

# **Utah's Plan to End Chronic Homelessness And Reduce Overall Homelessness by 2014**

May 2008

A report by Utah's Homeless Coordinating Committee

## INTRODUCTION

It's hard to imagine an America where everyone has access to safe, affordable housing. Street homelessness has persisted for so long that it has practically become an accepted feature of city life, but it shouldn't be. Homelessness persists because society's responses haven't tackled the causes, not because the problem is insurmountable. Growing pressure on shelters and other emergency services proves the system has been unable to answer the challenge of significantly reducing, let alone ending, homelessness. The stubbornness of the problem has fueled stereotypes of an underclass who, it's said, "want to live on the streets," are "too lazy to work" or are "beyond hope."

Fortunately, there is hope. A philosophical shift is spreading across the country as states recognize the limits of the short-term shelter model and move from the present strategy of managing homelessness to ending it. It entails a strategic shift to a **Housing First** model, an approach that centers on housing homeless people quickly with access to services as needed. Housing First focuses on helping individuals and families quickly access and sustain *permanent* housing. It emphasizes that social services are most effective when people are secure in their own homes. It's a significant departure from the old way of doing business, which has been to offer housing as a reward to those deserving few who first manage to graduate from the shelter system, kick drugs and alcohol and find steady jobs.

Utah began focusing on this new strategy in 2004 by laying out an innovative **centrally led and locally developed** approach. Lt. Governor Olene Walker (later governor) convened a select group of key public, private and nonprofit leaders to develop a blueprint for ending chronic homelessness and reducing overall homelessness in Utah by 2014 – a goal embraced by 49 states, more than 300 local jurisdictions and endorsed by the Bush administration. The Utah Homeless Coordinating Committee's blueprint applies four key strategies:

- **Affordable Housing:** Create additional low-income permanent "Housing First" units for the chronically homeless and affordable units for all homeless persons and families.
- **Prevention and Discharge Planning:** Prevent homelessness through effective discharge planning from shelters, jails, prisons, hospitals, mental health and substance treatment programs, juvenile justice and foster care. In addition, providing support to those about to become homeless through rental assistance.
- **Supportive Services:** Provide streamlined access to mainstream resources and supports, including case management, mental health and substance abuse treatment, employment and training opportunities and other services to stabilize their lives.
- **Homeless Management Information:** Implement a statewide homeless database and reporting system for charting outcomes and driving success.

The State's Homeless Coordinating Committee recognized these strategies must be centrally led but locally developed and implemented. Base on this assumption, 12 Local Homeless Coordinating Committees were organized across the state with the responsible for formulating a local action plan tailored to their unique demographics and social needs. These committees are chaired by an elected official where they become educated about local social needs and make that information a part of the local political discussion. These committees have launched locally grown experiments and pilot projects using housing with supportive services that are already paying dividends.

Statewide, more than **100** men, women and children have already moved out of shelters or off the streets into permanent housing, blanketed with services such as job counseling and treatment for addictions and mental illness. By the end of 2008, more than **500** will have permanent housing, approximately a quarter of the state's long-term homeless population.

But the work has just begun. Ending chronic homelessness by 2014 will require an additional 2,000 housing units based on annual counts of Utah's chronically homeless. These individuals will also need intensive case management and supports to maintain their new life. In addition, Utah's **12,000** temporarily homeless citizens will require continued and improved access to emergency shelter and transitional housing. It's an ambitious goal and is within the reach of a committed and caring community. As this is accomplished, it will raise the quality of life for all Utahns through service opportunities and stable lives.

## THE CHALLENGE

### Homeless in America

On any given night, is estimated **750,000** people will be homeless in America. It is estimated as many as **3.5 million, or about 1.2%** of all Americans, will experience homelessness annually.

