Office of Homeless Services
State Homelessness Coordinator
August 2023
Local Homeless Councils (LHCs)

**Continuum of Care**

**Balance of State — 11 LHCs**
- 25 Counties throughout the state

**Mountainland — 1 LHC**
- Summit County
- Utah County
- Wasatch County

**Salt Lake County — 1 LHC**
- Salt Lake County
- Salt Lake Valley Coalition to End Homelessness
Our vision for the homeless response system in Utah is to make homelessness rare, brief and non-recurring; that all people experiencing homelessness can thrive to their fullest potential; and that our communities are stable and safe for everyone.

— Utah Homelessness Council

Goal 1: Increase accessible and affordable permanent housing opportunities for people experiencing homelessness across the state

Goal 2: Increase access to and availability of supportive services and case management for people experiencing and at risk of homelessness

Goal 3: Expand homeless prevention efforts by increasing coordination, resources, and affordable housing opportunities

Goal 4: Target housing resources and supportive services to people experiencing unsheltered homelessness

Goal 5: Promote alignment and coordination across multiple systems of care to support people experiencing and at risk of homelessness

The strategic plan, implementation guide, and data is available at: https://jobs.utah.gov/homelessness/strategic.html
● System Performance Measures reported to U.S. Housing and Urban Development
  ○ Federal Fiscal Year 2022

● Housing Inventory Count
  ○ Single Night - January 25, 2023
    ■ Emergency Shelter
    ■ Transitional Housing
    ■ Permanent Supportive Housing
    ■ Rapid Re-housing
    ■ Other Permanent Housing

● Point-in-Time Count
  ○ Single Night - January 25, 2023
    ■ Emergency Shelter, including Domestic Violence Service Providers (DVSP)
    ■ Transitional Housing, including DVSP
    ■ A place not meant for human habitation (such as in a vehicle or a city park).
Making Homelessness Rare

In FFY 2022, the number of Utahns experiencing homelessness for the first time reached 8,637, marking an increase of 821 individuals compared to FFY 2021.

• This 10% rise indicates a slower growth rate compared to the preceding year's 14% increase, aligning with the national trend of rising homelessness since 2017.

• Despite the increase, Utah's homelessness rate remains below the national average, with approximately 11 individuals experiencing homelessness per 10,000 people, compared to the national rate of 18 per 10,000 people.
Making Homelessness Brief

The average shelter stay decreased by three days to approximately 65 days compared to FFY 2021.

- Around 57% of individuals stayed in shelters for 30 days or less, while only 6% remained for nine months or longer.

- It is essential to continue efforts to ensure that these decreases are driven by improved access to suitable, permanent housing, particularly for those who have experienced homelessness for extended periods.
Making Homelessness Non-Recurring

The system has demonstrated remarkable success in helping the most vulnerable individuals maintain housing stability.

- **93%** of individuals enrolled in permanent housing stayed housed for at least a year.

- This level of success has been consistently maintained since FFY2018.

- Although the percentage of individuals returning to homelessness within 24 months of obtaining permanent housing slightly increased from 29% in FFY 2021 to just over 30%, it still reflects a decline from approximately 34% in FFY 2018, indicating progress in supporting long-term housing stability.
Conducted as a statewide one-night count, revealed a 3.7% increase in the number of individuals experiencing homelessness compared to the previous year.

- **3,556 in 2022 to 3,687 in 2023**

While it is possible that some of this increase can be attributed to improved coverage and participation in the PIT, it underscores the challenges faced by Utah’s homeless service system in connecting those who have been homeless for extended periods and require intensive support with appropriate housing and services.
In the 2023 Point-in-Time (PIT) count, Utah witnessed a concerning increase in the number of individuals experiencing chronic homelessness.

- Chronic homelessness refers to individuals who have experienced literal homelessness for at least a year, either continuously or in four or more separate instances within the past three years, while also experiencing a disabling condition such as a physical disability, severe mental illness, or substance use disorder.

- The 2023 PIT count identified 1,004 individuals who met this definition, comprising 27% of the total count.

