Statewide Collaboration for Change:

**Utah's Plan to Address Homelessness**

# Strategic Plan Implementation Recommendations

NOVEMBER 2022

During the plan implementation process the Utah Office of Homeless Services (OHS) will work with stakeholders, including a diverse group of adults and youth[1] with lived experience of homelessness, to identify plan priorities for implementation and define concrete next steps towards achieving the plan goals. The following recommendations and action steps are meant to assist with this process.

# Recommended First Implementation Steps

1. Create a Joint Strategic Plan Implementation Committee which includes adults and youth with lived experience of homelessness, to take ownership and leadership of and accountability for, the strategic plan implementation.
2. Collaboratively prioritize strategies into short-, medium-, and long-term timeframes, considering available resources, impact, and support for each.
3. Develop a sustainable funding plan to move implementation forward.
4. Select initial strategies for implementation, based on capacity, and assign responsibility to a lead entity or smaller task force.
5. Convene annual plan update session to report on progress of goals to allow for accountability and create ongoing opportunities for stakeholder feedback.

# Implementation Strategies

- Adults and youth with lived experience of homelessness should be involved at every stage of the planning and implementation process.
- Equity, including racial equity, should be assessed at every stage of the planning and implementation processes for each goal. Please find further recommendations for implementing measures and practices that ensure racial equity here.
- The Utah Homeless Services Officer, in partnership with, the UHC, the UHN, and people with lived experience, should engage state and local entities to participate in innovative planning and budgeting process[2] for all recommendations related to increasing investments & resources.
- OHS and other stakeholders should support CoCs and LHCs across the state in efforts to increase funding, infrastructure, and reach for their HMIS and coordinated entry systems and partners who use them. This will assist with furthering both robust data tracking as well as rapid placement into permanent housing for the most vulnerable populations of people experiencing homelessness in Utah.

# Roadmap to Implementation

Implementation of the strategic plan goals requires continued planning and assessment from regional and local partners, as well as leadership and support from state agencies. The following potential next steps to implementation create a roadmap for beginning the implementation process and represent specific and targeted ideas for the Joint Strategic Plan Implementation Committee to consider as they prioritize and plan for implementation of the following goals. The roadmap was drawn from data gathered, state and nationally recognized innovative strategies to addressing homelessness as well as suggestions from Utah leaders and system stakeholders. These are **not** required steps but meant to be used as a source of information and practices for consideration.

[1] Youth refers to transition age youth (TAY) defined as individuals aged 18 to 24 years old.
[2] Including processes recommended by the Gardner Policy Institute.

GOAL 1

# Increase accessible and affordable permanent housing opportunities for people experiencing homelessness across the state

## STRATEGIES WITH POTENTIAL NEXT STEPS

### 1 Support localities to increase investment in permanent housing options at the state and local level, using private and public funds to meet the current housing need[3] across the state.

- Develop a pre-development loan or lending fund (e.g., a housing trust fund) to create additional affordable housing building opportunities, particularly for rural communities.
- Identify underutilized land across the state to be used for dense affordable housing development.
- Identify ways to work with localities at the state level to foster developer connections, provide developer incentives, and support measures that increase development opportunities.
- Increase state support for local landlord engagement by providing training resources and targeted recommendations for CoCs and LHCs (e.g. a comprehensive list of funding sources that allow landlord incentive costs, training on sales techniques to increase landlord engagement, training on use of mitigation funds).
- Create resource guide to help support cities and counties to develop innovative housing strategies (e.g. shared housing, tiny homes, single room occupancy and micro-units).
- Assist CoCs and LHCs in developing partnerships with private funding sources, (e.g. The Utah Housing Preservation Fund (existing), The Rocky Mountain Homes Fund (existing) and The Utah Perpetual Housing Fund (being established) to coordinate efforts related to the development and preservation of permanent housing for people experiencing homelessness.

### 2 Support localities to increase development of permanent supportive housing programs.

- Create a pre-development loan or lending fund (e.g., a housing trust fund from public/private funders) to create additional permanent supportive housing building opportunities.
- Invest in site-based permanent supportive housing with intensive on-site wraparound services and supports for highly vulnerable persons experiencing homelessness, including those who have experienced extended periods of chronic and unsheltered homelessness and those with significant behavioral health needs.
- Work with Housing Authorities across the state to create "Moving On" initiatives that will free up space in current supportive housing projects and transition people who have stabilized onto permanent housing vouchers.
- Work with CoCs and LHCs to ensure that coordinated entry is working efficiently and effectively to place the most vulnerable people in a community into permanent supportive housing opportunities as quickly as possible.

