North Highlands. In other areas, including the City of Sacramento, the majority of street outreach is available only on a referral basis, meaning that individuals must receive a referral from a community partner to access street outreach.\(^{16}\) These gaps in coverage and proactive street outreach impact the ability of unsheltered individuals to access housing programs.

**Because different sub-populations and demographic groups access the system differently, when combined with other barriers to access, uneven housing program access across demographic groups can result.** Different sub-populations come in contact with the system of care in different ways. For example:

- Adults without children and transition age youth were more likely to access the homeless system through emergency shelter and street outreach than families with children.

- The majority of families with children (62%) first access the homeless system through a rapid re-housing program.

Since adults without children, transition age youth, and families with children access the homeless system through different types of access points, it is important that these programs are coordinated and are providing comparable access to housing programs. For housing programs that rely on referrals from community partners to fill vacancies, it is essential to ensure a mix of access point types as referral partners to ensure that individuals experiencing homelessness have equitable access across demographic and sub-population groups.

**Current Efforts to Streamline Access to the Homeless System of Care**

At the time of this report, new efforts to improve access in Sacramento include, but are not limited to:

- Sacramento’s Coordinated Entry System is, for the most part, providing fair and efficient access to housing resources and is prioritizing the community’s most vulnerable residents, although wait times are extremely long.\(^{17}\) However, only 26% of permanent supportive housing beds and 12% of rapid rehousing beds dedicated to individuals experiencing homelessness are accessed through Coordinated Entry, spread across 39 unique housing programs.\(^{18}\) The new Coordinated Entry Rapid Access Problem Solving (RAPS) initiative is focused on improving ease of access to the Coordinated Entry

\(^{15}\) Please see Appendix G for more information about street outreach teams in Sacramento.

\(^{16}\) Please see Appendix G for additional information about the variations between street outreach teams, including the prevalence of referral-based street outreach.

\(^{17}\) For more information, please see Sacramento CoC 2020 Coordinated Entry Evaluation.

\(^{18}\) An additional 19% of beds share access across multiple systems/funders including Coordinated Entry. See table on pg. 24.
System and offering problem-solving resources to divert or prevent individuals from entering homelessness.

- Sacramento County's multi-disciplinary encampment response effort is providing housing and shelter-focused street outreach to a specific encampment within the unincorporated area of Sacramento County.
- System-wide outreach written standards are being developed in partnership with Sacramento County, the City of Sacramento, and Sacramento Steps Forward.
- The City of Sacramento's new Office of Crisis Response is working to reorganize the process for accessing shelter and housing resources.

While these initiatives will improve the experience of accessing housing resources for some individuals experiencing homelessness, additional investment and collaboration is needed to address the full scope of barriers to accessing housing programs in Sacramento.
3. Optimize Existing Housing and Shelter Programs: Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement.

Sacramento’s tight housing market creates high barriers to housing access in the community, and current housing programs are inconsistent in the level of support they provide to overcome those barriers.

- A highly competitive rental market and landlord bias against subsidy-holders limit the effectiveness of existing housing programs.
- Rapid re-housing has highly variable performance.
- Individual Sacramento providers and housing programs are utilizing promising practices that have not been scaled up or standardized across the system.
- There is wide variation in bed utilization rates for Sacramento’s emergency shelter programs.

How to Optimize Existing Housing and Shelter Programs

Existing housing and shelter programs in Sacramento would be able to connect more clients to housing and services by scaling up promising local practices and addressing barriers to housing access.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Implement a coordinated landlord engagement strategy with consistent landlord incentives and</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>messaging across programs and funding streams, to support landlord recruitment and reduce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>competition between housing programs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Include dedicated housing specialists in the staffing for every program that assists clients</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>to obtain housing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Create regular opportunities for peer sharing and coordination by hosting intentional</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>convenings for providers to collaborate on topics like life skills trainings, serving clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with complex medical needs, and other common challenges, and by inviting providers across the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>community to present at trainings aligned with their areas of expertise.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Invite providers participating in COVID-19 Re-Housing case conferencing to continue case</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>conferencing work after residents of Project Roomkey have been housed, and expand cross-agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>case conferencing to all rapid re-housing programs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Conduct a meaningful community input process inclusive of people who are currently unsheltered,</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>emergency shelter residents, and shelter providers to identify high-priority shelter models</td>
<td></td>
<td></td>
</tr>
<tr>
<td>likely to increase utilization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Develop a flexible fund to support innovation in practice among providers.</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Analysis

The competitive rental market and landlord bias limit the effectiveness of rental assistance programs. Analysis of qualitative and quantitative information about housing programs in Sacramento points to housing access as a key bottleneck. Securing a housing unit is a central aspect of any rental assistance program that relies on availability of units on the open rental market. As described in the analysis below, program support in the form of robust case management and resources for engaging reluctant landlords can help overcome this challenge.
As is common in many California communities, both providers and people experiencing homelessness identified housing location as a significant challenge for clients enrolled in rental assistance programs. First, in an increasingly competitive housing market, illustrated by an incredibly low rental vacancy rate that has dropped from 6.5% to 2.5% in the past decade, providers and people experiencing homelessness reported that landlords are resistant to renting to people receiving rental assistance support. Perhaps due to stigma or past negative experiences working with rental assistance programs, landlords may fear damage to units, disruptive behavior, and danger to other tenants. One provider noted that, while state law now prohibits discrimination based on source of income, landlords simply point to other reasons for rejecting applications, such as credit or rental history.

![Percentage of Vacant Rental Units in Sacramento County 2010-2019](chart)

*Source: U.S. Census Bureau, 2010-2019 American Community Survey 1-year estimates*

**Rapid re-housing has highly variable performance.** Sacramento’s rapid re-housing outcomes reflect varying levels of client success. One large rapid re-housing program for families with children represents 68% of Sacramento’s rapid re-housing capacity for families with children and 58% of the community’s total rapid re-housing, based on the 2020 Housing Inventory Count. Among clients who exited rapid re-housing programs between July 1, 2018 and July 1, 2020, 49% of this program’s clients were in permanent housing, as compared to 73% of clients in other rapid re-housing programs.

The source of this difference lies primarily in the rate of connections to other sources of rental assistance. While many clients who exit rapid re-housing programs are in unsubsidized permanent housing situations, some continue to receive rental assistance at exit, either through another rapid re-housing program, permanent supportive housing, or another long-term housing subsidy. These represent successful exits, and transitions from rapid re-housing to other housing programs providing a better fit or extended assistance suggest that the system is progressively identifying the appropriate level of support for those individuals.

More specifically, the rate of exit to unsubsidized permanent housing was only slightly higher for clients in other rapid re-housing programs (49%) as compared to the large family program (41%). However, the large family program only connected 7.6% of exiting clients to other subsidies by the time they exited, while other rapid re-housing programs connected 24% of clients.

---

As the primary rapid re-housing resource for families with children experiencing homelessness, this program enrolls clients with a broad range of vulnerability and housing barriers. Interviews with local rapid re-housing providers and reviews of similar programs in other California communities highlighted that the program is designed to offer less case management support to the majority of clients compared to other rapid re-housing programs in Sacramento. The difference in outcomes may demonstrate that additional case management support can help connect households to ongoing housing subsidies.

This data also suggests that, across all rapid re-housing programs, only about half of clients are able to move into housing that they can pay for on their own. This reflects both the scarcity of affordable housing options available (as outlined in Create More Affordable Housing Units) and the importance of effective system pathways for connecting rapid re-housing clients to longer-term supports, such as permanent supportive housing, when rapid re-housing is insufficient to ensure housing stability.

Promising practices have not been scaled up or standardized across the system.

Providers serving people experiencing homelessness in Sacramento have implemented various strategies to support clients to obtain permanent housing and work toward housing stability; however, these strategies are inconsistent across the system, and many effective strategies are used only by individual providers or programs. While, in some cases, lack of widespread implementation may be driven by Federal or state funding requirements that impose complex and rigid requirements, the following are recognized promising practices around homelessness at the national level. Because they are in limited use locally, or are used inconsistently across programs, providing opportunities to scale their use with support and coordination at the systems-level would improve outcomes across the community.

Support for Dedicated Housing Specialists focused on building relationships with prospective and current landlords: This position works closely with case management staff to identify housing opportunities for clients. The Housing Specialist is also the direct point of contact for landlords when there is a challenge with a resident or question about payment. By separating housing and case management into two separate roles, staff are no longer forced to divide their time between client support and locating potential housing opportunities. System-level support and coordination of peer sharing can help align efforts of housing specialists across programs.

Regular and frequent (weekly or bi-weekly) case conferencing: Case conferencing is a regular meeting of staff from multiple agencies and/or programs focused on housing clients. There are currently several case conferencing efforts happening in Sacramento, and several providers credited on-going case conferencing...
work as an opportunity to work collaboratively and creatively around housing. In particular, cross-agency case conferencing enhances the ability of individual programs to work together to better support individual clients.

Close collaboration between providers: In addition to case conferencing, several providers identified additional examples of on-going coordination between agencies including:

- Identifying landlords willing to work with clients,
- Hosting program lead and provider calls focused on common resources and troubleshooting challenges connecting clients to housing during COVID-19,
- Co-locating providers at access points to facilitate connections to diverse resources, and
- Providing warm handoffs for clients who may have otherwise fallen back into homelessness.

Reaffirming permanent housing goal throughout relationship with the client: Many providers pointed to their continuous discussions with clients about housing as one of their sources of success. One temporary shelter program asks clients to fill out three affordable housing applications during the first week of their stay. Another permanent housing provider pointed to continued discussions with permanent supportive housing residents about their next steps as an important component to encouraging exits to unsubsidized permanent housing destinations. These approaches center the clients’ housing stability as the focus of case management.

Optional life skills classes with incentives for participation: Several providers discussed the benefits of life skills classes (e.g., strategies for building or repairing credit, cooking, basic budgeting) to help clients secure and maintain permanent housing. Life skills education can help clients feel more confident when applying for and moving into housing and supports ongoing housing stability. One program reported greater rates of participation when an incentive like a gift card was offered for meeting a goal.

There is wide variation in bed utilization rates for Sacramento’s emergency shelter programs.

On a given night there is wide variation in the rates of bed utilization across Sacramento’s shelter programs, leaving some beds unused while 3,900 people sleep outside, in vehicles, or in other unsheltered locations. Very few, if any, communities of Sacramento’s size sustain 100% shelter utilization, but narrowing this gap in utilization could result in hundreds of additional people sleeping inside and potentially connecting with other services and programs.

Sacramento’s emergency shelter capacity includes 33 year-round programs represented on the 2020 Housing Inventory Count, which operate with a wide range of program designs, access models, staffing, and resources. The causes of underutilization across many of these programs are varied and multi-faceted, including a fragmented approach to shelter access, lack of clear information about how to access shelter, and policies and resource limitations that impact client experiences. As a result, it will be critical to include the voices of shelter clients and of people not accessing shelter when developing strategies to improve emergency shelter utilization.

Current Efforts to Maximize Existing Resources

At the time of this report, new efforts to maximize existing resources include, but are not limited to:

- A portion of the community’s Homeless Housing Assistance and Prevention (HHAP) funding, awarded by the state in 2020, will be used to fund a landlord incentive and engagement program. The Landlord Engagement HHAP Implementation Group will guide the planning and development of this new resource.
- Beginning on July 1, 2020, the Sacramento Housing and Redevelopment Agency Landlord Incentive Program offers financial incentives for landlords renting to Housing Choice Voucher holders. The incentives include bonuses for new and returning landlords and a risk management fund to cover damage to a unit, in addition to covering application fees, assistance with security deposits.
- Each week, representatives from Lutheran Social Services, Sacramento LGBT Center, Waking the

20 For more discussion of the effect of differing access models on emergency shelter utilization in Sacramento, see Appendix F.
Village, and Wind Youth Services meet to discuss past experience with property managers and identify opportunities for future engagement. This collaboration reduces direct competition between providers, creates shared efficiencies, and provides opportunities for providers to leverage existing relationships when a unit is listed as vacant.

- There are currently several cross-agency case conferencing efforts happening in Sacramento, including ongoing case conferencing for the Flexible Housing Pool and within the Coordinated Entry System for veterans, transition age youth, and behavioral health clients. The COVID-19 Re-Housing effort expanded cross-agency case conferencing by implementing weekly case conferencing led by Sacramento Steps Forward and the Department of Human Assistance. These meetings are focused on connections to housing for clients in Project Roomkey hotels or motels.

These efforts are in line with the recommendations above but are limited in scope, making them good examples of strategies to be scaled up or supported across the system.
4. Address the Gap in Housing and Supportive Services for People Experiencing Homelessness: Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.

Sacramento’s current level of housing and emergency shelter resources leaves thousands of individuals and families experiencing homelessness, on any given night.

- At a conservative estimate, at least 5,570 people in Sacramento have shelter and housing needs that are not met by the current homeless system of care’s capacity or the open housing market.
  - At least 2,451 people with high service needs require permanent supportive housing or a higher level of care.
  - At least 2,451 people with moderate service needs require rapid re-housing.

- Seventy percent of people experiencing homelessness in Sacramento are unsheltered, living outside, in vehicles, or in other places not designed for human beings to live, and current emergency shelter capacity is insufficient to meet that need.

How to Address the Gap In Housing and Supportive Services

To meet the needs of people living in Sacramento County, additional permanent supportive housing, rapid re-housing, and emergency shelter must be created to grow the capacity of the homeless system of care.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Build out programs that leverage housing vouchers to connect prioritized and referred tenants with permanent supportive housing case management resources in a coordinated housing program.</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>2 Expand project-based permanent supportive housing options that provide intensive case management, including a range of housing approaches (e.g., individual units versus shared housing).</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>3 Continue to seek out new funding to increase rapid re-housing capacity across household types and subpopulations.</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>4 Streamline access to higher levels of residential care, such as skilled nursing facilities, for people experiencing homelessness or exiting from permanent supportive housing.</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Analysis

In Sacramento, ending homelessness is a multi-sector effort supported by local, state, federal, and private funding sources. The following are the primary local partners who provide funding, manage resources, or coordinate access to housing programs:

- Sacramento Continuum of Care’s Coordinated Entry System (CE),
- Sacramento County,
- City of Sacramento,
- Sacramento Housing and Redevelopment Agency, and
- Veterans Administration.