- This represents a significant 96% increase from the 512 people reported as experiencing chronic homelessness in 2019 when Utah revised its reporting process to align better with HUD definitions and national standards.

The complete data report is available at: https://jobs.utah.gov/homelessness/homelessnessreport.pdf
Chronic Homelessness and Permanent Supportive Housing

To address chronic homelessness effectively, it's important to focus on the availability of permanent supportive housing (PSH) beds. PSH provides long-term housing assistance and essential support services for individuals with disabilities, aligning with the definition of chronic homelessness.

Statewide, the number of people experiencing chronic homelessness has increased by 96% between 2019 and 2023. However, the availability of PSH beds has only risen by 1% or 45 beds during the same period.

During the period between 2012 and 2017, when Utah achieved significant reductions in chronic homelessness, the state increased its PSH inventory by adding 804 beds, marking a remarkable 46% growth.

This emphasizes the need to prioritize expanding PSH resources. By increasing the number of PSH beds, we can offer individuals experiencing chronic homelessness the long-term housing assistance and specialized support they require to overcome their challenges.

*Please note the asterisk next to 2021, as the number of people experiencing chronic homelessness available that year came just from the sheltered count due to subpopulation data not being collected in the unsheltered count to reduce the risk of COVID-19 transmission. That year should not be compared to the other years.
Office Homeless Services
Funding Overview
## SFY 2024 Office of Homeless Services
### Budget Summary

**Updated June 22, 2023**

### State Funding

<table>
<thead>
<tr>
<th>Account Funding Available for Award at Initial Appropriation</th>
<th>Committed to Date</th>
<th>FY24 Available</th>
<th>Meeting Recommendations</th>
<th>FY24 Committed</th>
<th>Total Remaining for Allocation</th>
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<tbody>
<tr>
<td>Homless to Housing Account (H2H) Ongoing (SHF)*</td>
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<td>2,500,000</td>
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**State Total** $78,940,494

### Federal Funding

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<th>Account Funding Available for Award at Initial Appropriation</th>
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<th>FY24 Available</th>
<th>Meeting Recommendations</th>
<th>FY24 Committed</th>
<th>Total Remaining for Allocation</th>
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<td>-</td>
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**Federal Total** $47,091,856

### Local Tax Revenue

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<th>Account Funding</th>
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<th>FY24 Available</th>
<th>Meeting Recommendations</th>
<th>FY24 Committed</th>
<th>Total Remaining for Allocation</th>
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<tr>
<td>6,615,652</td>
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<td>6,615,652</td>
<td>6,615,652</td>
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**Local Tax Contribution Total** $6,615,652

### OHS All Sources

<table>
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<tr>
<th>FY24 Available</th>
<th>Meeting Recommendations</th>
<th>FY24 Committed</th>
<th>Total Remaining for Allocation</th>
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<tr>
<td>127,309,992</td>
<td>38,417,288</td>
<td>50,601,245</td>
<td>76,708,746</td>
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</table>

*State Homelessness Funding RFGA
OHS released the “services” funding through RFGA in spring 2023 for homelessness services throughout the state:

- Received $45,154,329 in requests for funding
- 123 applications from 48 agencies
- 23 of those agencies were new applicants
- Funding withheld to address winter response throughout the state
## FY24 Homeless Shelter Cities Mitigation Funding

### (Mitigation)

- **First-tier** eligible municipalities are located in a county of the first or second class and have a homeless shelter that operates year round, and has the capacity to provide temporary shelter to at least 80 individuals per night. First-tier eligible municipalities are:
  - Midvale City $ 2,683,318
  - Ogden City $ 2,472,548
  - Salt Lake City $ 3,107,201
  - South Salt Lake City $ 3,112,981
  - St. George City $ 854,835

- **Second-tier** eligible municipalities are located in counties other than the first or second and have a homeless shelter that that operates year round, and has the capacity to shelter at least 25 individuals per night. Current eligible municipalities are:
  - Cedar City $ 143,567
  - Logan City $ 75,130
  - Richfield City $ 130,757

- **Third-tier** winter response for eligible municipalities as determined by the office
  - Approximately $ 1,600,000
Deeply Affordable Housing
Affordable & Deeply Affordable Housing Need

As part of House Bill 462 passed in 2022, the Department of Workforce Services has contracted with the Gardner Policy Institute (GPI) to develop a database of moderate and affordable housing needs and supply across Utah.