To be homeless is to be without a permanent place to live that is fit for human habitation. The Department of Housing and Urban Development (HUD) has defined the following categories of homelessness:

**Temporary:** These are those who stay in the shelter system for brief periods and do not return. This comprises about 87% of Utah's homeless population. About 40% of these are persons in families and it is also the fastest growing homeless segment. The runaway and "throwaway" youth are included and are believed to be increasing, though the true size of this group is unknown and is often not included in the counts of the homeless because they are difficult to locate.<sup>1</sup>

**Chronic:** These are the single men and women over 17 with a disabling condition who have been homeless for a year or more, or have experienced at least four episodes of homelessness within three years. This group, only 13% of the homeless in Utah, consume up to 60% of the resources dedicated to combating homelessness. They are also heavy users of the community emergency services which is costly.

Nationwide, 75% of the chronically homeless are male, at least 40% are African-American, and more than **one-third** are veterans.<sup>2</sup> Ending chronic homelessness is a daunting challenge. According to the Department of Health and Human Services (HHS), chronic homelessness is linked with extreme poverty, poor job skills, lack of education, and serious health conditions such as chemical dependency, severe physical disabilities and mental illness. In fact, 40% have substance abuse problems, 25% struggle with severe physical disabilities and 20% suffer from serious mental illness.

### Homeless in Utah

On any given night, an estimated **3,000** people will be homeless in Utah. About **14,000** will experience homelessness sometime during the year. In addition, although not homeless by HUD's definition, many Utah men, women and children are "couch-surfing" or living doubled-up with other families in substandard environments. This stressful living situation can also contribute to instability in a person's life.

Nearly 90% of those identified in Utah's annual homeless count are along the Wasatch Front, with the greatest concentrations in Salt Lake and Weber counties. The remaining 10% are in the rural areas. Although the number of homeless in the rural areas may be few, no area of the state is immune from the effects of homelessness. Persons in families comprise about 40% of Utah's homeless population, which

is in line of **41%** in other states. In addition, about **13%** are classified as chronically homeless. Although some of Utah’s homeless are transients, the majority, 85%, are Utah residents.

The chronically homeless impose hefty costs on communities. Across the nation, they consume half the resources spent combating homelessness. This is equally true for Utah. The Road Home, the state’s largest homeless shelter, conducted a five-year analysis of shelter bed usage. Between 2002 and 2007, the agency furnished more than one million nights of shelter to 12,286 individuals. The study showed that 14% of these individuals used 63% of the total nights.

Measuring the scope of homelessness is itself a challenge. The population moves frequently and thus is difficult to locate and count. But reliable data are critical for targeting and gauging success of efforts to combat homelessness. Homeless counts are derived from an annual shelter and street survey conducted during the last week of January and is called a point-in-time count. Utah has conducted such point-in-time counts for 2005, 2006, and 2007. These counts have been annualize using a statistical projection and averaged to establish a baseline for tracking the ten-year plan’s success. This baseline average pegs the annual homeless number at **13,773**, of which **1,840** are chronically homeless as shown in the table below:

**Statewide Homeless Point-in-Time Counts  
(2005 – 2007 Annualized Baseline)**

Category	2005		2006		2007		2005 – 2007 Average		3-year Annualized Baseline	
	#	%	#	%	#	%	#	%	#	%
Individuals	1,621	59.2%	2,035	62.5%	1,816	63.7%	1,858	62.3%	8,149	59.2%
Persons in Families	1,113	40.7%	1,182	36.3%	1,000	35.1%	1,100	36.8%	5,494	39.9%
Unaccompanied Children	4	0.1%	38	1.2%	37	1.3%	26	0.9%	130	0.9%
<b>Total Homeless</b>	<b>2,738</b>	<b>100%</b>	<b>3,255</b>	<b>100%</b>	<b>2,853</b>	<b>100%</b>	<b>2,984</b>	<b>100%</b>	<b>13,773</b>	<b>100%</b>
<b>Total Chronic Homeless</b>	<b>966</b>	<b>35.3%</b>	<b>957</b>	<b>29.4%</b>	<b>765</b>	<b>26.8%</b>	<b>918</b>	<b>30.8%</b>	<b>1,840</b>	<b>13.4%</b>