The housing resources that are dedicated to individuals experiencing homelessness are affiliated with several different funding sources and leadership entities. Federal and state funding requirements often create complex
and rigid requirements for program management. Differences in leadership and funding impact how the housing programs operate, including processes for access, eligibility, and prioritization, as well as housing type, design, and data tracking, and other factors. As a result, housing programs in Sacramento, as well as in many other communities, often do not operate as one cohesive system. Notably, however, access to more than one-quarter of Sacramento’s permanent supportive housing program beds is shared across multiple entities, indicating a high level of collaboration around serving highly vulnerable populations with intensive housing supports.

| Beds dedicated to people experiencing homelessness by project type and path to access |
|---------------------------------|------|------|------|------|------|------|------|------|
|                                 | BHS  | CE   | DHA  | SHRA | VA   | Shared | Other | Total |
| Emergency Shelter Beds         | 48   | 0%   | 423  | 160  | 0%   | 0%     | 749   | 1,380 |
| Permanent Housing (no services) Beds | 0%  | 0%   | 0%   | 0%   | 0%   | 0%     | 75    | 75    |
| Permanent Supportive Housing Beds | 232 | 6%   | 976  | 60   | 797  | 17%    | 1039  | 3,731 |
| Rapid Re-Housing Beds           | 1 bed| 0%   | 96   | 471  | 0%   | 9%     | 48    | 781   |
| Transitional Housing Beds       | 0%   | 15   | 153  | 0%   | 99   | 19%    | 250   | 517   |
| Total Beds                      | 287  | 1087 | 1017 | 1047 | 795  | 12%    | 1047  | 6490  |

While each of the entities represented in the table above have housing programs dedicated to people experiencing homelessness, some also have housing programs with a “preference” for people experiencing homelessness that are not exclusively dedicated. For example, all of the City of Sacramento public housing projects administered by SHRA have a preference for people experiencing homelessness, meaning that people that are homeless and meet other eligibility criteria are prioritized over those that are not homeless. Some housing programs operated by these same partners serve high numbers of people experiencing homelessness but do not have a preference, such as the BHS housing services for mental health clients.

This cross-sector effort to respond to homelessness in Sacramento is laudable. Having multiple housing options to respond to the variety of needs is a reflection of system strength; however, data about people experiencing homelessness in Sacramento is more fragmented and decentralized than in many other, similarly-sized communities, making it difficult to assess unmet need with accuracy.

---

21 This table is based on data from the 2020 Housing Inventory County and data provided by DHA, BHS, and SHRA.
22 “Shared” refers to beds where the path to access is controlled by at least two of the following entities: BHS, CE, DHA, SHRA, or VA.
23 “Other” refers to beds where the path to access is not controlled by BHS, CE, DHA, SHRA, or VA. For example, St. John’s Program for Real Change controls the path to access for their Housing Partnership rapid re-housing program.
24 Between October 1, 2018 and September 30, 2020, 160 homeless households were admitted to City of Sacramento public housing units with a preference for people experiencing homelessness.
25 For BHS’s housing services related to mental health services in FY2019-2020, the average housing services cost per person was $3,177 and the range was $0 to $74,162. Housing services include funding for rent gaps, rental subsidies, and master lease programs.
In communities where most people seeking shelter and housing assistance have contact with a single coordinated entry system that feeds into all homeless-targeted resources, both current need and expected future need can be estimated based on how many people have been assessed by coordinated entry. In Sacramento, only 17% of beds dedicated to people experiencing homelessness participate in the Coordinated Entry System. As a result, many people in need of housing support are never connected with Coordinated Entry, and data from that system alone provides a limited picture of homelessness.

At least 5,570 people in Sacramento have unmet shelter and housing needs.

To determine the gap between current resources and what is needed to serve people experiencing homelessness in Sacramento County, the best available source of information is the community’s Point in Time Count. In Sacramento County, the Point in Time Count of people experiencing sheltered and unsheltered homelessness increased dramatically in 2017 and 2019, marking a shift from fairly stable counts over the previous decade. Even as large numbers of families and individuals obtained housing through the homeless system of care over that same time period, the total number of people in need of housing grew. As of the 2019 Point in Time Count, approximately 5,570 people were unhoused on any given night in Sacramento County, and approximately 3,900 of those people were unsheltered.

The Point in Time Count on its own, however, does not offer detail about the specific types of resources needed to serve the population experiencing homelessness. The most widely-used assessment of vulnerability and housing barriers in Sacramento County is the Vulnerability Index – Service Prioritization Decision Assistance Tool (commonly referred to as the VI-SPDAT), as administered within the Coordinated Entry System. One function of the VI-SPDAT is to indicate what level of housing support a client is likely to need.

26 The limitations of a point-in-time approach to quantifying homelessness are widely recognized. By definition, Point in Time Counts capture a snapshot of homelessness on a single night in January and shed little light on how many people actually experience homelessness over the course of a year. Variations in weather conditions from year to year, as well as the difficulty of visually counting people experiencing unsheltered homelessness, contribute to uncertainty about the accuracy of Point in Time Count data.

27 The methodology used for the Point in Time Count in Sacramento was significantly expanded in 2019 to respond to growth in the scope of homelessness observed in 2017 and to increase the accuracy of the count. While the more robust methodology provides a strong foundation for future counts, it also provided a more thorough count as compared to previous years and makes comparisons to previous counts more challenging.
given their assessed vulnerability and barriers to housing. The chart below applies data about the percentage of households completing a VI-SPDAT that fall within each housing intervention range to the 2019 Point in Time Count. This provides a rough projection of potential housing and service needs within the homeless population, allowing for a more nuanced analysis of the gap in the community’s housing resources.

<table>
<thead>
<tr>
<th>Estimated Level of Assistance Needed</th>
<th>% of VI-SPDATS&lt;sup&gt;28&lt;/sup&gt;</th>
<th>2019 PIT Count Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Service Needs (Permanent Supportive Housing Range)</td>
<td>44%</td>
<td>2,451 people</td>
</tr>
<tr>
<td>Moderate Service Needs (Rapid Rehousing Range)</td>
<td>44%</td>
<td>2,451 people</td>
</tr>
<tr>
<td>Minimal Intervention Range</td>
<td>12%</td>
<td>668 people</td>
</tr>
</tbody>
</table>

Because the Point in Time Count is an estimate of the community’s persistent nightly homeless population, already taking into account the impact of existing capacity, this analysis treats the 2019 Point in Time Count, informed by VI-SPDAT scores, as the best available estimate of the gap in housing program resources. Given the limitations of the data available, these are more likely to be under-estimates than over-estimates. Additionally, as the economic impacts of the COVID-19 pandemic continue to be felt, the number of people experiencing homelessness in Sacramento will rise. Therefore, this analysis provides a highly conservative estimate of current unmet need.

**At Least 2,451 people with high service needs require permanent supportive housing or a higher level of care.** Providers operating permanent supportive housing in Sacramento reported a need for higher levels of support for a portion of their client population. They identified a need for more support for clients with more intensive health and daily living challenges, such as seniors and clients with severe mental illness and substance use conditions. In some cases, seniors and clients with severe disabling conditions would experience better health and housing outcomes in skilled nursing facilities or other residential care settings, but case managers struggle to connect their clients with these resources. Other clients simply need more intensive case management or service supports than current permanent supportive housing programs can provide. Factors such as the type or location of housing (e.g. project-based versus scattered-site units or placement in shared housing) and high case management caseloads may impact housing stability for clients who need intensive case management and services.

An analysis of the community’s full bed and unit capacity highlights an opportunity to shift existing resources to create service-intensive permanent supportive housing. SHRA provides an immense housing resource for the community’s homeless system of care by prioritizing its Housing Choice Vouchers for households experiencing homelessness. As they are currently designed, these vouchers prioritize individuals experiencing homelessness with an existing connection to case management services, meaning that clients must successfully obtain case management before applying for a voucher. Some portion of these vouchers could be dedicated for people experiencing homelessness and paired with intensive case management and wrap-around services to create a new housing program within the Coordinated Entry System, which would both

---

<sup>28</sup> These estimates are based on deduplicated VI-SPDAT scores from October 2018-September 2020. Note that VI-SPDAT scores are not available for every client entered into HMIS, and the pool of clients referred to Coordinated Entry for a VI-SPDAT may not be representative of the broader homeless population. These percentages are used to estimate vulnerability, because they are the best data currently available; however, a standardized universal assessment of housing need would result in a more reliable analysis of capacity. See *Forge a Cohesive and Coordinated System of Care* for more discussion of capacity related data limitations.

<sup>29</sup> Please note, homeless status is a one-point preference among several preferences for SHRA's Housing Choice Vouchers. Other preferences include rent burdened (1 pt), resident of Sacramento County (5 pt), ability to lease in-place (2 pt), etc.). Please see SHRA's *Housing Choice Voucher Program Administrative Plan 2020* for more detail. Between October 1, 2018 and September 30, 2020, 1,949 homeless households were served with tenant-based Housing Choice Vouchers.
streamline access to Housing Choice Vouchers for people experiencing homelessness and increase service-intensive permanent supportive housing capacity.

**At least 2,451 people with lower service needs require rapid re-housing.**
Rapid re-housing represents one of the community’s clearest opportunities to increase impact by improving housing outcomes (see Optimize Existing Housing Programs). Nevertheless, with an unmet need of at least 2,451 people within the moderate intervention (rapid re-housing) range, and the effects of COVID-19 likely to increase this need, improved housing outcomes for the community’s 781 homeless-dedicated rapid re-housing beds are unlikely to fully close the resource gap.

**Seventy percent of people experiencing homelessness in Sacramento are unsheltered, and current emergency shelter capacity is insufficient to meet that need.**
At the time of the 2019 Point in Time Count, 3,900 people (70% of the total homeless population) were sleeping outside, in vehicles, or in other unsheltered locations. Connection to safe and affordable permanent housing will ultimately end homelessness for those unsheltered individuals, but increasing the effectiveness and capacity of housing programs will take time. Permanent housing will not be a reality for everyone immediately. In the interim, emergency shelter provides an essential crisis-response service for individuals and households that need safe places to stay while they connect to resources that will help them obtain permanent housing.

Some improvements can be made to utilization of emergency shelter beds in Sacramento County, as described in Optimize Existing Housing and Shelter Programs; however, the ability of existing temporary shelter capacity to shelter additional people is limited. Some additional emergency shelter capacity, in concert with improved access to housing resources, will be necessary to meaningfully reduce the rate of unsheltered homelessness in the community. When planning for additional emergency shelter capacity, the impact of shelter access models and program design on current shelter utilization should be taken into account, as should the input of current and former shelter residents.

**Current Efforts to Address the Gap in Housing and Supportive Services**
At the time of this report, new efforts to increase capacity in Sacramento include the development of seven additional projects using project-based vouchers, which are set to open in the next four years. While these projects will add vital beds to community’s housing capacity, they will not be enough to meet the housing needs of thousands of people experiencing homelessness in Sacramento.
5. Create More Affordable Housing Units: Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.

Housing affordability is a key challenge for low-income individuals in Sacramento. Even for individuals enrolled in rental assistance programs, the lack of affordable housing units can prevent them from using the rental subsidy. Sacramento’s housing affordability crisis is a result of several factors:

- **Rental housing vacancies have declined** over the past decade resulting in a highly competitive rental market that creates additional barriers for low-income tenants to obtaining market-rate housing.

- There are **too few dedicated affordable housing units** to meet community need, contributing to high numbers of individuals at risk of and experiencing homelessness.

**How to Create More Affordable Housing Units**

In order to more effectively end and prevent homelessness, there needs to be an increase in the supply of affordable housing.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Develop permanent affordable housing to meet the Sacramento Regional Housing Needs Allocation targets for very-low and low income(^{30}) housing in all jurisdictions.</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>2 Dedicate units in new subsidized affordable housing development for extremely low-income, very low-income, and homeless individuals, including units connected to intensive case management and wrap-around services.</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>3 Support campaigns for new federal and state public funding for extremely low-income and very low-income housing development.</td>
<td>Medium /High</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Analysis**

Building affordable housing is a complex process requiring cross-sector leadership from housing developers, public housing authorities, local jurisdictions, and the homeless system of care, with some partners playing a greater leadership role than others. Across Sacramento County, the following gaps were identified in affordable housing:

*Rental housing vacancy rates have declined over the past decade.*

In the past decade, the percentage of vacant rental units has dropped from 6.5% to 2.5% in Sacramento County (for additional discussion, see *Address the Gap in Housing and Supportive Services for People Experiencing Homelessness*). When vacant rental units are scarce:

- Rental housing accessible to low-income individuals is typically lower in quality and concentrated in certain geographic areas.
- Low-income renters may pay well over 30% or even 50% of their income for housing, leaving them severely at-risk of housing instability.
- Individuals experiencing homelessness with a rental subsidy have more difficulty locating an available

---

\(^{30}\) Please note, the Regional Housing Needs Allocation (RHNA) does not separate need among extremely low-income and very low-income individuals, including both under the VLI category.
There are not enough permanently affordable housing units to meet community need, contributing to high numbers of individuals at risk of and experiencing homelessness.

While prevention and diversion programs can reduce the number of individuals entering the system (see Stop Homelessness Before it Begins) and strategies can be implemented to improve the utilization of existing resources (see Optimize Existing Housing and Shelter Programs), additional permanent affordable housing capacity is needed to make these interventions effective and to reduce the number of people who cannot afford housing and fall into homelessness each year. For example, both providers and people experiencing homelessness identified housing location as a significant challenge for clients enrolled in rental assistance programs (see Optimize Existing Housing and Shelter Programs).

The development of permanent affordable housing does not come close to meeting identified community need in Sacramento County. The Regional Housing Needs Allocation (RHNA) is a statewide assessment of the number of new housing units needed at each level of affordability to meet housing needs within each local jurisdiction. For example, compared to the RHNA production goals for 2013-2021, the City of Sacramento has met 100% of the target for moderate income units, but only five percent of the target for very low income units as of December 2019.31

In January 2020, the City of Sacramento created the $100 million Sacramento Affordable Housing Trust Fund with funding from Measure U.33 This fund uses income guidelines to target housing investment for extremely low income, very low income, and low income individuals. Other comparable California communities have also passed local affordable housing bond measures as a key component of their efforts to address homelessness. For example, Santa Clara County voters approved a $950 million bond in 2016 that is projected to fund 4,800 units.