[3] There is currently a deficit of approximately 40,000 units of affordable housing across the state (i.e. 20,240 affordable and available rental homes to meet the needs of 61,221 extremely low income renter households). See more information here. According to the National Low Income Housing Coalition (NLIHC), Utah has a shortage of 40,981 affordable and available rental units. The deficit for units affordable for people who or at or below 50% AMI (area median income) is 43,253 units (https://nlihc.org/gap/state/ut). These data are based on the Housing Cost Burden by Income, which assess the degree to which individuals across income groups are cost burdened by housing (e.g., extremely low income = 0-30% of AMI; renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened). Current housing needs of people experiencing homelessness was identified as 574 permanent housing opportunities per year based on HMIS data demonstrating the current system flow across the state.

## 3 Support localities to increase development of transitional/interim housing[4] for vulnerable subpopulations of people experiencing homelessness (e.g., those with mental health and substance use disorders, survivors of domestic violence, people experiencing chronic homelessness, people exiting criminal justice system, youth, and others) and create strong pathways for these populations to obtain and retain permanent housing.

- Facilitate developer partnerships between providers and property developers interested in creating low-barrier transitional housing across the state that have direct pathways to permanent housing.
- Develop effective practices and facilitate meetings to assist CoCs in collaborating with other system of care (criminal justice system, healthcare, youth care systems) to coordinate resources and discharges planning efforts to ensure vulnerable populations receive the transitional housing and support services they need to stabilize in permanent housing.
- Support innovative solutions for transitional housing care which includes prioritizing exits to permanent housing.

## 4 Explore policy-level changes at the state and local level to preserve existing affordable housing.

- Establish cross-agency partnerships at the state and local level to engage interest and facilitate advocacy in preserving affordable housing.
- Explore legislative options to promote measures that preserve affordable housing.

## 5 Build community support for development of new permanent housing for people experiencing homelessness.

- Develop social marketing campaigns to help spread information on the impact of housing for people experiencing homelessness on neighborhoods and communities.
- Develop and support effective community engagement efforts that may be leveraged across the state.
- Set up systems to track engagement and evaluate public perceptions across the state.
- Strengthen outreach to civic, church, and community leaders who can engage the larger community to support building affordable housing.

## 6 Support localities to employ innovative solutions for placing people equitably into permanent housing and design ongoing evaluation protocols that assess equity in housing outcomes.

- Leverage 211 to improve connections to coordinated entry in all CoCs and quickly connect the most vulnerable people across the state with permanent housing.
- Collect ongoing and meaningful feedback from people with lived experience of homelessness about their experiences with homeless systems of care and their assessment of how to make these systems as inclusive and equitable as possible.
- Provide at least annual training on racial equity, cultural competency, and equal access and encourage CoCs to require this training for all staff and recipients of funding.
- Create equity toolkit for localities that addresses the following:
  - How localities can use a racial equity framework that allows for utilization of common definitions and understanding of core concepts necessary for racial equity work.[5]
  - Guidance for localities on how to develop equity experts and local champions throughout agencies, departments, and in each jurisdiction.
  - Guidance for localities on how to measure the success of specific programmatic and policy changes from an equity perspective and develop baselines, performance metrics, and measures towards community success.

[4] Transitional or interim housing refers to temporary housing often providing a bridge from shelter to permanent housing.

[5] Use GARE Racial Equity Toolkit as a guide for this process.

## INNOVATIVE SOLUTIONS HIGHLIGHT:

# Social Marketing & Public Awareness Campaigns

Raising awareness of homelessness itself, as well as the successes of the homeless response system, is a necessary activity to challenge misconceptions, build political support, and expand the scope of resources available to people experiencing homelessness. Well-designed and effective public awareness campaigns should consider:

1. **What is the primary purpose of the campaign?**
   Public awareness campaigns can focus on presenting accurate information to the community at large; increasing awareness of available resources to people experiencing homelessness; advertising opportunities to volunteer and contribute to the public; applying political pressure to elected officials; or securing additional funding through donations, philanthropy, or public funds. Public awareness campaigns are intended to address a number of these purposes.

2. **What are the specific needs of the community?**
   While commonalities exist, every community has its own localized needs pertaining to homelessness and the provision of housing and services. By identifying those needs in advance, your public awareness campaigns can generate a specific "ask" of those it encounters. In particular, setting a concrete goal that organizers can publicly track progress towards is often especially helpful both in generating support and advertising progress.

3. **What misconceptions exist in the community about homelessness and the homeless response system?**
   Coordinated public awareness campaigns are often necessary to combat misconceptions about homelessness and the activities of the homeless response system. Communities should attempt to identify misconceptions that may exist in their local area and address them head on through a combination of educational materials, one-on-one engagement, videos, workshops, and research. Where possible, tell personalized stories through effective means, such as video, rather than relying on statistics or data.

