



SACRAMENTO COUNTY



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ADVOCATES**

Community Health Improvement Plan

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Community Health Improvement Plan Overview

Creating Sacramento County's Community Health Improvement Plan (CHIP) is an ongoing, community-led process of defining health needs, setting priorities, and creating a plan for meeting them. CHIP is part of the national accreditation process for public health departments.

The CHIP process began with Sacramento County Public Health (SCPH) conducting a Community Health Assessment (CHA) to compile health data for the county. Community-based organizations, agencies, and local groups convened to review the health trends and vote on their top community health priorities for the coming three to five years.

The CHIP process continues with community-based organizations, agencies, and local advocates coming together to develop goals, objectives and activities that will create the CHIP plan.

The CHIP is community owned. This is not a plan for just one agency but represents the whole local public health system. The purpose of the CHIP is to coordinate efforts and target resources to address root causes of health inequities for all of Sacramento County.

Below are described the county's CHA and CHIP processes and outcomes.

Health Inequities in Context

Public health has been challenged by persistent differences in health known as health disparities. When health disparities result from socially unjust policies or practices, they are health inequities. Our ZIP code wields more influence over our health than our genetic code.¹ This happens because our neighborhood conditions are strongly influenced by past and present policies, especially for employment, land use, housing, and access to health care.² Policies in the US continue to be shaped by our unique legacy of racial and economic segregation.

The COVID-19 pandemic shined a spotlight on communities already experiencing higher levels of chronic illness such as diabetes and obesity suffering higher levels of COVID-19 illness and mortality. In the US, COVID-19 disparities, similar to virtually all other significant health disparities, are profoundly racialized, with Black, Latino/a/e/x, Native American, and Pacific Islander populations experiencing a disproportionate burden of morbidity and mortality.³

Because health inequities are highly aligned with policies that deny certain groups the opportunity to be healthy, policy reform must be part of population health

improvement. Focusing health planning efforts on building the power ecosystem—the network of organizations, relationships, and infrastructure – is key to ensuring that people who have been historically marginalized have voice and agency to close health equity gaps. Involving the community in the creation and execution of the CHIP is a key component to building the power ecosystem in Sacramento County.

Chart 1: Community Context, Status and Partners impacting Health Inequities



Community Health Assessment

The county's [Community Health Assessment](#) (CHA) was conducted by staff at Sacramento County Public Health (SCPH) to provide a framework to community partners for understanding the state of health-related issues in the county. SCPH used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework for both the CHA and CHIP process. There are three main assessments in the MAPP 2.0 framework that combine to create the CHA (Figure 1).

The SCPH CHA/CHIP team reviewed the three assessments, along with local health system needs assessments, to determine the major health issues impacting Sacramento residents. Five themes emerged:

- Infectious Disease (COVID-19, STIs)
- Maternal and Child Health (Maternal Mortality, Infant Mortality)
- Social Determinants of Health (Food Insecurity, Crime, Safety and Incarceration, Housing Insecurity & the Built Environment)

- Chronic Disease (Obesity, Cancer, Alzheimer’s Disease)
- Injury (Gun Violence, Substance Use, Traffic, Suicide, Mental Health)

Infectious Disease was divided into two sub-categories: COVID-19 and Sexually Transmitted Infections. COVID-19 was among the leading causes of death and years of life lost (deaths among age <75), with half of all cases being among persons aged 30 to 59. Persons age 60 and older represented the highest percentage of deaths despite representing the lowest number of infections.⁴

Chart 2: COVID-19 case rates per 100,000 by race/ethnicity in Sacramento County, 2020

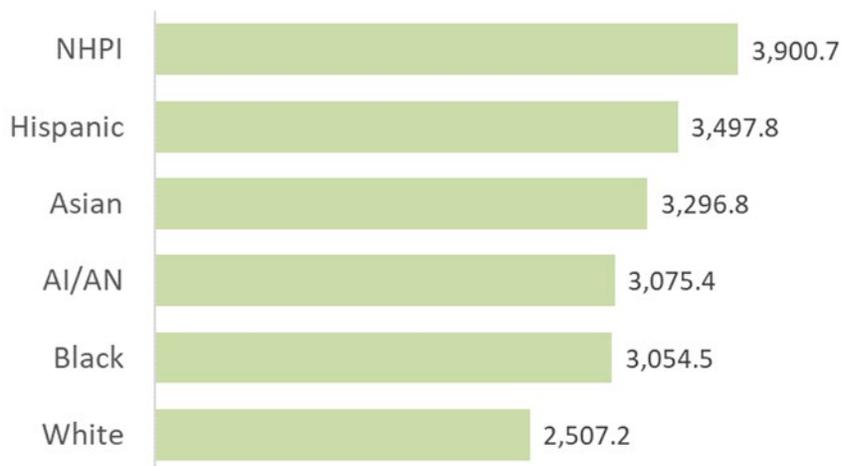
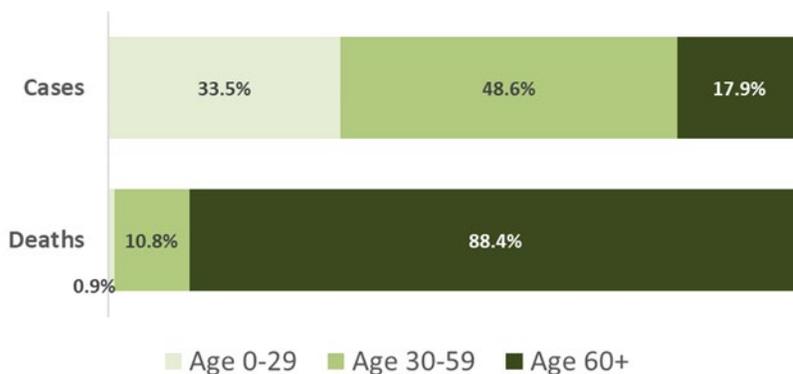


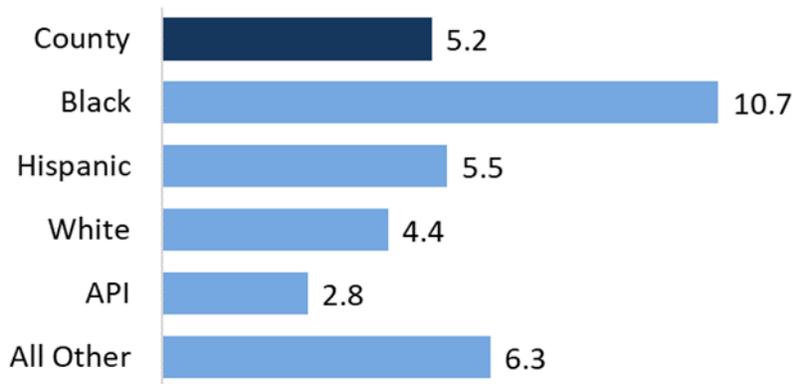
Chart 3: Age distribution of COVID-19 cases and deaths in Sacramento County, 2020



The top three reportable STIs were chlamydia, gonorrhea, and early syphilis. Sacramento County is ranked 13th out of 58 counties for chlamydia, 3rd in the state for gonorrhea, and 10th in the state for early syphilis.^{5,6}

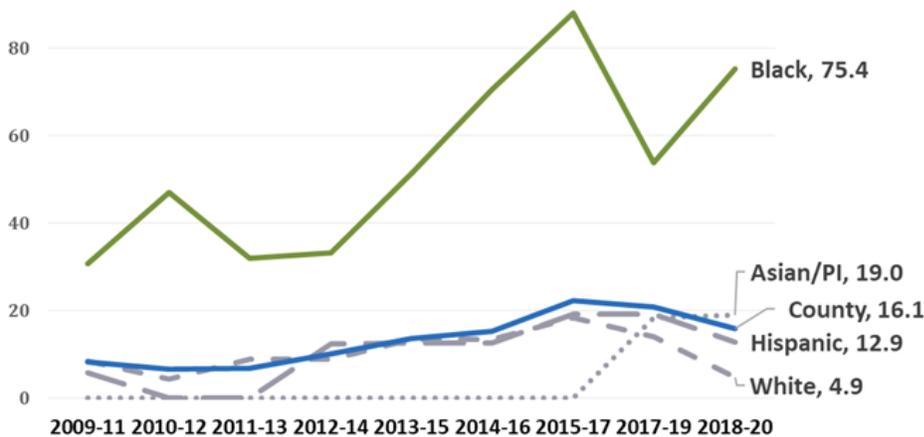
Maternal and Child Health (MCH) is an area with important achievements and significant challenges. Among the achievements: prenatal care was ranked most important in the CHA and the county overall and each racial/ethnic group exceeded the Healthy People 2020 goal of 77.9% early entry into prenatal care. Additionally, the proportion of women reporting any tobacco use during pregnancy declined by 137% between 2011 and 2020. Among the challenges: there were notable disparities, with rates of preterm births, low birth weight, and infant deaths nearly double among people of color compared to the County's white population.^{7,8} Black infant death rate was double that of the overall infant death rate reported to the County in 2020.