---

31 The state requires the Regional Housing Needs Allocation (RHNA) targets be incorporated into the Housing Element of each city and county in California, with progress reported annually in the form of the number of units for which permits were issued during the RHNA timeframe. RHNA does not separate Extremely Low-Income (ELI) and Very Low Income (VLI) need, including both under the VLI category. The most recent RHNA period covers 2013-2021.
33 For more information about the City of Sacramento’s Affordable Housing Trust Fund, please see here.
units dedicated to extremely low-income households and individuals, families exiting homelessness, and other underserved populations.\textsuperscript{34} Without the creation of additional permanently affordable housing, expansion of prevention, diversion, and supportive housing programs can only have limited impact.

This underproduction of permanent affordable housing for very low income individuals has consequences for Sacramento residents. Multiple individuals with experience of homelessness described being directed to affordable and supportive housing waitlists that were closed or were perceived as a dead end due to long wait times. For example, there are 15,113 households on the waitlist for the Saybrook (60 units) and Serna Village (75 units) housing projects, including 7,965 homeless households. The lack of permanent affordable housing contributes to high numbers of individuals at risk of and experiencing homelessness.

\textbf{Current Efforts to Create More Affordable Housing}

In January 2020, the City of Sacramento created the $100 million Sacramento Affordable Housing Trust Fund with funding from Measure U.

\textsuperscript{34} For more information about Santa Clara County’s 2016 Measure A – Affordable Housing Bond, please see \texttt{here}. Other community examples include the \texttt{City of San Jose Measure E Transfer Tax} and \texttt{Los Angeles’ 2020 Tax Exempt Bonds}. 
6. Increase System Equity: Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care.

Indicators of disparities in accessing programs, length of time homeless, flow through the system, and housing outcomes were found when analyzing Sacramento’s HMIS data. Data collected from system partners was not client level data and did not always include demographic information. Therefore, the equity analysis focuses on HMIS data. HMIS data were also analyzed by comparing the 2019 Point in Time (PIT) Count, 2020 Housing Inventory Count (HIC) and HMIS data. While there are many signs of equitable care in Sacramento, the following issues that require further study and action were identified:

- **Veterans, American Indian and Alaska Natives, and males are overrepresented** in the Point in Time Count homeless population. Those groups, along with transition age youth, are also underrepresented in homeless housing and services enrollments in HMIS.

- The time it takes people **to get housed or access housing resources is inequitable** across household types.

- Participation in programs and connections with housing resources **are different across racial groups**.

- Inequitable housing outcomes and systematic disparities in bed dedication and resources highlight **missed opportunities for subpopulations**.
  - Rapid re-housing connects non-veterans, people in families with children, and non-white people to permanent housing at lower rates, as compared to other populations.
  - Rapid re-housing is a successful program model for transition age youth and adults without children, but families are more likely to access the resource, given the availability of a significant state-funded rapid re-housing program dedicated to serving families.
  - Sacramento’s homeless system of care appropriately prioritizes people with disabling conditions and people experiencing chronic homelessness, in alignment with CoC policy.

- **Permanent supportive housing is high-performing but demonstrates low rates of turnover, which severely limits the number of new individuals who can be served** with existing capacity.

**How to Increase System Equity**

In order to increase equity across the homeless system of care, targeted interventions are needed to reduce identified disparities in access and outcomes.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 With the input of individuals with lived experience of homelessness, identify and implement strategies to reduce the time adults without children spend waiting for permanent supportive housing (e.g., a flexible case management team focused on document readiness; increase the amount of shelter available to adults without children; increase the number of light touch resources like Housing Problem Solving available to this population).</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
2. Develop a community-wide strategy and standards for individuals exiting permanent supportive housing to a permanent destination (i.e., “moving on” programs).

3. Under the leadership of the Youth Advisory Board and youth providers, identify opportunities to expand housing programs and improve permanent housing outcomes for transition age youth.

4. Coordinate with the Racial Equity Committee to: (1) convene listening sessions with individuals experiencing homelessness that identify as Alaska Native and/or American Indian and/or organizations that serve this population to discuss challenges in accessing the system of care; and (2) create an equity monitoring plan to observe and monitor disparities and identify new areas for equity evaluation.

See also section 7: Data sharing to improve equity monitoring

---

**Analysis**

Veterans, American Indian and Alaska Natives, and males are overrepresented in the homeless population and underrepresented in homeless housing and services enrollments. Disparities in system access were analyzed in two key ways:

1. Comparing HMIS data, 2019 Point in Time Count estimates, and Census population data
2. Using HMIS data to compare enrollments across demographics and sub-populations

The following table includes the U.S. Census Bureau American Community Survey (ACS) general populations estimates, 2019 Point in Time (PIT) Count estimates, and HMIS enrollment data. Census general population data is a helpful comparison to identify inequities in the homeless population overall and in comparing the Point in Time Count estimates to HMIS enrollments, disparities in access can be identified. To identify disparities, we analyzed HMIS, Point in Time Count, and Census data across demographics (including age, ethnicity, race, veteran, status, and gender) and found significant disparities for gender, race, and veteran status.

Comparison of 2019 ACS, 2019 PIT Count, and HMIS final enrollment between July 1, 2018 and July 1, 2020

---

Data collected from systems partners outside of HMIS did not include demographics and did not provide client level data. Therefore, the HMIS data serves as the focal point of equity analysis.
• Males comprise 49% of Census population estimates and are overrepresented in Point in Time Count estimates (62%). Males are underrepresented in HMIS (52%) compared to Point in Time estimates.

• Veterans comprise 6% of Census population estimates and are overrepresented in Point in Time Count estimates (12%). Veterans are underrepresented in HMIS (9%) compared to Point in Time Count estimates.

• People identifying as American Indian and Alaska Native comprise 0.4% of Census population estimates and are overrepresented in Point in Time Count estimates (8%). American Indian and Alaska Natives are underrepresented in HMIS (3%) compared to Point in Time Count estimates.

• People identifying as Black comprise 9% of Census population estimates and are overrepresented in the Point in Time Count (34%). Black people are also overrepresented in HMIS (40%) when compared to Point in Time Count estimates.

*Transition age youth are underserved in homeless housing and services enrollments.*

Another way to observe system equity for household types is by comparing the Point in Time Count estimates and HMIS enrollment data to highlight differences between program access and expected need. Additionally, the Homeless Inventory Count records of dedicated beds for households provide context for these as well.

- Transition age youth constitute 7.4% of the 2019 Point in Time Count and 6.6% of HMIS active individuals in the system between July 1, 2018 and July 1, 2020. This indicates that overall, transition age youth are accessing the system at equitable rates.

- However, when we examine HMIS enrollments by program type, transition age youth are not accessing rapid re-housing or permanent supportive housing at equitable rates. Transition age youth make up 6.6% of the HMIS population and only 1.8% of rapid re-housing and 2.4% of permanent supportive housing enrollments.

- The Housing Inventory Count indicates that transition age youth have a total of 12 dedicated permanent supportive housing beds (<1%) and 16 dedicated rapid-rehousing beds (2%). With a dearth of dedicated beds, transition age youth without children are accessing permanent housing resources at lower rates than expected.

*Proportion experiencing homelessness versus proportion engaged by the homeless system: 2019 PIT Count and HMIS enrollment comparison by project type and household type (All final individual enrollments between July 1, 2018 and July 1, 2020)*

<table>
<thead>
<tr>
<th></th>
<th>2019 PIT Count</th>
<th>All HMIS</th>
<th>Street Outreach</th>
<th>Shelter</th>
<th>Transitional Housing</th>
<th>Rapid re-housing</th>
<th>Permanent Supportive Housing</th>
<th>Homeless Prevention</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in families with children</td>
<td>20.4%</td>
<td>40.7% n=9,343</td>
<td>8.7%</td>
<td>21.9%</td>
<td>48.4%</td>
<td>79.8%</td>
<td>40.4%</td>
<td>71.0%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Adults without children</td>
<td>79.6%</td>
<td>59.3% n=13,620</td>
<td>91.3%</td>
<td>78.1%</td>
<td>51.6%</td>
<td>20.2%</td>
<td>59.6%</td>
<td>29.1%</td>
<td>89.7%</td>
</tr>
<tr>
<td>Transition age youth 36</td>
<td>7.4%</td>
<td>6.6% n=1,515</td>
<td>12.9%</td>
<td>7.5%</td>
<td>15.4%</td>
<td>1.8%</td>
<td>2.4%</td>
<td>0.8%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

36 Transition age youth is a subset of adults without children.
The time it takes people to get housed or access housing resources is inequitable across household types. Another key metric for analyzing equity of access and overall system equity is observing the time it takes individuals to connect with housing resources once they enter the system. Using HMIS data we compared the length of time individuals waited between their first entry into street outreach or shelter and their first entry into a housing program (including rapid re-housing, permanent supportive housing and transitional housing). Those without an entry into a housing program were excluded from the sample.

Across all household compositions and housing program types:

- The average length of time was 6 months or 182 days.
- The median length of time was 105 days.
- Having a median that is 77 days lower than the average signals that there are outliers as well as a portion of the population who remain homeless for longer periods of time. For those who eventually connected to housing resources, the maximum length of time someone waited was 1,241 days or just under 3.5 years.

However, the length of time between system entry and housing varies by household composition, point of entry, and program type. Of individuals who entered the system through street outreach or shelter and were subsequently enrolled in a housing program:

- Families with children and transition age youth are accessing housing faster than adults without children, on average and across housing program types.
- The length of time between system entry and enrollment in permanent supportive housing is significantly longer than other housing program types. On average, individuals are waiting almost one year to enroll in permanent supportive housing.

<table>
<thead>
<tr>
<th></th>
<th>Median (days)</th>
<th>Average (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All people</td>
<td>105</td>
<td>182</td>
</tr>
<tr>
<td>People in families with children (n=589)</td>
<td>62</td>
<td>119</td>
</tr>
<tr>
<td>Adults without children (n=1167)</td>
<td>131</td>
<td>213</td>
</tr>
<tr>
<td>Transition age youth (n=185)</td>
<td>91</td>
<td>149</td>
</tr>
</tbody>
</table>

For those active in HMIS between July 1, 2018 and July 1, 2020, first enrollment was assumed to be the first enrollment recorded after July 1, 2016. The maximum amount of days a person could spend homeless and received a connection was 1,460 days or 4 years.
Length of time from first HMIS entry in street outreach or shelter to first housing program enrollment by housing program type and household composition as reported and active in HMIS between July 1, 2018 and July 1, 2020\textsuperscript{38,39}

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Population</th>
<th>Median (days)</th>
<th>Average (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transitional Housing</strong></td>
<td>All people (n=309)</td>
<td>79</td>
<td>134</td>
</tr>
<tr>
<td></td>
<td>People in families with children</td>
<td>108</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>(n=44)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults without children (n=265)</td>
<td>78</td>
<td>135</td>
</tr>
<tr>
<td></td>
<td>Transition age youth (n=85)</td>
<td>83</td>
<td>122</td>
</tr>
<tr>
<td><strong>Rapid Re-housing</strong></td>
<td>All people (n=1092)</td>
<td>72</td>
<td>148</td>
</tr>
<tr>
<td></td>
<td>People in families with children</td>
<td>49</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>(n=497)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults without children (n=595)</td>
<td>102</td>
<td>185</td>
</tr>
<tr>
<td></td>
<td>Transition age youth (n=86)</td>
<td>84</td>
<td>162</td>
</tr>
<tr>
<td><strong>Permanent Supportive Housing/ Other Housing Supports</strong></td>
<td>All people (n=355)</td>
<td>290</td>
<td>326</td>
</tr>
<tr>
<td></td>
<td>People in families with children</td>
<td>223</td>
<td>276</td>
</tr>
<tr>
<td></td>
<td>(n=48)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults without children (n=307)</td>
<td>300</td>
<td>335</td>
</tr>
<tr>
<td></td>
<td>Transition age youth (n=14)</td>
<td>192</td>
<td>230</td>
</tr>
</tbody>
</table>

Participation in programs and connections with housing resources are different across racial groups.

To examine any racial disparities in how clients are progressing through the system of care, we looked at exits to permanent destinations from street outreach and shelter across different household compositions. The following areas were identified for potential further analysis and monitoring.

**Families with Children:**

- Race may be impacting the likelihood that people in families with children will exit to permanent housing locations, although there is variation by program type at entry. For example, Black families are moving from shelter to permanent destinations at a lower rate than white families, but the inverse is true for families exiting street outreach.

- Black families with disabling conditions were more likely to exit to permanent housing (49%) than those without disabling conditions.

- While the system appears to be successfully prioritizing chronically homeless families and families with disabling conditions, the conflicting outcomes with regards to race and program types is something that needs more attention, monitoring and study.\textsuperscript{40}

\textsuperscript{38} Ibid.

\textsuperscript{39} Transition age youth is a subset of adults without children.

\textsuperscript{40} The *Sacramento CoC Coordinated Entry Evaluation* found that Black households scored lower on the VI-SPDAT and were thus less likely to be prioritized for permanent supportive housing. However, because so few people were housed, the difference in housing outcomes was not significant.
Client destination at final program exit by project type and race
as reported in HMIS between July 1, 2018 and July 1, 2020

<table>
<thead>
<tr>
<th></th>
<th>Shelter (n=1,707)</th>
<th>Street Outreach (n=540)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Exit to Permanent Housing Program 42</td>
<td>% Exit to Permanent Destination</td>
</tr>
<tr>
<td>Black</td>
<td>12.6% (104 of n=824)</td>
<td>29.6% (244 of n=824)</td>
</tr>
<tr>
<td>White</td>
<td>19.9% (115 of n=578)</td>
<td>38.6% (223 of n=578)</td>
</tr>
</tbody>
</table>

### Adults without children:

- Adults without children that identify as American Indian or Alaska Native (AI/AN) and exit from street outreach are connected with housing programs at lower rates than other races (4.3% AI/AN; 9.1% average across all racial groups). 43 While it is possible that AN/AI adults without children are accessing resources outside of HMIS, there is enough evidence to warrant more monitoring and study to understand the disparity in these numbers. Specifically, group appointed AN/AI representation on the Racial Equity Committee, listening sessions, focus groups, and qualitative and quantitative survey research is needed to better understand how this population is and is not supported by the system.

