



COMPREHENSIVE REPORT ON HOMELESSNESS

State of Utah 2017



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The Utah Department of Workforce Services, Housing and Community Development Division, Homeless Programs Office wishes to thank Utah's homeless services providers for their expertise and support in the data collection and analyses for this report.

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Introduction

The Utah Department of Workforce Services, Housing and Community Development Division and its State Homelessness Programs Office are pleased to release the 2017 Comprehensive Report on Homelessness in Utah.

This has been a challenging and productive year in the state's efforts to reduce homelessness and support struggling individuals and families. Through hard work and partnerships at the local and state level involving government, nonprofit organizations, for-profit businesses and private citizens, great strides have been made to secure funding, plan for an improved resource center service model and increase public safety in Salt Lake City's Rio Grande district, which houses many homeless resources.

Funding

In the past two years, the Utah State Legislature has allocated \$24 million for the construction and operation of three new homeless resource centers to be located in Salt Lake County. Salt Lake City and Salt Lake County will provide additional funding and private citizens and businesses have also stepped up to the plate. Notably, the Miller Foundation pledged \$10 million in matching funds to encourage others to donate, and Salt Lake City businessman Pat King donated \$4 million in support of the women's resource center. An additional \$6 million in state and federal funds supported programs serving those who are homeless statewide.

Resource Center Model

Based on a study of needs and costs, the state, county and city coalition determined that three resource centers, each with a capacity of 200-250 people, will create the most cost-effective shelter system that also promotes quality services and public safety. Two resource centers will be built in Salt Lake City and one in South Salt Lake. While the site selection process was a difficult one, all partners are on board to ensure that the new service delivery model is a success for people experiencing homelessness, for service providers and for the cities and neighborhoods where the resource centers are located. To learn more about the resource center model, see page 29.

Public Safety

With the long-term plan in place, state, county and city leaders took action in August 2017 to immediately and permanently address the increase in violence and drug use in the Rio Grande district. The two-year effort has been called Operation Rio Grande and includes three phases focused on public safety, assessment and treatment of homeless individuals and the dignity of work, or helping people to become employed and more self-reliant. See more about Operation Rio Grande on page 30.

We know that homelessness is not just a Salt Lake City issue, and it's not just an issue for politicians to worry about. It is a statewide humanitarian and economic issue that affects our public safety and quality of life. The cross-jurisdictional, bipartisan collaboration and community involvement that we have seen in the last year proves that Utahns know this and know that by working together, we can make a significant improvement for the state and for individual lives.



Jonathan Hardy
*Director, Housing and Community
Development Division*

Measuring Homelessness

Homelessness is a challenging issue that is experienced by a fluid population. The complexity of homelessness is underscored by its many definitions, even among federal agencies. The scope of homelessness is difficult to measure because homeless individuals have no fixed residence and, therefore, move in and out of homelessness, often for short periods of time. In order to measure this population, community leaders must rely on a variety of data sources to inform them about trends, demographics and outcomes. The prevailing data used is collected in a Homeless Management Information System (HMIS).

The Continuum of Care

The Continuum of Care (CoC) is the primary decision-making entity that is defined in the funding application to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Utah has three CoCs: Salt Lake, Mountainland, and Balance of State. The Salt Lake continuum consists of Salt Lake County. The Mountainland continuum consists of Utah, Summit, and Wasatch counties. The Balance of State continuum consists of all other counties not contained in the other two continua. The CoCs have a variety of responsibilities such as “oversight of the Homeless Management Information Systems (HMIS), developing and implementing strategic plans, identification of housing and service capacity and gaps, ensuring broad and inclusive participation, overseeing and submitting the consolidated annual homeless assistance application” (Technical Assistance Collaborative Inc, Abt Associates).



The Definition of Homelessness

Understanding terms helps define the work that needs to be done. There are many definitions of homelessness even within the federal governmental agencies. The variation in definitions between these agencies can further complicate data collection. For example, some agencies, such as the Utah State Office of Education (USOE), are guided by other federal definitions and, therefore, include broader estimates, such as the number of school children living in “doubled-up” situations.

This report primarily refers to the U.S. Department of Housing and Urban Development’s (HUD) definition of literal homelessness as defined in the Final Rule of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), as described in the following four categories:

1. Individuals and families who lack a fixed, regular, and adequate nighttime residence, including a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution

2. Individuals and families who will imminently lose their primary nighttime residence
3. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition
4. Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member (U.S. Department of Housing and Urban Development, “HEARTH: Defining Homeless” 2)

Note on Literal Homelessness

This report utilizes HUD’s definition of literal homelessness that is found in the HEARTH Act. This definition of homelessness does not include individuals who move in with family or friends, a housing situation also known as “doubling up” or “couch-surfing.”

Utah Homeless Management Information System

In 2001, Congress asked HUD to take the lead in gathering better-quality data about homelessness. In order to meet this objective, HUD required federally funded public and nonprofit organizations to implement homeless management information systems (HMIS). Although initially HMIS was mandated for use by specific federal funding sources, additional federal, state, and local funding sources have begun to use HMIS as a means of data collection. The three Continua of Care in Utah have chosen to work together and have a single, statewide implementation of an HMIS known as UHMIS.

In Utah, HMIS software applications are designed to record and store longitudinal, client-level information on the characteristics and service needs of homeless individuals. The ability to study and analyze service

utilization on both a client and system level is a key strength to an effective HMIS. HMIS implementations are vital in developing unduplicated counts, analyzing utilization patterns of people entering and exiting the homeless assistance system, and evaluating the effectiveness of these systems. HMIS contains client assessment data on housing barriers, income, and other factors that may contribute to their homelessness. The data is primarily self-reported.

HMIS is web based and allows homeless assistance providers to create a coordinated and effective housing and service delivery system. As communities come to understand the complex needs that people experiencing homelessness face, they are better able to provide a more responsive system of homeless service provisions.

Although HMIS is used by a majority of homeless service providers statewide, there are some agencies that do not actively enter data into the system. For example, due to confidentiality laws in the Violence

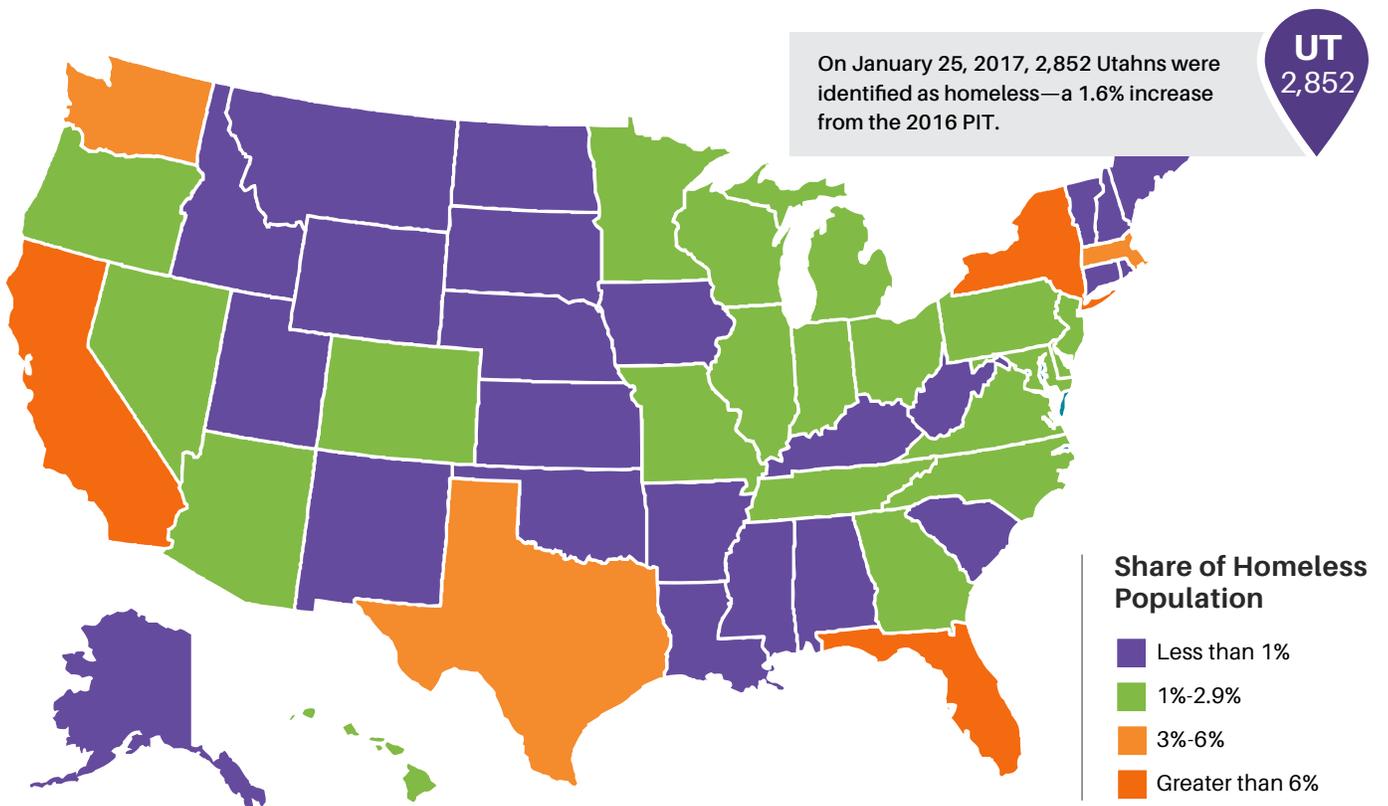
Against Women Act (VAWA), domestic violence service-provider agencies are not able to share any identifying information of the people they serve, including names, through HMIS or any other system.

The Complexity of Counting

The Point-in-Time (PIT) count is a physical count of all homeless persons who are living in emergency shelters, transitional housing, and on the streets on a single night. This count is conducted annually in Utah during the last week in January and provides a snapshot of homelessness

on a single night. The data gathered from the PIT not only better inform community leaders and providers about whom they serve and the difference they make, but also indicate where Utah stands in its work to help those experiencing homelessness relative to the nation.