4. **What other campaigns and resources already exist?**
   Identify the campaigns and resources that already exist in the community and determine how they can be leveraged to support the efforts of a public awareness campaign. For instance, if meetings or mailing lists already exist that have previously demonstrated success and fit well within the goals of the public awareness campaign, there is no need to reinvent the wheel. Leveraging those resources can maximize benefits while minimizing costs. For example, Hunger and Homelessness Awareness Week is an annual event hosted by more than 700 colleges, high schools, and community groups across the country to raise awareness of the challenges of hunger, homelessness, and poverty. It is designed to educate the public, draw attention to the problem of poverty, and build up the base of volunteers for local anti-poverty agencies. Sponsored nationally by the National Coalition for the Homeless and the National Student Campaign Against Hunger & Homelessness, local actors are empowered to adapt the event to local needs and goals, while supported by manuals containing practices for organizing and advertising the event. While results vary from community-to-community, depending on their goals, its 50+ year longevity and growing number of participants are testament to its enduring success at drawing attention to hunger and homelessness. See https://hhweek.org/ for more information, as well as organizing resources.

5. **What is successful in your community?**
   Public awareness campaigns should always be targeted at the specific community that the campaign is designed to address. This means considering the unique attributes of the community and presenting information specifically about the local population experiencing homelessness and the local response to homelessness where possible. Try to connect community members to one another, either through in-person meetings or social media and create materials tailored to the community. Involve the strongest elements of the community (religious establishments, social service agencies, etc.) in the organization of the campaign.

### 7 Support local efforts across the state to perform housing needs assessments for vulnerable subpopulations experiencing homelessness and target resources and support to housing these populations.

- Support local and statewide efforts to identify housing needs of specific subpopulations, including but not limited to youth and survivors of domestic violence.
- Leverage existing partnerships with providers that serve these vulnerable subpopulations to carry out needs assessments.

## MEASURABLE OUTCOMES FOR GOAL 1

- **By 2023, the state of Utah will implement an annual demographic analysis** of housing placements of people experiencing homelessness across the state to ensure equity in housing assistance, placement, and retention.
- **By 2024, the state of Utah will establish cross-agency partnerships** to develop a plan for identifying and funding permanent housing opportunities, including but not limited to permanent supportive housing, for people experiencing homelessness. The plan will examine how state agencies can work collaboratively to address the affordable housing deficit and current unmet housing needs for people experiencing homelessness across the state. This plan will also include housing needs assessments of vulnerable subpopulations experiencing homelessness (e.g., youth and survivors of domestic violence).
- **By 2024, the state of Utah will establish a coordinated plan** to help support localities in development and implementation of transitional/interim housing options for vulnerable subpopulations experiencing homelessness with strong pathways to permanent housing.
- **By 2024, the state of Utah will launch a statewide social marketing campaign** to change perceptions around homelessness and to lessen community resistance to development of new permanent housing for people experiencing homelessness.
- **By 2025, the state of Utah will establish at least two cross-agency partnerships** with the stated goal of advocating for and implementing policy changes to preserve affordable housing and support housing affordability.

GOAL 2

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

## STRATEGIES WITH POTENTIAL NEXT STEPS

### 1 Develop a state-level supportive services working group to assess gaps and coordinate supportive services (e.g., behavioral health/addiction recovery, mental health services, and case management) across the state and identify strategies for increasing staff retention, capacity for client engagement, outreach, and general support.

- Identify innovative partnerships, strategies, and frameworks at the state level that can support the efforts of providers at the local level (e.g., partnerships between the state and local universities to recruit and leverage social work department graduate skills).
- Identify strategies to facilitate coordination of services and collaborations at the local level and disseminate this information to localities.
- Work to identify barriers to staff retention and payment of living wages for supportive services providers and support localities in securing funding to overcome these barriers.

### 2 Support localities to increase access to and availability of wrap-around mental and physical health services for people experiencing and at risk of homelessness across the state, with additional supports for people placed directly into housing from the street or emergency shelter.

- Provide tools to localities to identify funding sources and partnerships to fill gaps in mental and physical health care. (e.g., state Medicaid providers, county behavioral health, local health clinics).
- Support development of board and care and skilled nursing facilities to serve clients with high level of mental and/or physical health needs.
- Increase the number of free public transit passes and other transportation options for people who are unhoused to access services.
- Provide opportunities for people who have lived experience of homelessness to provide paid peer-to-peer support at a living wage level.