Inequitable housing outcomes and systematic disparities in bed dedication and resources highlight missed opportunities for subpopulations.

The following sections look at variations in how sub-populations and demographic groups flow through the system of care and interact with distinct program types. These variations are important to consider when seeking to build equity and identify system gaps.

When looking at outcomes for housing programs, both transitional housing and rapid re-housing are generally focused on exiting clients to permanent, non-subsidized destinations, while permanent supportive housing is a long-term intervention where success is primarily measured in retention, with only a select number of clients exiting to permanent destinations when they are ready. 44 When looking just at exits, rapid re-housing projects had the highest number of individuals exiting to permanent destinations exits overall.

---

41 Final program exit for this table includes last exit from Shelter and Street outreach programs.

42 Exit to a permanent housing program indicates that the household subsequently accessed a program in HMIS providing permanent housing resources (i.e., permanent supportive housing or rapid re-housing). In contrast, exit to a permanent housing destination reflects that a household reported that they were permanently housed when they left the program, which would include all of the households that accessed a permanent housing program and the households who reported accessing their own permanent housing (e.g., by moving in permanently with friends or family or renting a market rate apartment).

43 Similarly, the Coordinated Entry Evaluation found that AI/AN individuals completed the VI-SPDAT at a low rate when compared to other racial groups. Please see Appendix B for additional information about the Coordinated Entry Evaluation.

44 Note that while 66% for individuals exiting permanent supportive housing to permanent destinations appears low, it is important to note that this is only for those exiting, and most individuals in permanent supportive housing will not exit because they will remain in their current housing.
Client final destinations by last program type exit as reported in HMIS between July 1, 2018 and July 1, 2020

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Permanent Destinations</th>
<th>Temporary, Unsheltered, Unknown, Institutional, or Deceased</th>
<th>Total Exits from System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>336 (66%)</td>
<td>171 (34%)</td>
<td>507</td>
</tr>
<tr>
<td>Rapid Re-housing</td>
<td>3,949 (58%)&lt;sup&gt;45&lt;/sup&gt;</td>
<td>2,286 (42%)</td>
<td>6,783</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>852 (56%)</td>
<td>661 (44%)</td>
<td>1,513</td>
</tr>
<tr>
<td>Temporary Shelter</td>
<td>1,749 (26%)</td>
<td>4,898 (73%)</td>
<td>6,647</td>
</tr>
<tr>
<td>Street Outreach</td>
<td>1,363 (20%)</td>
<td>5,334 (80%)</td>
<td>6,682</td>
</tr>
<tr>
<td>Total</td>
<td>8,248 (37%)</td>
<td>13,296 (62%)</td>
<td>22,132</td>
</tr>
</tbody>
</table>

Rapid re-housing connects non-veterans, families with children, and non-white people to permanent housing at lower rates.

Across all rapid re-housing programs, roughly 40% of participants are not exiting to permanent destinations, signaling a need for more support for clients exiting from rapid re-housing programs. The analysis below will touch on specific demographic populations for which this trend is extended.

Notably, veterans are especially successful across rapid re-housing programs:

- Veteran families exiting rapid re-housing are more likely to be housed at exit than any other subpopulation (80.7% compared to 55.2%). While many veterans exiting rapid re-housing still need continued support, the rate of permanent housing at program exit is better than all other groups. The success of the Veteran system may emerge as a promising practice.

- Veterans without children exiting rapid re-housing were also more likely to exit to a permanent housing destination than non-veterans (71.4% compared to 64.7%).

Comparing rapid re-housing success rates across household types revealed higher exits to permanent housing for adults without children:

- Adults without children in rapid re-housing programs exit to permanent destinations at higher rates (68.4%) compared to the total rate (56%). While most rapid re-housing is dedicated to families with children, these data suggest that adults without children would not only benefit from more rapid re-housing, but would likely have positive rates of success.

Looking more closely at outcomes by racial demographics, differences in the rate at which people in families within different racial categories exited to permanent housing locations were statistically significant:

- Comparing those identifying as white (58.4%), Multi-racial (50.4%), and Black (54.3%), individuals identifying as white are exiting to permanent housing destinations at higher rates.<sup>46</sup>

<sup>45</sup> When we exclude the largest program from the rapid re-housing sample, the proportions of those exiting to permanent housing rises to 73.7%. See Optimizing Existing Housing and Shelter Programs for additional discussion.

<sup>46</sup> This finding may be linked to a Coordinated Entry Evaluation finding that people identifying as Black score lower on the VI-SPDAT. There is a possibility that families of color that may need more ongoing support are not prioritized for these services. However, findings for adults without children were not statistically significant.
Rapid re-housing is a successful program model for transition age youth and adults without children but families are more likely to access the resource, given the availability of a significant state-funded rapid re-housing program dedicated to serving families.

When comparing transitional housing and rapid re-housing for all populations, the rates of exit to permanent destinations (including housing with a subsidy and without a subsidy) are similar. For both transitional housing and rapid re-housing programs, over 40% of participants are not exiting to permanent destinations. More can be done to support clients exiting these programs. The analysis below will touch on specific gaps identified for transition age youth and adults without children.

- Transition age youth fair as well or slightly better than the overall success rates for both rapid re-housing and transitional housing, with 62% of transition age youth exiting these programs to permanent housing. This signals that transitional housing continues to be an effective program for youth, but that rapid re-housing is at least as successful. While youth are over-represented among clients of transitional housing programs in Sacramento (15% of transitional housing clients are youth, who make up only 7.4% of the Point in Time Count homeless population), only 1.8% of clients in rapid re-housing programs are transition age youth. This suggests that more youth dedicated rapid-rehousing would effectively help this population move into permanent housing.

- Adults without children also are exiting rapid re-housing programs to permanent housing at higher rates (68%) when compared to transition age youth (62%) and people in families with children (56%). Furthermore, people in families with children make up 80% of rapid re-housing enrollments, but only 20% of the Point in Time Count estimates. Based on these findings, rapid-re housing is a model that could be further expanded to effectively serve adults without children including those that are transition age youth.

### Client destination at final exit by project type and subgroup as reported in HMIS between July 1, 2018 and July 1, 2020 *

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Exit to permanent housing program</th>
<th>Housed with no ongoing support</th>
<th>Total Permanently Housed</th>
<th>Non-permanent destinations</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Housing (n=1,513)</td>
<td>14.6%</td>
<td>41.7%</td>
<td>56.4%</td>
<td>40.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>People in families with children (n=588)</td>
<td>15.8%</td>
<td>44.4%</td>
<td>60.2%</td>
<td>37.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Adults without children (n=924)</td>
<td>13.9%</td>
<td>40.0%</td>
<td>53.9%</td>
<td>41.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Transition age youth (n=219)</td>
<td>14.6%</td>
<td>48.0%</td>
<td>62.1%</td>
<td>27.4%</td>
<td>10%</td>
</tr>
<tr>
<td>Rapid Re-housing (n=6,783)</td>
<td>13.9%</td>
<td>44.1%</td>
<td>58.0%</td>
<td>33.0%</td>
<td>9.1%</td>
</tr>
<tr>
<td>People in families with children (n=5,582)</td>
<td>10.8%</td>
<td>44.6%</td>
<td>55.9%</td>
<td>34.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Adults without children (n=1,233)</td>
<td>27.6%</td>
<td>40.9%</td>
<td>68.4%</td>
<td>27.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Transition age youth (n=118)</td>
<td>16.1%</td>
<td>45.8%</td>
<td>62.4%</td>
<td>30.5%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

* People that move from one project to another will be captured in transitional housing, rapid re-housing, and permanent supportive housing.

---

47 The Total Permanently Housed category will be plus or minus .5% (or .005) of the percent exiting to housing plus the housed with no ongoing support, due to rounding.
48 Transition age youth is a subset of adults without children.
49 Transition age youth is a subset of adults without children.
**Sacramento’s homeless system of care prioritizes people with disabling conditions and people experiencing chronic homelessness, in alignment with CoC policies.**

The data indicates that the system is prioritizing permanent housing resources for those people with disabling conditions and those with experience of chronic homelessness, aligning with CoC policies.\(^{52}\)

- People experiencing chronic homelessness were connected to permanent housing from street outreach (13.9%) and from shelter (16.7%) at higher rates than non-chronically homeless individuals (8.1% and 12.3%).

- People with disabling conditions exited to permanent housing from street outreach (11.7%) and from shelter (15.7%) at higher rates than those without disabling conditions (7.9% and 11.3%)

---

\(^{50}\)Transition age youth is a subset of adults without children.

\(^{51}\)Transition age youth is a subset of adults without children.

\(^{52}\)See Appendix H for household level analysis.
Permanent supportive housing is high-performing but demonstrates low rates of turnover.
Permanent supportive housing is not only the highest performing program type, but it also prioritizes access to people with high housing barriers including those with disabling conditions and those experiencing chronic homelessness. Between July 1, 2018 and July 1, 2020:

- Permanent supportive housing outperformed every other program type by far in ensuring that clients remained housed or exited to permanent destinations.

- Notably, Black families are among the most successful in permanent supportive housing programs – 98.1% either stay or exit to permanent destinations (as compared to white families at 93.5%). This may indicate that the program is in part responsive to the needs of people of color. However, additional qualitative study is needed to better understand the complexity of these findings.

- Only 469 people exited permanent supportive housing programs (excluding deaths) while 1,635 were currently enrolled. This indicates a need for additional efforts to help clients to “move on” from permanent supportive housing in order to increase turnover and provide the support clients need to be successful when they do transition.

Clients’ final enrollment in permanent supportive housing program, including currently enrolled and those exiting to destinations as reported in HMIS between July 1, 2018 and July 1, 2020

<table>
<thead>
<tr>
<th></th>
<th>People in families with children</th>
<th>Adults without children</th>
<th>Transition age youth</th>
<th>All People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay or exit to permanent destination</td>
<td>97.0%</td>
<td>91.6%</td>
<td>93.1%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Other destination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

53 Transition age youth is a subset of adults without children. The calculation of “stay to exit to permanent destination” used in this chart differs from the HUD System Performance Measure formula in that it only looks at each person’s final system exit for each person and across a longer time period.
7. Forge a Cohesive and Coordinated Homeless System of Care:
Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting.

Improving systems-level coordination and accountability starts with sharing information and understanding performance. Decentralized and non-standardized data collection across the homeless system of care results in significant gaps in information about capacity, utilization, inflow and movement through and between systems, outcomes, and coordination across systems.

- Limited data sharing, coverage and standardization prevent accurate reflection of system capacity and ability to improve utilization of resources.
- There are currently over 61 access points utilizing various data systems with limited information sharing across systems, which makes an attempt to assess inflow across the entire system incomplete.
- Without better data sharing, the ability to track outcomes and monitor for system equity is limited in scope.
- Accountability and transparency are reduced by a lack of coordination, data sharing, and reporting.

How to Forge a Cohesive and Coordinated Homeless System of Care
To increase transparency and accountability across the system of care, system partners must come together to determine a path to standardize data collection in key areas and share data across systems.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
<th>Impact</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cross-System Partners (e.g. DHA, SHRA, BHS, VA):</strong> Build on current collaborations to support system-wide data sharing and/or collection of comparable data to better coordinate care, develop a sense of public accountability, and understand gaps across the system of care.</td>
<td><strong>High</strong></td>
<td><strong>High</strong></td>
</tr>
<tr>
<td>1 Convene system leaders and database administrators from HMIS, CalWIN, Shine, Avatar, and SHRA’s internal databases to discuss opportunities to standardize data collection and reporting, reduce duplicative data entry across systems, and explore potential for future data sharing.</td>
<td><strong>High</strong></td>
<td><strong>High</strong></td>
</tr>
<tr>
<td>2 Following new HUD, VA and USICH guidance, integrate Veterans Administration data into HMIS through the HOMES-HMIS translator tool.54 55 56</td>
<td><strong>High</strong></td>
<td><strong>High</strong></td>
</tr>
<tr>
<td>3 Design and implement a periodic and systemized method of capturing capacity, utilization, and turnover that is comparable across all systems (e.g. HIC).</td>
<td><strong>High</strong></td>
<td><strong>High</strong></td>
</tr>
<tr>
<td><strong>CoC:</strong> Build on current efforts to expand HMIS coverage and the reach of Coordinated Entry, improve data quality and initiate cross system data sharing.</td>
<td><strong>High</strong></td>
<td><strong>High</strong></td>
</tr>
<tr>
<td>4 Continue to expand HMIS coverage and the number of projects participating in Coordinated Entry.</td>
<td><strong>High</strong></td>
<td><strong>High</strong></td>
</tr>
<tr>
<td>5 Improve data quality in HMIS by expanding the HMIS Data Quality plan to include</td>
<td><strong>Medium</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

54 VA Notice: https://www.va.gov/HOMELESS/ssvf/docs/VA_Releases_Guidance_on_HMIS.pdf
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>semi-annual (or quarterly as determined by CoC’s need) data quality reports on non-CoC funded projects.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Build on the success of the COVID-19 Re-Housing dashboard and continue reporting information about re-housing status across major community programs after the COVID-19 response has ended.</td>
</tr>
<tr>
<td>7</td>
<td>Share data publicly to improve accountability, transparency, and ability to identify what strategies are working.</td>
</tr>
</tbody>
</table>

**Analysis**

Significant homelessness data is not captured in HMIS or is recorded in multiple databases that are not connected to HMIS. Most comparably sized communities in California have broader HMIS coverage and/or data networks that better support systems-level knowledge, for planning, transparency and accountability.

*Limited data sharing, coverage and standardization prevent accurate reflection of system capacity and ability to improve utilization of resources.*

As discussed above in *Address the Gap in Housing and Supportive Services for People Experiencing Homelessness*, each partner (e.g. DHA, CE, BHS, SHRA, VA) controls no more than 20% of the total beds/units across the system. Programs have inconsistent approaches to measuring capacity, and reporting of beds, units, individuals served, and households served. Further, Sacramento’s tenant-based rental assistance programs do not have a fixed number of beds for each program or agreed upon approach for measuring capacity.