See Attachment I

## HISTORICAL RESPONSE

### State of Utah

Following what has happened nationally, Utah’s shelter system has evolved over the past two decades in response to a changing homeless population. Presently, there are about 3,248 temporary shelter beds statewide. This includes emergency and domestic violence shelters and transitional homes that permit longer lengths of stay, from two months up to two years (see Attachment II).<sup>3</sup> These systems work fairly well for the temporarily homeless but has been insufficient for the chronically homeless.

Shelters grew in response to the dramatic rise in the number of homeless families that began in the late 1980’s. As female-headed families steadily grew as a percentage of the homeless, it was clear that children, in particular, were ill-suited for life on the streets. Shelters protected people from the rigors of street life, and they worked for families and individuals in crisis – those facing job loss, eviction or bankruptcy.

These emergency shelters, however, could not address the special needs of the chronic homeless, those with multiple barriers to self-sufficiency, who suffer prolonged or repeated bouts of homelessness. Shelters responded by offering onsite services, such as mental health and substance abuse interventions.

As demand for low-income housing grew, emergency shelters moved to equip clients with rent vouchers and transitional housing. The resulting tiered system moves the homeless through a series of shelter programs focused on graduating them to permanent housing and self-sufficiency (see Attachment III).

## **WHY SHELTERS ARE NOT ENOUGH**

### **Cost to Communities**

Shelters do serve a purpose. They provide shelter with supports for the temporarily homeless and assist towards stabilizing their lives. But these emergency shelters have proven ineffective for moving the long-term homeless towards stability and independence.

Shelter-based services aim to rebuild lost supports that contribute to a person's short-term homelessness and restore independence, but do little to address the underlying causes of chronic homelessness. The most serious problems faced by deeply impoverished households are inadequate education, a lack of job skills, histories of trauma (often war related), domestic abuse, and serious physical and mental disabilities which cannot be resolved with short-term interventions. Disincentives further complicate the problem such as when people leave shelters they often lose access to services. Absent these supports, they are expected to stay employed and sober in order to qualify for temporary or transitional housing. Not surprisingly, many remain in the shelter system for years, or leave only to return. As a result, communities pay heavily for the current system. Though shelters may appear to be the least expensive solution, research reveals the hidden costs are steep, particularly for those with chronic physical or mental illness.

Homeless people spend excessive time in jail or prison, often for petty offenses such as loitering. The penal system frequently serves as emergency shelter for the chronically homeless, at far greater cost than other more appropriate options. In Utah, the annual costs per individual break down as follows (see Attachment IV):

- \$6,504 in permanent supportive housing
- \$7,165 at The Road Home emergency shelter
- \$13,000 in supportive services and rent assistance
- \$23,608 in Utah State Prison
- \$26,736 in Salt Lake County Jail
- \$166,000 at the state Mental Hospital<sup>4</sup>

The cost of homelessness is most acutely felt by the overburdened health and mental health systems. Hospitalized homeless people stay an average of more than four days longer than other patients. Almost half of homeless hospitalizations result directly from the rigors of homelessness and are preventable.<sup>5</sup> Other reports show that homeless persons are three times more likely than the general population to use emergency rooms due to poor health, high injury rates and barriers to obtaining routine medical care.<sup>6</sup>

## **THE GOAL**

Ending chronic homelessness is a national effort. In 2000, NAEH issued a national challenge in *A Plan, Not a Dream: How to End Homelessness in Ten Years*. The following year, HUD Secretary Martinez endorsed the goal of ending chronic homelessness in America in ten years. President Bush made ending chronic homelessness an administration-wide goal and re-established the Interagency Council on Homelessness to coordinate efforts among over 20 federal agencies serving the homeless.