Chart 4: Infant death rates by race/ethnicity in Sacramento County, 2020



Black women represented 38% of obstetric deaths between 2010 and 2020; they were 15 times more likely to die during childbirth than white women.⁹ Additionally, Asian and Pacific Islander women were four times more likely to die, and Hispanic women two and a half times more likely to die during childbirth than white women.

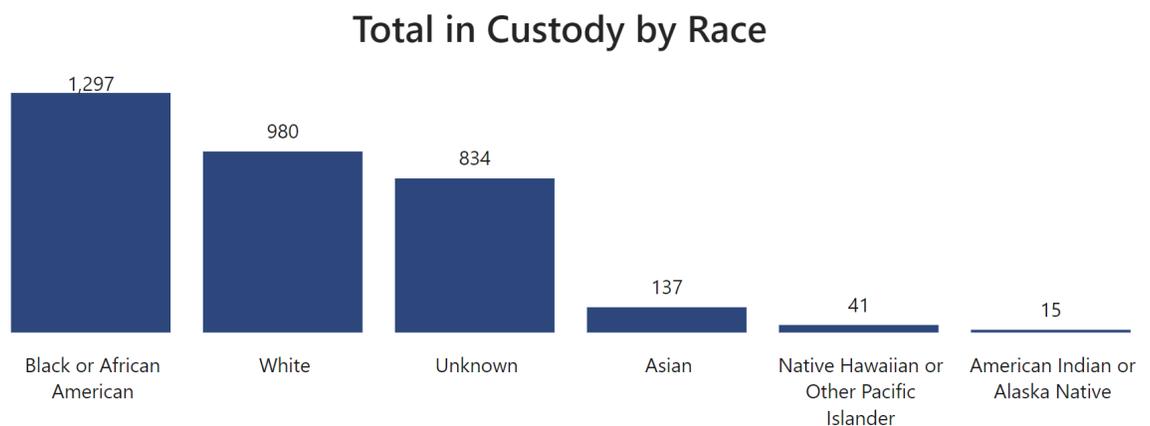
Chart 5: Trend in obstetric deaths per 100,000 live births by maternal race/ethnicity in Sacramento County, 2011-2020 three-year rolling average



Social Determinants of Health (SDOH) are the conditions and environments into which people are born and in which they live, learn, work, play, worship, and age. SDOH affect a wide range of health, functioning, and quality of life outcomes and risks. SDOH covers many factors, including food access, crime and safety, incarceration, housing insecurity, and education.¹⁰

- **Food insecurity** in Sacramento County is higher than the national average, with 16% of Sacramentans reporting low or very low food security. Twenty-five percent of Sacramentans participate in a food assistance program. Among those aged 18 to 54 receiving food assistance, approximately 60% rate their food security as low to very low. During the pandemic, 47% of those who received stimulus money reported using the funds to buy food and groceries they could not otherwise afford.¹¹
- **Crime, safety, and incarceration** continue to be concerns in the County and show significant racial and economic disparities. In the City of Sacramento, Black people make up 40% of all traffic stops; for 78% of those stops no citation was issued.¹² Currently, the jail population is around 3,300 inmates, 39% of whom are Black.¹³ Black people make up 12% of the county population, making them over-represented in jail and traffic stops. There have been decreases in hate crimes and domestic violence cases; however, there was a slight uptick in the 2020 report. The County's violent crime rate was slightly higher than for the state overall, but the property crime rate was lower. There were over 12,000 felony arrests in the county in 2020, including 4,792 violent offenses, 1,110 drug offenses, and 183 sex offenses.¹⁴

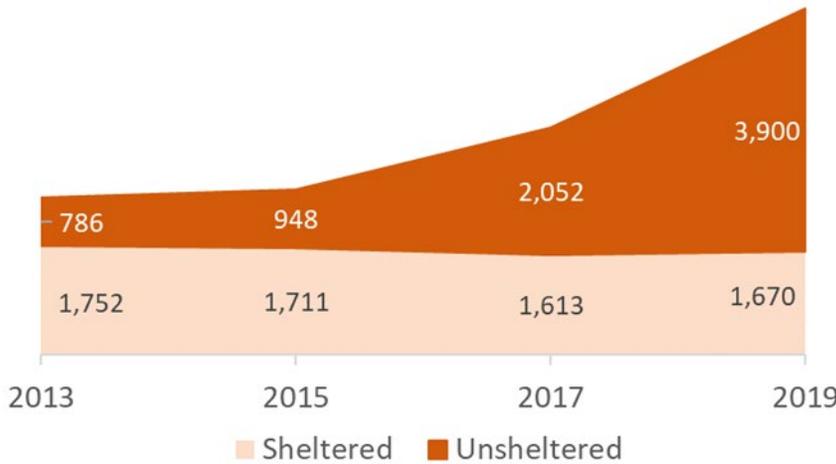
Chart 6: Sacramento County Jail Population, Total in Custody by Race¹⁵



- The County's **unhoused population** continues to increase. In 2013, there were approximately 2,500 unhoused persons, 30% of whom were unsheltered.^{16,17,18}

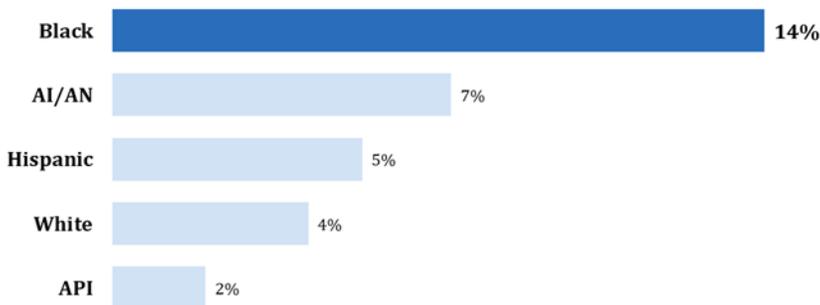
By 2022, the unhoused population had grown to 9,200, of which 72% was unsheltered. Among Sacramento’s unhoused community, 57% are adults with at least one disabling condition, 43% are chronically homeless, 15% are families with children, and 7% are military veterans. Indigenous people in the county are five times more likely to be homeless than their White counterparts, while Black people are three times more likely to be unhoused than Whites.¹⁹

Chart 7: Sheltered and unsheltered homeless population point-in-time counts in Sacramento County 2013-2019



- Education**, on its face, is a bright spot for the county. Eighty-eight percent of people age 25 and older have a high school diploma and 31% of the population has a bachelor’s degree or higher.^{20,21} The percentage of high school and post-secondary graduates is close to or greater than the state average.^{22,23} Racial disparities are still a significant concern in discipline in Sacramento County, with Black boys and girls most likely to be suspended or expelled.²⁴

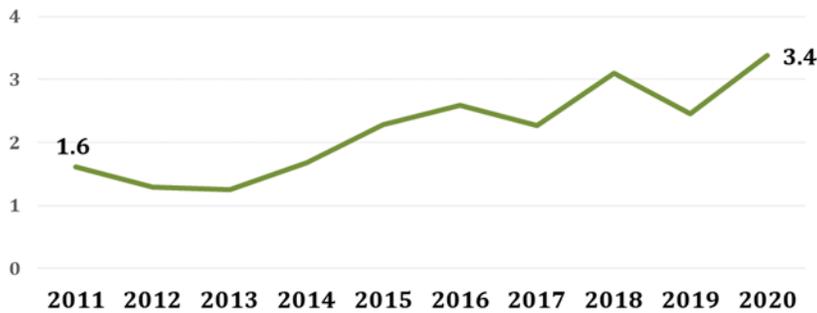
Chart 8: Racial/ethnic disparities in suspension rates in Sacramento County, 2020-2021



Chronic Disease was divided into four categories: obesity, heart disease, cancer, and Alzheimer's.