- The GPI team has provided initial estimates showing cumulative surplus/deficit for four area median income (AMI) levels for calendar year 2022.

<table>
<thead>
<tr>
<th>AMI Level</th>
<th>Housing Units Available</th>
<th>Households</th>
<th>Deficit/Surplus</th>
<th>Affordable Units Available/100 Household</th>
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<td>80% AMI &amp; Below</td>
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<td>County</td>
<td>Area Median Income (AMI)</td>
<td>Affordable Rent by 30% AMI</td>
<td>*Fair Market Rent (FMR) 1 Bedroom</td>
<td>Difference -Gap-</td>
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<tr>
<td>-------------------</td>
<td>--------------------------</td>
<td>----------------------------</td>
<td>-----------------------------------</td>
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<tr>
<td>Cache County</td>
<td>$18,350</td>
<td>$459</td>
<td>$748</td>
<td>-$289</td>
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<tr>
<td>Daggett County</td>
<td>$22,450</td>
<td>$561</td>
<td>$670</td>
<td>-$109</td>
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<tr>
<td>Davis County</td>
<td>$22,350</td>
<td>$559</td>
<td>$1,032</td>
<td>-$473</td>
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<tr>
<td>Duchesne County</td>
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<td>$711</td>
<td>-$252</td>
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<td>Morgan County</td>
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<td>$1,032</td>
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<tr>
<td>Rich County</td>
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<td>Salt Lake County</td>
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<td>$559</td>
<td>$1,032</td>
<td>-$473</td>
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</table>

*A FMR is generally calculated as the 40th percentile of gross rents for regular, standard-quality units in a local housing market. Real market rents are much higher.*
Rates of individuals experiencing homelessness per 10,000 people:

- **Utah** - 11 per 10,000
- **Mississippi** - 4 per 10,000
- **South Carolina** - 7 per 10,000
- **Alabama** - 7 per 10,000
- **California** - 44 per 10,000
- **Vermont** - 43 per 10,000
- **Oregon** - 42 per 10,000

Source: U.S. Housing and Urban Development Annual Homelessness Assessment Report to Congress

How to fund it

- Housing Stabilization Grants
  Tenants Pay 30% of their Income

Where?
- Market issues
- Location
- Approvals

Housing
A variety of options

SUPPORT
- Individual Centered
  - Services
  - Case Management
  - Comprehensive Health
    - Community
    - Employment
    - Life Skills
  - Move-on objective

Land Bank Trust

LIHTC 9% or 4%

GAP Funding

MEDICAID HRSS

Utah LIHTC
$10 million annually

$5 million ongoing

$50 million one-time
FY23 Deeply Affordable Housing Funding

$55,000,000 - ARPA funding

- Application released in July 2022
  - Received $168,000,000 in funding requests
  - Many service providers were not able to submit applications due to the fast time frame
- Applications reviewed August 2nd and recommendations sent to the Utah Homelessness Council (UHC) for review on August 31st
- Finalized recommendations with UHC for funding on September 9th
<table>
<thead>
<tr>
<th>Agency</th>
<th>Project</th>
<th>Recommended Amount</th>
<th>County</th>
<th>Income restricted, affordable Units</th>
<th>Number of deeply affordable units</th>
<th>Number of Literally Homeless Dedicated</th>
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</table>

| Total                              | $55,000,000.00                   | 1159               | 693        | 572                                 |                                   |                                       |

8 Projects in Counties of the first class, 7 projects in counties of the 2nd and 3rd class, 2 projects in counties of the 4th, 5th and 6th class
FY24 Deeply Affordable Housing Funding

$47,738,856

- $31,000,000 ARPA funding
- $13,312,500 H2H Match Funding
- $3,426,356 Emergency Rental Assistance Funding (Utah County)

Application released in July 2023

- Received $105,911,906 in funding requests
- Applications currently being reviewed
- Recommendations will be made to Utah Homelessness Council August 10, 2023
FY24 Attainable Housing Grants

$5,000,000

Application released in July 2023

- Received $2,193,048 in funding requests
- 843 grant units represented in application intent
- Applications currently being reviewed
- Recommendations will be made to Utah Homelessness Council August 10, 2023
Dedicated Funding Stream to Address Goals and Strategies in the Strategic Plan

- **Chronic homelessness, mental health, substance use**
  - According to HMIS data, about **48%** of people who have experienced homelessness within the last five years in Utah had a disabling condition.
    - Around **36%** of them having a mental health or substance use disorder.