In 2002 Lt. Governor Walker pledged Utah's support. The following year, nine individuals, representing the State's Homeless Coordinating Committee, attended the HUD Policy Academy in Chicago. The Policy Academy elaborated the Bush administration's vision to end chronic homelessness in ten years and provided tools for the development of local plans. The nine Utah representatives were:

Lloyd Pendleton, Volunteer  
Church of Jesus Christ of Latter-Day Saints

Bill Crim, Executive Director  
Utah Issues

Leticia Medina, Director  
State Community Services Office

Mike Richardson, Director  
Department of Workforce Services

Robert Snarr, Coordinator  
State Mental Health Housing & Case Management

Kerry Bate, Executive Director  
Salt Lake County Housing Authority

Mark Manazer, Vice President  
Volunteers of America

Matt Minkevitch, Executive Director  
The Road Home

Jane Shock, Vice President  
American Express

This team accepted the challenge to prepare a blueprint to end chronic homelessness in Utah by 2014.

## THE SOLUTION

### Process

Utah's Homeless Coordinating Committee has identified four key strategies to attack the problem, each overseen by a subcommittee of decision-makers and service providers – those best positioned to champion change and achieve results (see Attachments V and VI).

- **Affordable Housing:** Identify and create additional low-income permanent housing for the chronically homeless and develop a process for rapid re-housing of the temporarily homeless.
- **Prevention and Discharge Planning:** Prevent future homelessness by focusing on comprehensive coordinated discharge planning from homeless shelters, jails, prisons, hospitals, mental health and substance abuse treatment programs and foster care. In addition, an approach for keeping people housed will be developed. Research indicates it's one sixth of the costs to keep a person housed compared with letting them become homeless and then getting the back into housing.
- **Supportive Services:** Provide targeted supportive service with access to mainstream resources and supports, including case management, mental health and substance abuse treatments, employment and training opportunities and other services needed to stabilize their lives. The use of a self-sufficiency matrix for all homeless person that have a case manager was implemented July 2005 and will be used to track the success for keeping the homeless persons housed (see Attachment VII).
- **Homeless Management Information:** A statewide homeless database and reporting system has been implemented to chart outcomes and drive success.

A fifth set of subcommittees focusing on driving these strategies locally has been organized. Twelve Local Homeless Coordinating Committees, chaired by an elected official, have been created and charged with preparing and implementing a ten-year plan to end chronic homelessness and reduce overall homelessness by 2014. These local plans are an extension of the state's plan that is adapted to meet local needs; thus a centrally led and locally developed process has been implemented.

The state committee has invited each local committee to identify and develop additional low-income permanent housing units equal to the area's number of chronically homeless persons identified on the annual point-in-time counts. The local ten-year plans combine a locally tailored mix of existing rental stock, refurbished older buildings and newly constructed units.

These locally developed plans have identified the need for 2,214 housing units to be on line by 2014. This planned housing mix is 579 from existing rental inventory, 952 from refurbished structures, and 683 of new construction. In addition, several local committees have identified the need for 62 more transitional housing units and 28 emergency shelter beds (see Attachments VIII and IX). Funding plans are now being developed (see Attachment X).

## **Affordable Housing**

### Housing First

Housing is more than a basic need. It's also the least costly and most effective way to end chronic homelessness.

Economists were among the first to chart the financial and human costs of the nation's chronically homeless. It was a group of homeless providers in New York City, under the leadership of Sam Tsemberis, who dared to try something new. Their approach, dubbed "Housing First," is being adopted by cities and counties nationwide. The strategy hinges on moving the homeless off the streets and into permanent housing, where they can establish community roots. Tenants pay rent, not to exceed 30% of their income, and must abide by the same lease agreement required by any other person that would lease that unit.

Housing First tenants agree to regular on site visits by a case manager who helps them navigate their new environment and tap into social programs like Medicaid and Social Security Disability. Other services, such as mental health and addiction treatment, are available for those who want them. People are more likely to chart new paths if they have stable housing and meaningfully choices from which to start.