- Of all chronic diseases, **obesity** was ranked first in the CHA. The death rate due to obesity increased 112.5% between 2011 and 2020, from 1.6 to 3.4 per 100,000.^{25,26}

Chart 9: Trend in age-adjusted obesity death rates in Sacramento County, 2011 - 2020



- Heart disease** deaths have been trending significantly downward since 2000; however, male ischemic heart disease deaths continue to be higher than average.²⁷
- Almost 40% of people will experience a **cancer** diagnosis in their lifetime. The most prevalent cancer is lung cancer, which is higher among men than women. The second most prevalent type is breast cancer for women and prostate cancer for men. Colorectal cancer is third for both men and women.²⁸

Chart 10: Age-adjusted death rates by sex and cancer site in Sacramento County, 2020

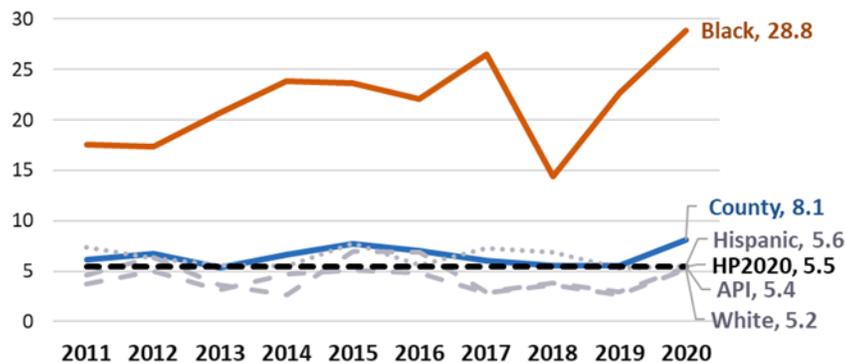
Site of cancer	Female	Male
Lung and bronchus	29.3	39.2
Breast - female	22.0	---
Prostate	---	21.1
Colorectal	14.0	16.4
Leukemia	6.1	7.4
Lymphoma	6.0	8.4

- Other chronic deaths, such as Chronic Obstructive Pulmonary Disorder, neurological conditions, and diabetes mellitus, are trending consistently or downward.
- The age-adjusted rate of **Alzheimer’s** disease is increasing, and more among women than men.²⁹

Injury was divided into five sub-categories: gun violence, substance use, traffic, suicide, and mental health.

- **Gun violence** deaths highlight one of the highest racial disparities in the County. According to the California Department of Public Health, Black people in Sacramento County die from gun violence at a rate nine times higher than White people.³⁰

Chart 11: Homicide rates by race/ethnicity in Sacramento County, 2011-2020



- **Drug deaths** within the past five years have significantly increased, with Black overdose deaths six times higher than the lowest ethnic group in the county. Men in the county are three times more likely to die from a drug overdose than women. In 2020, drug overdose was the number one cause of years of life lost in Sacramento County.³¹
- The number of **traffic collisions** in the County was consistent until a sharp decrease in the first year of the COVID-19 pandemic. However, more of the collisions in 2020 were fatal. Over 20% of fatal collisions involved alcohol from 2016 to 2020, and 30% of non-fatal collisions involved speeding.³²
- Over 80% of total collisions in the County from 2016 to 2020 occurred in either unincorporated areas of the County or the city of Sacramento.

- The High Injury Network is a collection of roadways in the city of Sacramento that experience the highest number of travelers killed or severely injured in the county. Most (79%) of all crashes are on the high-injury network, which makes up just 14% of all roadways.³³

Chart 12: Trend in number of traffic collisions in Sacramento County, 2016-2020

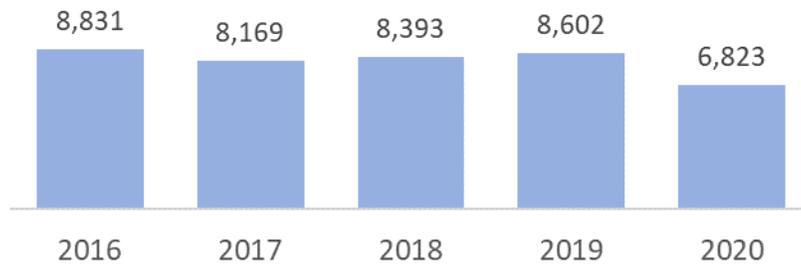
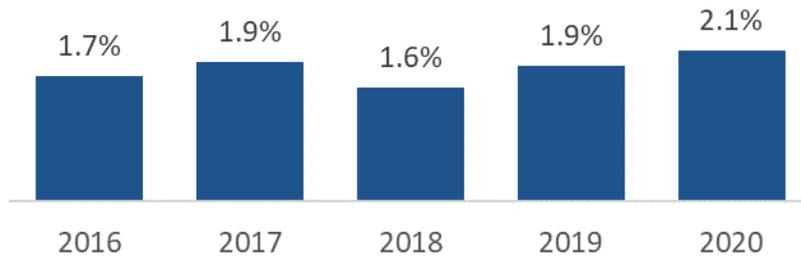


Chart 13: Trend in traffic collisions that were fatal in Sacramento County, 2016-2020



- **Suicide** is the fifth highest cause of years of life lost in the County; the highest rate of suicide is among people 30-39 and it is the third leading cause of death among people aged 15 to 24.^{34,35} One in five high schoolers in Sacramento County has seriously considered suicide.³⁶
- **Mental disorders** are the number two cause of years spent with a disability and the number three cause of hospitalization in Sacramento County.^{37,38} Depression is especially high among youth, with one in three high schoolers reporting feeling sad or hopeless almost every day for two or more weeks in a row, so much that they stopped doing some of their usual activities.³⁹

CHIP Development

CHIP Team

The CHIP team will be composed of the following entities:

Steering Committee: A nine-member subset of the coalition that meets alternating weeks to provide strategic leadership for the CHIP and make funding decisions; membership will include no more than three county staff, including one from Public Health, one from Behavioral Health, and another one from the Department of Homeless Services and Housing.

Coalition: Community members, agencies, organization partners, and residents that meet monthly to help guide the CHIP planning process and implementation.

Subcommittees: A subset of the coalition members focused on one of the three selected priorities; three subcommittees may meet as needed to focus on the goals within that topic.

Funded Implementation Partners: Coalition members who apply for CHIP funding to own and implement CHIP activities. In 2023, the county Board of Supervisors approved Public Health Advocates to manage the \$1.3 MM funding for CHIP activities until May 2026.

100 Youth and Adult Community Members: Community members – primarily in 44.01 – who are trained in community organizing and policy advocacy and execute the policy development and community outreach activities for the CHIP.

Forming the CHIP Coalition

Two public meetings were held to review and discuss the data from the CHA. The August 24, 2023, meeting was held in person from 9:00 a.m. until 12:00 p.m. at the Sacramento Area Sewer District conference room. The August 30, 2023, meeting was held virtually from 6:00 p.m. until 8:00 p.m. on Zoom. The public meetings were advertised via e-blast from Sacramento County Public Health and Public Health Advocates, LinkedIn, X (formerly Twitter), and Facebook, Access Sacramento radio, The Observer newspaper, and Fox 40 television.⁴⁰

Persons attending the two meetings were categorized into eight types based on their self-reported affiliation. The combined registration for both meetings was 199, of which 75 were county staff. Of the 124 external participants, 76 attended one meeting and 56 submitted a ballot with their CHIP priority preferences.

Table 1: Organizational Participation in Selecting CHIP Priorities

Type	Name of Organization
Community Organization	Decarcerate Sacramento
	Everyday Impact Consulting
	Gardenland Northgate Neighborhood Association
	Justice2Jobs Coalition
County Boards	Family (Sac Co Resident) & CWRT Advisory Board (alternatives to 911)
	Sacramento County Mental Health Board
	Sacramento Maternal Child and Adolescent Health Advisory Board
	Agency on Aging \ Area 4
Government	Community Resource Project - Women Infants and Children Supplemental Nutrition Program
	Sacramento Municipal Utilities District
Health System	Anthem
	Dignity Health MSJMC
	Kaiser Permanente
	Kaiser Permanente Health Plan
	UC Davis Health
	WellSpace Health
Individual	Resident
Non-Profit	American Heart Association
	Anti Police-Terror Project Sacramento
	ASCRIBE Educational Consulting & EDIFY Humanity
	California Urban Partnership
	Center for Oral Health
	Civic Thread
	Community Lead Advocacy Program
	Education Justice Academy
	ETR - Education, Training & Research
	FosterHope Sacramento
	Latino Leadership Council
	Planned Parenthood Mar Monte
	Priceless On Purpose
	Public Health Advocates
	Sacramento Area Congregations Together
	Sacramento Building Healthy Communities
	Sacramento Children's Home

Type	Name of Organization
	SOL Project
	The Center at Sierra Health Foundation
	Wraparound Enterprises
Sacramento County	Sacramento County
	Sacramento County, Behavioral Health Services
	Sacramento County, Children’s Coalition
	Sacramento County, Department of Child, Family and Adult Services
	Sacramento County, Department of Health Services
	Sacramento County Public Health, Health and Racial Equity Unit
	Sacramento County Public Health, Maternal Child, and Adolescent Health
	Sacramento County Public Health, California Children's Services
	Sacramento County, Senior and Adult Services
	Sacramento County, Substance Use Prevention and Treatment Services
School	Gateway Community Charters
	Sacramento City Unified School District: Wellness Committee
	San Juan Unified School District: Prevention Programs
	SETA Head Start

Discussion of CHA Data and Priority Selection

At the two meetings, an overview of the process for the CHIP was provided and CHA data were presented. Following this, attendees were offered an hour to ask follow-up questions and to discuss their perspectives on the data and the status of community health in Sacramento County. Attendees were then invited to select their top three priorities for the CHIP using the following questions to guide their selection:

1. How many people are impacted by this issue in Sacramento County?
2. Are there significant demographic disparities and inequities in who is affected?
3. How much is the problem costing in human and financial resources?
4. Does the issue cause severe impact on health and well-being?
5. Is the problem getting worse?
6. With policy and programmatic action, can we impact the size and severity of the problem?