Estimates of Homeless People by State 2016



The PIT is the result of extraordinary community collaboration and reflects a statewide effort to engage and assess the unsheltered population. The PIT requires participation by all shelters in the State of Utah, including shelters that do not normally participate in HMIS data collection. After the PIT data are collected, the data are carefully validated, clarified, and cleaned in order to meet HUD’s high data quality standards. Ongoing, quarterly PIT counts are conducted throughout the year. These quarterly PITs are more limited in scope than the annual PIT count as only about 80 percent of the homeless providers participate. The only providers that participate in the quarterly PIT counts are those that contribute to the HMIS data collection system.

In addition to the PIT, a simultaneous annual inventory is conducted of all housing dedicated to the homeless. The Housing Inventory Count (HIC) is conducted to assess bed capacity against need as measured by the PIT. The number of clients enrolled in housing programs on a single night is compared to the number of program beds available that night. The resulting utilization rate informs communities about the capacity that currently exists within the homeless network and identifies housing types where additional capacity may be needed.

The HIC serves as an annual Point-in-Time count of housing dedicated to homeless individuals and families. For a program’s bed to be counted in the HIC, homelessness must be included in eligibility determination. The HIC includes a variety of homeless housing options, including emergency shelters, transitional housing, safe havens, permanent supportive housing, and rapid re-housing programs. While the PIT counts homeless families and individuals housed in emergency shelters, transitional housing, and safe havens, the HIC counts beds for homeless in additional settings. As transitional housing programs have shifted and retooled to become better aligned with best practices as permanent housing programs—either rapid re-housing or permanent supportive programs—the number of homeless individuals and families captured on the PIT count has been affected while the HIC reflects the shift in housing type.

The HIC examines the resources available to serve the homeless on the same night the PIT assesses the number of homeless individuals and families within the system. The number of clients enrolled in a housing program is measured against the number of beds available within that program. Comparing the number of people to the number of beds creates a snapshot of utilization of resources and system capacity.



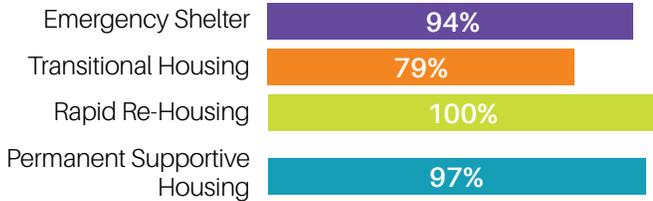
Note on Transitional Housing

People who are housed in transitional housing during the Point-in-Time count are counted as homeless.

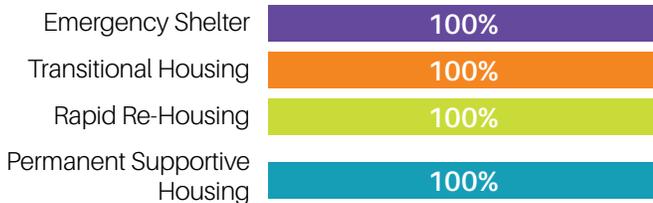
When people change from transitional housing programs to permanent housing such as Rapid Re-Housing, they are no longer classified as homeless on the PIT count.

Utilization of Beds, January 2017

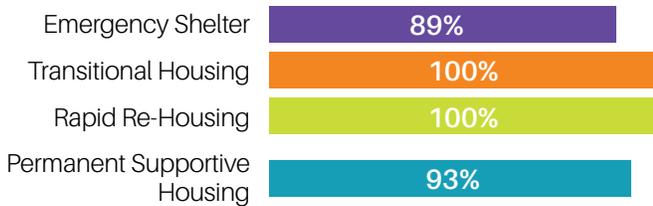
Salt Lake County CoC



Mountainland CoC



Balance of State CoC



What is Counted on the HIC and PIT

Point-in-Time Count:

Persons in:

- Emergency Shelters
- Transitional Housing
- Safe Havens
- Unsheltered Persons (people who are staying in public or private places not designated for or ordinarily used as a regular sleeping accommodation for human beings, including cars, parks, abandoned buildings, bus or train stations, airports, or camping grounds during the hours between sunset and sunrise)

Housing Inventory Count:

Number of beds and units available on the night of the PIT, including domestic violence providers:

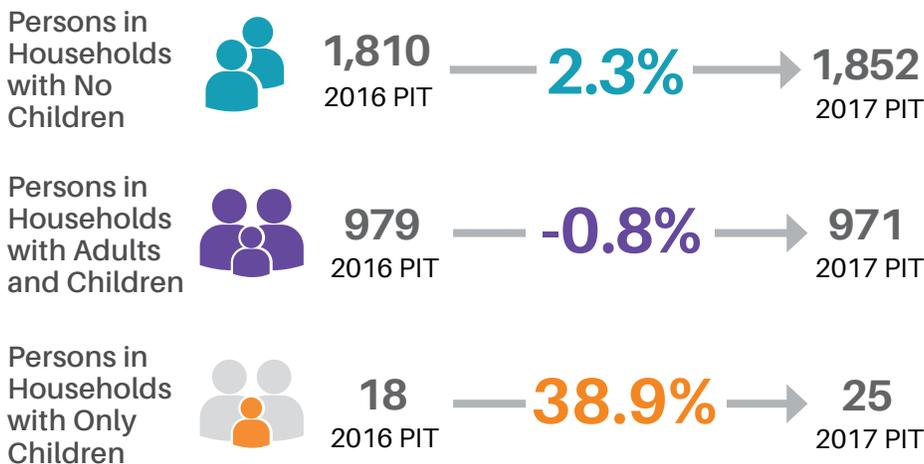
- Emergency Shelters
- Transitional Housing
- Safe Havens
- Permanent Supportive Housing
- Rapid Re-Housing
- Other Permanent Housing

The Face of Homelessness

Homelessness is a complex social and economic problem that affects Utahns from all walks of life. According to the 2017 Point-in-Time count (PIT) in Utah, 65 percent of those experiencing homelessness are individuals and 35 percent are families or children (Utah Homeless Management Information System, “Statewide PIT Count 2017”). According to the 2017 Annual Homeless Assessment Report (AHAR) generated by HMIS, homelessness tends to be episodic; 53 percent of Utah’s homeless families and 71 percent of Utah’s homeless individuals exit emergency shelters within one month of entering them (31).



Homeless Individuals and Families in 2016-2017 PIT



Chronically Homeless

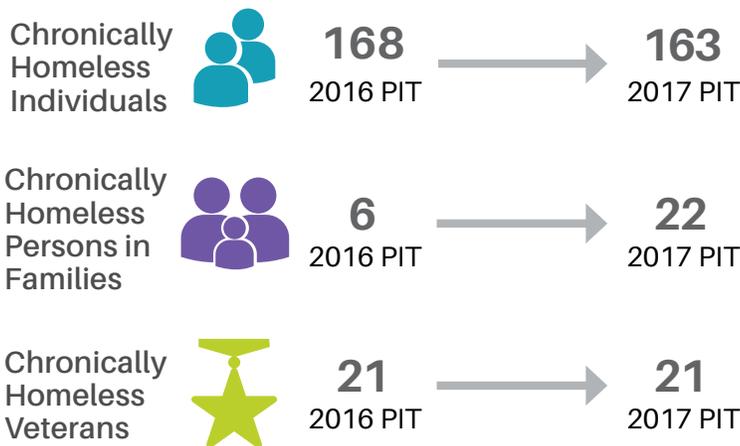
Chronic homelessness is defined as an unaccompanied homeless adult individual (persons 18 years or older) with a disability who has either been continuously homeless for a year or more OR has had at least four separate occasions of homelessness in the past three years, where the combined occasions total a length of time of at least 12 months (U.S. Department of Housing & Urban Development, “HEARTH: Defining Chronically Homeless” 2). This population experiences a variety of health and social challenges, including substance abuse, mental health disorders, criminal records, and extended periods of unemployment. These challenges can pose significant barriers to maintaining stable housing.

The United States Interagency Council on Homelessness notes, “People experiencing chronic homelessness cost the public between \$30,000 and \$50,000 per person per year through their repeated use of emergency rooms, hospitals, jails, psychiatric centers, detox, and other crisis services” (“People Experiencing”).

Since the 2017 PIT, there has been a three percent decrease in the number of chronically homeless individuals. There was an increase in the number of people in chronically homeless families, at 22 people. That number is more in line with the 2015 PIT number of 17, contrasted to the historically low 2016 number of six.



Chronic Homeless Count in 2016-2017 PIT



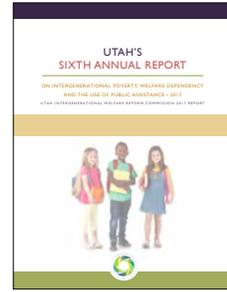
Families

While the consequences of homelessness are devastating for anyone, families are particularly impacted. National research from the National Alliance to End Homelessness suggests that families found in shelters generally have younger heads of households and that more than half of the children living in shelters and transitional housing are under the age of five (“2015 Policy Snapshot” 8). The stress and challenges of homelessness often contribute to the break-up of families and adversely affect the development of children (The National Center on Family Homelessness 4–5). Nationally, shelters and transitional housing programs supported about 157,000 families

in 2015 (“2015 Policy Snapshot” 8). Of those families, national data indicate between 70 percent and 80 percent exit homelessness to stable housing within six months (9). In Utah, 281 homeless families were identified during the 2017 PIT, representing a decrease of 5.7 percent compared to the previous year (“Statewide PIT Count”).

The negative impacts of homelessness on children are well documented. Nearly all aspects of life (including physical, emotional, cognitive, social, and behavioral) are affected by homelessness (Hart-Shegos 2). Children benefit from the early intervention of housing stability and supportive services (3).





The Intersection of Intergenerational Poverty and Child Homelessness

In 2017, the Utah Legislature amended the Intergenerational Poverty Mitigation Act (“Act”) to include evaluation of the intersection between child homelessness and intergenerational poverty (IGP). This modification recognizes the research indicating the impact homelessness has on child development and academic outcomes. This issue has gained particular importance in Utah where there are increasing concerns regarding the growing homeless population, including homeless children.

