



Sonoma County Behavioral Health Division Housing and Homelessness Gap Analysis Report

BHSA Implementation Project

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CONSULTING

Current Landscape and Emerging Pressures

Sonoma County's housing and homelessness systems are at a critical juncture, shaped by shifting funding landscapes, increasing behavioral health complexity, and evolving state mandates such as the Behavioral Health Services Act (BHSA).

- **Post-COVID Funding Cliff:** Federal pandemic-era housing and homelessness relief funding has expired, leaving critical gaps in interim housing, supportive services, and outreach capacity.
- **Federal & State Funding Uncertainty:** Recent indications from the current administration about potential changes to federal homelessness funding as well as state-level policy changes have introduced additional uncertainty into planning efforts.
- **Housing Shortage and Affordability Crisis:** There is a general shortage of affordable housing and other basic needs such as food, gas, and other necessities, with an acute lack of units suitable for extremely low-income households. Estimates based on the fluctuating rate of chronically unhoused illustrated a shortage of nearly 1000 Permanent Supportive Housing (PSH) beds. Interim housing also remains severely limited, and many existing housing options are not financially or functionally accessible to those with complex health and behavioral health needs.

Sonoma County 2024 Housing Inventory Count

The 2024 Housing Inventory Count (HIC) for Sonoma County¹ reflects a total of 3,324 year-round beds available across emergency, transitional, and permanent housing programs. This inventory is foundational in understanding the county's current capacity to support individuals and families experiencing or at risk of homelessness.

Emergency and Transitional Housing

There are 1,244 total year-round beds in the emergency and transitional housing categories:

- Emergency shelters account for the majority, with 1,001 beds, including 232 family beds and 763 adult-only beds. Emergency shelter beds also include 40 seasonal beds, indicating some capacity fluctuation during high-need periods.
- Transitional housing contributes an additional 243 beds, mostly serving adults, with limited capacity for families.

These categories reflect frontline, short-term responses, but their scale remains insufficient given the complex needs of many residents experiencing homelessness. Efforts should be expanded to develop clear, sustainable pathways from temporary and emergency housing to long-term, stable housing - leveraging solutions such as housing vouchers, rental assistance programs, and supportive housing initiatives.

¹ U.S. Department of Housing and Urban Development. (2024). [Housing Inventory Count \(HIC\) Report: CA-504 Sonoma County CoC](#).

Permanent Housing

Permanent housing comprises the largest segment of the inventory, with 2,080 year-round beds across three categories:

- Permanent Supportive Housing (PSH) provides 1,518 beds, including the largest number of adult-only beds (1,444). PSH represents the county's strongest asset for addressing chronic homelessness.
- Rapid Re-Housing includes 410 beds, primarily for families (194 family beds), aiming to transition individuals quickly back into stable housing with time-limited supports.
- Other Permanent Housing offers an additional 152 beds, including specialized housing models not captured by PSH or Rapid Re-Housing definitions.

The predominance of permanent housing reflects Sonoma County's alignment with Housing First principles, yet gaps remain in aligning these beds with wraparound services, especially behavioral health support. The county has prioritized permanent housing, particularly PSH, as a long-term solution, but access remains uneven for people with behavioral health conditions unless services are co-located or integrated.

Special Populations

A subset of the bed inventory is designated for specific populations:

- **Chronic homelessness:** There are 600 beds dedicated to individuals experiencing chronic homelessness, an important indicator of efforts to serve those with high acuity needs, though these beds are concentrated entirely within the permanent housing category.
- **Veterans:** A total of 555 beds are designated for veterans, with the majority (521 beds) found in permanent housing programs.
- **Youth:** Youth-specific housing remains limited, with 168 beds countywide, highlighting an ongoing need for tailored housing strategies for transition-age youth.

Permanent Supportive Housing and Behavioral Health Integration

There is growing consensus in Sonoma County amongst housing advocates and BHSA stakeholders that Permanent Supportive Housing (PSH) is essential for addressing chronic homelessness, especially for individuals with high acuity needs. However, gaps remain in fully integrating PSH with behavioral health (BH) services:

- **Progress:** Past resistance to Housing First and PSH models has lessened. Providers increasingly recognize that housing stability, paired with wraparound behavioral health support, is foundational to recovery.
- **Challenges:** Lack of sustained support services, such as case management or clinical services, leads to housing instability and evictions.
 - Individuals frequently cycle in and out of incarceration, hospitalization, and homelessness, highlighting the need for more coordinated, cross-system responses.

- Need for additional transitional housing that can accommodate homeless individuals with serious BH challenges and/or after being released from Institutes of Mental Disease (IMDs) or incarceration.

Systemic Coordination and Cultural Alignment

Stakeholders widely acknowledge the need for greater alignment between housing and behavioral health systems in order to create a housing continuum that provides supportive housing for individuals with serious behavioral health challenges who are experiencing chronic homelessness.

- Coordination Deficits:
 - Providers often do not "speak the same language" across sectors, leading to miscommunication and misaligned expectations.
 - Cross-sector coordination, particularly with the conservator's office, nonprofits, and BH providers, is inconsistent.
 - There's a perceived missed opportunity to share information and resources across housing, health, and behavioral health sectors.
- Opportunities Under BHSA:
 - The BHSA's focus on outcomes, cross-sector partnerships, and equity presents a critical window to break down silos, rebuild trust, and leverage funding collaboratively through ongoing stakeholder engagement and iterative decision making.
 - Contracts can be designed to incentivize collaboration, rather than unintentionally reinforcing fragmented service delivery.