### 3 Support localities to increase access to and availability of substance abuse treatment (including detox facilities and residential services) for people experiencing and at risk of homelessness across the state.

- Identify state liaison to CoCs and LHCs to assist with creating connections between localities and substance abuse treatment providers and identifying funding opportunities for sober living/substance abuse treatment projects.
- Increase connections and pathways between shelters, interim housing, outreach staff and substance abuse treatment providers.

### 4 Support localities to increase housing navigation and location services to connect those in emergency shelter and on the streets with housing-focused case management.

- Disseminate evidenced-based practices on housing-focused case management to providers and homeless systems of care across the state.
- Work with CoCs and LHCs to develop strong connections between housing-focused supportive services and emergency shelters.

### 5 Ensure that the delivery of supportive services is inclusive, culturally competent, and accessible to all people.

- Advocate and provide resources for CoCs to carry out annual monitoring efforts to assess whether supportive services are accessible to all through quantitative and qualitative data analysis, including collecting feedback from people with lived experience of homelessness.
- Provide at least annual trainings on racial equity, cultural competency, and equal access and encourage CoCs to require this training for all staff and recipients of funding.
- Work across the state supporting and providing best practice resources to communities to help increase outreach, engagement, and culturally attuned services to vulnerable and historically underserved populations.

## MEASURABLE OUTCOMES FOR GOAL 2

- **By 2023, the Utah Homeless Network will establish a working group** to coordinate supportive service efforts across the state.
- **By 2023, the state of Utah will implement an annual demographic analysis** of service administration across the state to ensure equity in the provision and delivery of services.
- **By 2024, the Utah Homeless Network will perform a gaps analysis** of supportive services and behavioral health services targeted to people experiencing and at risk of homelessness and identify strategies for increasing staff retention and capacity among supportive service providers.
- **By 2024, the Utah Homeless Network will convene an advisory group** of healthcare funders and providers, managed care plans, and stakeholders to evaluate and fund best practices in delivering healthcare to people experiencing homelessness in urban, suburban, and rural communities.
- **By 2024, the state of Utah will identify a identify a state liaison** to collaborate with Utah CoCs to create connections between localities and substance abuse services providers and assist with identification of funding opportunities for sober living/substance abuse services projects.
- **By 2025, the state of Utah will increase supportive service interactions** with people experiencing and at risk of homelessness by 20% as demonstrated by homeless management information system data.

## INNOVATIVE SOLUTIONS HIGHLIGHT:
## Coordination of Supportive Services

Coordinated, interagency case management and delivery of supportive services is an effective response to homelessness that can take three forms, depending on the unique characteristics and community strengths:

1. **Agency model:** Under the agency model, a single provider of services is responsible for coordinating the care of individual clients. Case managers are employed directly by and accountable solely to the individual agency, which often controls a single niche in the social service field (based on either population or service type). Interagency coordination of case management is thus based on informal relationships between agencies and staff. This model is relatively simple to implement and operate and is thus particularly well suited to rapid crisis response. However, it may limit the resources available to clients and does not allow for community input.
2. **Partnership model:** Case management is provided through informal coordination efforts between agencies or networks serving multiple populations is called the partnership model. Case management staff from disparate agencies meet informally in case conferencing meetings to discuss client cases and do not have formal contractual obligations to one another. Staffing decisions are made by the individual participating agencies. This model has the advantage of being relatively flexible, meeting and providing access to a broad array of services as needed. However, individual agencies may come into conflict with one another, resulting in service delivery delays or disruptions.

3. **Consortium model:** Under the consortium model, providers offering complementary services are connected to one another by formal contractual agreements covering the common purpose for which the consortium is established. The agreement usually identifies a lead agency which employs the case manager, though the case manager is often accountable to the entire consortium. Since it takes time, effort, and resources to create the consortium, the entity responsible for its creation, such as a funder, typically imposes conditions on the case management process. The consortium typically provides access to more resources and more coordination of care across agencies, but specialization can pose bureaucratic barriers or make access time consuming for participants if not well-designed.