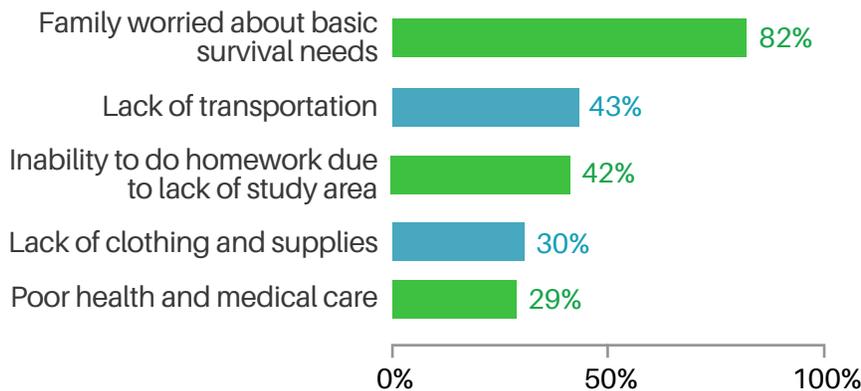
As is the case with intergenerational poverty, homelessness is often intergenerational and ending it requires more than a place to sleep, just as ending intergenerational poverty requires more than financial resources. In Utah, there is an increasing need to understand the full impact of homelessness. Before the impact is understood, it is necessary to identify the homeless population. Among states, Utah is ranked eleventh nationally in identifying homeless students.

“A quality education can be the most important tool for helping children and families lift themselves out of a recurring pattern of housing instability.”

— *Institute for Children, Poverty and Homelessness*



Top Challenges Homeless Children Face in Attending School



Similarly, it is necessary to evaluate the data to fully understand the scope and nature of the challenges confronting these children before establishing goals to reduce homelessness among children experiencing intergenerational poverty. Even before the Act was amended, previous reports on intergenerational poverty evaluated the intersection between poverty and homelessness. Since 2015, there have been slight improvements in housing stability among families experiencing intergenerational poverty, as represented by (1) decrease in housing mobility; (2) decrease in utilization of homeless services; and (3) decrease in use of emergency shelter services.

An important factor in maintaining housing stability is access to affordable housing. When affordable housing is not available, family stability is affected. Housing is affordable when families pay less than 30 percent of their income for housing. When families pay more than that, they are considered cost burdened and may experience difficulties meeting other basic needs such as food, clothing, transportation or medical care. Additionally, families who are cost burdened face instability, which may be reflected in frequent moves and in some cases, homelessness.

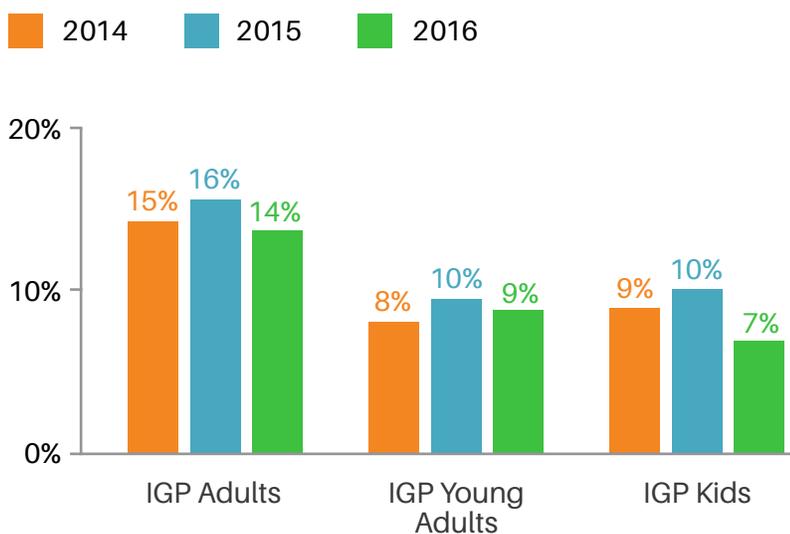
Nearly half of the IGP adults lack affordable housing. These individuals are paying **30%** or more of their income to housing, exposing them to increased risk for homelessness.

There has been little change in the rate of IGP families who lack access to affordable housing. Among adults experiencing intergenerational poverty, 48 percent are paying more than 30 percent of their income for housing and over 30 percent are paying more than 50 percent of their income for housing.

The lack of affordable housing may be impacting the housing mobility of children experiencing intergenerational poverty. Although the rate of housing mobility has decreased, as reported among family economic stability data, IGP children are still moving at a much higher rate than the 17 percent of all Utahns who moved at least once in 12 months. Between 2013 and 2016, the percent of IGP children who moved at least once in twelve months decreased from 41 percent to 35 percent.

IGP Use of HMIS Declines

All HMIS Services, 2014-2016



As is the case with the decrease in housing mobility, there was also a decrease in the utilization of homeless services identified and tracked in Utah's Homeless Management Information System (HMIS). The intergenerational poverty reports have analyzed the intersection between families experiencing intergenerational poverty and HMIS since the 2015 report. Since the Fourth Annual Report on Intergenerational Poverty, the percent of families experiencing intergenerational poverty and utilizing HMIS services has declined. In 2016, only 10 percent of the individuals experiencing intergenerational poverty utilized HMIS services, a decrease of 2 percent from 2015.

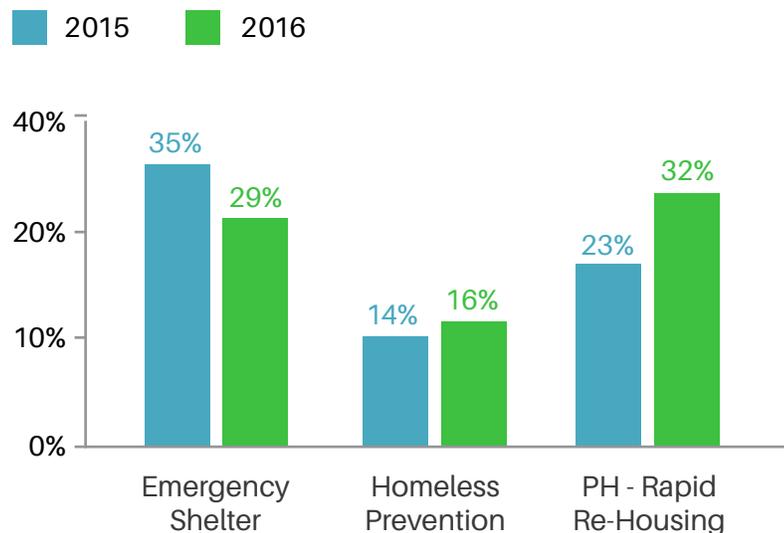
Although there was a modest decrease in the use of HMIS services in 2016, there were still 4,233 children experiencing intergenerational poverty whose families utilized those services.

In addition to the decrease in utilization of HMIS services, there has been a change in the type of services utilized by those families. This change may also reflect increases in housing stability. In 2016, there was a decrease in the number of enrollments among intergenerational poverty children in emergency shelter services and an increase in enrollments for services that may lead to housing stability, such as rapid rehousing, transitional housing and permanent supportive housing.



Increases in Rapid Housing as Shelter Use Decreases

All HMIS Services Types, Percent of Episodes



The shift in focus to housing stability and increasing access to services promoting housing stability may be leading to the decrease in the use of emergency shelter services among children and their parents experiencing intergenerational poverty. In 2016, only three percent of IGP children and seven percent of IGP adults utilized emergency shelter services. In fact, the intergenerational poverty population is utilizing emergency shelter services less frequently than the entire population using those services. In 2016, of the HMIS enrollments among the IGP population, 29 percent were in emergency shelters compared to 35 percent of the entire HMIS population. At this point, it is unclear whether these decreases will continue or the reason for the decline.

Although the issue of homelessness continues to receive tremendous attention and the negative impact of homelessness on children is well researched, it does not seem to impact the intergenerational poverty population to a greater degree than other populations. Given the limited data available and the small number of children identified in HMIS, it is difficult to analyze additional barriers and challenges confronting children experiencing IGP and homelessness, such as health and educational impacts. At this point, the outcomes established for the children experiencing IGP may provide the best indication of outcomes for children experiencing

homelessness. As the Every Student Succeeds Act is implemented, including its more extensive provisions of services to homeless students, Utah may increase its identification of homeless children, allowing a more extensive analysis in the future.

ⁱUT CODE §35A-9-303(1)(b), (2)(e)(i)(A).

ⁱⁱInstitute for Children, Poverty, and Homelessness (ICPH), *Out of the Shadows: A State-by-State Ranking of Accountability for Homeless Students*.

ⁱⁱⁱSee Utah's Fourth Annual Report on Intergenerational Poverty, Welfare Dependency and the Use of Public Assistance, 2015; Utah's Fifth Annual Report on Intergenerational Poverty, Welfare Dependency and the Use of Public Assistance, 2016, <https://jobs.utah.gov/edo/intergenerational/igpr.html>.

^{iv}The rate of housing cost burden is determined through individuals receiving SNAP benefits. SNAP recipients are required to report the cost of housing. Among the IGP adult cohort, 81 percent receive SNAP.

^vStatewide housing mobility rates are provided by the U.S. Census, ACS 1-year Survey, 2014.



Unaccompanied Youth

Youth (as identified on the PIT count) are unaccompanied persons under age 25. Little is known nationally about the scope of youth homelessness. As HUD Deputy Secretary for Special Needs Ann Marie Oliva notes:

One of the challenges that we face is that we lack sufficient research and data to help us make more informed decisions about what works to end youth homelessness. We know that the strategies that work for chronic and veteran’s homelessness are not always the right strategies for youth, but we need better data to craft youth-specific strategies. HUD requires communities to include youth experiencing homelessness in their Point-in-Time counts, and we are strongly encouraging communities to improve their outreach to ensure that all youth are counted and that programs serving youth are entering data into HMIS (“Youth Homelessness”).

The need for improved data prompted HUD to require the inclusion of runaway homeless youth data in HMIS (“Framework” 6). According to the 2017 PIT, there were 164 unaccompanied youth, 17 youth parents, and 48 children of youth parents experiencing homelessness in Utah in January 2017 (Utah Homeless Management Information System, “Statewide PIT Count 2017”).