The Housing Inventory Count (HIC) provides some information about system-wide utilization and capacity, but there are key limitations. Per HUD guidelines, housing projects that serve but are not specifically dedicated to individuals experiencing homelessness are not included, and the annual count reflects only a single point in time.

The following checklist lists steps needed to properly calculate and monitor capacity and utilization.

### Capacity and Utilization

<table>
<thead>
<tr>
<th>Responsible Entity</th>
<th>Data Improvement Checklist</th>
</tr>
</thead>
</table>
| Cross-System Partners (e.g. DHA, SHRA, BHS, VA) | • Standardize collection and reporting of housing units / beds across all system partners, including the CoC.  
• *Site-based permanent housing:* Track and share the number of units and beds available, utilization, and turnover rates.  
• *Voucher based permanent housing:* Track and share the number of people and households served per year. |
CoC

- Collect both beds and units for all HIC projects regardless of household type.
- Collect and report rapid re-housing capacity by the number of persons and households the project expects to serve per year, and actually serves.
- Collect and report the amount of unspent rapid re-housing project funding per year and the average and median cost spent per household.

There are currently over 61 access points utilizing various data systems with limited information sharing across systems, which makes an attempt to assess inflow across the entire system incomplete.

In attempting to determine the number of individuals accessing the system ("inflow"), a lack of data sharing leaves several fundamental questions unanswered:

- How many individuals are accessing the system and what is the capacity of each access point?
- What are the characteristics of individuals accessing the system for the first time?
- How many individuals can we estimate will flow into the system of care next year?
- What are the characteristics of individuals who struggle to access the system?

In Sacramento, there is limited data collected on how homeless individuals access the system of care. Access points do not collect comparable data about individuals requesting assistance, services provided, or demographic characteristics. Only a portion of access points participate in HMIS and access points are not consistently collecting data about who is attempting to access services. As a result, confidence is limited with regards to in-depth quantitative inflow analyses examining the questions outlined above.

Another approach could be to use the Point in Time Count data to estimate inflow. However, similar to the Housing Inventory Count, while the Point in Time Count provides basic information about system inflow, it has several limitations, some specific to Sacramento and others a result of HUD guidelines:

- In Sacramento, as in many communities, the sheltered and unsheltered Point in Time Count is conducted on a bi-annual basis and provides a snapshot of the system.
- Changes in methodology can make it difficult to compare year-to-year inflow. Communities should have at least 3 consecutive counts with consistent methodology in order to effectively analyze trends in homeless population estimates.
- Certain populations are more difficult to locate and enumerate accurately.
- The Point in Time Count is widely considered an undercount in many communities, though it often represents the best available data on the number of people experiencing homelessness on a given night.

<table>
<thead>
<tr>
<th>Inflow</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsible Entity</strong></td>
</tr>
<tr>
<td>Cross-System Partners (e.g. DHA, SHRA, BHS, VA):</td>
</tr>
</tbody>
</table>

57 Comparable communities in California are developing and implementing algorithms using access point data to test and improve the PIT estimate of inflow. While this practice is relatively new in California, it is a promising approach to improving the quality of inflow data.
Data should include demographics, length of time between requesting service and the service provided, turnover rate/number of exits, and outcomes of service.

CoC
- Continue to expand the number of Coordinated Entry Access Points, including drop-in access points.
- Continue to improve HMIS data quality through the implementation of a data monitoring program by continuing to update enforceable agreements, benchmarks, monitoring practices, and data quality plans.
- Continue to expand HMIS coverage across programs serving people experiencing homelessness and system partners.

Without better data sharing, our ability to track outcomes and monitor for system equity is limited in scope.

In attempting to determine outcomes and equity, a lack of data sharing leaves several fundamental questions unanswered including:

- What is the impact of the current system?
- How is the system performing?
- Are program outcomes equitable across demographics and geographies?

As with capacity, utilization, and inflow, evaluating system outcomes is limited due to the fact data is collected and stored in separate locations. System level outcomes can only be evaluated for those individuals who remain and move between HMIS-participating programs. A lack of data sharing and communication prevents system leaders from identifying inefficiencies/efficiencies and successes/failures across the system. Moreover, without understanding all the outcomes as they relate to one another, we cannot identify best and worst practices.

Measuring outcomes and the equitability of those outcomes for homeless prevention and diversion projects are equally challenging. With the limited data that is collected, homeless prevention and diversion appear to be working well (see Stop Homelessness Before It Begins). While positive outcomes provide evidence that support should be expanded, the limited data prevents the system leaders from understanding clearly how well these programs are functioning in reality. There is limited data on services requested, services denied, the amount of money or type of service provided, and there is no follow-up to see if the intervention is effectively preventing homelessness. Additionally, there is no way to track the equitability of service provision across all data points listed above.

To monitor outcomes and the equitability of those outcomes, and to facilitate the improvement of prevention and diversion projects, Sacramento programs would need to:

<table>
<thead>
<tr>
<th>Responsible Entity</th>
<th>Data Improvement Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-System Partners (e.g. DHA, SHRA, BHS, VA):</td>
<td>Share deidentified program outcomes by demographics (together with capacity, utilization, and inflow information listed above).</td>
</tr>
<tr>
<td></td>
<td>Expand HMIS coverage to include all homeless prevention</td>
</tr>
</tbody>
</table>
and diversion projects and standardize definitions and data elements.

<table>
<thead>
<tr>
<th>CoC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue to improve consistency of Housing Move-in-date and exit destination data collection.</td>
</tr>
<tr>
<td>• Continue to support equity analyses and discussions across HMIS and Coordinated Entry partners.</td>
</tr>
<tr>
<td>• Consistently collect a more robust set of data from people requesting homeless prevention services, including:</td>
</tr>
<tr>
<td>o Number of people requesting services</td>
</tr>
<tr>
<td>o Number of people denied services</td>
</tr>
<tr>
<td>o Number of people assisted</td>
</tr>
<tr>
<td>o Amount of financial assistance provided (if applicable)</td>
</tr>
<tr>
<td>o Number and category of other services provided (e.g., mediation, legal services); and</td>
</tr>
<tr>
<td>o Follow-up with clients 6 months, 1 year, and 2 years after the intervention to gauge success in maintaining permanent housing.</td>
</tr>
<tr>
<td>• Ensure that the physical site address for all non-domestic violence projects in the HIC and HMIS are updated to identify potential geographical access and outcome gaps to improve equity oversight.</td>
</tr>
</tbody>
</table>

**Accountability and transparency are reduced by a lack of coordination, data sharing, and reporting.**

Accurately tracking access, capacity, utilization, outcomes, and equity across the homeless system of care – and reporting that information out to key stakeholders and the public – are crucial to establishing accountability and transparency across the system. Without this, the following questions cannot be answered:

- How are the systems working / not working together?
- How do people move through a system?
- Where is the system duplicating efforts and resources?
- How can we better respond to the needs of our community?

The ability to track data across the system of care, however, requires significant data sharing efforts. Starting new data sharing partnerships is often difficult. Partners may hesitate starting or expanding data sharing efforts for a variety of reasons including limited understanding of HMIS, privacy concerns, and fear a loss of control over their planning and implementing processes, among other reasons.

Despite data sharing and/or coordination challenges, all system partners are currently entering data for at least one program in HMIS which will help to determine the path forward.

<table>
<thead>
<tr>
<th>Partner</th>
<th>Data Systems Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuum of Care</td>
<td>HMIS</td>
</tr>
<tr>
<td>Sacramento County Department of Behavioral Health Services, Mental Health Division</td>
<td>Avatar, HMIS (limited)</td>
</tr>
</tbody>
</table>
To share data, partners across the system will need to decide the type of the data shared as well as the method of sharing that data. Types of data include de-identified data, identified data de-duplicated and stripped of identifiers, or identified data – each approach has advantages and disadvantages. To share data, homelessness partners could follow any of the following methods:

- Create standard reports and dashboards to share de-identified aggregate reports across components of the homeless system of care;
- Expand HMIS to cover all partners with homeless-dedicated resources and/or access points;
- Create a data bridge between all data systems currently in use; or
- Build a data warehouse that combines data from the various sources.

Understanding capacity, utilization, inflow, and outcomes are critical pieces of the overall picture of how the system is working. Together these data points can add necessary transparency and accountability to the system of care and help show what is working and what needs to change. Improving accountability and transparency requires standardized data collection, improved data sharing, and consistent data entry.

**Current Efforts to Forge a Cohesive and Coordinated Homeless System of Care**

The CoC and other system partners utilizing HMIS and Coordinated Entry are currently working to improve data quality, expand HMIS participation and data transparency through public-facing dashboards. The Coordinated Entry and HMIS Committees are leading these efforts and strive to not only improve the data collection and reporting systems, but to use these data to improve system performance. However, currently participation in HMIS and Coordinated Entry is limited and therefore fundamental questions about the system as a whole go unanswered.

---

58 Please see Appendix I for the advantages and disadvantages of each data sharing approach.
Next Steps

Through the Gaps Analysis process, seven broad reaching recommendations have been identified, each with tailored potential strategies for response. The summary below combines the potential strategies for each recommendation, and together presents a high-level roadmap for bringing these recommendations into reality.

Developing a plan to build out the programs, services, and systems changes presented in this assessment requires bringing different stakeholders and initiatives together at different times over the coming years. However, not all proposed solutions can be implemented at once and each has differing levels of anticipated effort and impact.

Additionally, many of these recommendations build off of existing programs and resources or current efforts to improve the system while others will require new resources or creative new solutions. To that end, each potential strategy has been categorized into one of the following buckets:

- **Invest** – creating and funding new programs and services to increase the capacity and reach of the system.
- **Improve** – building on what already exists to make programs or services more accessible or better serve people experiencing homelessness.
- **Innovate** – doing something differently or trying a new approach.

1. **Stop Homelessness Before It Begins**: Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Invest</strong></td>
</tr>
<tr>
<td>1. Increase flexible funding from various sources dedicated to prevention and diversion that can meet a broad range of needs, including longer-term and deeper financial assistance.</td>
</tr>
<tr>
<td><strong>Improve</strong></td>
</tr>
<tr>
<td>2. Establish a financial assistance pool that can be used flexibly to meet the needs of clients (e.g., rent arrears, credit repair) and train all access point staff in Housing Problem Solving to divert more households from entering the homeless system of care.</td>
</tr>
<tr>
<td><strong>Innovate</strong></td>
</tr>
<tr>
<td>3. Integrate existing prevention providers into a network to facilitate warm-handoffs and shared data collection. These efforts can be led by the CoC or a provider agency.</td>
</tr>
<tr>
<td>4. Develop community-wide standards for prevention and diversion, including metrics for measuring success in these interventions, data collection standards, and targeting priorities. These metrics and standards should be developed in partnership with current prevention and diversion providers.</td>
</tr>
</tbody>
</table>

2. **Streamline Access to the Homeless System of Care**: Adopt client-centered strategies to efficiently connect people experiencing homelessness with housing and supportive services.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Invest</strong></td>
</tr>
<tr>
<td>1. Increase geographic coverage of street outreach teams in underserved areas and reduce barriers to access, such as requiring a referral from a community organization.</td>
</tr>
<tr>
<td><strong>Improve</strong></td>
</tr>
<tr>
<td>2. Require all new rapid re-housing and permanent supportive housing programs to be accessed through the Coordinated Entry System.</td>
</tr>
<tr>
<td>3. Increase the number of existing housing programs accessed through the Coordinated Entry System by continuing to improve transparency and accountability.</td>
</tr>
</tbody>
</table>
4. Coordinate access to temporary shelter by streamlining the paths to access (e.g., one, unified shelter hotline or an online portal that provides information about all shelter resources in Sacramento).

<table>
<thead>
<tr>
<th>Innovate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Dedicate blended funding for “one-stop-shop” drop-in access points that provide referrals to all housing programs regardless of who funds or administers the housing.</td>
</tr>
<tr>
<td>6. Develop and disseminate informational materials and trainings focused on improving client and provider understanding of systems-wide housing and shelter programs, and how they can be accessed.</td>
</tr>
</tbody>
</table>

3. Optimize Existing Housing Programs: Maximize existing housing resources by expanding what works and addressing a lack of housing navigation, landlord engagement, and housing options.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invest</td>
</tr>
<tr>
<td>1. Implement a coordinated landlord engagement strategy with consistent landlord incentives and messaging across programs and funding streams, to support landlord recruitment and reduce competition between housing programs.</td>
</tr>
<tr>
<td>2. Include dedicated housing specialists in the staffing for every program that assists clients to obtain housing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Create regular opportunities for peer sharing and coordination by hosting intentional convenings for providers to collaborate on topics like life skills trainings, serving clients with complex medical needs, and other common challenges, and by inviting providers across the community to present at trainings aligned with their areas of expertise.</td>
</tr>
<tr>
<td>4. Invite providers participating in COVID-19 Re-Housing case conferencing to continue case conferencing work after residents of Project Roomkey have been housed, and expand cross-agency case conferencing to all rapid re-housing programs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Innovate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Conduct a meaningful community input process inclusive of people who are currently unsheltered, emergency shelter residents, and shelter providers to identify high-priority shelter models likely to increase utilization.</td>
</tr>
<tr>
<td>6. Develop a flexible fund to support innovation in practice among providers.</td>
</tr>
</tbody>
</table>

4. Address the Gap in Housing and Supportive Services for People Experiencing Homelessness: Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invest</td>
</tr>
<tr>
<td>1. Build out programs that leverage housing vouchers to connect prioritized and referred tenants with permanent supportive housing case management resources in a coordinated housing program</td>
</tr>
<tr>
<td>2. Expand project-based permanent supportive housing options that provide intensive case management, including a range of housing approaches (e.g., individual units vs shared housing).</td>
</tr>
</tbody>
</table>
3. Continue to seek out new funding to increase rapid re-housing capacity across household types and subpopulations.

4. Streamline access to higher levels of residential care, such as skilled nursing facilities, for people experiencing homelessness or exiting from permanent supportive housing.