In addition to the models of case management coordination, communities should also consider adopting innovative services designed to improve access to resources and increase efficiency within the homeless response system, as seen in the following examples:

- **ID Recovery Program (San Antonio, TX):** San Antonio's ID Recovery Program helps ensure that people experiencing homelessness are ready for housing as it becomes available by helping obtain driver's licenses, birth certificates, Social Security cards, proof of residency, or other forms of identification needed to access housing and services. It is staffed by officers and volunteers from the San Antonio Police Department's Homeless Outreach Positive Encounters (HOPE) team and civic organizations such as Corazon Ministries (homeless housing and service provider) and the South Alamo Regional Alliance for the Homeless (SARAH, the CoC Lead Agency). The volunteer program operates a weekly clinic serving roughly 1,000 people per year and helps to ensure that people experiencing homelessness are ready and able to access to housing and services for which they are eligible. This reduces the burden on providers and allows them to focus resources on providing services, improving the overall efficiency and performance of the homeless response system.
- **"There's a Better Way" Program (Albuquerque, NM):** Albuquerque's "There's a Better Way" Program provides people experiencing homelessness a pathway to earn an opportunity for employment and an equitable daily wage while providing connections to supportive services based on individual needs. It is funded by the City of Albuquerque's Family and Community Services Department and operated by the city's Solid Waste Management Department. The program organizes and employs paid teams of people experiencing homelessness to help beautify the city by picking up litter and pulling weeds. Because local shelters and service providers are active partners, participants are automatically connected with case managers who assess individual needs and help connect participants to needed services, in addition to providing a daily paycheck. The program operates five days per week, providing roughly 500 people with work each year and cleaning ~300 city blocks and collecting 75,000 pounds of waste during the same period.
- **Community First! Village (Austin, TX):** Mobile Loaves & Fishes' Community First! Village is a tiny home community providing 350 formerly chronic homeless individuals with affordable permanent housing on a 51-acre tract of land outside Austin, TX. In addition to manufactured tiny homes, the community features several services and resident-operated businesses, including a health clinic, food store, art studio, tiny home hotel, an auto shop, and outdoor amphitheater for film screening. Eligibility is based on chronic homeless status and residency in Travis County, after which residents tour the neighborhood to determine if they want to live there and complete an application to be put on a waiting list for a new, customized tiny home costing approximately $400 per month, including utilities. In addition to homes, residents have access to outdoor communal areas, including kitchens, bathrooms, showers, and entertainment spaces. Volunteers and professional service providers regularly come on site to attend to resident needs.
- **Community Resource Directory (SACRD) Program (San Antonio):** The San Antonio Community Resource Directory (SACRD) is a free, online directory of resources that allows San Antonio residents to proactively find help in their local community for their emergency or crisis needs. SACRD captures a wide range of services and resources offered by congregations, nonprofit organizations, government agencies, and compassionate groups in and around San Antonio. The website lists over 3,000 resources that can be searched by zip code, with approximately 100 additional resources being added every month. The directory can be used directly by an individual in need or by case workers and navigators to help connect an individual in need to appropriate resources.

GOAL 3

# Expand homeless prevention efforts by increasing coordination, resources, and affordable housing opportunities

## STRATEGIES WITH POTENTIAL NEXT STEPS

### 1 Develop a subcommittee to coordinate homeless prevention efforts and expand data tracking of homeless prevention service interactions.

- Arrange for providers and stakeholders across the homeless prevention continuum (fair housing, legal aid, eviction prevention resource, family resource centers) to participate in subcommittee and/or provide ongoing feedback.
- Develop state-level resources to target prevention services to communities with highest need, based on factors that increase risk of homelessness.
- Provide resources so that localities can leverage available homeless prevention funds to keep vulnerable populations housed (e.g. aging adults on fixed incomes).
- Encourage leveraging flexible funds to pay for expenses that either preserve or immediately re-direct someone at risk of homelessness to permanent housing.
- Support CoCs to build out HMIS capacity to expand tracking prevention efforts.

### 2 Lead and support coordination of discharge efforts across the state to ensure that people exiting adjacent systems: (e.g. criminal justice, healthcare, foster care, and domestic violence shelters) are not discharged directly to homelessness and receive housing, behavioral health/healthcare, and other complementary services to assist with obtaining and retaining permanent housing opportunities.

- Support localities to ensure that they are building ongoing partnerships with criminal justice, healthcare and mental health systems to ensure discharge coordination.
- Facilitate coordination between homeless system of care and law enforcement, judicial, foster care system, and probation programs to provide safe housing/shelter and transportation for individuals released from custody.
- Explore policy changes to require discharge protocols for people exiting health and criminal justice institutions.
- Increase links to legal services to help those experiencing homelessness with legal issues resolve these issues to increase housing opportunities.

### 3 Support localities to identify funding and build infrastructure to increase homeless prevention support for people at risk of homelessness.

- Identify and develop flexible cash assistance grants/short-term subsidies to pay for rental and utility arrears, security deposits, move-in expenses, reunification, relocation, and transportation.
- Partner with corporations to create living wage job opportunities to help increase income to support rent payments after temporary subsidy programs end.
- Leverage 211 to make quick connections for prevention assistance to address time sensitive cases.
- Provide resources on available state and federal funding for homeless prevention and resources for localities to effectively disseminate this information across their continuums.
- Provide resources on successful models for homeless prevention CoC/LHC infrastructure including data tracking practices.
- Assist LLCs in securing a minimum amount of housing and services available within their boundaries so residents are not forced to leave the area for assistance.