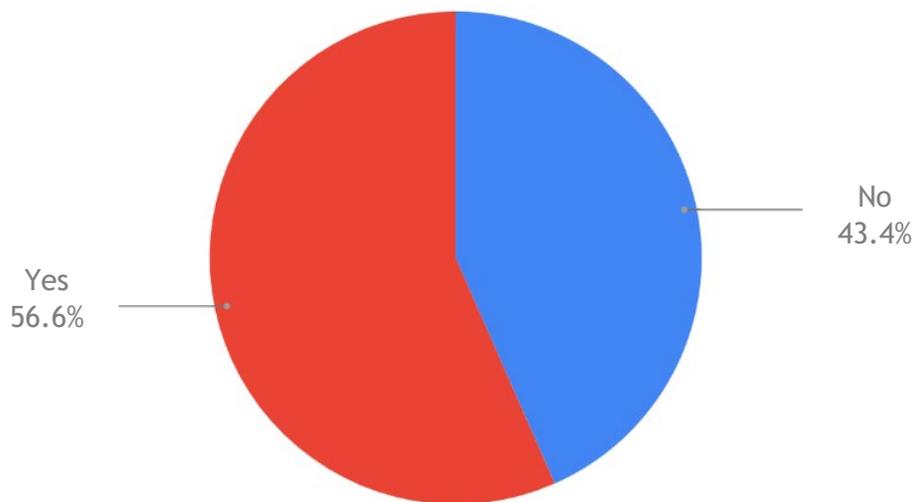
Voting to Select CHIP Priorities

Each of the five themes and subcategories were included in the ballot (Appendix F), bringing the total number of options to 17, of which respondents could select three in ranked order. The top three priorities were selected by overall vote total (i.e., total number of votes cast regardless of prioritization) and prioritization total (i.e., total number of higher priority votes e.g., Priority 1 > Priority 2 > Priority 3). Respondents were also asked to select the themes they wanted to work on.

Although most attendees reported an organizational affiliation, 43% were not officially voting on behalf of the organization with which they were affiliated; therefore, representing the Sacramento community. The vote outcome was the same for those with and without organizational affiliation.

Chart 14: Number of respondents voting on CHIP priorities on behalf of an organization

Are you voting on behalf of your organization?



Selected CHIP Priorities

Additional analyses were planned, but the three priorities that emerged received the most votes irrespective of prioritization and received the most votes by prioritization rank by a decisive margin. They were also the top selections for themes that respondents wanted to work on. The top three priorities in order of vote tally were:

1. Housing Insecurity
2. Mental Health
3. Food Access

Developing CHIP Goals

Three meetings were conducted in September to update the partners who participated in the priority selection on the selected priorities. These meetings were done in three parts: September 22, 2023, for the Food Access topic, September 25, 2023, for the Mental Health topic, and September 26, 2023, for the Housing Insecurity topic. This was an opportunity to have an open brainstorm about potential goals, existing activities, and power dynamics.

Attendees noted the overlap among the root causes of the three selected priorities and suggested that the CHIP focus on building collaborations and addressing root causes. To help achieve this, it was suggested to have overarching goals and focus on a geographic subset of the county. Using the Healthy Places Index⁴¹ -- an open data map tool of social conditions that drive health -- it was proposed to focus on census tract 44.0 which has the lowest Healthy Places Index score in the county. The goal is to focus the CHIP implementation on this 0.5-mile area as a pilot, with plans to apply the lessons learned to other areas in the county (e.g., those in the lowest 10th percentile for Healthy Places Index).

The last two CHIP meetings of 2023 were held on November 2, 2023, and December 6, 2023, bringing everyone in the coalition together to develop and review goals for each priority and begin to brainstorm activities.

Foundational Principles

The CHIP Coalition is comprised of community members, community-based organizations, public sector employees, and industry stakeholders who partner to guide and implement the CHIP. The foundational principles of the group include:

Nothing about us, without us: The CHIP work will be done collaboratively at all stages. From strategic direction-setting and implementation partnerships through evaluation and accountability frameworks, the residents, community members, and thought leaders with lived experience and expertise in the CHIP geographic area and priority topics will guide the CHIP work. The CHIP is a community-owned initiative.

Mile deep, inch wide: When possible, the scope of the CHIP action plan will be narrowed to avoid the tendency towards doing “mile wide, inch deep” community interventions in many areas with minimal impact (light touch); the Coalition will focus on work in a smaller area with more impactful long-term engagement that addresses root causes and leads to sustainable change. “Focus is powerful” and allows deeper support and relationship-building for the most underinvested communities.

Moving at the speed of trust: Relationships are at the core of community organizing and achieving outcomes. Networks can form very quickly, communities evolve at the speed at which relationships form, and can move from community discussions and ideas to action and results. The foundation of relationships is trust, which requires

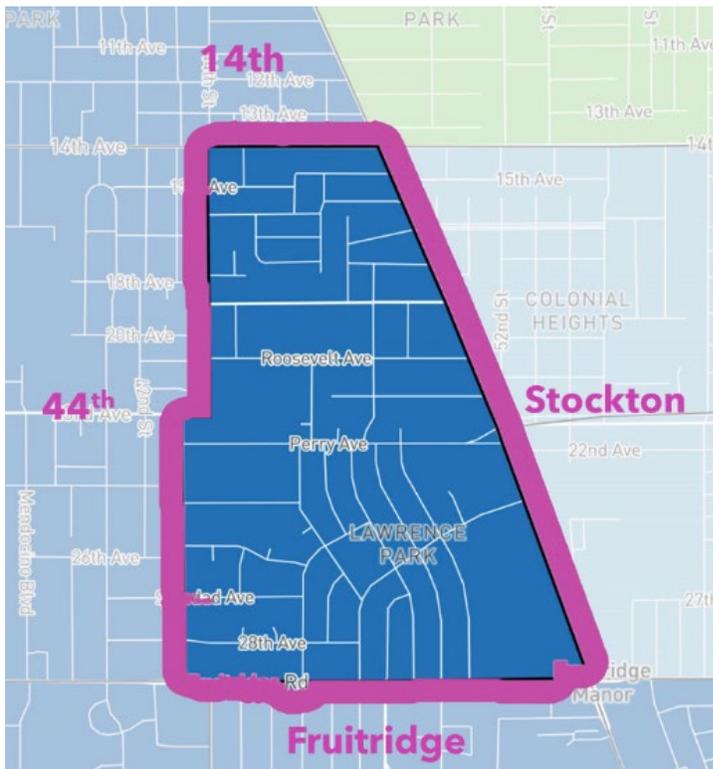
time, commitment, consistency, and transparency. Strategic patience and growth are required to lay the groundwork for the most impactful, long-term change.

Building on strengths: In the process of finding solutions to problems there can be a singular focus on deficits – what is lacking within a community. The CHIP will focus on noticing and using the existing strengths as a foundation for the activities and goals.

Census Tract 44.01

During the CHIP meetings, community partners highlighted the overlap in root causes of the three selected priorities and expressed an interest in focusing on a smaller geographic area. The lessons learned from the [Best Babies Zone](#) and [Harlem Children’s Zone](#) are to start small, plan with residents, provide seed funding, and mobilize youth as part of the outreach team.^{42, 43} The [Healthy Places Index](#) (HPI) is a tool to help prioritize investments resources and programs in neighborhoods where they are needed most. The HPI combines 23 community characteristics into a single indexed score, using a positive frame focused on assets a community has that they can build on. The CHIP coalition chose to focus on the community with the lowest Healthy Places Index score.