- **Supportive services and case management**
  - To support a successful housing model, there is a need to expand services provided that are attached to housing. This includes:
    - Expanding case management services and increasing wages.
    - Investment in expansion of substance use and mental health services.

- **Funding gaps**
  - Expansion of sites and services throughout the state - new facilities, winter overflow, code blue.
  - Homeless service providers throughout the state have significant operating costs. This is due to changes in crisis homeless services systems models, inflation, cost of wages, and increased cost for goods and services.
    - Many homeless services staff are not making a living wage and experience homelessness and housing insecurity themselves. A person must make **$24.93 per hour** to afford a two bedroom apartment. (https://nlihc.org/housing-needs-by-state/utah)
    - (need information on existing job wages increasing, state inflation rates, and increases in costs of housing over three years) Ask Jared Mendenhall 2020-22

- **Funding needs related to expansion of the Sequential Intercept Model.**
Sequential Intercept Model

Jean Hill
Director of Criminal Justice Initiatives
Salt Lake County
The Sequential Intercept Model (SIM) is a strategic planning tool which maps diversion resources along the criminal / legal system process. Each intercept identifies intervention points for diversion. The SIM is used to:

1) Develop a comprehensive picture of how people flow through the criminal justice system along six distinct intercept points.
2) Identify gaps, resources, and opportunities at each intercept for individuals
3) Develop priorities for action designed to improve system and service level responses
4) Divert as many individuals as possible at Intercept 0
Why This Model

**Individuals**
- Provide more effective treatment in more appropriate settings for better long-term success for individuals in need, ending cycles of repeat engagement in criminal justice or homeless systems

**Hospitals**
- Reduce expensive, inefficient use of hospital emergency departments

**Law Enforcement**
- Reduce calls to law enforcement for crimes that are symptoms of mental illness, enabling more focus on violent crimes

**Corrections**
- Reduce the use of jail as the de facto provider of mental health care and substance abuse treatment for low-income individuals, enabling better use of resources for individuals who cannot be served in the community

**Courts**
- Improve case loads by resolving cases through diversion to treatment of SMI before adjudication

**Providers**
- Enhance data-informed coordination between providers for long-term individual success that helps promote sustainable resource allocation to providers
<table>
<thead>
<tr>
<th>Intercept 0 Community</th>
<th>Intercept 1 Law Enforcement</th>
<th>Intercept 2 Jail</th>
<th>Intercept 3 Courts</th>
<th>Intercept 4 Re-Entry</th>
<th>Intercept 5 Community Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Line</td>
<td>CIT Officers</td>
<td>Mental Health Services</td>
<td>Mental Health Courts</td>
<td>TOP 10</td>
<td>CJ Intensive Supervision Program</td>
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<tr>
<td>Warm Line</td>
<td>SLPD Community Connections Team</td>
<td>CATS</td>
<td>Drug Courts</td>
<td>JDOT</td>
<td>– 85% reduction in new charge bookings</td>
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<tr>
<td>Mobile Crisis Outreach Teams</td>
<td>UPD Mental Health Unit</td>
<td>Community Response Team</td>
<td>Veteran’s Courts</td>
<td>CORE 1&amp;2 – 79% reduction in new charge bookings for men, 93% for women</td>
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<tr>
<td>Receiving Center</td>
<td>Jail Competency Restoration Unit</td>
<td>Jail Competency</td>
<td>LDA Mental Health and social services positions</td>
<td>ATI Transport</td>
<td>Odyssey House MH Residential programs</td>
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<tr>
<td>VOA detox</td>
<td>MAT – Vivtral ProGram: 71% reduction in new charge booking</td>
<td>Criminal Justice Services</td>
<td>Case Resolution Coordinator</td>
<td>JRRP</td>
<td>• FACT</td>
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<tr>
<td>ACT Teams</td>
<td>MAT Pretrial Services</td>
<td>County Pretrial Intervention Program</td>
<td>Homeless Courts</td>
<td>DORA</td>
<td>• MH/SUD Programs</td>
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<tr>
<td>VA/VOA Outreach</td>
<td>Jail Diversion Outreach Team</td>
<td>MAT = Medication Assisted Treatment</td>
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<td>4th Street Clinic</td>
<td>4th Street Clinic</td>
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<td>NAMI</td>
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<td>Medicaid Eligibility Specialists</td>
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<td>USARA</td>
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<td>Gap Funding</td>
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<td>MAT 4th Street Clinic</td>
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<tr>
<td>Sober Living Housing – 75% reduction in new charge bookings</td>
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<tr>
<td>Permanent Supportive Housing – 93% retention in housing</td>
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<td>Rapid Relocation</td>
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<td>Homeless Resource Centers</td>
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<td>Downtown Ambassadors</td>
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<td>Senior Housing (homeless)</td>
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</tbody>
</table>