Youth

Youth (as identified on the Point-in-Time count) are unaccompanied persons under age 25 who are not present with or sleeping in the same place as their parent or legal guardian and are not a parent present with or sleeping in the same place as his/her child(ren).



Parenting Youth

Parenting youth are youth who identify as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.



2017 PIT Unaccompanied Youth



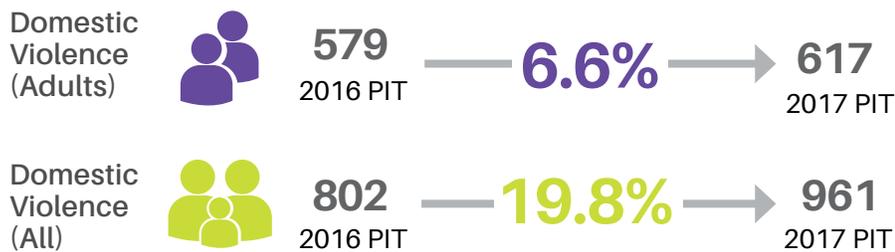
Domestic Violence Victims

Safety is an especially important concern for those fleeing a domestic violence situation. Any information that is obtained from victims is not shared publicly but is tracked in an aggregated, de-identified form by the

many domestic violence service providers throughout the state. The data provided for the 2017 PIT indicate a nearly 20 percent increase in homeless domestic violence victims over the past year.



Survivors of Domestic Violence in 2016-2017 PIT



Survivors of domestic violence include all homeless individuals and families who reported experiencing domestic violence, not just those at domestic violence shelter.

Veterans

In late 2009, the U.S. Department of Veterans Affairs (VA) announced an ambitious goal to end Veteran homelessness. Since that time, the VA Salt Lake City Health Care System has been working in close collaboration with national and local stakeholders to prevent veterans from becoming homeless and help those who are homeless become housed as quickly as possible. Significant progress towards ending veteran homelessness has been made. The nationwide 2016 PIT Count shows that homelessness among veterans has decreased by nearly 50 percent since 2010. Locally, the most significant decrease is shown in the 2017 State of Utah PIT Count, with 240 veterans counted as homeless compared to 335 veterans in 2016. Some portion of that decrease may be attributed to the fact that veteran status is now being verified through the VA and not just self-reported.

The State of Utah has been working closely with the VA Salt Lake City Health Care System, elected officials, community organizations and homeless service providers to make veterans a top priority and end veteran homelessness. Community partnerships are the key to making and sustaining progress. Various housing programs are available for homeless veterans and those at-risk of homelessness. Specific programs include Housing and Urban Development - Veterans Affairs Supportive Housing, which is like a Section 8 housing voucher but also provides clinical and case-management services through the VA. The Grant and Per Diem program offers transitional housing with supportive services to help veterans achieve stability, increase their skill level and/or income, and obtain greater self-determination. Supportive Services for Veteran Families assists low-income veterans through rapid re-housing and prevention.

The VA Salt Lake City Health Care System's Homeless Program believes in a comprehensive, integrated approach to ending veteran homelessness. In addition to the community partnership programs mentioned above, VA offers the following programs to provide mental health, substance use and vocational rehabilitation services:

- Health Care for Homeless Veterans – an outreach program to identify and assist Veterans
- Homeless Patient-Aligned Care Team – a specialized health care team providing medical and psychiatric care
- Veteran Justice Outreach – a diversion program for legally involved veterans
- National Call Center for Homeless Veterans

Developments in data sharing have improved communication and collaboration between agencies working to assist veterans. Weekly meetings are held to review a by-name list and coordinate efforts to quickly house veterans. Early verification of veteran status is essential to connecting veterans to the array of available programs and services.

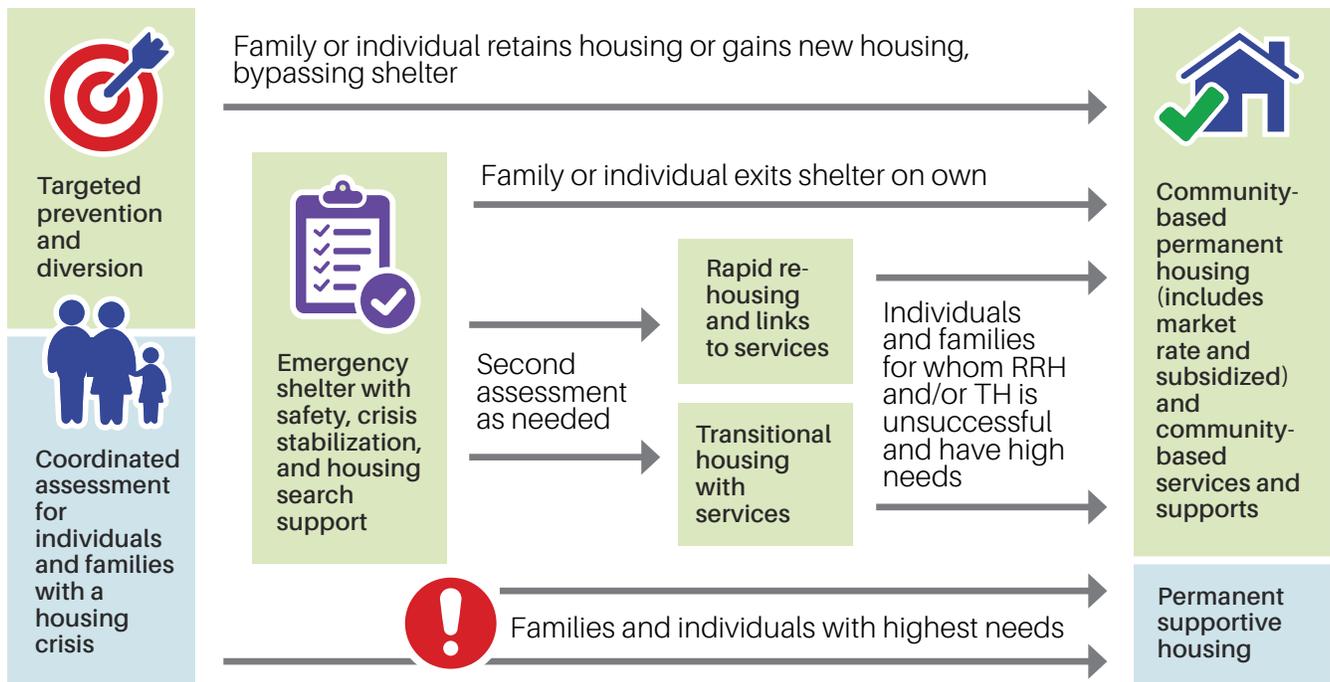
Despite the gains being made, there is more work to do to address the many causes of homelessness among veterans. These include poverty, underemployment, lack of access to affordable housing, isolation from family or friends, mental health issues, or substance use that may develop or worsen as a result of service-related injuries, trauma, or housing instability. The VA is committed to working with the community and continuing efforts to end veteran homelessness.

PIT Homeless Veterans



A Systemic Approach for Solutions

Housing Crisis Response System



RRH — Rapid Re-Housing
 TH — Transitional Housing

Source: United States Interagency Council on Homelessness

Housing First Philosophy

“Housing First is a paradigm shift from the traditional ‘housing ready’ approach. According to the Housing First philosophy, everyone is ready for housing, regardless of the complexity or severity of their needs,” notes Ann Marie Oliva (“Why Housing First” 1). Housing First reduces thresholds for entry to housing, including sobriety and mandated treatment. National studies indicate that this approach produces higher housing stability rates, lower rates of return to homelessness, and reductions in public costs stemming from crisis services and institutions (United States Interagency Council on Homelessness, “Housing First Checklist” 1). Utah communities recognize the success and embrace the effectiveness of the Housing First approach to housing the homeless.

In order for Housing First to be effective, clients’ choices must be available in housing selection and service participation. When a client is able to exercise that choice, he or she is more likely to be successful in maintaining housing and making life improvements. The National Alliance to End Homelessness writes:

Housing First does not require people experiencing homelessness to address the all of their problems including behavioral health problems, or to graduate through a series of services programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered to support people with housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage (“Housing First Fact Sheet” 1).



“Housing First is not a ‘program;’ it is a system-wide orientation and response.”

Ann Marie Oliva

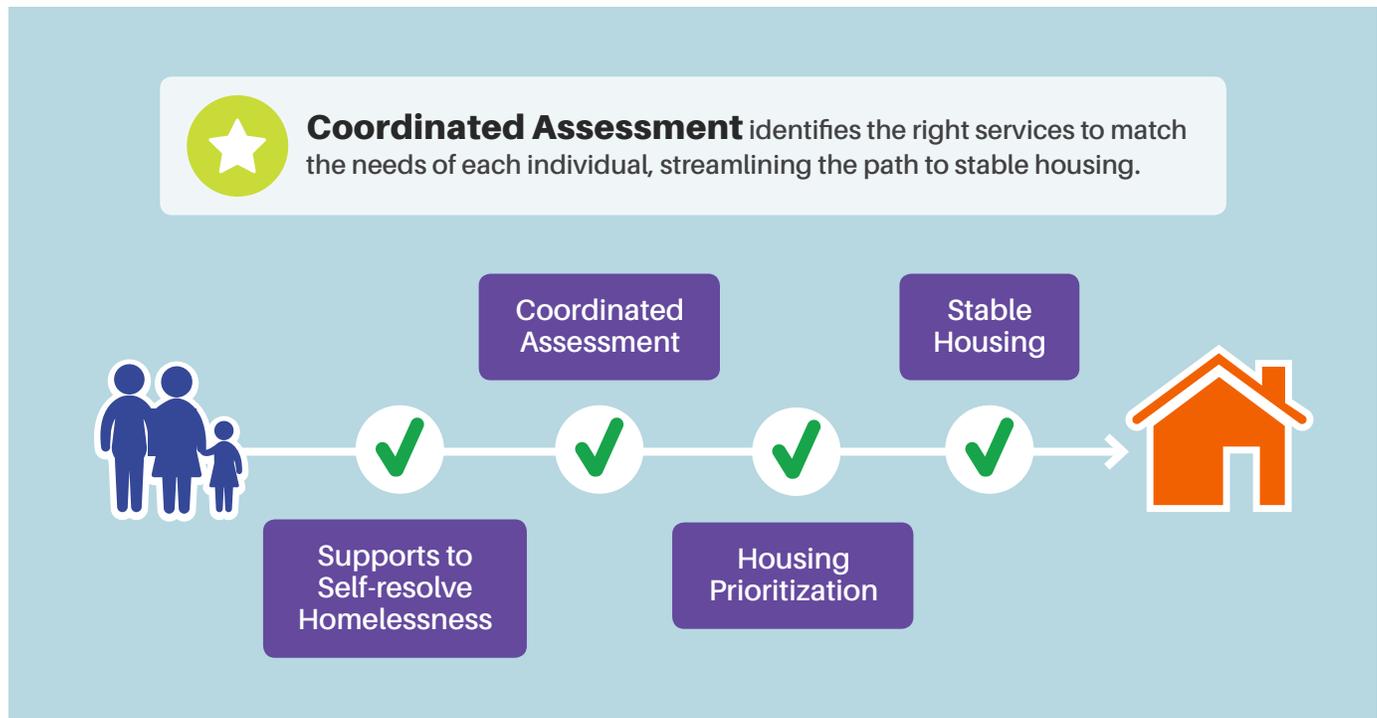
Deputy Assistant Secretary for Special Needs, U.S. Department of Housing and Urban Development