## MEASURABLE OUTCOMES FOR GOAL 3

- **By 2023, the state of Utah will establish a subcommittee** to coordinate homeless prevention efforts statewide and expand data tracking of homeless prevention service interactions.
- **By 2025, the homeless prevention subcommittee will work to coordinate discharge efforts** from medical and criminal justice systems and decrease exits to homelessness from these systems by 5%.
- **By 2025, the state of Utah will increase homeless prevention assistance service interactions** to people at risk of homelessness by 10%, as tracked by HMIS.
- **By 2025, the state of Utah will decrease the number of returns** to homelessness from permanent housing projects by 5% overall, as tracked by HMIS.
- **By 2025, the state of Utah will decrease the number of returns** to the system of care after exiting homeless prevention assistance projects to permanent housing by 5%, as tracked by HMIS.

GOAL 4

# Target housing resources and supportive services to people experiencing unsheltered homelessness

## STRATEGIES WITH POTENTIAL NEXT STEPS

### 1 Support localities to identify resources and infrastructure to increase availability of permanent housing and permanent supportive housing for people experiencing unsheltered homelessness with priority for people experiencing chronic unsheltered homelessness.

- Set state priorities to encourage localities to create permanent and transitional housing set-asides for unsheltered people experiencing homelessness and to prioritize those with a history of chronic homelessness.
- Ensure subsidized housing opportunities have robustly funded supportive services that are necessary to help people newly exiting unsheltered and chronic homelessness stabilize and maintain tenancy.

### 2 Assist localities in increasing supportive service and case management capacity to provide housing location, navigation, and stability services to provide the supports needed for unsheltered individuals to obtain and retain permanent housing.

- Ensure that CoCs are connected to substance use disorder (SUD) recovery and mental health resources and complementary services that are specifically designed to serve unsheltered populations and ensure people get into housing and are able to stay there.
- Facilitate and strengthen partnerships (e.g., holding regular meetings, hosting resource fairs) between mainstream agencies, such as legal aid, credit repair services, public benefits advocacy and appeals (Medicaid, SNAP, TANF, SSI/SSDI), workforce development, other housing and services providers, and the CoCs and LHCs to increase income and supports for unsheltered people.

### 3 Assist CoCs and LHCs to coordinate and target resources toward vulnerable unsheltered subpopulations by using by-name lists and other subpopulation targeting tools (e.g., chronically homeless, survivors of domestic violence, people with disabilities and/or substance use disorders, youth, etc.)

- Provide information and linkages to models for 100-day housing challenges and how to create a "by name list"[6] of people experiencing homelessness. These time bound pushes seek to house a certain number of people in a given subpopulation within 100 days.

[6] A by-name list is a comprehensive list of every person in a community experiencing homelessness, updated in real time. Using information collected and shared with their consent, each person on the list has a file that includes their name, homeless history, health, and housing needs. This data is updated monthly, at minimum.

## 4 Support LHCs to identify specific needs, resources, and strategies to address unsheltered homelessness in their communities.

- Identify locations to develop safe parking, structured sanctioned encampments, and high access shelter in areas where there are elevated numbers of people experiencing unsheltered homelessness.
- Develop operational guidelines and standard notices/intervention plans for all LHCs and agencies involved in responding to encampments, that combines and coordinates: intensive outreach and engagement; housing, shelter, safe parking or sanctioned encampment placement; clearance, and closure.[7]
- Develop and implement common standards for participation of outreach teams in winding down encampments and engaging people in diversion or housing, shelter, safe parking or sanctioned encampment placement.
- Design and implement a framework for advanced coordination with shelter providers to ensure shelter availability and equal access for all persons in the community to access shelter beds/services modeled on United States Interagency Council on Homelessness (USICH) principles.
- Provide strong community messaging and engagement on innovative solutions for encampment resolution and interventions for people experiencing unsheltered homelessness.

## MEASURABLE OUTCOMES FOR GOAL 4

- **By 2023, the state of Utah will work with all local CoCs and LHCs** to ensure that people experiencing unsheltered homelessness are targeted for permanent housing opportunities, with priority for people experiencing chronic unsheltered homelessness.
- **By 2025, the state of Utah will identify public land** to develop safe parking, structured sanctioned encampments, and high access shelter in locations across Utah where there are elevated numbers of people experiencing unsheltered homelessness as demonstrated by Point-in-Time Count data.
- **By 2025, the state of Utah will decrease the population of people experiencing unsheltered homelessness** by 5% as demonstrated by aggregated state-level Point-in-Time Count data.
- **By 2025, the state of Utah will support localities** to develop by-name list tracking processes to target housing and services to vulnerable unsheltered subpopulations.
- **By 2027, the state of Utah will decrease the number of people experiencing homelessness** in the following subpopulations by 7%, as demonstrated by Point-in-Time Count count data: chronically homeless, veterans, survivors of domestic violence, youth, people with disabilities (including SUDs).