Map of Census Tract 44.01



Sacramento County Map with Census Tract 44.01 Highlighted

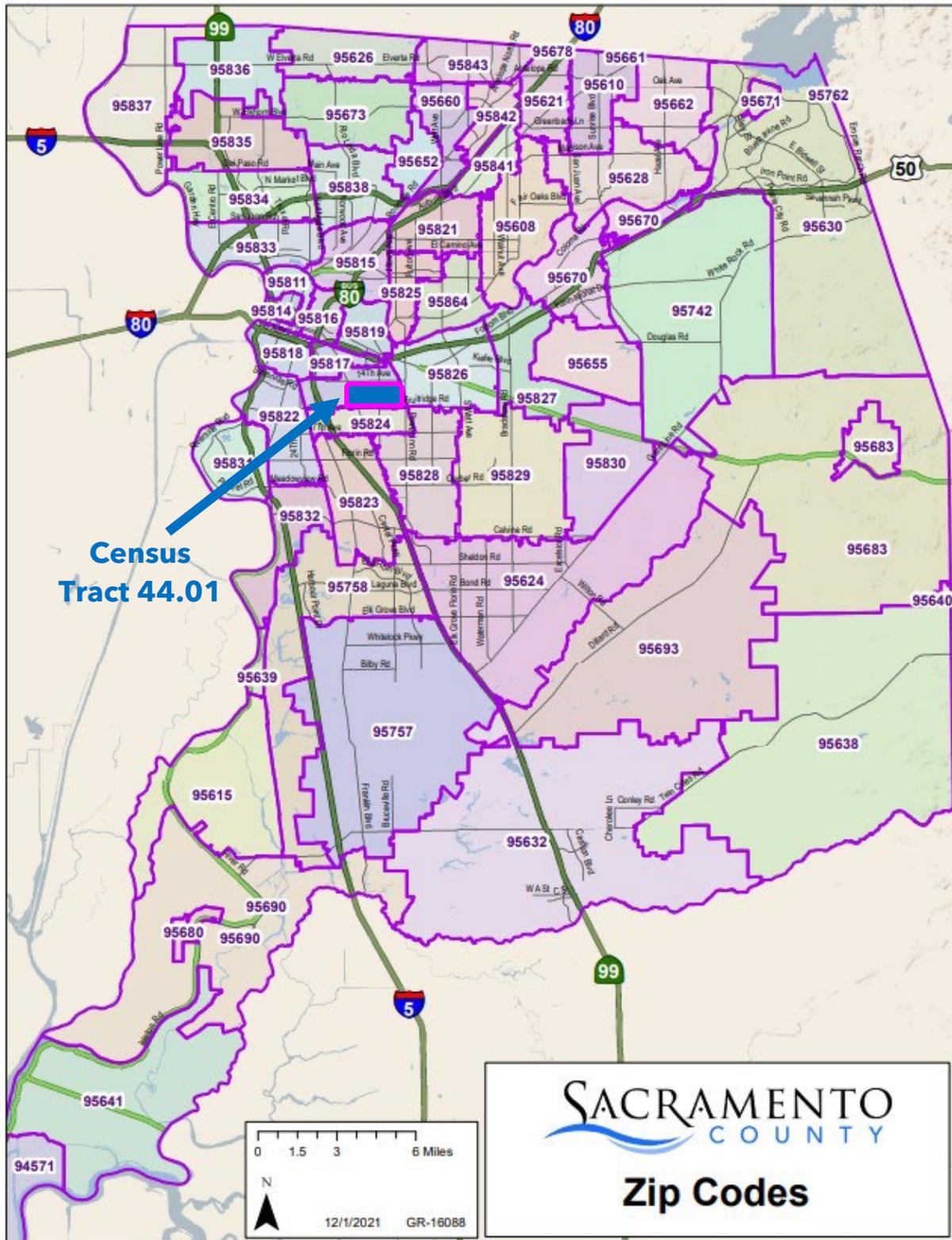
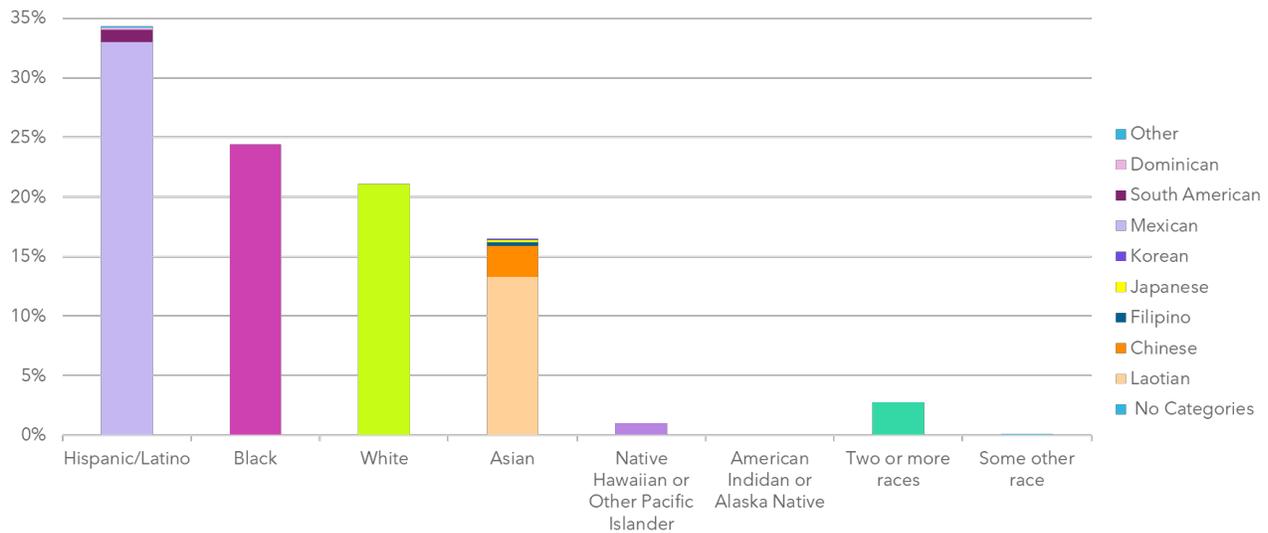


Chart 15: Population of census tract 44.01 by race/ethnicity



In Sacramento County, the census tract with the lowest HPI score is census tract 44.01. This area is bordered by 14th Avenue, Stockton Boulevard, Fruitridge Road, and 44th Street. This census tract is partly in the city of Sacramento and partly in the unincorporated county of Sacramento. It is 0.5 square miles with 4,046 people. The neighborhood is ethnically diverse with 34% Latino/a/e/x, 24% Black, 21% white and 16% Asian, and 1% Native Hawaiian or Other Pacific Islander.⁴⁴

Among the strengths in census tract 44.01, there is greater tree canopy than the county and less PM 2.5 and Diesel PM than the county average. Retail density and park access is also quite high for this area.

Many of the health challenges in this area are related to poverty. Economic opportunity is one of the most powerful predictors of good health and is a contributor to mental health, food access and housing security. Data from the Healthy Places Index show that people in this census tract are far less likely to earn more than 200% of the federal poverty level (38.1%) than the rest of the county. People aged 20-64 are also far less likely to be employed (49.4%) and have a lower per capita income (\$16,100) than the rest of the county. The lack of financial resources helps explain why the percentage of low-income homeowners (19.3%) and renters (35.1%) with housing costs exceeding 50% of their income is much higher in this tract than in the county. Adults in this census tract are also less likely to be insured than the rest of the county, however it is important to note that the majority of adults (85.1%) are insured.

The choice to focus on census tract 44.01 was born out of the opportunity to mobilize resources where they are needed most and use the lessons to expand this approach to the census tracts within the lowest 10th percentile.

CHIP Goals and Objectives

Vision

Building healthy communities where all residents have the resources to be healthy, a voice in shaping their future, and the ability to remain in their community as it improves.

Overarching CHIP Goals

1) Goal: Build leadership capacity and power through place-based training, strategic policy development, and community engagement

- a) *Objective:* Establish a CHIP coalition of at least 50 CBOs and residents to guide and lead CHIP activities by August 2023.
 - i) *Activity:* Public Health Advocates and Sacramento County Public Health will conduct outreach via email, text, local news, radio, social media, and word of mouth to recruit people to meet to participate in the CHIP process.
- b) *Objective:* Establish a CHIP steering committee of nine members by January 2024.
 - i) *Activity:* Select from among interested members of the CHIP Coalition to meet regularly and steward the CHIP implementation
- c) *Objective:* Train 100 youth and adult community members on community organizing and policy advocacy to lead community outreach focused on census tract 44.01 by December 2028.
 - i) *Activity:* With funding from the CHIP budget, experienced CBOs selected by the CHIP Steering Committee will train and mobilize community members to engage in community organizing/mobilization activities

2) Goal: Increase income through program eligibility and employment to reduce poverty

- a) *Objective:* By December 2028, increase the percentage of people with incomes above 200% of the federal poverty level from 38.1% to 65%.
 - i) *Activity:* With funding from the CHIP budget, experienced CBOs and partners from the CHIP Coalition selected by the CHIP Steering Committee will conduct at least two targeted outreach events per year for union apprenticeships, local job training and hiring, navigating entrepreneurship and career pathways - including mentorship/shadowing, and community college/technical school enrollment and financing by December of each year.
 - ii) *Activity:* With funding from the CHIP budget, experienced CBOs and stakeholders from the CHIP Coalition selected by the CHIP Steering Committee will conduct at least three enrollment events per year for eligible census tract 44.01 residents to access earned income tax credit,

- social service benefits programs and other financial empowerment opportunities by December of each year.
- iii) Activity: The 100 trained youth and adult community members will partner with CHIP Coalition members to develop and champion policy recommendations to address income insufficiency in Sacramento County.