Coordinated Entry and Assessments

Coordinated entry and assessment develops tailored interventions and right-sized assistance for Utahns experiencing homelessness. This approach considers an effective system to be person centered, to prioritize those with the greatest need without precondition, to include all subpopulations and to coordinate so that wherever individuals seeking services enter, they will be able to participate in the same assessment and linkage process where providers use a uniform decision-making approach. Communities throughout the state have made significant progress to integrate

coordinated entry processes into their homeless service delivery system in a way that both meets the requirement under the HEARTH Act and the unique structure of each community.

As communities proceed with implementation efforts, it has become apparent that coordinated entry and assessment is not only a best practice for serving consumers and a way to more efficiently use available resources, but it is also an excellent tool to shift agency and single-service-minded thinking to holistic services and overall community needs.



Assessments as a Tool for Prioritization

Communities in Utah have largely adopted a phased assessment approach for coordinated entry, where homeless service providers have access to multiple assessment tools to provide situational assessments. This approach follows the principle of only collecting as much information as is needed at a given time and avoids a depth of assessment that would be time consuming and unnecessary for a given household's current need. Service providers rely on a variety of different assessment tools in order to assess the needs of the people they serve. One of the more commonly adopted tools includes the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) to quickly assess the acuity of homeless Utahns. The VI-

SPDAT takes approximately eight minutes to complete. It is a triage tool intended to quickly identify persons who should be engaged for a more full assessment such as the Service Prioritization Decision Assistance Tool (SPDAT) and additional services. Much like the way triage would work in a hospital emergency room setting, the VI-SPDAT prescreen is a brief, self-report assessment to help identify the presence of an issue based in that person's own perspective and prioritize persons for the more comprehensive assessment. The results of these assessments help providers identify whether additional assessments such as the longer SPDAT are needed and how to prioritize Utahns experiencing homelessness for housing and services based on greatest need.

The Service Prioritization Decision Assistance Tool

The Service Prioritization Decision Assistance Tool (SPDAT) is an evidence-informed tool used to evaluate a person's acuity related to housing stability. It has been recognized nationally as an effective coordinated assessment tool to prioritize individuals and households for housing and services based on need. The Balance of State and Mountainland CoCs officially selected the SPDAT as a coordinated assessment prioritization tool, and all communities in those CoCs are working toward implementation.

There are three distinct functions that Utah hopes to realize by using the SPDAT assessment. These functions are to: 1) Assist with service prioritization, 2) Help program participants and supportive service providers to identify areas of focus for service delivery, and 3) Help evaluate how individuals and families are changing over time.

Function 1: Assist with service prioritization

Communities have chosen to use the SPDAT as a coordinated assessment service prioritization tool in order to draw from the highest acuity households when identifying new eligible placements for programming.

Function 2: Help program participants and supportive service providers to identify areas of focus for service delivery

Unlike other measures of self-sufficiency, the SPDAT focuses assessment on domains that directly impact a participant's housing stability. There are several ways

in which the SPDAT can be used to augment the work of case management and overall service delivery, from informing individualized service plans to advocating for clinical services.

Function 3: Evaluate how individuals and families are changing over time

Long-term assessment of performance measures such as SPDAT scores and outcome monitoring can be used to track changes in programming and service delivery. Over time, this will lead to healthy discussions about service delivery and show trends in program efficacy.

What the SPDAT is not:

- A case management employee evaluation tool: The SPDAT does not directly measure areas of case manager performance; rather, it helps to measure participant change in acuity in domains that directly impact housing stability.
- A retroactive eligibility tool: It is important that we do not inappropriately apply one function of the tool to make claims regarding an unassociated activity or area. For example, an individual's acuity score once enrolled into a program does not indicate whether or not the client should have been served by that program.
- A replacement for the expertise and experience of an agency: The SPDAT should inform, not dictate, prioritization and supportive services.

Housing Prioritization Lists

Communities with limited emergency services will need to work with neighboring communities who provide such services to homeless persons in their area. All available resources should be prioritized and offered to individuals at the top of the SPDAT-assessed list and limited only by funding requirements. This list should be continually used by the community. Each of the highest acuity persons should be assigned lead case managers who will attempt diversion exercises, identify needed mainstream resources, and find creative solutions to transition out of homelessness regardless of which resources are and are not available. When a housing resource becomes available, the hosting agency should identify the first eligible person from the top of the list and assess them for program eligibility and intake. HMIS allows persons anywhere within the Mountainland and Balance of State CoCs to be referred to a housing intervention within their home community. The unified system has the ability to bring great benefit to consumers.



Domestic Violence Victims and Coordinated Assessment

Due to confidentiality laws in the VAWA, domestic violence service provider agencies are not able to share any identifying information of the people they serve, including names, through HMIS or any other system. This has posed a significant challenge for including homeless domestic violence survivors as a part of the coordinated assessment process and could have created a scenario where domestic violence survivors would have been screened out of resources inadvertently. As of August 2015, domestic violence service providers are now able to access the coordinated assessment list in HMIS and, through use of an alias, the survivors they assess with the SPDAT show up in the single community prioritization list to receive services based on acuity.



Components of a Homeless Response System

Utah communities have refined interventions and housing projects to more appropriately meet the needs of Utahns experiencing homelessness. From programs that divert individuals and families from entering the homeless system to permanent supportive housing projects, the array of options has grown in recognition that one size does not fit all.

Diversion

When safety is not a concern, diversion programs target those who are applying for entry to shelter and seek to divert them from entering the homeless system by connecting them with alternative housing resources, including friends and family. Limited financial support may be provided to maintain permanent housing (National Alliance to End Homelessness, “Closing the Front Door” 1–3).

In spring 2017, the state sponsored Ed Boyte from the Cleveland Mediation Center to provide diversion training to homeless service providers statewide. Both Mountainland and Balance of State CoCs officially have adopted diversion as the front door of their coordinated entry system. It is expected that new diversion funding support will be available statewide as several homeless service providers newly adopt diversion as a preferred practice. Salt Lake County completed a first year of diversion. Results are below.



FY 2017 Salt Lake County Diversion Results



Day Services

Day services provide safe places for homeless individuals to bathe, do laundry, eat, receive case management services, and work on self-resolution of their homeless issues.

Street Outreach

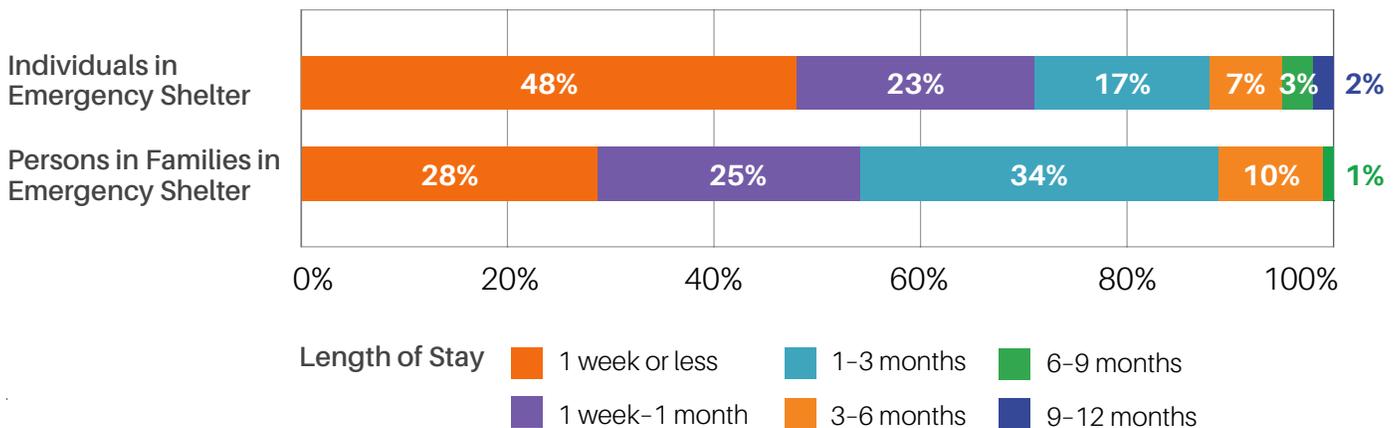
Sometimes those experiencing homelessness do not proactively seek services. Many agencies throughout the state have developed street outreach programs to find the homeless and connect them with services. Street outreach has grown over the past year in both breadth and depth. More communities have developed qualified teams that seek out unsheltered individuals, families, and youth. Outreach workers connect Utahns living on the streets or in other places not meant for habitation with shelter and services.



Emergency Shelter

Emergency shelters include any facility designed to provide overnight sleeping accommodations for the homeless. As McDivitt and Nagendra explain, “Emergency shelter serves as temporary, short-term crisis housing with crisis services to alleviate people’s immediate housing crisis as a first step to being quickly and permanently re-housed” (56).