Studies show it works! New York, Denver, San Francisco and Utah have found that even the most chronically homeless are able to stay housed with the Housing First model.

The model also has proven to save money. A San Francisco study found that placing homeless people in permanent supportive housing reduced their emergency room visits by more than half.<sup>7</sup> In 2006, the Denver Housing First Collaborative published a study of chronically homeless individuals, comparing costs of services for two years before and after placement in permanent supportive housing. The group found a 34% reduction in ER costs and inpatient nights declined 80%. Incarceration days and costs plunged 76%. The total average cost savings per individual was \$31,545. After deducting the cost for providing permanent supportive housing, Denver realized a net cost savings of \$4,745 per person.<sup>8</sup>

### Affordable Housing Shortage

Additional affordable housing for low-and very low-income households must be developed for the blueprint to work. The biggest obstacle is insufficient income. For the last 30 years the gap between income and housing costs has steadily widened. Over the same period of time, the supply of affordable rental housing has become increasingly scarce. Much of the stock has been converted to higher priced, higher profit housing such as condominiums. More has been claimed by urban renewal. In many cases, higher income households are occupying low-income housing which has further depleted the supply.

The National Alliance to End Homelessness reports that nationally there are **5.2** million more low-income households than there are affordable housing units.<sup>9</sup> The average fair market value of a two-bedroom

apartment has grown by nearly 28% in the last seven years, outpacing inflation and average income growth.<sup>10</sup> **Utah's personal income has risen about 5% over the last three years while housing prices have increased 25% to 30%.** The widening gap between income and housing prices puts pressure on the affordable housing supply, placing larger numbers of people at risk for homelessness.

In addition to the growing shortage, Utah has a housing quality problem.<sup>11</sup> The Olene Walker Housing Loan Fund (OWHLF) Annual Report estimates that almost 2,500 low-income housing units require rehabilitation each year to remain habitable.<sup>12</sup> Only a small segment is rehabilitated each year which adds even more to the shortage and low quality housing.

### **Getting There**

Utah's 12 Local Homeless Coordinating Committees have adopted the Housing First approach. Their plans are homegrown, designed by local stakeholders, and address the unique challenges homelessness poses in rural versus urban areas. Housing needs in the Uintah Basin differ from those in Ogden. These housing plans can be for mothers fleeing an abusive husband where permanent supportive housing will mean a safe haven with enough room for her and the children. For someone who has spent a decade or more on the streets, it could mean a studio apartment with supportive case management.

Communities throughout Utah have already begun investing in permanent housing for the homeless. By the end of 2008, **476** chronically homeless will occupy apartments. Ending chronic homelessness, however, will require an additional **1,600** units by 2014. In addition, **11,569** temporarily homeless will require a combination of emergency shelter, transitional housing and permanent housing.

Together the local committees have pledged to increase the housing for chronically homeless individuals and long-term homeless families by **521 in 2009**. These planned projects will combine the use of existing housing rental stock, refurbished older buildings and newly constructed units. It's an ambitious goal, but attainable as Utah communities work together.

Utah's Division of Housing & Community Development is focusing efforts on maximizing the use of existing rental units in the market. In addition, over 1,300 "set-aside" housing units for the homeless and those with disabilities have been constructed this past decade with tax credits. Because it is anticipated some of these are not filled by homeless and those with disabilities, a through review is being conducted to insure these units are compliant and have occupants who were previously homeless. Also, a statewide database has been created where Utahns can search for affordable housing by zip code.

Funds for all types of affordable housing are shrinking at the federal level. Local resources such as the Olene Walker Housing Loan Fund help plug the growing gap. Utah lawmakers have, in recent years, earmarked more money for this loan fund. The need, however, far exceeds the funds presently available and additional resources will need to be developed. An important funding source for this effort will need to come from the private sector and foundations such as the Crusade for the Homeless, Eccles Foundation, and others. The Crusade for the Homeless and Eccles Foundation already have already made a significant contribution of \$4.9 million for housing the homeless.