5. Create More Affordable Housing Units: Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Invest</strong></td>
</tr>
<tr>
<td>1. Develop permanent affordable housing to meet the Sacramento Regional Housing Needs Allocation targets for very-low and low income housing in all jurisdictions.</td>
</tr>
<tr>
<td>2. Dedicate units in new subsidized affordable housing development for extremely low-income, very low-income, and homeless individuals, including units connected to intensive case management and wrap-around services.</td>
</tr>
<tr>
<td><strong>Innovate</strong></td>
</tr>
<tr>
<td>3. Support campaigns for new federal and state public funding for extremely low-income and very low-income housing development.</td>
</tr>
</tbody>
</table>

6. Increase System Equity: Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care.

<table>
<thead>
<tr>
<th>Potential Strategies for Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Invest</strong></td>
</tr>
<tr>
<td>1. Coordinate with the Racial Equity Committee to: (1) convene listening sessions with individuals experiencing homelessness that identify as Alaska Native and/or American Indian and/or organizations that serve this population to discuss challenges in accessing the system of care; and (2) create an equity monitoring plan to observe and monitor disparities and identify new areas for equity evaluation.</td>
</tr>
<tr>
<td><strong>Improve</strong></td>
</tr>
<tr>
<td>2. Under the leadership of the Youth Advisory Board and youth providers, identify opportunities to expand housing programs and improve permanent housing outcomes for transition age youth.</td>
</tr>
<tr>
<td><strong>Innovate</strong></td>
</tr>
<tr>
<td>3. Develop a community-wide strategy and standards for individuals exiting permanent supportive housing to a permanent destination (i.e., “moving on”).</td>
</tr>
<tr>
<td>4. With the input of individuals with lived experience, identify and implement strategies to reduce the time adults without children spend waiting for permanent supportive housing (e.g., a flexible case management team focused on document readiness; increase the amount of shelter available to adults without children; increase the number of light touch resources like Housing Problem Solving available to this population).</td>
</tr>
</tbody>
</table>

7. Forge a Cohesive and Coordinated System of Care: Expand data sharing and reporting to facilitate systems-level coordination and planning, transparency, and accountability.

---

59 Please note, the Regional Housing Needs Allocation (RHNA) does not separate need among extremely low-income and very low-income individuals, including both under the VLI category.
## Potential Strategies for Response

### Cross-System Partners (e.g. DHA, SHRA, BHS, VA):

Build on current collaborations to support system-wide data sharing and/or collection of comparable data to better coordinate care, develop a sense of public accountability, and understand gaps across the system of care.

| **Invest** | 1. Convene systems-leaders and database administrators from HMIS, CalWIN, Shine, Avatar, and SHRA’s internal databases to discuss opportunities to standardize data collection and reporting, reduce duplicative data entry across systems, and explore potential for future data sharing. |
| **Improve** | 2. Following new HUD, VA and USICH guidance, integrate Veterans Administration data into HMIS through the HOMES-HMIS translator tool.60 61 62 |
| **Innovate** | 3. Design and implement a periodic and systemized method of capturing capacity, utilization, and turnover that is comparable across all systems (e.g. HIC). |

### CoC:

Build on current efforts to expand HMIS coverage and the reach of Coordinated Entry, improve data quality and initiate cross system data sharing.

| **Invest** | 4. Continue to expand HMIS coverage and the number of projects participating in Coordinated Entry. |
| **Improve** | 5. Improve data quality in HMIS by expanding the HMIS Data Quality plan to include semi-annual (or quarterly as determined by CoC’s need) data quality reports on non-CoC funded projects. |
|  | 6. Build on the success of the COVID-19 Re-Housing dashboard and continue reporting information about re-housing status across major community programs after the COVID-19 response has ended. |
| **Innovate** | 7. Share data publicly to improve accountability, transparency, and ability to identify what strategies are working. |

Appendix A: Acknowledgements

Special thanks to the staff of Sacramento Steps Forward, Sacramento County Department of Human Assistance, Sacramento Department of Behavioral Health Mental Health Division, and Sacramento Housing and Redevelopment Agency that committed extensive hours to collecting, providing, and reviewing data.

Thanks to all of the stakeholders that provided guidance or information for this gaps analysis:

- Committees: Systems Performance Committee, Coordinated Entry Committee
- Focus Group Organizers: First Step Communities, Loaves & Fishes, Lutheran Social Services, Nation’s Finest, Next Move, Sacramento Self Help Housing, WEAVE, Wind Youth Services
- Qualitative Interviews: City of Elk Grove, City of Citrus Heights, City of Sacramento, 2-1-1, Midtown Association, SETA, SacACT, Sacramento County Department of Public Health, Resources in Independent Living
- Provider Interviews: First Step Communities, Lutheran Social Services, Nation’s Finest, Shelter Inc, WEAVE, Waking the Village, Wind Youth Services
- Access Point Focus Groups: El Hogar Homeless Clinic, Next Move, Sacramento Self-Help Housing, Volunteers of America, Wind Youth Services
- Individuals with lived experience that participated in focus groups.
- All of the staff at provider agencies that completed surveys, including:
  - A Community for Peace
  - Asian Pacific Counseling Center
  - Berkeley Food & Housing Project
  - Bridges, Inc.
  - Capital Star Community Services
  - Consumer Self Help Housing
  - Cottage Housing
  - Department of Veteran’s Affairs
  - Dignity Health
  - Downtown Streets Team
  - El Hogar Community Services
  - Heartland
  - First Step Communities
  - Hope Cooperative/TLCS
  - Loaves & Fishes
  - Lutheran Social Services
  - Mercy Housing
  - Midtown Churches
  - My Sister’s House
  - Nation’s Finest
  - Next Move
  - Sacramento Children’s Home
  - Sacramento Covered
  - Sacramento LGBT Center
  - Sacramento Self Help Housing
  - Saint John’s Program for Real Change
  - Salvation Army
  - Shelter, Inc
  - Stanford Sierra
  - Telecare
  - Turning Point Community Programs
  - Union Gospel Mission
  - University of California Davis
  - Uplift
  - Visions Unlimited
  - Volunteers of America
  - Waking the Village
  - WEAVE
  - WellSpace Health
  - Wind Youth Services
  - YWCA
Appendix B: Methodology

The Gaps Analysis is the culmination of several co-occurring research and evaluation projects that Homebase was contracted by Sacramento Steps Forward to conduct including systems mapping and evaluation and re-design of the Coordinated Entry System. As a result, this report pulls from a wide variety of qualitative and quantitative data sources collected in 2019 and 2020. While several of the data points referenced in this report were collected to support efforts beyond the Gaps Analysis, they build understanding around existing resources and unmet needs within the homeless systems of care in Sacramento County.

Gaps Analysis Methodology

Both quantitative and qualitative data was collected and analyzed to support the specific research questions identified by the CoC’s Systems Performance Committee for the Gaps Analysis.

Quantitative data analysis included a review of:

- **Homeless Management Information System (HMIS) data:** Aggregate data corresponding to evaluation questions was provided by Sacramento Steps Forward, the CoC’s HMIS Lead Agency. The HMIS dataset provided to Homebase included data for those active in the system between 7/1/2018 and 7/1/2020 that did not include enrollments prior to 2016. More than 300 separate analysis were conducted with the data provided to generate the bulk of the quantitative findings. Chi2 and Logistic regression analysis were used to find significant differences between populations:
  - **Access**
    - Universe: Final enrollments
    - An individual level analysis was conducted for each for three household types (families with children, adults without children, and transition age youth) for each project type and across all demographic variables (race, ethnicity, gender, veteran status, chronic, disabling condition, domestic violence, age, number of enrollments)
  - **Outcomes**
    - Universe: Clients final exit in each project type (individuals with at least one exit in multiple project types are captured in each project type)
    - Each subgroup and project type were analyzed in isolation across all demographic variables.
  - **Length of time between first system enrollment and enrollment in housing program**
    - Universe: Of those who entered the system through temporary shelter or street outreach and that had a future (first) enrollment in transitional housing, rapid re-housing, or permanent supportive housing.

- **Housing Inventory Count data:** The 2020 Housing Inventory Count, which is a point-in-time inventory of programs within the CoC that provide beds and units dedicated to serve people experiencing homelessness, was provided by Sacramento Steps Forward.

- **Data from other systems:** In Sacramento County, several agencies serving individuals experiencing homelessness only partially participate in HMIS. Additionally, as a result of HUD’s guidance around methodology, the annual Housing Inventory Count (HIC) does not fully reflect the housing capacity of Sacramento’s system of care serving individuals experiencing homelessness. In order to gain a more complete understanding of the capacity and performance of the homelessness system of care, quantitative data was requested from several system leaders to supplement data found in HMIS. Since there are several separate databases and data collection practices being used to collect information about individuals experiencing
homelessness in Sacramento, the data cannot always be directly compared across systems. The analysis of this additional data, however, provides a more complete understanding of capacity and performance than analysis that only includes the standard quantitative sources like HMIS, HIC, PIT, and Stella.

Data about system capacity, process for access, and housing programs was provided by the Sacramento County Department of Human Assistance, Sacramento County Department of Behavioral Health Mental Health Services Division, and Sacramento Housing and Redevelopment Agency. The system capacity data was combined with data from the Housing Inventory Count and used to: (1) estimate capacity, (2) identify the overall housing gap, and (3) identify gaps in resources for subpopulations.

Point in Time Count Data: The Point in Time (PIT) Count is a biannual HUD-required count of sheltered and unsheltered people experiencing homelessness on a single night in January. PIT count data from 2011 to 2020 was reviewed and was used to: (1) compare with designated resources in the Housing Inventory Count, and (2) identify demographics that may be under or over represented in HMIS data.

American Community Survey 2020 Population Estimates: Population estimate data was collected from https://www.census.gov/programs-surveys/acs. Total population data were used to identify demographic outliers in HMIS and PIT data.

In addition to the qualitative data collected to support the systems mapping work products and the Coordinated Entry Evaluation (see below), the Gaps Analysis includes data from qualitative interviews with staff working at the intersections of systems and two additional consumer focus groups. Through the systems mapping work, four non-profits were identified as providing access to all four systems for individuals experiencing homelessness or providing a unique path to accessing housing resources. Staff were interviewed about their challenges and successes in connecting clients to shelter and housing options, as well as their experiences working with each system. Similarly, consumer focus groups focused on identifying barriers to access and individual experiences in the Sacramento homeless system of care.

Systems Mapping Methodology
Under the guidance of the CoC’s Systems Performance Committee (SPC), a ten-month systems mapping process produced six unique systems mapping work products. These included:

- Under the leadership of the Systems Performance Committee, there were four visual maps created to depict how a majority of the housing programs are accessed in Sacramento County.
  - *Coordinated Entry Visual Map*
  - *Sacramento County Department of Behavioral Health Visual Map*
  - *Sacramento County Department of Human Assistance*
  - *Sacramento Housing and Re-development Agency Visual Map*
- *Tableau Movements Analytical Tool* which uses HMIS data from 2018-2020 to better understand how individuals experiencing homelessness move through the system of care and exit permanent housing destinations.
- *Sacramento Project Access Matrix* is an aggregation of survey data from providers that focuses on the path to access, administrative processes, and funding sources for 154 programs serving individuals experiencing homelessness across Sacramento County.

These systems mapping work products were developed using:

63 Through the systems mapping process, Next Move, Sacramento Self Help Housing, Volunteers of America, and Wind Youth Services were identified as organizations providing access to all four systems. Additionally, El Hogar Community Services was also interviewed because of the unique structure of the Connections Lounge.
• 168 surveys sent to providers in Sacramento County (with a 92% response rate);
• Qualitative interviews with staff from Sacramento Steps Forward, Sacramento County Department of Behavioral Health, Sacramento County Department of Human Assistance, and Sacramento Housing and Re-development Agency;
• An environmental scan of 25 relevant documents; and
• HMIS data from July 2018 to June 2020.

Each work product was refined and finalized by the SPC, as well as extensive qualitative interviewing with relevant stakeholders as necessary. Data and analysis from all six work products was used to develop the framework of this Gaps Analysis.

**Coordinated Entry Evaluation Methodology**

The Coordinated Entry Evaluation focuses on the strengths, challenges, and compliance of the Sacramento CoC’s coordinated entry system. To support this evaluation, Homebase completed:

- 39 qualitative interviews with community stakeholders,
- Five consumer focus groups,
- Four consumer interviews,
- A review of key documents, and
- An analysis of HMIS data from October 2018 to September 2020 primarily focused on programs participating in Coordinated Entry.

The Coordinated Entry Evaluation was completed in partnership with the CoC’s Coordinated Entry Committee. Relevant data and analysis from the Coordinated Entry Evaluation has been included in this Gaps Analysis.

---

64 Coordinated entry is a process for assessing the vulnerability of all people experiencing homelessness within the CoC to prioritize those most in need of assistance for available housing and services. Each CoC that receives CoC and/or Emergency Solutions Grant (ESG) Program funding from the U.S. Department of Housing and Urban Development (HUD) is required to develop and implement a coordinated entry system.
Appendix C: Prevention and Diversion Program Inventory

Existing prevention and diversion resources in the county are fragmented, with several agencies providing varying levels of assistance through largely separated access points. The following table describes the variation between prevention and diversion programs currently operating in Sacramento County. Please note, the following table is based predominantly on survey data collected between March and November 2020 and publicly available materials. There may be additional prevention and diversion programs operating in Sacramento County that are not listed below.

