

# Utah's Action Plan to Address Homelessness: Aligning with the 'Ending Crime and Disorder' Executive Order

*Utah embraces a homeless services framework known as the "Pathway to Human Thriving."*

*The evidence-based approach assists individuals experiencing homelessness progress past trauma and personal struggles to healing, self-sufficiency, and dignity. An opportunity exists to align Utah's approach with President Trump's executive order to end crime and disorder by focusing on the root difficulties of chronic homelessness. Both Utah and the federal government define the challenge as a behavioral health and public safety emergency. Both seek to pivot away from "Housing First" mandates toward system integration, treatment access, enforcement, and measurable outcomes. By synchronizing efforts, the Beehive State can optimize our approach, secure additional funding, and help this vulnerable population proceed on the path to human thriving.*

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## SUMMARY OF HOW TO BEST ALIGN THE EXECUTIVE ORDER ON HOMELESSNESS

Chronic street homelessness is to be treated as a combined behavioral-health and public-safety emergency. Every federal housing, health and justice agency is instructed to link grants, waivers and personnel to states that are investing in effective practices like the following:

- Open more in-patient psychiatric beds and launch jail-based competency-restoration units
- Apply policies of civil commitment to ensure substantively more individuals who are suffering from mental health disabilities receive the help they need
- Co-locate a Certified Community Behavioral Health Clinic (CCBHC) at a centralized campus
- Utilize Assisted Outpatient Treatment (AOT) programs and integrate with street outreach programs
- Enforce unsanctioned camping, disorderly conduct, trespassing, and drug laws; consistently enforce drug and other crimes in homeless facilities
- Pair treatment and employment/education/volunteer requirements with the receipt of government-subsidized housing
- Invest in effective re-entry plans; all individuals re-entering communities from prison must have enforced re-entry plans
- Develop integrated data-sharing systems and publish the information; provide clear, full, transparent data sharing with law enforcement
- Consolidate or improve coordination between Continuums of Care
- Homeless programs may not allow sex offenders to live in housing facilities that have households with children
- Document year-over-year drops in unsheltered counts and overdose deaths to keep preferred federal funding

## RECOMMENDED GOVERNOR EXECUTIVE ORDERS

1. **Consolidate COC's:** Formally request HUD approval to consolidate Utah's three COC's into one COC that reports directly to the Utah Homeless Services Board (UHSB); thus, executing a more consistent, coordinated, and aligned strategy to rescue those who are vulnerable.
  - Consolidating CoC's under UHSB will decrease centralized campus funding needs ~15%.
2. **Pilot Exhaustive Treatment-Focused Intervention:** Coordinate with the White House to deploy the United States Public Health Service Corp (USPHSC) Rapid Deployment Force and Mental Health Teams (MHTs) to Salt Lake County to support Utah in this humanitarian crisis; offer to become a pilot for the rest of the country on how to deploy an exhaustive treatment-focused intervention that is dignified, humane, and efficacious.
  - Tie humanitarian deployment to rapidly built shelters at new centralized campus (see below).
3. **Increase Case Management Workforce:** Instruct USHE to augment Clinical Behavioral Health workers by rolling-out by Spring 2026 semester at ATC's, SLCC, and Universities the following:
  - The University of Utah-piloted Stackable Credentialing structure for Clinical Behavioral Health licenses: Technician (1 yr), Specialist (A.S. degree), and Counselor (B.S. degree).
  - Require all Psychology and Social Work A.S./B.S. programs to embed the coursework (6 – 12 credits) and practicum hours needed for the new behavioral-health licenses – without adding credits beyond 60/120 for the respective degrees.
  - Instruct DOPL to immediately define scopes-of-practice for stackable credentials/licensing, including formal licensing of Earned-by-Experience peer-to-peer coaches, issue provisional rules within 6 months, and fund curriculum-alignment grants for statewide roll-out.

## PROPOSED STATEWIDE LEGISLATIVE PRIORITIES AS RECOMMENDED BY UHSB

1. **End Culture of Permissiveness; Invest Exclusively in Healing:**
  - At the centralized campus, co-locate a Certified Community Behavioral Health clinic with a minimum of 300 beds for civil commitment. Fund the clinic through federally-supported Medicaid PPS to ensure 24/7 integrated care.
  - Include on the centralized campus a secure residential placement facility that provides substance use disorder treatment as an alternative to jail; participants receive care in a supervised environment where entry and exit are not voluntary.
  - All other facilities on the centralized campus are medium-barrier options that reward voluntary participation in wrap-around services, including treatment and work-conditioned housing.
  - All resource centers become high-expectation transitional housing facilities focused on helping those committed to responsibly integrating into more permanent housing circumstances.
  - All affordable housing requires progress toward self-sufficiency, drug-free and crime free efforts.
2. **Unsanctioned Camping and Community Care Enforcement:** establish consistent statewide enforcement and prosecution of community care ordinances to address drug use, unsafe encampments, public intoxication, disorderly conduct, panhandling, and trespassing while ensuring adequate access to shelter beds and wrap-around treatment services.
3. **On-Going Operational Funding:** Identify a consistent, predictable statewide funding source to support the healing of those experiencing homelessness and to operationalize a centralized campus. Require matching county and city commitments; pursue potential matching federal performance grants.
4. **Individual-Level Care Management System:** Mandate statewide roll-out of an individual-level care management system for all receiving state homeless benefits. In addition to individualized care plans and the coordination of services, the system must track and publish audited PSDC (Permanent Housing, Self-Sufficiency, Drug-Free, Crime-Free) outcomes.
5. **Pay for Performance:** Funding decisions and contract renewals across the entire Continuum of Care as supported by OHS, HHS, and all other state and local agencies (treatment, shelter, affordable housing, and wrap-around services) must be tied to progress toward PSDC performance outcomes.
  - Amend §35A-16-211 to shift appropriation control from UHN to the UHSB.