ACT = Assertive Community Treatment  
AP&P = Adult Probation and Parole  
ATI = Alternatives to Incarceration  
CATS = Correction Addiction Treatment Svcs  
CIT = Crisis Intervention Team  
CJS = Criminal Justice Services  
CORE = Co-occurring Reentry & Empowerment  
PPIP = County Pre-File Intervention Program  
CRT = Community Response Team  
DORA = Drug Offender Reform Act  
ED = Emergency Department  
FACT = Forensic Assertive Community Treatment  
JDOT = Jail Diversion Outreach Team  
MAT = Medication Assisted Treatment  
JRRP = Jail Resource Reentry Program  
MCO = Mobile Crisis Outreach Team  
MHC = Mental Health Court  
MH = Mental Health  
MHJ = Mental Health Liaison  
NAMI = National Alliance on Mental Illness  
OMI = Offender with a Mental Illness  
OH = Odyssey House  
SUD = Substance Use Disorder  
SW = Social Work  
UHP = Utah Highway Patrol  
UPD = Unified Police Department  
USARA = Utah Support Advocates for Recovery Awareness  
VOA = Volunteers of America
Sequential Intercept Model – Key Components

- Sustainable funding sources
- Sufficient provider services and housing to ensure access to both for SMI individuals
- Legal structure to support involuntary commitment of individuals for diagnosis and treatment
- Person-centered programming ensures individuals have peer supporters to assist with navigating complex systems in a trauma-informed manner
- Rooted in understanding that mental illnesses are diseases with symptoms and circumstances that lead to criminal consequences
- Consistent trauma-informed training for all partners
Miami

- Population is 3+ million
- Dedicated funding source for homeless/mental health services brings in $65 million ($25-30 rest/bar tax + federal grant funding)
- Not creating new services but merging and blending existing services to eliminate gaps.

Salt Lake County

- Population is 1.2 million
- No current dedicated funding stream for homeless/mental health services
- Don’t need to create new services: Would need to enhance and coordinate current services, availability of resources such as housing, peer support system and MH and SUD services
Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system.

Supports law enforcement in responding to both public safety emergencies and mental health crises.

Enables diversion to treatment before an arrest takes place.

Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.

- **MCOT Teams**: **Funding**: Current funding available for 5 teams in SL County. County should have 9-13 based on population. **Cost Estimate**: $5,000,000

- **Group Homes for SMI**: **Funding**: One of the most effective interventions of people with Severe Mental Illness (SMI) is group housing units. Medicaid covers services in these settings and Salt Lake County covers the cost of property purchase or leasing. The supervision in these settings has been proven to be highly effective in reducing incarceration and getting people off the streets. **Cost Estimate**: $8,000,000 for housing.