2016 Length of Stay — Emergency Shelter



Rapid Re-Housing

Rapid Re-Housing (RRH) is an approach which reconnects an individual or family to housing as quickly as possible and provides limited assistance to re-establish housing stability. Recently, RRH has emerged as a preferred model among several federal agencies, including HUD, the VA and the U.S. Department of Health and Human Services. Federal support stems from several studies, including a Georgia HMIS study which identified persons exiting emergency shelter as being four times more likely to return to homelessness than those exiting an RRH program, and persons exiting from transitional housing being 4.7 times more likely to return to homelessness (National Alliance to End Homelessness, “Rapid Re-Housing” 3). In a study conducted in seven states, 75 percent of RRH clients exited to permanent housing (3). Moreover, recent studies indicate that it is much more cost effective to house families through RRH than to house families in emergency shelters (Spellman et al. 5).



According to the National Alliance to End Homelessness, in order to follow established best practices for an RRH model, there are four necessary activities that RRH programs should provide:

1. **Standard Landlord Outreach:** A RRH provider must have—either on staff or through a formal relationship with an organization—staff who recruit landlords and encourage them to rent to homeless households. The landlord outreach function should result in landlords reducing their barriers to homeless households accessing rental units. Organizations should be able to identify specific landlords that they have recruited into the program.
2. **Financial Assistance:** A RRH provider must provide—either directly or through formal agreement with another organization or agency—financial assistance for permanent housing costs, which may include rental deposits, first month’s rent, last month’s rent or temporary rental assistance. Financial assistance is not contingent upon service compliance but rather upon compliance to the terms of the lease.
3. **Case Management:** A RRH provider must be able to provide home-based case management services—either directly or through a formal agreement with another organization or agency—that link program participants with services in the community, such as child care, employment, education, and other services as well as intervene in conflicts between the landlord and program participant.
4. **Assessment of Housing Barriers:** An RRH provider must assess the housing barriers of potential program participants with a focus on the immediate, practical barriers to moving into housing. The housing barrier assessment should be used to help program participants to move into housing. The housing barrier assessment is not a sustainability assessment (“Necessary Activities” 1).

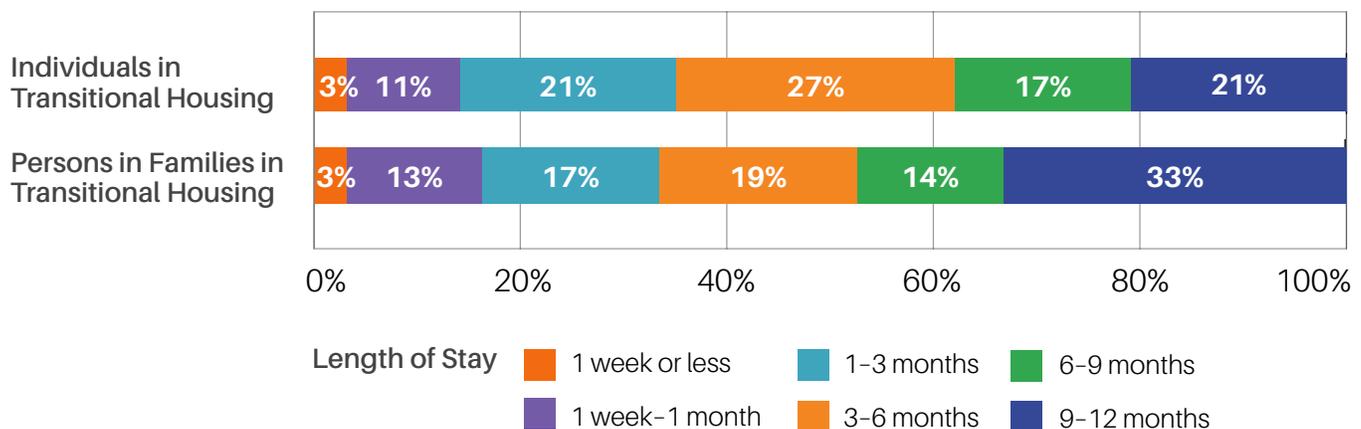
Transitional Housing

Transitional housing programs offer temporary housing, up to 24 months, as well as supportive services, including case management. This model may be appropriate for specific subpopulations, including:

- Survivors of domestic violence or other forms of severe trauma who may require and prefer the security and onsite services provided in a congregate setting to other available housing options
- Unaccompanied youth, including those who may be pregnant or parenting youth (ages 16–24), who are unable to live independently (e.g., unemancipated minors), or who prefer a congregate setting with access to a broad array of wraparound services to other available housing options
- Certain individuals and heads of households struggling with a substance-use disorder or individuals in early recovery from a substance-use disorder who may desire more intensive support to achieve their recovery goals

Important to Note: National best practices are showing that many people who historically have been assisted in transitional housing may be served more efficiently in other program models, such as rapid re-housing or permanent supportive housing. The majority of people experiencing homelessness do not require lengthy stays in transitional housing in order to successfully acquire and sustain permanent housing. People whose primary barrier to housing stability is economic in nature do not require transitional housing, nor do people with serious mental illnesses who may be served better by other program models. Long-term stays in transitional housing programs therefore should be reserved for those individuals with severe or specific needs who choose transitional housing over other services that would help them more quickly reconnect to permanent housing (National Alliance to End Homelessness, “The Role of Long-Term” 1–2). Over the last few years, several of these transitional housing programs in Utah have shifted to a rapid re-housing model as a way to serve more Utahns and better leverage limited resources.

2016 Length of Stay — Transitional Housing

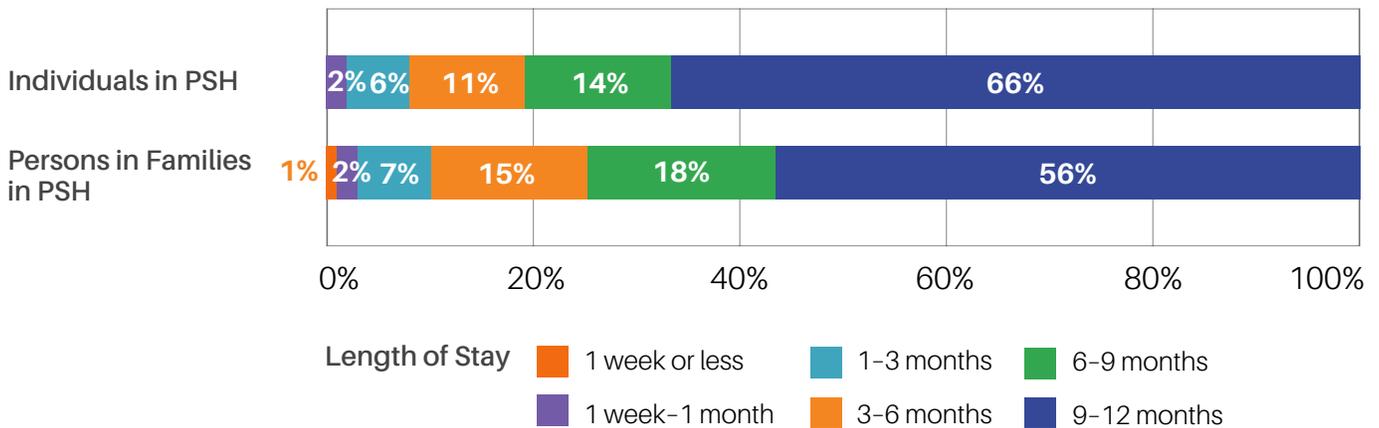


Permanent Supportive Housing

The most intensive of housing options, permanent supportive housing (PSH) is only offered to those with a disability and generally serves the chronically homeless. The effectiveness of Housing First philosophy-based PSH programs have been documented well nationally; long-term housing, coupled with wraparound services, improves the stability and health of clients (United States Interagency Council on Homelessness, “Permanent

Supportive Housing” 1–2). Moreover, this housing approach also creates a total savings for the system. A study in Denver noted an average net savings of \$2,373 per person housed in PSH. The study examined public costs incurred for common homeless services, including health care and hospital stays, emergency room visits, and interactions with law enforcement, and weighed these costs against the cost for housing in a PSH project (Snyder).

2016 Length of Stay — Permanent Supportive Housing



Affordable Housing

In Utah, the Department of Workforce Services and other government entities believe the solution to homelessness is housing. Connecting homeless people to housing ends their homelessness, but finding the resources to help people access housing isn’t always easy. Unfortunately, economic trends are making this task even harder. There simply is not enough extremely affordable housing available in Utah to move people out of homelessness as quickly as needed with very limited housing stock and a tight rental market.

Utah has a shortage of affordable housing. Creating a sufficient supply of affordable units alleviates pressure on the homeless system placed by those who simply cannot afford rent. Affordable rent, as defined by HUD, is 30 percent of income. The average Fair Market Rent (FMR)

in Utah for a two-bedroom apartment, as established by HUD for 2017, is \$885 per month. The hourly wage needed to afford that rent is \$17.02 per hour, but the average renter wage is \$13.26 per hour (National Low Income Housing Coalition, “Out of Reach” 238). An affordability gap exists even among those employed at average renter wage. Most homeless individuals earn far less than this amount. Many simply receive Supplemental Security Income (SSI), and affordability becomes that much more of a challenge. Unit affordability and availability is not an issue exclusive to the Wasatch Front but is a challenge faced by communities statewide. The credit and criminal histories that challenge many experiencing homelessness further limit unit availability.

Shelter the Homeless Plan

Shelter the Homeless, Inc. is a nonprofit organization whose aim is to benefit individuals and communities by:

- Owning land and facilities for the benefit of individuals who are experiencing homelessness, who have in the past experienced homelessness, or who are at-risk of experiencing homelessness;
- Selecting and monitoring providers of services for such individuals;
- Fostering accountability for public safety in relation to homeless services and helping to integrate homeless service facilities into the neighborhoods where they are located.

Shelter the Homeless was created in 1988 to serve the public good “through the alleviation of human suffering.” The first facility created to fulfil this mission was a single community shelter located in downtown Salt Lake City which was operated by Traveler’s Aid Society, now known as The Road Home. Over time, ownership expanded to include the family shelter in Midvale and two housing complexes located in Salt Lake City, Palmer Court and Wendell Apartments.