Statewide, several homeless housing initiatives that address different aspects of the issue are underway:

- **Supply:** Identifying existing rental units that can be used for the homeless, rehabilitating old hotels, insuring set-aside units for the homeless are used by the homeless and constructing new units.
- **Cooperation:** Develop a coalition of landlords willing to provide housing for the homeless.
- **Rental Assistance:** Expand and streamline access to Tenant-based Rental Assistance.



- **Policy:** Implement public policy that bolsters the supply of low-income affordable housing and protects existing stock.

## Prevention and Discharge Planning

Ending homelessness is impossible without strategies to prevent it from happening in the first place. Jails, prisons, hospitals, mental health and substance treatment facilities, foster care and juvenile justice systems often release people directly into homelessness or into unstable living arrangements that shortly result in homelessness. Comprehensive coordinated discharge planning is crucial to ensure that people leaving these institutions and systems have stable housing with supportive services and a fair chance to maintain it.<sup>13</sup> In addition, preventing the loss of housing with prevention assistance is part of reducing the number becoming homeless.

## Getting There

Discharge plans have been developed and implemented by using various pilots to test the approach and refine the results before expanding statewide. A pilot program between the state Department of Corrections and Division of Housing and Community Development, started in 2008, helps female parolees move from a halfway house to independence. Utah County's Re-Entry Assistance Program (REAP), is a new assistance program for former Utah County Jail inmates. It teams up participants with volunteer mentors, who know how to access government funded services as well as how to get help from Utah County organizations devoted to ending homelessness.

The Homeless Assistance Rental Program (HARP) in Salt Lake County provides case management, supportive services, and housing under a Housing First model for homeless individuals that leave the county jail, residential treatment programs and youth who are aging out of foster care. Housing is provided in scattered site locations. Clients are allowed to choose where they live considering individual transportation, family and employment needs. Nearly 80% of the individuals in HARP have remained in housing over a two year period.<sup>14</sup>

The Department of Human Services has organized a comprehensive strategy involving coordinated efforts among its divisions as follows:

- **Foster Care/Juvenile Justice:** A percent of the young adults coming out of these systems do not have housing and supports to keep them off the streets. Each youth is presently required to have a transition discharge plan indicating their living arrangements. The effectiveness of these plans, however, is unknown. To better understand these transition plans, pilots with housing assistance and a results oriented reporting system will be developed to test and develop a more comprehensive approach. One pilot is underway with Salt Lake County using 10 housing vouchers for young adults exiting foster care. The details for these pilots and actions will be developed and reported in the Discharge Planning Committee.
- **Mental Health and Substance Abuse:** Those exiting these treatment systems will be linked in with Local Homeless Coordinating Committees and the pilots and homeless housing options being developed. Presently, a pilot with Salt Lake County for those with mental health issues has been implemented. The Discharge Planning Committee and the Human Services Department will coordinate pilots and actions for this population across the state.

## Supportive Services

In many respects, housing stability hinges on a person's ability to access basic supports in the midst of a crisis. Those supports include: 1) creative leasing options, locating appropriate units, deposit assistance and rent and utility assistance; 2) health care with mental health and substance abuse services; 3) skill and

employment training leading to livable wage employment and other income supports; 4) transportation; and 5) quality child care. Access to resources and supports is even more critical for low-income households, for whom a crisis often means choosing between paying the rent and paying for food.