## INNOVATIVE SOLUTIONS HIGHLIGHT:
## Encampment Resolution

Communities around the United States are addressing the challenges of serving people experiencing unsheltered homelessness.[8] In 2020, for the first time, unsheltered homelessness exceeded sheltered homelessness in the United States. In Utah, 53% of people in the homeless data system (HMIS) at the time of this plan have experienced unsheltered homelessness, with more than half of those located in Salt Lake City CoC.

Encampments – or groups of people living in public places outside – represent the most visible segment of the population of people experiencing homelessness. In the face of this challenge, communities are beginning to develop practices to address this issue in a manner that leads to housing people, rather than temporarily relocating them.

The United States Interagency Council on Homelessness (USICH) has issued a toolkit for communities to address encampments[9] to help communities address groups of people living together in public or other visible outdoor spaces (like transit corridors, sidewalks, parks). The toolkit lays out seven principles for effective encampment resolution:

[7] Potential model to emulate is Houston, TX's "Homeless Encampment Response Strategy"
[8] HUD defines someone as unsheltered if they have a primary nighttime residence that is a public or private place, not meant for human habitation
[9] https://www.usich.gov/tools-for-action/7-principles-for-addressing-encampments

# Principles for Addressing Encampments

**PRINCIPLE 1** Establish a Cross-Agency Multi-Sector Response

**PRINCIPLE 2** Engage Encampment Residents to Develop Solutions

**PRINCIPLE 3** Conduct Comprehensive and Coordinated Outreach

**PRINCIPLE 4** Address Basic Needs and Provide Storage

**PRINCIPLE 5** Ensure Access to Shelter or Housing Options

**PRINCIPLE 6** Develop Pathways to Permanent Housing and Supports

**PRINCIPLE 7** Create a Plan for What Will Happen to Encampment Sites After Closure

These principles emphasize the need for coordination across multiple systems in order to provide low-barrier, service-intensive alternatives to people residing in encampments or other unsheltered areas. Service providers, government agencies (including public health, law enforcement, and other partners) and other partners must collaborate with neighbors and people who are living in the encampments to create plans for moving people out of unsheltered situations and into housing. Without such planning and collaboration, communities' efforts have only short-term effects: they may remove an encampment from view, but they will reappear in another area or return; and the people living in these encampments experience exacerbated traumatic stress, loss of possessions and social connections, adverse health outcomes, and the loss of trust in the system of care.

Using a similar approach to that endorsed by USICH, the greater Houston metropolitan addressed encampment clearance in 2021. Houston's strategy – defined as "clearance and closure with supports" -- uses intensive outreach and engagement strategies along with a housing surge in order to identify housing opportunities (that include either immediate housing placement or interim housing plus an identified pathway to permanent housing) for all people residing at targeted encampments. Using CARES Act and other funding, in the first half of 2021 Houston closed five encampments, and housed all 53 inhabitants.
The effort involved multiple partners and agencies who endorsed a common set of guiding principles, including:

1. All people can be housed, with the right housing model and service supports.
2. To the greatest extent practicable, individual choices about where and how to live should be honored.
3. Addressing encampments requires collaboration from multiple sectors and systems; no single entity can or should have exclusive responsibility.
4. Non-punitive, engagement-focused approaches are more preferable than enforcement, clearance, and criminalization. Houston should strategically combine enforcement approaches with housing offers to address broader community health and safety interests.
5. Intensive and persistent outreach and engagement is the key to building trust among persons living in encampments.
6. Persons in encampments do best with clear, low-barrier pathways to permanent housing.
7. Permanent housing placements must be followed by support services to ensure individuals are successful in maintaining their housing.

Despite the early success of this program, Houston noted the need for ongoing influx of resources to sustain and scale efforts in the future. Among the resources cited were investments in "specialized services, treatment beds, outreach staff expansion, and, most importantly, the supply of a variety of safe, accessible, and supportive housing options that people residing in encampments will need in the future."[10]

[10] https://www.homelesshouston.org/homeless-encampment-response-strategy-released

GOAL 5

# Promote alignment and coordination across multiple systems of care to support people experiencing and at risk of homelessness.