Food Access Goal

3) Goal: Promote access to and consumption of culturally relevant healthy foods through education, advocacy, and community engagement

- a) *Objective:* Reduce food insecurity from 11.7% to 9.0% in Sacramento County.
 - i) Activity: By December 2024, the Food Access subcommittee of the CHIP Coalition will create a county-wide Food Action Plan.
 - ii) Activity: By March 2025, the CHIP Steering committee will identify CHIP implementation goals for food insecurity actions in census tract 44.01.
 - iii) Activity: With facilitation support from the CHIP Coalition food advocates, 100 trained youth and adult community members will develop and champion policy recommendations to improve food access in Sacramento County.

Housing Insecurity Goal

4) Goal: Reduce the number of people becoming unhoused in Sacramento County.

- a) *Objective:* By December 2028, reduce the number of evictions in census tract 44.01 by 50%.
 - i) Activity: With funding from the CHIP budget, experienced housing partners within the CHIP Coalition selected by the CHIP Steering Committee will connect households at imminent risk of homelessness in census tract 44.01 to stabilization resources to avoid literal homelessness.
 - ii) Activity: With funding from the CHIP budget, experienced legal aid and resource navigation partners within the CHIP Coalition selected by the CHIP Steering Committee will provide access to legal aid education, consultation, and/or representation to ensure individuals and families are informed of their rental rights and provided guidance.
 - iii) Activity: With facilitation support from the CHIP Coalition housing advocates, 100 trained youth and adult community members will develop and champion policy recommendations to address the housing displacement and affordability - the root causes of homelessness and housing inequities in Sacramento County. The two policies will focus on eviction prevention and stabilizing housing cost.⁴⁵

Mental Health Goal

5) Goal: Reduce barriers to physical and mental healthcare.

-
- a) Objective: By December 2028, increase the number of census tract 44.01 residents who are insured from 85.1% to 95.0% -- with a special focus on MediCal Managed Care enrollment for undocumented residents and small business marketplace enrollment.
 - i) Activity: The CHIP Coalition and 100 trained youth and adult community members will conduct an outreach campaign which includes at least two in-person events, targeted phone calls, local announcements, media ads, and door-to-door canvassing to reach and enroll eligible uninsured persons and small businesses
 - b) Objective: By December 2028, MediCal Managed Care Plan partners will increase the number of members receiving housing services, follow-up after adult mental health visits to the ER, and pediatric screening by 5% in zip code 95820, with a focus on census tract 44.01
 - c) Objective: By December 2028, increase census tract 44.01 residents' awareness and participation in community mental health services by 10%.
 - i) Activity: With funding from the CHIP budget, the 100 trained youth and adult community members and the CHIP steering committee will conduct a communications campaign to raise awareness of the 9-8-8 emergency line by 50%
 - ii) Activity: The CHIP Coalition and 100 trained youth and adult community members will partner with MHSAs programs to increase the number of census tract 44.01 residents participating in MHSAs programming by 10%

The CHIP team anticipates several of these activities to be funded using transparent and community-driven decision-making processes. In 2023, the Sacramento County Board of Supervisors approved Public Health Advocates to manage Centers for Disease Control and Prevention funding for CHIP activities until May 2024 (extension anticipated until May 2026).

CHIP Evaluation

The CHIP Steering Committee will meet alternating weeks to maintain momentum and accountability towards fulfilling the goals and objectives described in the CHIP. A CHIP-funded evaluator will also add capacity to CHIP evaluation strategy and activities. Progress toward goals and objectives will be monitored semi-annually and will include internal CHIP program activity updates from the CHIP Coalition and funded CHIP partners in addition to updated external health outcome data.

The annual progress report (APR) will use population data, program data and periodic community surveys to benchmark progress on stated goals and objectives. The APR will also include an annual detailed revision plan with needed changes to

the stated goals and objectives and a justification section on barriers and opportunities to meeting the goals. To develop the detailed revision plan, the CHIP Steering Committee will analyze the semi-annual progress reports and with consultation of the CHIP Coalition, make necessary revisions to ensure program activities meet establish targets or alter targets if local opportunities and conditions change. The APR will be developed and disseminated to the community-at-large through the website, social media, and community forums. The CHIP Coalition will also foster community-wide collaborations and accountability systems to sustain public attention and commitment to health and social conditions that drive the quality of life in Sacramento County. The CHIP involves a 5-year revision cycle; at the conclusion of this CHIP, the progress data will be included in the next Community Health Assessment (CHA).

CHIP Alignment with Existing Local Government Strategies and Initiatives

Another important value-add of the CHIP is how numerous city, county, and regional strategies, plans and initiatives can be aligned. The strategies and planning alignment enables the CHIP objectives and activities work to be more collaborative, impactful, and accountable for partners.

At a national level, the CHIP is aligned with Healthy People 2030.⁴⁶ Healthy People 2030 has hundreds of indicators for many important health topics. Indicators in Healthy People 2030 that align with the CHIP work will be documented in progress reports and on public facing data displays.

The State of California has a CHIP as well, [Let's Get Healthy California](#), which brings together health goals and indicators across the lifespan of a resident.⁴⁷ Several of the goals in this plan align with the goals of Let's Get Healthy California. The reduction of food insecurity and creation of a Food Action Plan aligns with several indicators within the Living Well category, preventing and managing chronic diseases. This plan also has an objective to lower poverty which aligns with the same goal at the state level. Finally, this plan has an objective to increase access to medical services, which aligns with the Let's Get Healthy California goal to Lower the Cost of Healthcare. Similarly with Healthy People 2030 - indicators that align with the CHIP work will be documented in progress reports and on public facing data displays.

Locally for the housing priority area, the CHIP team reviewed the cross-jurisdictional plans including the [Sacramento County Affordable Housing Plan](#) and the [Local Homeless Action Plan](#) to ensure goals coordination.⁴⁸ In addition, the Sacramento County Department of Homeless Services and Housing (DHS) will be participating with the CHIP implementation.

SCPH will work to incorporate as many of the CHIP goals and objectives into current program priorities. For example, the Older Adult Health Program at SCPH is working on a Blue Zone initiative and assessing local areas to determine which Blue Zone principles can be implemented to improve health and longevity in those areas. This aligns with the goals and objectives within the CHIP plan.

As other planning efforts arise, the CHIP will take these into consideration for alignment and future planning.

Appendix A: Community Meeting Advertisements

Image

Public Health Advocates, Sacramento County Public Health and other partners are bringing together community members to create a **COMMUNITY HEALTH IMPROVEMENT PLAN** that defines the vision for community health in Sacramento County. Attend a meeting this month to help create the plan.

ATTEND ONE OF THE MEETINGS HELD ON:

1 | Thursday, August 24 - 9am - 12pm
Sacramento Area Sewer District
10060 Goethe Road, Sacramento, CA 95827

OR

2 | Wednesday, August 30 - 6pm - 8pm
Virtual via Zoom



JOIN US!

Our collaborative process will address the strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health outcomes of our people.

Register at: <http://bit.ly/SacCHIP>



Video



Appendix B: In-person Meeting Agenda

Sacramento County Community Health Improvement Plan In-Person Meeting Agenda

Thursday, August 24, 2023

9:00am - 12:00pm

Sacramento Area Sewer District

10060 Goethe Road Sacramento, CA 95827

9:15am	Introductions 1) Name, 2) Pronouns, 3) Which hat are you wearing today?
9:30am	Welcome Olivia Kasirye, MD, MS - Health Officer, <i>Sacramento County</i>
9:35am	Community Health Improvement Plan Presentation Flojaune Cofer, PhD, MPH -Senior Director of Policy, <i>Public Health Advocates</i>
10:15am	Attendee questions on presentation content
10:30am	15-minute Break
10:45am	Small Group Discussion <i>Guiding Questions:</i> <ol style="list-style-type: none"> 1. How big is the problem? <ol style="list-style-type: none"> a. How many people are impacted by this issue in Sacramento County? b. Are there significant demographic disparities and inequities in who is affected? c. How much is the problem costing in human and financial resources? 2. How bad is the problem? <ol style="list-style-type: none"> a. Does the issue cause severe impact on health and well-being? b. Is the problem getting worse? 3. How preventable is the problem? <ol style="list-style-type: none"> a. With policy and programmatic action can we impact the size and severity of the problem? 4. Do you have additional questions?
11:15am	Reconvene for a Full Group Discussion
11:50am	Vote: Scan QR code to access ballot 
12:00pm	Adjournment