### ***Getting There***

Focus supportive service efforts for homeless individuals and families in the following areas:

- **Education**: Enhance case managers' specialized knowledge and skill in assisting the homeless.
- **Transitions**: Strengthen coordination among homeless service providers.
- **Domestic Violence**: Increase emphasis on supports for families fleeing domestic violence.
- **Homeless Youth**: Expand outreach to homeless youth.
- **Employment**: Intensify employment preparation efforts for homeless individuals and families.
- **Long-Term Disability Benefits**: Roll out the Social Security Outreach Access and Recovery (SOAR) program statewide in 2008. The Salt Lake pilot reduced benefit decision time by 75% to 4.5 months.
- **Mental Health and Substance Abuse**: Develop a service provider referral system for mental health and substance abuse prevention in each Local Homeless Coordinating Committee location.
- **Statewide Services**: Implement urban and rural case management models for integrated homeless service delivery statewide.

### **Homeless Management Information**

Critical, up-to-date data on Utah's homeless must drive the planning process. Decision-makers need information on who are homeless, why they are they homeless, what services are available, what works and what doesn't. These data will be used to plan, track progress and make adjustments. Accurate data are also important for promoting the ten-year plan with elected officials, community leaders and investors.

### ***Getting There***

- **Information**: Improve understanding of homelessness, services and unmet needs through enhanced data collection and effective management reports.
- **Access**: Facilitate interagency cooperation and "No Wrong Door" philosophy.

### **Conclusion**

Homelessness, in America and in Utah, has continued unabated long enough. Emerging research reveals that homelessness is an economic and public health problem that can be solved by applying proven models. Housing First is a proven way to move people off the streets and into homes, while reducing the overall economic costs to the community. Intensive supportive service delivery is a proven way to help people access the mainstream resources needed to maintain housing and transition to a more self-sufficient life. Discharge planning is a proven way to make remarkable cuts in the number of new bouts of homelessness. Solid information measures success and failure and points to new directions.

The vision is a challenging one – make Utah a place where every person can have access to safe, decent, affordable housing with the needed resources and supports for self-sufficiency and well-being. Getting

there will take commitment and focused action from state and local leaders and a concerned public. Please, get involved.

## Footnotes

---

<sup>1</sup> National Alliance to End Homelessness. 2000. *A Plan, Not a Dream: How to End Homelessness in Ten Years*.

<sup>2</sup> Department of Veterans Affairs Fact Sheet, January 2003.

<sup>3</sup> From the State's 2007 three Continuum of Care submissions.

<sup>4</sup> In Utah, inpatient psychiatric care charges average \$455 per day. Medicaid pays an average of \$2,800 per day for medical hospitalizations (with an average stay of 3.9 days) and pays emergency room an average of \$648 per episode. (Utah Department of Health, Division of Health Care Financing. personal correspondence.

<sup>5</sup> Sharon A. Salit, M.A., et.al., "Hospitalization Costs Associated with Homelessness in New York City," *New England Journal of Medicine*, Vol. 338:1734-1740, #24, June 1998.

<sup>6</sup> Kushel MB, Vittinghoff E, Haas JS. Factors associated with the health care utilization of homeless persons. *JAMA*. 2001;285:200-206.

<sup>7</sup> Tony Proscio. *Supportive Housing and its Impact on the Public Health Crisis of Homelessness*, California, 2000.

<sup>8</sup> Denver Housing First Collaborative. *Cost Benefit Analysis and Program Outcomes Report*. December 2006.

<sup>9</sup> National Alliance to End Homelessness. *Chronic Homelessness*. March 2007.

<sup>10</sup> National Low Cost Housing Coalition. *Out of Reach 2006*.

<sup>11</sup> Utah Department of Community and Economic Development, Division of Housing and Community Development. *State of Utah Consolidated Plan 2006-2010*. p.8.

<sup>12</sup> Utah Department of Community and Culture, Division of Housing and Community Development. *Olene Walker Housing Loan Fund Annual Report to the State Legislature 2007*.

<sup>13</sup> National Alliance to End Homelessness. *A New Vision: What is in Community Plans to End Homelessness*. November 2006.

<sup>14</sup> Department of Housing and Urban Development, Office of Public Housing web site. April 2008.