2017 Update

In early 2017, the Utah State Legislature passed HB 441 which allocated \$10 million to support system-wide changes in the way homeless services are delivered, including the development of three new homeless resource centers. As the owner of the Salt Lake community shelter located at 210 South Rio Grande Street, Shelter the Homeless was asked to work with city, county and state leaders and all stakeholders on closing that facility on or before June 30, 2019. That effort requires not only the design and development of new resource centers, but also ongoing system planning to achieve the necessary efficiencies in the homeless service system to reduce demand for emergency shelter. Shelter the Homeless is working together with all stakeholders towards achieving these goals and help provide better services to those in need.

RESOURCE CENTER PROJECTED DEVELOPMENT TIMELINE June 2017 to June 2019

**For three Homeless Resource Centers
Located in Salt Lake County:**

275 High Ave, Salt Lake City
200 Men+Women / 60,000 sq. ft.

131 E 700 S, Salt Lake City
200 Women / 60,000 sq. ft.

3380 S 1000 W, South Salt Lake
300 Men / 90,000 sq. ft.

Developer in place	Jun. 2017
Finalize purchase/transfer of all sites and additional parcels	Nov. 2017
Design process: predesign, schematic design, design development, construction design	Jun. 2017 - Jan. 2018
Demolition, site excavation, site/soil mitigation (if necessary)	Occurs during design process
Permitting process	Feb. - Apr. 2018
Construction	May 2018 - May 2019
Inspections	May - June 2019
Sites Operational	June 2019

For more information about Shelter the Homeless, please visit www.homelessutah.org

Operation Rio Grande

Operation Rio Grande is a three-phase plan to restore public safety in the Rio Grande District of Salt Lake City, after drug use and violence escalated in the area. The state, city and county are collaborating to remove the criminal element that preyed on the neighborhood and create a place that is safe for homeless individuals to access service providers located in the area. The operation began in August, 2017, and is expected to continue through the summer of 2019 when the planned homeless resource centers open.

Phase 1: Public Safety and Restoring Order

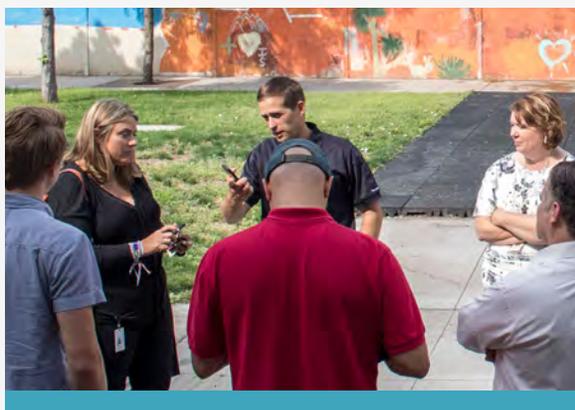
Identify, arrest and lock up dangerous criminals.

Actions:

- ➔ **Sustained effort to restore public safety**
 - Apprehending and eradicating all criminal elements within the area
 - Multi-agency effort through June 2019
 - More than five times the normal law enforcement for daily shifts (24/7 coverage)
 - On-site Mobile Command Centers
 - Increased frequency of street cleaning by Department of Health
- ➔ **Aggressive prosecution, utilizing jail bed space for serious crimes**
- ➔ **Flexibility to address criminal activity that moves to adjacent locations and neighborhoods**

Outcomes:

- ➔ Significant reduction in criminal activities
- ➔ Targeted enforcement on violence, drug trafficking and usage
- ➔ Hardened criminals off the streets and in jail



Phase 2: Assessment and Treatment

Assess, treat and support individuals.

Actions:

- ➔ **Initial assessment**
 - Identification, background, services being used, services in need, etc.
- ➔ **Clinical assessment**
 - Mental health
 - Substance use
 - Substance abuse treatment
- ➔ **Aggressive prosecution with treatment options**
- ➔ **Housing assistance**
- ➔ **Referrals to enhanced community services with streetscape changes to improve safety**
- ➔ **Obtain the 1115 Medicaid Waiver (pending CMS approval) to increase funding support for specific populations.**

Outcome:

- ➔ More individuals receiving treatment and support

Phase 3: Dignity of Work

Public/private partnership to increase employment opportunities and training.

Actions:

- ➔ **Create more work opportunities**
 - Volunteers and business community support
- ➔ **Provide direct workforce development**
 - Job coaching
 - Soft skills training
 - Hard skills training

Outcome:

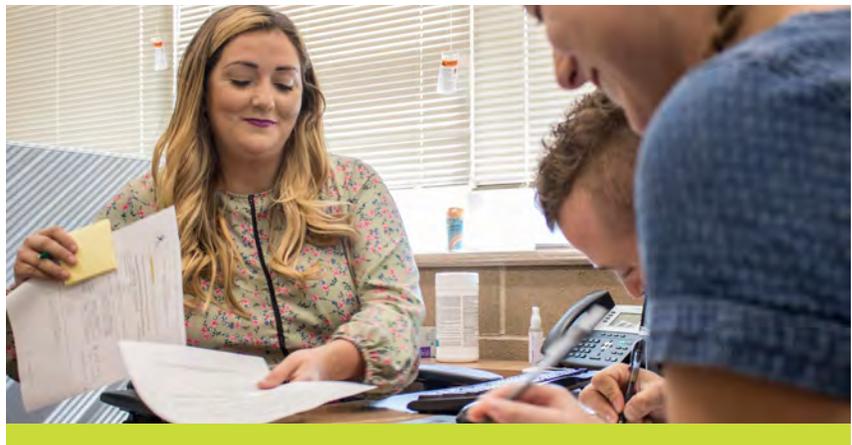
- ➔ Employment and improved quality of life

2016 Homeless System Performance Measures

Statewide Performance Measures

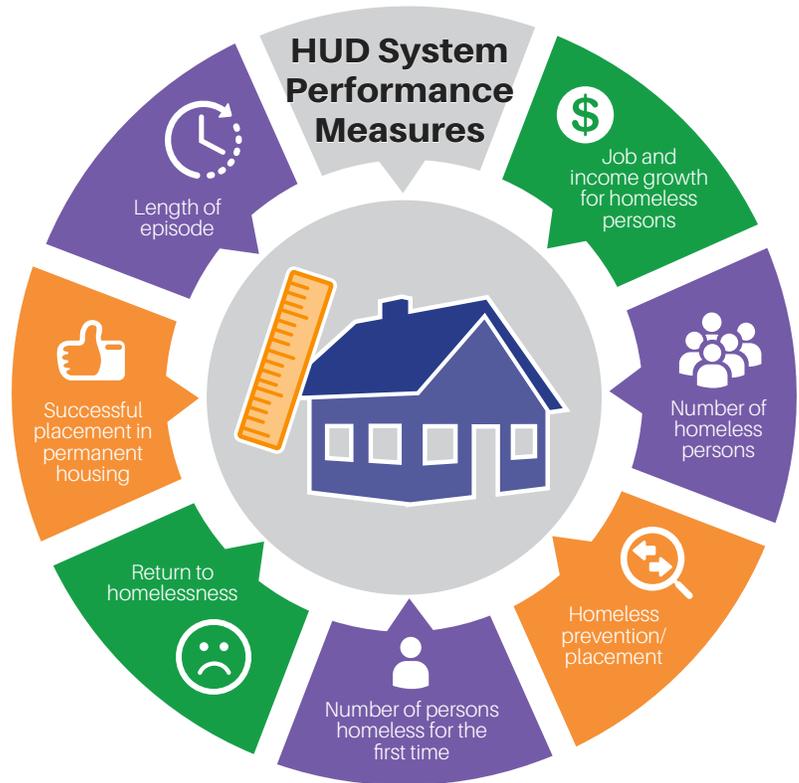
The State Homelessness Programs Office has been examining more closely what outcomes contribute most to the stabilization of those experiencing homelessness. The State Homelessness Programs Office presently utilizes performance measures as a means to score and prioritize applications to receive state funding. By monitoring performance outcomes,

it will be possible to create a baseline from which to improve, gauge programs in relation to HUD system performance measures, and inform the programmatic approach that should be taken to homelessness in Utah. These measures will reflect many of the system-level performance measures issued by HUD but will be measured on an agency level.



Federal HUD System Performance Measures

For many years, HUD’s review of the impact of its funds on reducing homelessness has been conducted on a program-by-program basis. A community-level understanding of performance had to be pieced together. However, with the passing of the HEARTH Act, a system-level evaluation of performance became law. HUD developed several system-level performance measures in order to help CoCs more accurately measure their impacts, successes and challenges in regard to homeless prevention and ending homelessness. These system-level performance measures will provide communities with data that will help inform strategic decisions in the development of the homeless system.