Appendix C: Virtual Meeting Agenda

Sacramento County Community Health Improvement Plan Virtual Meeting Agenda

Wednesday, August 30, 2023

6:00pm - 8:00pm

6:05 pm	Introductions 1) Name, 2) Pronouns, 3) Which hat are you wearing today?
6:10 pm	Welcome Olivia Kasirye, MD, MS - Health Officer, <i>Sacramento County</i>
6:15 pm	Community Health Improvement Plan Presentation Flojaune Cofer, PhD, MPH -Senior Director of Policy, <i>Public Health Advocates</i>
6:50 pm	Attendee questions on presentation content
7:00 pm	Full Group Discussion - Reflections, Insights, and Comments <i>Guiding Questions:</i> <ol style="list-style-type: none"> 1. How big is the problem? <ol style="list-style-type: none"> a. How many people are impacted by this issue in Sacramento County? b. Are there significant demographic disparities and inequities in who is affected? c. How much is the problem costing in human and financial resources? 2. How bad is the problem? <ol style="list-style-type: none"> a. Does the issue cause severe impact on health and well-being? b. Is the problem getting worse? 3. How preventable is the problem? <ol style="list-style-type: none"> a. With policy and programmatic action can we impact the size and severity of the problem?
7:50 pm	Vote: Scan QR code to access ballot 
8:00 pm	Adjournment

Appendix D: Data Summary Handout

Infectious Disease	COVID-19	<p>The only infectious disease that was a leading cause of death, racial disparities, and years of life lost</p> <ul style="list-style-type: none"> • COVID-19 infections affected all ages. • Nearly half of all COVID-19 cases were among persons aged 30-59 • The vast majority of COVID-19 deaths were among older adults aged 60, despite representing the lowest number of infections 	<ul style="list-style-type: none"> • Immunization Assistance Program for school-aged children • COVID-19 Vaccine team • Sexual Health Promotion Program and Sexual Health Clinic • Food and water born disease investigation
	STDs	<p>Top 3 reportable cases: Chlamydia (13*), Gonorrhea (3*), and Early Syphilis (10*)</p> <p>*State Ranks</p>	
Maternal and Child Health	Infant Mortality	<ul style="list-style-type: none"> • Tobacco use during pregnancy decreased by 136.8% from 4.5% in 2011 to 1.9% in 2020 – smoking is a leading cause of preterm birth and infant mortality. • Black (13.8%) and Hispanic (9.2%) mothers had the most babies born preterm. • Black (13.9%) and Asian/Pacific Islander (8.2%) mothers had the most babies born low birthweight. • Infant mortality is 5.2 per 1000 live births, but 10.7 for Black infants 	<ul style="list-style-type: none"> • Black Infant Health • Nurse Family Partnership (Home Visiting) • Community Nursing • Lead Poisoning Prevention • Partnerships: First 5 and Reduction of African American Child Deaths (RAACD)
	Obstetric Mortality	<ul style="list-style-type: none"> • Black women were 37.9% of obstetric deaths between 2010 -2020 • Black women were 15x more likely to die than white women. • Asian/PI women were 4x more likely. • Hispanic women were 2.5x more likely. • Over 80% of all women entered prenatal care early – no significant variation by race 	

Social Determinants of Health	Food Access	<ul style="list-style-type: none"> • 16% of Sacramentans report low/very low food security - higher than the national average 10.5% • 25% of Sacramentans participated in some kind of food assistance program in the last 12 months. • (47% used a portion of their stimulus money to buy groceries or food that they could not otherwise afford • Younger people were more likely to self-report low/very low food security and more likely to participate in food assistance programs 	<ul style="list-style-type: none"> • Environmental Justice communities - including Food Action Plan • City and County Climate Action Plans • SCPH has a new unit - the Health & Racial Equity Unit
	Crime and Safety	<ul style="list-style-type: none"> • The County violent crime rate was slightly higher than the State overall, but the property crime rate was lower. There were over 12,000 felony arrests in the County in 2020, including 4,792 violent offenses, 1,110 drug offenses and 183 sex offenses. • Hate crimes in the County decreased from 35 in 2011 to 22 in 2020. • Decrease in the number of DV-related calls for assistance from 2011 to 2020, but 2020 had a slight uptick 	
	Housing Insecurity	<ul style="list-style-type: none"> • In 2013 there were 2,538 unhoused people in 2013 (30% unsheltered) • By 2019 there were 5,570 (70% unsheltered - 3900 people) • By 2022 there were 9,278 (72% unsheltered - 6680 people) • 57% of unhoused adults have at least one disabling condition • 56% reduction in vacancies since 2011 	

		<ul style="list-style-type: none"> • Black people 3x more likely to experience homelessness. • Indigenous people were 5x more likely 	
Social Determinants of Health (continued)	Education	<ul style="list-style-type: none"> • 87.9% of people over 25 have a HS diploma. • 31.4% have a bachelor's degree+ • Chronic absenteeism rate: 16.4% • Black students are the most likely to be suspended or expelled from school 	
	Incarceration	<ul style="list-style-type: none"> • Black drivers were 40% of all traffic stops and only 5% of the population - most 29% were Black men. • And were the least likely to receive a citation when stopped. • Black people were 29x more likely to be arrested for marijuana than white people before legalization. • The current county jail population is 3,304. <ul style="list-style-type: none"> ◦ 39% are Black, despite being 12% of the population 	
Chronic Disease	Obesity	The death rate due to obesity increased 112.5% from 1.6 per 100,000 in 2011 to 3.4 in 2020 -- although deaths with obesity listed as the underlying cause on death certificates were relatively low	<ul style="list-style-type: none"> • Obesity Prevention Program (focused on residents who are Cal Fresh eligible) • Tobacco Education Program • Project Review Committee - providing Public Health feedback on projects within the planning department. • Vehicle Air Emissions project
	Heart Disease	Heart disease deaths have been significantly trending downward since 2000	
	Cancer	<ul style="list-style-type: none"> • 38.4% of people will be diagnosed with cancer at some point in their lives. • Lung and bronchus cancer was the deadliest site of disease. • The 2nd most deadly cancer for females was breast cancer, and prostate cancer for males. • Colorectal, leukemia and lymphoma were in the top 3-5 most deadly cancers 	

	Alzheimer's	Significant increase since the year 2000 in age-adjusted rates (25 to 80+), with women higher than men	<ul style="list-style-type: none"> Newly created Older Adult Health Program, which includes an Alzheimer's Prevention grant. AARP has worked on "age friendly" communities throughout Sacramento. SCPH has current funding to do a Blue Zone Assessment in the county.
Injury	Gun Violence	Compared white people, gun violence deaths were. <ul style="list-style-type: none"> 9x higher among Black people 2.3x higher among Hispanic 1.7x higher among all others 	<ul style="list-style-type: none"> Older Adult Health - Fall prevention. Child Passenger Safety Childhood Lead Poisoning Prevention Program <i>SCPH Projects with Behavioral Health</i> <ul style="list-style-type: none"> Stop Stigma - Mental Illness Isn't Always What You Think Speakers Bureau and Media campaign Recently started: Youth Suicide Prevention
	Substance Use	<ul style="list-style-type: none"> In 2020, drug overdose was the number 1 cause of years of life lost in Sacramento. <ul style="list-style-type: none"> Men are 3 times more likely to die by overdose than women. Cause of death with the greatest racial disparity <ul style="list-style-type: none"> Black people 6.2 times more likely to die from overdose than Asian people 	
	Traffic	79% of all crashes are on the high injury network (which is only 14% of all roadways)	
	Suicide	<ul style="list-style-type: none"> #5 cause of years of life lost #2 leading cause of death among people 15-24 1 in 5 high schoolers have seriously considered attempting 	
	Mental Health	<ul style="list-style-type: none"> Mental Disorders are the #2 cause of years spent with a disability. #3 cause of hospitalization - Mood disorders #5 cause of hospitalization - Schizophrenia 	

Appendix E: Ballot for CHIP Priorities



First Name *

Last Name *

Email *

Phone Number *

Organization

Are you voting on behalf of your organization? *

- Yes
- No

What Zip Code do you live in? *

Please rank the following Sacramento County Health Priorities.