- **Housing**: **Funding**: Housing crisis limits ability to provide long-term stable housing supports necessary for treatment success. Also limits on housing for medically frail homeless seniors, other populations. Shortage means individuals are not always housed with the appropriate level of services.

- **Services for People with Disabilities**: **Funding and Staffing**: Division of Services for People with Disabilities wait lists, lack of screening in criminal justice and homeless systems.

- **Street Medical Services**: **Funding and Staffing**: Expanded services will bring medical and mental health care to the street and avoid the cost of emergency room care. Street support will also provide a mental health intervention that provides more order to our street challenges. **Cost Estimate**: $1,300,000

- **Domestic Violence Services**: **Funding**: HomeSafe program underfunded, could be effective prevention opportunity. **Cost**: $1,000,000-2,000,000

- **HRCS Operating Deficit**: **Funding**: Ongoing shortfalls in the operations of the Homeless Resource Centers and the need for winter overflow locations are straining the system. **Cost Estimate**: $9,000,000
Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail.

Begins when law enforcement responds to a person with mental or substance use disorders.

Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.

- **Capacity: Staffing/Funding:** Behavioral health, law enforcement and case managers needed to create positive collaborations for success are all in short supply. Are there opportunities to work with local schools of social work, POST, and other programs to develop internships and other interactions with providers and agencies to encourage more involvement. Other incentives, such as housing subsidies?

- **Detox: Funding:** Volunteers of America detox is typically full, leaving officers with little choice but to take the person to jail. Additional beds are coming online, but review of future potential resource needs may be warranted.

- **Peer Navigators: Staffing/Funding:** Many familiar faces have no family members or other supports to help navigate complex systems. The need for peer supporters dedicated to specific individuals to ensure successful entry and exit from services into situations conducive to long-term stability would benefit the system. **Cost Estimate: $400,000**

- **Housing: Funding:** One of the key missing components to this intercept is supportive housing for long term success. Connecting criminal justice data with housing data may create a more accurate and consistent count of needed permanent supportive, transitional and rapid rehousing resources for individuals who fall into the mentally ill, addicted and/or homeless situations. We have come a long way in identifying the familiar faces in the criminal justice system. Ensuring these individuals have access to stable housing is a critical next step.
Housing and Services Model

Shawn McMillen
Executive Director
First Step House
About First Step House

- Founded in 1958 in Salt Lake City
- Today, we are a behavioral health provider and housing developer with accreditation by the Joint Commission
- We serve 1,500 people each year in the Salt Lake Valley through SUD treatment, deeply affordable housing, and integrated supportive services
- For 65 years, we have enacted a mission to help people build lives of meaning, purpose, and recovery
FSH Continuum of Care for the Most Vulnerable

**Treatment**
- Residential SUD Treatment (202 beds)
  - Including REACH Court-Mandated Residential SUD Treatment
- Outpatient SUD Treatment
- Long-Term Recovery Management

**Transitional Housing**
- Recovery Residences (46 beds)
- Mental Health Court Housing (6 beds)
- Valor House (72 Veteran beds)

**Permanent Supportive Housing**
- Central City Apartments (75 units)
- Medina Place Apartments (40 units)
- Stratford Apartments (46 units, opening August 2024)
- 44 N 1000 W (67 units in pre-development)

**Supportive Services**
- Case management
- Medical clinic
- Nursing care
- Employment
- Peer support

**Partnerships**
- Treatment access at Resource Centers
- Case management at Switchpoint, Housing Connect, HASLC
- More in development
Becoming a Housing Developer

Housing is essential to the treatment continuum
- **Treatment needs housing**: without affordable, stable housing during and after treatment, sustaining treatment gains is nearly impossible
- **Housing needs treatment**: without built-in support to address ongoing challenges, housing alone does not prevent returns to homelessness

**Why First Step House?**
- We had decades of experience as a treatment provider, helping people recover from high severity substance use disorder and co-occurring mental health conditions
- We had built a comprehensive suite of supportive services: case management, medical care, employment, treatment aftercare, and more
- We had land

**Why now?**
- There is nowhere near the amount of affordable housing necessary to meet the need in our community
- Chronic homelessness is increasing, especially among people with serious mental and behavioral health conditions, because of the lack of deeply affordable housing
Two Types of Permanent Supportive Housing