Performance Measure: Length of Time People Remain Homeless

	Total Persons		Average Number of Nights Homeless			Median Number of Nights Homeless		
	FY15	FY16	FY15	FY16	Difference	FY15	FY16	Difference
Salt Lake County CoC								
Persons in emergency shelter	7,609	8,745	66	60	-6	28	25	-3
Persons in emergency shelter and transitional housing	8,477	9,251	94	74	-20	37	28	-9
Mountainland CoC								
Persons in emergency shelter	1,397	1,365	13	12	-1	4	4	0
Persons in emergency shelter and transitional housing	1,468	1,413	30	28	-2	4	4	0
Balance of State CoC								
Persons in emergency shelter	2,891	3,597	39	34	-5	15	15	0
Persons in emergency shelter and transitional housing	2,960	3,653	44	37	-7	17	16	-1

Performance Measure: The Extent to Which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited street outreach, emergency shelter, transitional housing, or permanent housing to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Persons who entered permanent housing 2 years prior	Returns to homelessness in less than 6 months	Returns to homelessness in 6-12 months	Returns to homelessness in 13-24 months	Total returns in 2 years
Salt Lake County CoC					
Exit was from street outreach	59	5 (8%)	3 (5%)	30 (51%)	38 (64%)
Exit was from emergency shelter	755	96 (13%)	91 (12%)	241 (32%)	428 (57%)
Exit was from transitional housing	298	14 (5%)	15 (5%)	32 (11%)	61 (20%)
Exit was from safe haven	11	1 (9%)	0 (0%)	4 (36%)	5 (45%)
Exit was from permanent housing	1,027	117 (11%)	68 (7%)	189 (18%)	374 (36%)
Total returns to homelessness	2,150	233 (11%)	177 (8%)	496 (23%)	906 (42%)
Mountainland CoC					
Exit was from street outreach	0	0 (-)	0 (-)	0 (0%)	0 (-)
Exit was from emergency shelter	4	0 (0%)	0 (0%)	1 (25%)	1 (25%)
Exit was from transitional housing	33	1 (3%)	1 (3%)	1 (3%)	3 (9%)
Exit was from safe haven	0	0 (-)	0 (-)	0 (-)	0 (-)
Exit was from permanent housing	154	11 (7%)	7 (5%)	10 (6%)	28 (18%)
Total returns to homelessness	191	12 (6%)	8 (4%)	12 (6%)	32 (17%)
Balance of State CoC					
Exit was from street outreach	1	0 (0%)	0 (0%)	1 (100%)	1 (100%)
Exit was from emergency shelter	326	32 (10%)	10 (3%)	59 (18%)	101 (31%)
Exit was from transitional housing	164	1 (1%)	0 (0%)	11 (7%)	12 (7%)
Exit was from permanent housing	395	11 (3%)	6 (2%)	29 (7%)	46 (12%)
Total returns to homelessness	886	44 (5%)	16 (2%)	100 (11%)	160 (18%)

Safe Haven: A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness and other debilitating behavioral conditions who are on the street and have been unable or unwilling to participate in housing or supportive services.

Performance Measure: Number of Homeless Persons

Change in PIT Counts This measures the change in PIT counts of sheltered and unsheltered homeless persons as reported on the PIT (not from HMIS).	2015 PIT Count	2016 PIT Count	Difference
Salt Lake County CoC			
Total PIT Count of sheltered and unsheltered persons	2,176	1,891	-285
Emergency shelter total	1,411	1,434	23
Safe haven total	22	0	-22
Transitional housing total	653	400	-253
Total sheltered count	2,086	1,834	-252
Unsheltered count	90	57	-33
Mountainland CoC			
Total PIT Count of sheltered and unsheltered persons	203	178	-25
Emergency shelter total	86	76	-10
Safe haven total	0	0	0
Transitional housing total	79	61	-18
Total sheltered count	165	137	-28
Unsheltered count	38	41	3
Balance of State CoC			
Total PIT Count of sheltered and unsheltered persons	646	738	92
Emergency shelter total	415	474	59
Safe haven total	0	0	0
Transitional housing total	133	126	-7
Total sheltered count	548	600	52
Unsheltered count	98	138	40

Performance Measure: Number of Homeless Persons (Continued)

Change in Annual Counts This measures the change in annual counts of sheltered homeless persons in HMIS.	FY15	FY16	Difference
Salt Lake County CoC			
Unduplicated total sheltered homeless persons	8,624	9,382	758
Emergency shelter total	7,714	8,858	1,144
Safe haven total	29	1	-28
Transitional housing total	1,261	650	-611
Mountainland CoC			
Unduplicated total sheltered homeless persons	1,537	1,455	-82
Emergency shelter total	2,466	1,410	-56
Safe haven total	0	0	0
Transitional housing total	131	115	-16
Balance of State CoC			
Unduplicated total sheltered homeless persons	3,207	3,783	576
Emergency shelter total	3,135	3,728	593
Safe haven total	0	0	0
Transitional housing total	82	65	-17

Performance Measure: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Change in total income for adult system stayers	FY15	FY16	Difference
Salt Lake County CoC			
Number of adults (system stayers)	463	335	-128
Number of adults with increased total income	157	84	-73
Percentage of adults who increased total income	34%	25%	-9%
Mountainland CoC			
Number of adults (system stayers)	71	74	3
Number of adults with increased total income	10	14	4
Percentage of adults who increased total income	14%	19%	5%
Balance of State CoC			
Number of adults (system stayers)	66	77	11
Number of adults with increased total income	12	7	-5
Percentage of adults who increased total income	18%	9%	-9%

Change in total income for adult system leavers	FY15	FY16	Difference
Salt Lake County CoC			
Number of adults who exited (system leavers)	218	379	161
Number of adults who exited with increased total income	89	142	53
Percentage of adults who increased total income	41%	37%	-3%
Mountainland CoC			
Number of adults who exited (system leavers)	72	134	62
Number of adults who exited with increased total income	51	58	7
Percentage of adults who increased total income	71%	43%	-28%
Balance of State CoC			
Number of adults who exited (system leavers)	240	250	10
Number of adults who exited with increased total income	80	84	4
Percentage of adults who increased total income	33%	34%	0%

Performance Measure: Number of Persons Who Become Homeless for the First Time

Change in the number of persons entering emergency shelter, safe haven, transitional housing and permanent housing projects with no prior enrollments in HMIS	FY15	FY16	Difference
Salt Lake County CoC			
Number of persons experiencing homelessness for the first time (entering emergency shelter, transitional housing or permanent housing without an entry in the previous 24 months)	5,042	5,899	8,57
Mountainland CoC			
Number of persons experiencing homelessness for the first time (entering emergency shelter, transitional housing or permanent housing without an entry in the previous 24 months)	1,357	1,246	-111
Balance of State CoC			
Number of persons experiencing homelessness for the first time (entering emergency shelter, transitional housing or permanent housing without an entry in the previous 24 months)	3,153	3,720	567

Performance Measure: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

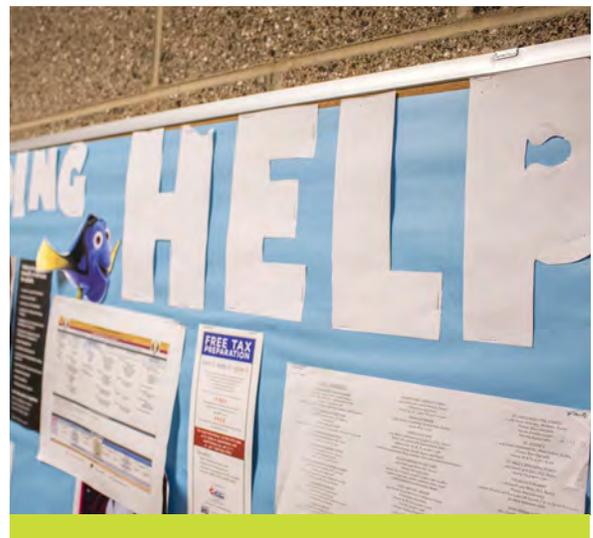
Change in exit to or retention to permanent housing	FY15	FY16	Difference
Salt Lake County CoC			
Percent successful exits from street outreach to permanent housing	9%	10%	0%
Percent successful exits from emergency shelter, safe haven, transitional housing and permanent housing/rapid re-housing to permanent housing	38%	23%	-16%
Percent successful exits or retention in permanent housing	94%	94%	0%
Mountainland CoC			
Percent successful exits from street outreach to permanent housing	100%	0%	-100%
Percent successful exits from emergency shelter, safe haven, transitional housing and permanent housing/rapid re-housing to permanent housing	33%	43%	10%
Percent successful exits or retention in permanent housing	84%	81%	-4%
Balance of State CoC			
Percent successful exits from street outreach to permanent housing	50%	26%	-24%
Percent successful exits from emergency shelter, safe haven, transitional housing and permanent housing/rapid re-housing to permanent housing	47%	45%	-2%
Percent successful exits or retention in permanent housing	68%	85%	18%

How to Help People in Homelessness

Volunteer Resources

If you would like to volunteer and help make a difference for fellow Utahns experiencing homelessness, there are many opportunities to participate:

- 1 Contact your Local Homeless Coordinating Committee (LHCC) and attend local meetings:**
 - BRAG LHCC (Box Elder, Cache, Rich)**
Contact: Stefanie Jones • stefaniej@brag.utah.gov
 - Carbon/Emery Counties LHCC**
Contact: Barbara Brown • barbjbrown@gmail.com
 - Davis County LHCC**
Contact: Kim Michaud • kim@daviscommunityhousing.com
 - Grand County LHCC**
Contact: See local agencies listed on LHCC profile
 - Iron County LHCC (Iron, Beaver, Garfield, Kane)**
Contact: Peggy Green • peggyg@careandshare-ut.org
 - Mountainland LHCC (Utah, Summit, Wasatch)**
Contact: Marie Schwitzer • maries@unitedwayuc.org
 - Salt Lake County LHCC**
Contact: Megan Mietchen • mmietchen@hacsl.org
 - San Juan County LHCC**
Contact: See local agencies listed on LHCC profile
 - Six County LHCC (Juab, Millard, Sanpete, Sevier, Piute, Wayne)**
Contact: See local agencies listed on LHCC profile
 - Tooele County LHCC**
Contact: Tooele Valley Resource Center • (435-566-5938)
 - Uintah Basin LHCC (Daggett, Duchesne, Uintah)**
Contact: Kim Dieter • kimd@ubaog.org
 - Washington County LHCC**
Contact: Carol Hollowell • chollowell@switchpointcrc.org
 - Weber/Morgan Counties LHCC**
Contact: Stacy Skeen • sskeen@co.weber.ut.us



- 2 Call 2-1-1 to find local agencies in need of assistance.**
- 3 Contact your local volunteer center for additional opportunities:**
<http://heritage.utah.gov/userveutah/find-volunteer-opportunities>

Pamela Atkinson Homeless Trust Fund



By caring enough to donate even one dollar Utahns can give hope to individuals and families experiencing homelessness. Donations can be made on the Utah state tax form each year.

- All donations to the trust fund go directly to organizations statewide that provide vital services and assistance to individuals and families experiencing homelessness.
- Even small donations make a big impact for those experiencing homelessness.
- Your donation helps the trust fund leverage investments in homelessness and provides a flexible state-funding source focused on delivering critical services.

Donate on your Utah State tax form

Your small donation can make a **BIG** difference



*Donations are leveraged with state and federal funding, increasing value. Dollar amounts are approximate.

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State of Utah 2017

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