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Program Name</th>
<th>Description of Assistance</th>
<th>Access</th>
<th>Assessment Process</th>
<th>Target Population</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley Food and Housing Project</td>
<td>Roads Home – Prevention</td>
<td>Housing search, rental subsidy, utility assistance, case management, mediation, assistance with obtaining mainstream resources, legal services</td>
<td>Phone</td>
<td>Standardized assessment, staff interview (without script)</td>
<td>Veterans</td>
<td>SSVF</td>
</tr>
<tr>
<td>City of Sacramento &amp; Sacramento County</td>
<td>Sacramento Emergency Rental Assistance Program</td>
<td>Rental subsidy, rental arrears</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Federal rental assistance program</td>
</tr>
<tr>
<td>Nation’s Finest</td>
<td>Sacramento SSVF - Prevention</td>
<td>Housing search, rental subsidy, mortgage subsidy, utility assistance, case management, mediation, assistance with obtaining mainstream resources</td>
<td>Walk-in; Phone</td>
<td>Staff interview (with script)</td>
<td>Veterans</td>
<td>SSVF</td>
</tr>
<tr>
<td>Next Move</td>
<td>Homelessness Prevention</td>
<td>Rental subsidy, utility assistance</td>
<td>Walk-in; Phone</td>
<td>CalWORKs eligibility process</td>
<td>Families</td>
<td>CalWORKSs</td>
</tr>
<tr>
<td>One Community Health</td>
<td>HOPWA – STRMU</td>
<td>[no response]</td>
<td>[no response]</td>
<td>[no response]</td>
<td>Individuals living with HIV/AIDS</td>
<td>HOPWA</td>
</tr>
</tbody>
</table>

65 This table highlights prevention programs and discrete diversion programs, or diversion programs that report data separately from their reporting about temporary shelter or street outreach program operations. 66% of year-round temporary shelters and 90% of street outreach teams reported offering diversion resources, but the data about these diversion efforts is indistinguishable from data reported about full program operations.
<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Program Name</th>
<th>Description of Assistance</th>
<th>Access</th>
<th>Assessment Process</th>
<th>Target Population</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento County – Adult Protective Services</td>
<td>Homelessness Prevention</td>
<td>Housing search, mediation, assistance with obtaining mainstream resources</td>
<td>Phone; Referral from community</td>
<td>Unknown</td>
<td>Elder or dependent adults</td>
<td>Unknown</td>
</tr>
<tr>
<td>Sacramento County - Department of Human Assistance</td>
<td>CalWORKS Homelessness Prevention</td>
<td>Housing search, rental subsidy, utility assistance, assistance with obtaining mainstream resources, funds for motel stay</td>
<td>Phone</td>
<td>CalWORKS eligibility process</td>
<td>Families</td>
<td>CalWORKS</td>
</tr>
<tr>
<td></td>
<td>Return to Residency Program</td>
<td>Financial assistance (bus ticket)</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>County General Fund</td>
</tr>
<tr>
<td>Sacramento Housing and Redevelopment Agency</td>
<td>Sacramento Emergency Rental Assistance Program</td>
<td>Rental subsidy</td>
<td>Online form</td>
<td>Unknown</td>
<td>Residents in the cities of Sacramento, Folsom, Isleton and Galt, and the unincorporated County of Sacramento, who are experiencing loss or reduction in income from employment because of COVID-19</td>
<td>Federal Department of the Treasury, HCD, CARES Act</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Homelessness Prevention</td>
<td>Utility assistance, case management, assistance with obtaining mainstream resources</td>
<td>Phone</td>
<td>Staff interview (with script), proof of loss of income</td>
<td>Unknown</td>
<td>State ESG, HEAP, private donors</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>City Homelessness Prevention</td>
<td>Housing search, rental subsidy, case management, mediation</td>
<td>Referral from SSF</td>
<td>Proof of loss of income</td>
<td>Unknown</td>
<td>City and County ESG</td>
</tr>
<tr>
<td></td>
<td>County Homelessness Prevention</td>
<td>Housing search, rental subsidy, case management, mediation</td>
<td>Referral from SSF</td>
<td>Proof of loss of income; case-by-case</td>
<td>Unknown</td>
<td>City and County ESG</td>
</tr>
<tr>
<td></td>
<td>Vet Families Non-HUD HP</td>
<td>Housing search, rental subsidy, utility assistance, case management assistance with obtaining mainstream resources</td>
<td>Walk-in; Phone</td>
<td>Standardized assessment, staff interview (without script)</td>
<td>Veterans</td>
<td>SSVF</td>
</tr>
<tr>
<td>Wind Youth Services &amp; Waking the Village</td>
<td>Prevention &amp; Intervention</td>
<td>Housing search, rental subsidy, utility assistance, case management, mediation, assistance with obtaining mainstream resources, legal services</td>
<td>Walk-in; Online form</td>
<td>Staff interview (without script), VI-SPDAT score, proof of loss of income</td>
<td>TAY</td>
<td>Sacramento County Department of Human Assistance (DHA)</td>
</tr>
</tbody>
</table>
Appendix D: Better Estimating the Unmet Need for Prevention and Diversion

As a result of decentralized and inconsistent data collection, it is difficult to accurately estimate the unmet need for prevention and diversion resources in Sacramento. Overall, the best available data indicates a consistently high inflow of households entering homelessness for the first time and a gap in available prevention and diversion resources. Centralized and coordinated data collection for prevention and diversion programs is needed to provide a more exact estimate of unmet need and current efforts.

The number of individuals experiencing homelessness for the first time is consistently high.

Over the past three years, Sacramento has reported a consistently high number of individuals entering homelessness for the first time. According to System Performance Measure (SPM) data reported to HUD, over 5,000 people each year were reported as entering homelessness for the first time over the past three years. This annual measure is likely an undercount of the individuals entering homelessness for the first time and further data collection can help refine an accurate estimate of need.

<table>
<thead>
<tr>
<th>HUD's System Performance Measure 5: No Prior Enrollment in Previous Two Years (2017-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2017 (October 1, 2016 – September 30, 2017)</td>
</tr>
<tr>
<td>FY 2018 (October 1, 2017 – September 30, 2018)</td>
</tr>
<tr>
<td>FY 2019 (October 1, 2018 – September 30, 2019)</td>
</tr>
</tbody>
</table>

Sacramento Steps Forward’s Homeless Response System Dashboard reports that 8,256 individuals entered homelessness in 2019 (1/1/19 to 12/31/19), including 6,519 individuals entering homelessness for the first time. Like the SPMs, the Homeless Response System Dashboard uses HMIS data, but captures a slightly larger pool of individuals by using different data parameters. The Dashboard is also likely an undercount given decentralized and inconsistent data collection across access points. Overall, the data indicates a consistently high inflow of households entering homelessness for the first time.

There are a limited number of individuals accessing prevention or diversion resources currently.

In FY2019, 249 individuals enrolled in a prevention or diversion program in HMIS. This is an undercount of the number of people served through prevention and diversion. Less than half of prevention programs participate in HMIS and data about diversion efforts is indistinguishable in HMIS, resulting in sizable gaps in information about number of individuals served with prevention or diversion resources annually.

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Program Name</th>
<th>HMIS Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley Food and Housing Project</td>
<td>Roads Home – Prevention</td>
<td>Yes</td>
</tr>
<tr>
<td>Lutheran Social Services</td>
<td>Homelessness Prevention</td>
<td>No</td>
</tr>
<tr>
<td>Nation’s Finest</td>
<td>Sacramento SSVF - Prevention</td>
<td>Yes</td>
</tr>
<tr>
<td>Next Move</td>
<td>Homelessness Prevention</td>
<td>No</td>
</tr>
<tr>
<td>One Community Health</td>
<td>HOPWA – STRMU</td>
<td>No</td>
</tr>
<tr>
<td>Sacramento County – Adult Protective Services</td>
<td>Homelessness Prevention</td>
<td>No</td>
</tr>
<tr>
<td>Sacramento County – Department</td>
<td>Back to Residency Program</td>
<td>No</td>
</tr>
</tbody>
</table>

Please see Forge a Cohesive and Coordinated Homeless System of Care for more information about data sharing and access points.
Data collection from prevention and diversion programs is also inconsistent, making it difficult to effectively share data and draw conclusions about the capacity, utilization, and impact. (See *Forge a Cohesive and Coordinated Homeless System of Care* for checklist of recommended data to collect across programs.) While centralized and coordinated data collection for prevention and diversion programs is needed to provide a more exact estimate of unmet need, available data indicates a consistent need for additional prevention and diversion resources in Sacramento. Preventing households from losing their housing in the first place, or quickly diverting them from entering shelter, preserves capacity in both shelter beds and housing programs with more intensive supportive services.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Program</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento County – Department of Human Assistance</td>
<td>CalWORKS Homelessness Prevention</td>
<td>No</td>
</tr>
<tr>
<td>Sacramento Steps Forward</td>
<td>Diversions Program</td>
<td>No</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Homelessness Prevention</td>
<td>No</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>City Homelessness Prevention</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>County Homelessness Prevention</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Vet Families Non-HUD HP</td>
<td>Yes</td>
</tr>
<tr>
<td>Wind Youth Services &amp; Waking the Village</td>
<td>Prevention &amp; Intervention</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Appendix E: Housing Program Access Points

Sacramento does not have a community-wide definition of an access point. Access point is used in this report to represent an assessment point or referral partner that serves as a required initial point of contact to get into a program. Most access points are at the point of an assessment being conducted such as the VI-SPDAT for Coordinated Entry or LOCUS assessment for Behavioral Health. The other access points are through specific referral partners designated to provide referrals such as SHRA administered Shelters, or County Flexible Housing Program. Homebase worked with staff at each system partner to identify a list of access points.

The following is a complete list of access points to the various Coordinated Entry and Sacramento County Department of Behavioral Health Services systems, as well as Sacramento County Department of Human Assistance and Sacramento Housing and Redevelopment Agency affiliated programs. This list was current as of December 2020.

<table>
<thead>
<tr>
<th>AB 109 Re-Entry Specialists</th>
<th>Juvenile Justice Diversion &amp; Treatment Program</th>
<th>Sacramento Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley Food and Housing Project</td>
<td>Lifesteps</td>
<td>Sacramento LGBT Center</td>
</tr>
<tr>
<td>Bishop Gallegos Maternity Home Shelter</td>
<td>Lutheran Social Services</td>
<td>Sacramento Regional Conservation Corp</td>
</tr>
<tr>
<td>Capital Stars</td>
<td>Mather Drop-In VA Clinic</td>
<td>Sacramento Self Help Housing</td>
</tr>
<tr>
<td>Carmichael HART</td>
<td>Mental Health Urgent Care Clinic</td>
<td>Sacramento Steps Forward</td>
</tr>
<tr>
<td>Child Protective Services</td>
<td>Midtown Churches</td>
<td>SAFE Program</td>
</tr>
<tr>
<td>City of Citrus Heights</td>
<td>Nation's Finest (SVRC)</td>
<td>Salvation Army</td>
</tr>
<tr>
<td>City of Elk Grove</td>
<td>Next Move</td>
<td>Shelter, Inc.</td>
</tr>
<tr>
<td>City of Rancho Cordova</td>
<td>Prevention &amp; Early Intervention Programs</td>
<td>St. John's Program for Real Change</td>
</tr>
<tr>
<td>City of Sacramento</td>
<td>SacEDAPT Clinic</td>
<td>Sunburst Projects</td>
</tr>
<tr>
<td>Community Against Sexual Harm</td>
<td>Sacramento County Adult Protective Services</td>
<td>Turning Point Community Programs</td>
</tr>
<tr>
<td>Consumer Self Help Center</td>
<td>Sacramento County Community Support Team</td>
<td>Veterans Administration</td>
</tr>
<tr>
<td>Consummes River College</td>
<td>Sacramento County Dept of Human Assistance Bureaus</td>
<td>Visions Unlimited</td>
</tr>
<tr>
<td>Dignity Hospital</td>
<td>Sacramento County Dept of Human Assistance Homeless Services Division</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>Downtown Street Team</td>
<td>Sacramento County HSP Social Workers</td>
<td>Waking the Village</td>
</tr>
<tr>
<td>El Hogar Community Services</td>
<td>Sacramento County Intensive Placement Team</td>
<td>WEAVE</td>
</tr>
<tr>
<td>Elk Grove HART</td>
<td>Sacramento County Mental Health Access Team</td>
<td>Wellness &amp; Recovery</td>
</tr>
<tr>
<td>First Step Communities</td>
<td>Sacramento County Mobile Crisis Team</td>
<td>WellSpace Health</td>
</tr>
<tr>
<td>Hope Cooperative/TLCS</td>
<td>Sacramento County Public Defender's Office</td>
<td>Wind Youth Services</td>
</tr>
<tr>
<td>Role</td>
<td>Department/Unit</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Human Resources Consultant</td>
<td>Sacramento County Sheriff's Office Homeless Outreach Team (HOT)</td>
<td>Youth Detention Facility</td>
</tr>
<tr>
<td>Intake Stabilization Unit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F: Variations in Paths to Shelter Access

In Sacramento County, 8.7% of year-round temporary shelter programs provide “walk-up” access, a method of shelter operation that permits an individual to have immediate access to a shelter program by physically traveling to the shelter without prior arrangement or referral. By comparison, a similar analysis done in Orange County, California found that 35% of emergency shelter beds were available by walk-up access.67

Temporary shelter programs without walk-up access typically require a referral from a community partner, such as an outreach provider or law enforcement, or accept self-referral requests from potential clients.