Sonoma County Homelessness Point-In-Time Count

The 2025 Sonoma County Homelessness Point-In-Time (PIT) Count recorded 1,952 individuals experiencing homelessness, marking a 23% decrease from 2024 and the lowest total since the count began in 2007. This sharp decline reverses the rising trend of the previous two years and reflects the impact of new housing initiatives, expanded prevention programs, and improved outreach strategies.

The 2025 PIT Count was conducted in person on January 31, using targeted maps and by-name lists across all five county regions. The PIT Count is a snapshot of homelessness on a single night and may not capture fluctuations throughout the year, but it remains a vital tool for tracking trends and targeting interventions.

In 2024, the PIT Count found 2,522 people experiencing homelessness, which itself was an 11% increase over 2023. The highest count in recent years was in 2022, with 2,893 people experiencing homelessness.

- Unsheltered homelessness decreased sharply, from 1,577 individuals in 2024 to 1,123 in 2025: a 29% drop.
- Sheltered homelessness also declined, from 945 in 2024 to 829 in 2025: a 12% decrease.

For 2025, 58% of those counted remained unsheltered, a persistent challenge despite progress.

“Unsheltered” individuals are defined as those who live in a place not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings. “Sheltered” homelessness pertains to those who live in an emergency shelter or transitional housing.

Table 1.

	2024	2025	Change
Unsheltered	1577	1123	-29%
Sheltered	945	829	-12%
TOTAL	2522	1952	-23%
Families (Households)	57	78	37%
Veterans	162	99	-39%
Chronically Homeless	606	730	20%
Youth	151	115	-24%

Despite the overall decline in homelessness, chronic homelessness increased by 20%, rising from 606 individuals in 2024 to 730 in 2025. Chronic homelessness, defined by long-term homelessness paired with disabling conditions, remains one of the most persistent and complex issues to address.

Special Populations

Homelessness among veterans dropped substantially, from 162 in 2024 to 99 in 2025, a 39% reduction. Veterans continue to have the highest sheltering rate among subpopulations, reflecting the effectiveness of targeted outreach and housing strategies for this group.

The number of homeless family households rose from 57 in 2024 to 78 in 2025, a 37% increase. Encouragingly, almost all families were sheltered, reflecting strong performance in protecting families from unsheltered homelessness, even as overall family homelessness rose.

Youth homelessness (including both unaccompanied minors and transition-age youth 18–24) dropped from 151 in 2024 to 115 in 2025, a 24% decline, continuing a multi-year decrease. However, the count still recorded 10 unaccompanied minors, a population requiring specialized services.

Systematic Drivers

Officials attribute the progress in part to several new efforts:

- New permanent housing projects targeting chronically homeless individuals with mental illness
- Dedicated affordable housing units set aside for people experiencing homelessness
- Expanded use of the “by-name list,” allowing for more accurate identification and outreach
- New initiatives like Bridge Housing at Arrowood and a homelessness prevention program launched in late 2024 (expected to further improve outcomes in 2026)

Prioritizing Lived Experience

Effectively addressing homelessness among individuals with behavioral health conditions requires both a trusted workforce and a responsive system infrastructure. Peers and navigators serve as critical frontline connectors, offering trauma-informed, relationship-based support that helps individuals re-engage with care systems. At the same time, the broader system must be equipped to meet the needs of high-acuity populations, something many community-based providers cannot do alone. Ensuring the county and its partners have the right roles, resources, and relationships in place is essential to building a continuum of care that is both compassionate and capable.

Trust between systems and clients, particularly those who are unhoused, has been severely eroded. A human-centered approach, grounded in lived experience, is essential:

- Programs like Buckelew’s family navigation initiative, DHS-BHD Whole Person Cares, and [West County Community Services](#) show the power of community-rooted, relationship-based support.
- There is a spectrum of roles, from peer support specialists to professional navigators, with varying degrees of system and lived expertise.
- These roles are instrumental in meeting people where they are, offering trauma-informed support, and helping clients rebuild trust with systems that have historically failed them.
- In order to maximize the impact of peer support roles, there must be ongoing investment in peer workforce development, supervision, and well-being, ensuring that peers are equipped, valued, and supported in their work.

Conclusion and Recommendations

To address housing instability and chronic homelessness in Sonoma County, stakeholders should consider opportunities to:

1. Strengthen the housing and BH interface by embedding behavioral health supports in PSH and interim housing settings.

2. Support and sustain the existing continuum of transitional and permanent supportive housing, ensuring that people can move along housing pathways as their needs and stability evolve.
3. Develop a cross-system coordination infrastructure, including common language, shared data tools, and aligned training.
4. Elevate lived experience in all aspects of system design, delivery, and evaluation.
5. Create sustainable support models for navigators, peer roles, and care continuity that align with Medi-Cal billing opportunities where appropriate.
6. Implement targeted outreach and engagement strategies for special populations with behavioral health challenges, such as transition-age youth (TAY), whose unique needs require tailored supports and housing solutions.
7. Establish a rental assistance program specifically for individuals with serious behavioral health challenges, providing flexible subsidies coupled with BH coordination to help them secure and sustain independent housing.
8. Expand supported transitional housing options for individuals exiting homelessness, Institutions for Mental Disease (IMDs), and incarceration, creating a critical bridge to permanent housing and long-term stability.

This moment presents a powerful opportunity to redesign Sonoma County's housing and behavioral health systems to be more integrated, equitable, and responsive to those with the highest needs in service of building a seamless continuum of services that meets people where they are and supports them across every stage of recovery and stability.