Central City Apartments
- 75 one-bedroom apartments
- 75 vouchers
- On-site treatment team
- 24-hour support staff
- 12,000 sq. ft. of clinical space
- Property Management by Housing Connect

- Population served:
  - Homeless with serious, persistent mental illness
  - 30% AMI and below

Medina Place Apartments
- 40 one-bedroom apartments
- 40 vouchers
- On-site supportive services
- Property Management by Housing Connect (co-owner)

- Population served:
  - Homeless with SUD
  - High/repeat utilizers of community resources
  - 30% AMI and below
The Importance of Supportive Services

- All clients in FSH treatment and housing have access to treatment and long-term recovery management, case management, employment support, medical care, transportation, and peer support.
- These programs are funded by a patchwork of annual state, county, and city grants, foundation grants, and private philanthropy.
Funding Supportive Housing Programs

- We fund new deeply affordable housing projects with a combination of tax credit equity, deferred developer fees, loans, perm loans, and grants
  - New housing in development now:
    - 169 E 200 S (PSH)
    - 518 E 600 S (Transitional)
    - 44 N 1000 W (PSH)
- Supportive services are billed to Medicaid whenever possible and supplemented by a patchwork of grant funding and philanthropy
Construction Costs for Central City Apartments

**Sources**
- Deferred Developer Fee: $20,000,000.00
- FHLB AHP Grant: $18,000,000.00
- Energy Rebates: $16,000,000.00
- City of Salt Lake Deferred Loan: $14,000,000.00
- Olene Walker Housing Loan Fund: $12,000,000.00
- Perm Loan - Rocky Mountain CRC: $10,000,000.00
- State Credit Equity: $8,000,000.00
- Federal LIHTC Equity: $6,000,000.00
- Acquisition: $4,000,000.00
- $2,000,000.00

**Uses**
- Developer Fee: $20,000,000.00
- Reserves: $18,000,000.00
- Financing Costs and Legal Fees: $16,000,000.00
- Design and Third Party Engineering: $14,000,000.00
- Construction Costs: $12,000,000.00
- $10,000,000.00
- $8,000,000.00
- $6,000,000.00
- $4,000,000.00
- $2,000,000.00
- $-
Annual Supportive Services Costs

**Central City Apartments**
- $1,050,000 from Medicaid: supportive living rate for eligible clients
- $200,000 from Medicaid: outpatient fee-for-service mental health treatment
- $12,000+ foundation grants for recreation, deposits, client assistance

**Medina Place Apartments**
- $115,000 from Medina Place operating budget
- $69,000 OHS-DWS State Homelessness Funding
- $30,000 from SLCo DBHS and Medicaid: outpatient fee-for-service SUD treatment
- $30,000 foundation grant

**Staffing:**
- Program Manager
- 3 Therapists
- Peer Support Specialist
- Admin Assistant
- 24-hour Support Staff
Limitations of the Current Funding Model

- Funding is insufficient to meet the true need of the homeless population
- Cobbling together funding from dozens of sources requires tremendous agency time and resources
- Billing Medicaid is limited, complex, and slow:
  - We can bill for services because our population is diagnosed with SMI or SUD
  - FSH has extensive billing infrastructure as an established behavioral health provider; few other agencies have capacity to bill Medicaid to the extent necessary for PSH
  - We have the ability to navigate multiple Medicaid payors and wait for very slow payments
- Supportive services funds are typically year-to-year, nonrenewable, and not increasing over time
- A dedicated funding stream would open the door to more development of service-rich permanent housing projects
Is It Worth the Cost?

• 93% of individuals enrolled in permanent housing with support stayed housed for at least a year

• More funding is the difference between supportive housing and just plain housing
  • Supportive services address barriers to stability for people with serious mental illness and significant behavioral health conditions
  • Supportive housing has a built-in safety net to prevent returns to homelessness

• The more we integrate supportive services in housing, the better the long-term outcomes
  • This lowers costs and reduces the burden on the shelter system, hospital emergency services, and jails