	Priority 1	Priority 2	Priority 3
Infectious Disease: COVID	()	()	()
Infectious Disease: STDs	()	()	()
MCH: Infant Mortality	()	()	()
MCH: Maternal Health	()	()	()
SDOH: Food Access	()	()	()
SDOH: Crime/Safety	()	()	()
SDOH: Housing Insecurity	()	()	()
SDOH: Educational Attainment	()	()	()
SDOH: Incarceration	()	()	()
Chronic Disease: Obesity	()	()	()

Chronic Disease: Heart Disease	()	()	()
Chronic Disease: Cancer	()	()	()
Chronic Disease: Alzheimer's Disease	()	()	()
Injury: Gun Violence	()	()	()
Injury: Substance Use	()	()	()
Injury: Suicide	()	()	()
Injury: Traffic	()	()	()
Mental Health	()	()	()

Themes you are willing to work on:

- Infectious Disease: COVID
- Infectious Disease: STDs
- MCH: Infant Mortality
- MCH: Maternal Health
- SDOH: Food Access
- SDOH: Crime/Safety
- SDOH: Housing Insecurity
- SDOH: Educational Attainment
- SDOH: Incarceration
- Chronic Disease: Obesity
- Chronic Disease: Heart Disease
- Chronic Disease: Cancer
- Chronic Disease: Alzheimer's Disease
- Injury: Gun Violence
- Injury: Substance Use
- Injury: Suicide Prevention
- Injury: Traffic
- Mental Health

[Submit]

Appendix F: Subcommittee Meeting Agenda

Sacramento County Community Health Improvement Plan Virtual Meeting Agenda

Friday, September 22, 2023 - Food Access
Monday, September 25, 2023 - Mental Health
Tuesday, September 26, 2023 - Housing Insecurity

:00 - 05	Introductions 1) Name, 2) Pronouns, 3) Affiliation
:05 - 06	Agenda Review
:06 - 15	CHIP Overview - Review of why we're here
:15 - 25	CHIP Priorities Selected - Vote Results
:25 - 45	Sharing CHA Data for selected priority <ul style="list-style-type: none"> • Food Access - September 22 • Mental Health - September 25 • Housing Insecurity - September 26
:45 - 85	Power Analysis for Goal Setting <ol style="list-style-type: none"> 1. What outcomes do we hope to achieve related to the priority issue? 2. What are some of the Sacramento County (and city) level goals related to this priority issue? NOTE: **Cities in the County include Citrus Heights, Elk Grove, Folsom, Galt, Isleton, Rancho Cordova, and City of Sacramento 3. What are some potential goals for this priority issue? 4. Who are Potential Partners? <ul style="list-style-type: none"> ○ <i>What power do they have?</i> ○ <i>Whom are they influenced by?</i> ○ <i>To whom are they accountable?</i> 5. Who are Potential Opponents? <ul style="list-style-type: none"> ○ <i>What power do they have?</i> ○ <i>Whom are they influenced by?</i> ○ <i>To whom are they accountable?</i>
:85 - 89	Next Steps
:90	Adjournment

Appendix G: CHIP Coalition Meeting Agenda

Sacramento County Community Health Improvement Plan
Virtual Meeting Agenda
Thursday, November 2, 2023

:00 - 05	Introductions 1) Name, 2) Pronouns, 3) Affiliation
:05 - 06	Agenda Review
:06 - 25	CHIP Overview - Review of why we're here
:25 - 45	Geographic Focus: <ul style="list-style-type: none">• Census Tract 44.01• Best Babies Zone• Harlem Children's Zone
:45 - 85	Proposed Goals Review and Discussion
:85 - 89	Next Steps
:90	Adjournment

Appendix H: CHIP Coalition Meeting Agenda

**Sacramento County Community Health Improvement Plan
Virtual Meeting Agenda**

Wednesday, December 6, 2023

:00 - 05	Introductions 1) Name, 2) Pronouns, 3) Affiliation
:05 - 06	Agenda Review
:06 - 20	CHIP Overview - Review of why we're here
:20 - 89	Review and Edit Goals
:85 -89	Next Steps
:90	Adjournment

References

- ¹ Graham GN. Why Your ZIP Code Matters More Than Your Genetic Code: Promoting Healthy Outcomes from Mother to Child. *Breastfeed Med.* 2016 Oct;11:396-7. doi: 10.1089/bfm.2016.0113. Epub 2016 Aug 11. PMID: 27513279.
- ² Building Community Power to Dismantle Policy-Based Structural Inequity in Population Health. Anthony Iton, Robert K. Ross, and Pritpal S. Tamber. *Health Affairs* 2022 41:12, 1763-1771
- ³ Hughes GD, Mbamalu ON, Okonji CO, Puoane TR. The Impact of Health Disparities on COVID-19 Outcomes: Early Findings from a High-Income Country and Two Middle-Income Countries. *J Racial Ethn Health Disparities.* 2022 Feb;9(1):376-383. doi: 10.1007/s40615-021-00999-5. Epub 2021 Mar 8. PMID: 33686624; PMCID: PMC7938881.
- ⁴ California Reportable Disease Information Exchange (CalREDIE) – Sacramento County
- ⁵ Number and rates of sexually transmitted infections reported to the County, 2020 - California Reportable Disease Information Exchange (CalREDIE) – Sacramento County
- ⁶ Number and rates of sexually transmitted infections reported to the County, 2020 - California Department of Public Health Sexually Transmitted Diseases Branch
- ⁷ Infant death rates by race/ethnicity, 2020 - Vital Records Business Intelligence System
- ⁸ Preterm birth and low birth weight by select maternal race/ethnicity, 2020 - Vital Records Business Intelligence System
- ⁹ Trend in obstetric deaths per 100,000 live births by maternal race/ethnicity, 2011-2020 three-year rolling average - Vital Records Business Intelligence System
- ¹⁰ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 8/30/2021 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- ¹¹ Food System Resilience Poll, October 2021 - https://www.valleyvision.org/wp-content/uploads/The-Food-System-Resilience-Poll-October-2021_web.pdf
- ¹² Traffic Stops: <https://www.spur.org/sites/default/files/SPUR-traffic-stops-Sacramento.pdf>
- ¹³ Jail Population: <https://www.sacsheriff.com/pages/transparency.php> Accessed: August 23, 2023
- ¹⁴ Violent Crime Rate, Property Crime Rate, Domestic Violence Calls for Assistance and Reported Hate Crimes 2011- 2022 - California Department of Justice 2020 OPENJUSTICE data.
- ¹⁵ <https://www.sacsheriff.com/pages/transparency.php> Accessed: August 23, 2023
- ¹⁶ 2020 American Community Survey 5-year estimates
- ¹⁷ 2022 California Health Rankings (used years 2016-2020 data)
- ¹⁸ Sacramento Steps Forward homeless point in time counts

- ¹⁹ Sacramento Steps Forward homeless point in time count 2022
- ²⁰ 2020 American Community Survey 5-year estimates
- ²¹ National Center for Education Statistics 2016-2017 academic year
- ²² California Department of Education DataQuest 2016-2017 academic year

-
- ²³ California Department of Education California Assessment of Student Performance and Progress 2017
- ²⁴ <https://blackparallelschoolboard.com/wp-content/uploads/2017/11/sacramento-Suspension-report-Sacramento.pdf>
- ²⁵ Trend in age-adjusted obesity death rates, 2011-2020 - Vital Records Business Intelligence System
- ²⁶ Trend in age-adjusted obesity death rates, 2011-2020 - California Health Interview Survey
- ²⁷ Trend in age-adjusted heart disease and stroke death rates, 2011-2020 - Vital Records Business Intelligence System
- ²⁸ Age-adjusted death rates by sex and cancer site, 2020 - Vital Records Business Intelligence System
- ²⁹ Trend in age-adjusted Alzheimer’s disease death rate, 2011-2020 - Vital Records Business Intelligence System
- ³⁰ Sacramento County Gun Homicide Death Rate by Race/Ethnicity – California Department of Public Health
- ³¹ Sacramento County Drug Overdose by Sex and Race/Ethnicity 2000 - 2020 - California Department of Public Health
- ³² UC Berkely Transportation Information Management System
- ³³ [Vision-Zero-Action-Plan-Adopted-August-2018.pdf \(cityofsacramento.org\)](#)
- ³⁴ Suicides and suicide rates per 100,000 by age group 2018-2020 - Vital Records Business Intelligence System
- ³⁵ Top 3 leading causes of death by age group, 2020 - Vital Records Business Intelligence System
- ³⁶ Adolescent Mental Health: <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/california/index.html>
- ³⁷ Causes of hospitalization – California Department of Public Health
- ³⁸ Causes of years spent with a disability – California Department of Public Health
- ³⁹ Preventing Suicide: <https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/#sm.00001iv24id8mkdwtw0at5c90qj9u>
- ⁴⁰ Fox News Segment on Sacramento CHIP: <https://fox40.com/video/sacramento-county-community-health-improvement-plan/8929793/>
- ⁴¹ Healthy Places Index: <https://www.healthyplacesindex.org/>
- ⁴² Best Babies Zone: <https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/building-blocks/docs/bbzoverview.pdf>
- ⁴³ Harlem Children’s Zone: <https://hcz.org/our-purpose/our-history-zone-map/>
- ⁴⁴ Census Tract 44.01: <https://censusreporter.org/profiles/14000US06067004401-census-tract-4401-sacramento-ca/>
- ⁴⁵ Eviction Dashboard: <https://evictioninnovation.org/landscape/data/>
- ⁴⁶ Healthy People 2030: <https://health.gov/healthypeople>
- ⁴⁷ Let’s Get Healthy California: <https://letsgethealthy.ca.gov/the-story/state-health-improvement-plan/>
- ⁴⁸ Local Homelessness Action Plan - Year 1: https://sacramentostepsforward.org/wp-content/uploads/2023/04/Year-One-Activities-2023_LHAP_FINAL-FINAL.pdf