## STRATEGIES WITH POTENTIAL NEXT STEPS

### 1 Develop cross-system partnerships with criminal justice, healthcare, human services, workforce development, foster care system, and education system stakeholders and state agencies.

- Provide educational opportunities and materials to promote understanding of unfamiliar overlapping systems and increase fluency in partner-system languages.
- Develop 211 infrastructure to provide better linkages and referral structures between these systems.
- Encourage cross-system connections at the state and local level to ensure that people with disabilities receive case-management and advocacy from the appropriate agencies at every stage of a housing crisis.

### 2 Develop and support programs implementing strategies that seek to avoid the formal processing of a person experiencing homelessness by the criminal justice system (i.e. diversion programs) and focus on tracking outcomes for people suffering for mental illness and substance use disorders.

### 3 Create a model case-conferencing practice guide to assist CoCs and local jurisdictions with cross-agency/system in person collaboration.

- Work with CoCs to develop case conferencing guidelines for inter-system/agency collaboration.
- Emphasis and strategies to fund efforts that support peer sharing between people experiencing homelessness.

### 4 Work with privacy law experts to craft data sharing framework and create data sharing platform accessible across multiple systems.

- Draft a feasibility report on the current data tracking systems in place, governing privacy law, and the required agreements and releases of information required for shared identifiable data.
- Begin securing necessary agreements and rolling out new release of information frameworks.

### 5 Leverage data sharing to create a generalized protocol for organizational and project performance evaluation.

- Provide support for localities who wish to evaluate local projects for performance by designing an evaluation system based on the expanded data sharing capacity across the state.

## MEASURABLE OUTCOMES FOR GOAL 5

- **By 2023, the state of Utah will establish a subcommittee** to take leadership on cross-system initiatives, projects, and data sharing.
- **By 2027 the state will reduce the number of people experiencing homelessness** in the criminal justice system by 5%.
- **By 2024, the state of Utah will create and disseminate a cross-system case conferencing practice guide** to all CoCs.
- **By 2024, the state of Utah will establish data sharing agreements** with at least 3 systems external to the homeless system of care (e.g., criminal justice, healthcare & human services, workforce, and education).
- **By 2026, the state of Utah will have a data sharing platform** accessible to providers who enter into HMIS that provides access to and visibility of system partner data.
- **By 2028, the state of Utah will develop a generalized protocol** for organizational and project performance evaluation across multiple systems that work with people experiencing homelessness. Re-evaluation of these protocols will be carried out in 2030.

## INNOVATIVE SOLUTIONS HIGHLIGHT:
## Cross System Data Sharing

Frequent User Systems Engagement (FUSE) initiatives offer a promising best practice for cross-systems data sharing to target limited housing resources to the people experiencing homelessness who, in the absence of such support, heavily utilize resources in other systems such as emergency services. By reducing frequent utilization of criminal justice and healthcare systems, effective deployment of housing resources can conserve funding that can then be reinvested into additional housing to maximize impact. Research indicates that provision of permanent housing and associated supportive resources are demonstrated to reduce negative, expensive outcomes in both the criminal justice and healthcare systems by reducing jail bookings, emergency room visits, and behavioral health interventions. The process is dependent on matching Homeless Management Information System (HMIS) data with Medicaid, jail booking, and other criminal justice and healthcare data to identify people experiencing homelessness that frequent other systems. Once identified, those persons are prioritized for access to permanent supportive housing through the community's coordinated entry system.

- **Connecticut:** Connecticut's initial statewide FUSE implementation focused on targeting housing resources to frequent users of the criminal justice system in order to reduce criminal justice recidivism, reduce public sector costs, and improve outcomes. Permanent housing resources were targeted to the 80 individuals in the 75th percentile of both jail and emergency shelter usage. In the 12 months after provision of permanent supportive housing, emergency shelter use was reduced by 99% while jail use was reduced by 73%. Later targeting to frequent users of the healthcare system via Medicaid data found $7,800 per person annual savings from reduced emergency room visits and hospitalizations.
- **Portland (OR):** Portland's FUSE implementation combined HMIS, Medicaid, and jail data to compare outcomes for people experiencing chronic homelessness who were able to access permanent supportive housing with a pool of 862 people who were chronically homeless and awaiting placement. The data indicated that housing those 862 chronically homeless individuals would save Medicaid $3.6 million per year (more than $4,000 per person annually, or $345 per month). In addition, it would translate into 400 fewer jail bookings, 17,000 fewer emergency room visits, 200 fewer hospitalizations. Preventing chronic homelessness altogether would've resulted in $10 million in Medicaid savings (approximately $9,000 per person annually, or $758 per month).