<table>
<thead>
<tr>
<th>Access Process</th>
<th>Temporary Shelter Beds (n=1,380)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Partner Referral</td>
<td>44.9% (620 beds)</td>
</tr>
<tr>
<td>Self-Referral via Phone or Website</td>
<td>38.2% (527 beds)</td>
</tr>
<tr>
<td>Walk-Up Access</td>
<td>8.7% (120 beds)</td>
</tr>
<tr>
<td>Coordinated Entry</td>
<td>3.5% (48 beds)</td>
</tr>
<tr>
<td>Internal Agency Referral</td>
<td>0.4% (6 beds)</td>
</tr>
<tr>
<td>Unknown</td>
<td>4.3% (59)</td>
</tr>
</tbody>
</table>

At the 2020 Point in Time Count, temporary shelters with walk-up access had a slightly lower rate of utilization (76.7%) than projects without walk-up access (81.0%)69. Notably, all six of the temporary shelters with the lowest utilization rates did not allow walk-up access. The total shelter utilization rate was 80.8%.70 71

To ensure that temporary shelter is utilized effectively in Sacramento, systems leaders and providers should consider:
(1) expanding the number and type of community partners providing referrals, especially for emergency shelters with consistently low vacancy rates;
(2) building on staff capacity to ensure that referrals are completed quickly and accurately, and
(3) shifting the approach to give priority to individuals experiencing homelessness with a referral for any vacant beds (as opposed to requiring a referral), while also allowing walk-up access if there are still vacancies after a certain time of day.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Walk-Up Access</strong></td>
<td>• Clients can request access when ready or in immediate need.</td>
</tr>
<tr>
<td><strong>No Walk-Up Access</strong></td>
<td>• Clients line-up to access, which can create barriers for some high-needs individuals and potential tension with neighbors.</td>
</tr>
<tr>
<td><strong>Advantages</strong></td>
<td>• Temporary shelter can prioritize the most vulnerable individuals.</td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td>• Administrative burden of processing referrals can be challenging for referral partner, shelter provider, and client.</td>
</tr>
<tr>
<td></td>
<td>• If a client has a bad relationship with a referral partner, that individual may be limited in their ability to access shelter.</td>
</tr>
</tbody>
</table>

67 For more information, please see Orange County Continuum of Care Shelter Committee’s Emergency Shelter Survey Report (October 2019).
68 Based on survey responses collected between March-November 2020 and the 2020 Housing Inventory Count.
69 Excludes New Shelter programs: 48 no-walk up from Emergency Bridge Housing; 100 no-walk up from Meadowview Re-housing Shelter
70 Ibid.
71 Unknown shelter
Within a community’s homeless system of care, having a mix of shelters with and without walk-up access is ideal for ensuring that the most vulnerable individuals can be prioritized, that clients are able to access temporary shelter when they are ready or have an immediate need, and to maximize overall bed utilization. The exact distribution between the two types of shelter will depend on the community’s priorities around serving individuals experiencing unsheltered homelessness. When developing future temporary shelter programs, system leaders and service providers should consider the current mix of shelters with and without walk-up access, as well as the current sub-population restrictions on shelters with walk-up access to decide how to allocate new resources. For example, while meeting the needs of individuals exiting medical settings may be more conducive to a shelter without walk-up access, ensuring that single adult women can access life sustaining shelter would be better served with the walk-up model. Whichever model is selected, the process for access should be motivated by client needs, well publicized, and coordinated with existing efforts.
## Appendix G: Street Outreach Team Program Inventory

The following data was collected via survey between March 2020 and January 2021

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Program Name</th>
<th>Staff</th>
<th>Case Load</th>
<th>Specialty Area</th>
<th>Geographic Range</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Sacramento</td>
<td>Office of Community Response</td>
<td>Unknown</td>
<td>Unknown</td>
<td></td>
<td>City of Sacramento</td>
<td>City of Sacramento</td>
</tr>
<tr>
<td>Downtown Streets Team</td>
<td>Sacramento Team</td>
<td>30 (Peer Support)</td>
<td>No</td>
<td>Employment</td>
<td>River District, under WX freeway, Meadowview</td>
<td>HEAP</td>
</tr>
<tr>
<td>First Step Communities &amp; Shelter, Inc</td>
<td>River District Shelter Collaborative</td>
<td>2</td>
<td>2</td>
<td></td>
<td>River District</td>
<td>City of Sacramento &amp; Sacramento County</td>
</tr>
<tr>
<td>Hope Cooperative/TLCS</td>
<td>Triage Navigators</td>
<td>23</td>
<td>20-40 for max 60 days</td>
<td>Mental Health; In-Reach</td>
<td>Countywide</td>
<td>MHSA</td>
</tr>
<tr>
<td>Sacramento County Department of Behavioral Health Services</td>
<td>Community Support Team</td>
<td>8 clinicians + 4 Community Support Specialists</td>
<td>20-25</td>
<td>Mental Health; Referral Based</td>
<td>Countywide</td>
<td>MHSA</td>
</tr>
<tr>
<td>Sacramento County Department of Human Assistance</td>
<td>DHA Homeless Outreach</td>
<td>3</td>
<td>No</td>
<td></td>
<td>Countywide</td>
<td>Sacramento County</td>
</tr>
<tr>
<td>Sacramento Covered Housing</td>
<td>Sacramento Covered Outreach, City Pathways Program</td>
<td>30</td>
<td>Varies</td>
<td>Health; Referral Based</td>
<td>Countywide</td>
<td>Whole Person Care; Health Home</td>
</tr>
<tr>
<td>Sacramento Self Help Housing</td>
<td>City of Citrus Heights, City of Elk Grove, City of Folsom, City of Rancho Cordova Outreach</td>
<td>4</td>
<td>75</td>
<td></td>
<td>Incorporated suburban cities</td>
<td>City of Citrus Heights, City of Elk Grove, City of Folsom, City of Rancho Cordova</td>
</tr>
<tr>
<td>Sacramento Self Help Housing</td>
<td>Unincorporated Outreach</td>
<td>3.5</td>
<td>20-75</td>
<td></td>
<td></td>
<td>Carmichael/Arden Arcade, Unincorporated South Sacramento, Unincorporated North Sacramento, American River Parkway</td>
</tr>
<tr>
<td>Sacramento Steps Forward</td>
<td>SSF Navigators</td>
<td>4</td>
<td>30</td>
<td>Sutter Hospital, Mack Road, Midtown and CES general</td>
<td>Fee for Service</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------</td>
<td>---</td>
<td>----</td>
<td>------------------------------------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Wind Youth Services</td>
<td>Wind Street Outreach Program</td>
<td>3</td>
<td>No</td>
<td>TAY</td>
<td>No</td>
<td>CARES Foundation</td>
</tr>
</tbody>
</table>
Appendix H: Outcomes and Subsequent Enrollments from Street Outreach and Temporary Shelter

When analyzing outcomes and subsequent enrollments for street outreach programs and temporary shelter, a successful client outcome is one that results in either a connection to a housing program (e.g. transitional housing, rapid rehousing, or permanent supportive housing) or an exit to a permanent destination.

For individuals with multiple enrollments, many have subsequent enrollments within the same project type, suggesting that individuals experiencing homelessness have difficulty moving between project types. Most apparent is the cyclical (returning enrollments) and interactive (movements between) enrollments between street outreach and emergency shelter. Approximately 60% of all enrollments in shelter or street outreach follow these cyclical or interactive paths.

Client subsequent enrollments by project type as reported in HMIS between July 1, 2018 and July 1, 2020

<table>
<thead>
<tr>
<th>Project Type of Initial Enrollment</th>
<th>Most Common Subsequent Enrollment</th>
<th>2nd Most Common Subsequent Enrollment</th>
<th>Total Movements Within System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Outreach</td>
<td>Street Outreach (31%)</td>
<td>Temporary Shelter (28%)</td>
<td>2,203</td>
</tr>
<tr>
<td>Temporary Shelter</td>
<td>Emergency Shelter (36%)</td>
<td>Street Outreach (25%)</td>
<td>2,084</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>Rapid Re-Housing (33%)</td>
<td>Temporary Shelter (25%)</td>
<td>1,417</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Rapid Re-Housing (33%)</td>
<td>Transitional Housing (22%)</td>
<td>352</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>Street Outreach (38%)</td>
<td>Permanent Supportive Housing (22%)</td>
<td>72</td>
</tr>
<tr>
<td>Other Permanent Housing</td>
<td>Street Outreach (54%)</td>
<td>Temporary Shelter (31%)</td>
<td>13</td>
</tr>
</tbody>
</table>

Digging more deeply into a clients’ final enrollments, we see that persons in families with children are connected to housing programs at higher rates and are also more likely to exit to permanent destinations than adults without children and transition age youth. Transition age youth are the least likely group to access housing resources or to exit to known permanent housing destinations.

Client destination at final exit by project type and subgroup as reported in HMIS between July 1, 2018 and July 1, 2020

<table>
<thead>
<tr>
<th></th>
<th>Number of final exits</th>
<th>% exits to housing program (subgroup of all permanent destinations)</th>
<th>% exits to all permanent destinations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Outreach</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People in families with children</td>
<td>540 (8%)</td>
<td>21%</td>
<td>41%</td>
</tr>
<tr>
<td>Adults without children</td>
<td>6157 (92%)</td>
<td>9%</td>
<td>19%</td>
</tr>
<tr>
<td>Transition age youth</td>
<td>977 (15%)</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Temporary Shelter</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People in families with children</td>
<td>1707 (25%)</td>
<td>16%</td>
<td>35%</td>
</tr>
</tbody>
</table>
Among individuals exiting street outreach and temporary shelter, individuals experiencing chronic homelessness and/or with a disabling condition accessed housing programs at a higher rate and are less likely to self-resolve to permanent destinations than individuals not in this sub-population group. Despite challenges in self-resolving their homelessness, individuals with disabling conditions are exiting to permanent housing destinations at higher rates than individuals without disabling conditions.

Client destination at final exit from by project type and subgroup as reported in HMIS between July 1, 2018 and July 1, 2020

<table>
<thead>
<tr>
<th></th>
<th>Street Outreach Connections</th>
<th>Temporary Shelter Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chronic / non-chronic</td>
<td>Disabilities/ no disabilities</td>
</tr>
<tr>
<td>All individuals</td>
<td>14.0% / 8.1%*</td>
<td>11.7% / 7.9% *</td>
</tr>
<tr>
<td>People in families</td>
<td>35.9% / 19.5%*</td>
<td>29.9% / 17.4%*</td>
</tr>
<tr>
<td>with children</td>
<td>Adults without children</td>
<td>13.3% / 6.7%*</td>
</tr>
</tbody>
</table>

*Chi2 p<.05

Observing outcomes across all permanent destinations:

- People in families with children with disabling conditions exit street outreach to permanent housing destinations 49% of the time compared to 37% of people in families without a disabling condition.

- Adults without children who also had disabling conditions exit street outreach to permanent destinations (30%) and exit temporary shelter to permanent destinations (25.3%) at higher rates than adults without children without disabling conditions (14.7% street outreach; 21.2% temporary shelter).

These findings suggest that the system prioritizes and responds to those with high levels of need that may be less likely to self-resolve their homelessness.

---

72 No associations were found within transition age youth.
Appendix I: Advantages and Disadvantages of Data Sharing Approaches

Data sharing and consistent reporting results in:

1. A better understanding of homelessness and helps answer fundamental questions about the system.
2. Comprehensive planning that promotes a cooperative network of partners through which Sacramento has a better chance of ending homelessness for more people.
3. The ability to measure system outcomes and compare interventions more accurately which improves accountability, transparency and the system’s ability to leverage emerging best practices.
4. Reduced redundancies and streamlined access making the system more efficient and cost effective.
5. Better coordinated care facilitating the interchange of clients between systems and reducing programmatic gaps.

Options to consider for data sharing

Centralized data: One strength of HMIS is that it is centralized, meaning all projects enter their data into one system. System partners that are not using HMIS may not have a database that centralizes data across their systems. For example, different BHS projects may use different implementations of Avatar to capture Electronic Health Records (EHR). This context may present both barriers and facilitators for future data sharing.

- Barriers: If data is not centralized, then multiple agreements, discussions, and politically charged discussions may slow progress.
- Facilitators: If data is not centralized and a partner is looking to centralize data, the CoC may seize the opportunity to ensure data is consolidated in a way that could eventually be shared.

Type of data shared: To share data, partners across the system will need to decide the type of the data shared as well as the method of sharing that data. Types of data include de-identified data, identified data deduplicated and stripped of identifiers, or identified data – each approach has advantages and disadvantages.

<table>
<thead>
<tr>
<th></th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>De-identified data</td>
<td>• Helps with general planning such as assessing capacity and utilization.</td>
<td>• Cannot deduplicate and therefore can't fully answer inflow, system equity and outcomes questions.</td>
</tr>
<tr>
<td></td>
<td>• Limited privacy concerns.</td>
<td>• Less ability to promote accountability and transparency.</td>
</tr>
<tr>
<td>Identified data deduplicated and stripped of identifiers</td>
<td>• Data can be used to answer capacity, utilization, inflow, and system / project outcomes and equity.</td>
<td>• Privacy concerns.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Data cannot be used to coordinate care between partners.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional data staff are needed to implement the system and ensure privacy protocols are satisfied.</td>
</tr>
<tr>
<td>Identified data</td>
<td>• Data can be used to coordinate care between systems and between providers, and will</td>
<td>• Increased privacy concerns.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Training needed for approved users.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional data staff needed to</td>
</tr>
</tbody>
</table>
Appendix J: Key Community Questions for Future Exploration

The Continuum of Care’s Systems Performance Committee (SPC) oversaw the development of the Gaps Analysis, including the decision on which questions to ultimately focus on. During the process to determine which questions to focus on, the SPC members proposed to explore the following questions, but ultimately, they were omitted from the final framework of questions for the Gaps Analysis due to limitations in our ability to accurately and fully answer the question within the scope of this project or with the data available (see *Forge a Cohesive and Coordinated Homeless System of Care* for further discussion of data limitations):

1) **How does eligibility impact client flow across the different systems?**

Without a single shared data system, it is difficult to meaningfully answer this question. Referrals between systems are happening on both an informal and formal basis, between individual agencies, projects, and systems administrators. Further, data about individuals denied from programs due to eligibility criteria is not systematically collected across shelter and housing programs. Any response to this question would depend on anecdotal accounts from qualitative interviews and/or focus groups and may not accurately reflect the system as a whole.

2) **How much does it typically cost to move someone through the system of care?**

Assessing cost per individual has been the basis for entire studies in other communities and is outside the scope of our work. In 2019, Homebase attempted to identify the average cost per client within the CoC-funded programs to support the work of the CoC’s Project Review Committee. Ultimately, this analysis was not fruitful given the number of caveats for each program (e.g., difference in target population, level of vulnerability of clients, location costs, differences in model of assistance, etc.). Pursuing this level of analysis in Sacramento would require large scale, transparent participation from providers focused on their budgeting practices and clear community guidance about the distinctions between project types, prioritized populations, and other factors.

3) **How long does it take for individuals to get into the “right” program that will be able to support them into permanent housing?**

Given the limitations of HMIS data discussed at length in this report, it would be difficult to answer this question in a way that would lead to meaningful systems-level change. Even at the individual level, we might only know what program was “right” years after the program is accessed, and even then an individual might point to multiple programs that changed their trajectory. Making the assumptions necessary to undertake this analysis at the system level would obscure the information the question appears to seek. For example, the focus is on length of time, and for a system analysis we would need to assume everyone’s length of time homeless started at HMIS entry (clearly incorrect for many people). Also, we would need to assume that the program that was able to support a person into permanent housing was whatever program was accessed immediately prior to permanent housing, which may also be simplistic and incorrect.