



UTAH'S
10-YEAR PLAN
TO END CHRONIC HOMELESSNESS



March 15, 2005

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Introduction and Purpose



Addressing the issue of chronic homelessness is a national effort. President George W. Bush has established a goal of ending chronic homelessness in 10 years. As part of this effort, he reestablished the U.S. Interagency Council on Homelessness to coordinate this effort among the 20 Federal departments and agencies serving the homeless. The definition of chronic and other homelessness has been established by the Department of Housing and Urban Development (HUD), which is as follows:

- Temporary – Those that stay in the system for brief periods and do not return. This group consists of about 80 percent and, based on national research, consume about 32 percent of the resources devoted to support the homeless.
- Episodic – Those that move in and out of the system on a fairly regular basis over time. This group consists of about 10 percent and consumes about 18 percent of the resources devoted to support the homeless.
- Chronic – An unaccompanied individual with a disabling condition who has been homeless for a year or more or has experienced at least four episodes of homelessness within 3 years. This group represents about 10 percent and consumes about 50 percent of the resources supporting the homeless. Research has determined that about one-third are veterans.¹

In addition to those defined as homeless by HUD, there are those recognized as essentially homeless who are “doubling up” by sleeping on couches of family, friends, or strangers. Such individuals are not the focus of this 10-year plan, but this population needs to be recognized to determine potential actions to solving their housing problem.

One key to ending chronic homelessness is a “Housing First” strategy. Housing is more than a basic need. Having a safe, secure place to live brings new freedoms and responsibilities and marks the transition to adulthood in contemporary American culture. Finding and maintaining housing is a fundamental indicator of success in community life.² Placing the chronically

¹Department of Veterans Affairs Fact Sheet, January 2003.

²New Freedom Commission on Mental Health, Subcommittee on Housing and Homeless, Background Paper.

homeless, especially those with mental health challenges, in appropriate housing with supportive services is less costly to the community than living on the street.³

Lieutenant Governor Olene Walker in 2002 committed the State of Utah to participate in the 10-year planning process to end chronic homelessness. In May 2003, nine individuals, representing the State's Homeless Coordinating Committee (HCC), attended "Policy Academy" training in Chicago. The Policy Academy training outlined the Bush Administration's efforts to end chronic homelessness in 10 years. The nine attendees were Kerry Bate, Executive Director, Salt Lake County Housing Authority; Bill Crim, Executive Director, Utah Issues; Mark Manazer, Vice President of Programs, Volunteers of America; Leticia Medina, Director, State Community Services Office; Matt Minkevitch, Executive Director, The Road Home; Lloyd Pendleton, volunteer from The Church of Jesus Christ of Latter-Day Saints; Mike Richardson, Director, Department of Workforce Services; Jane Shock, Vice President, American Express; and Robert Snarr, Coordinator, State Mental Health Housing and Case Management. They accepted the assignment to prepare a 10-year plan to end chronic homelessness in Utah by 2014.

This plan sets forth broad perspectives, guidelines, targets, and an organization of committees and stakeholders to achieve the goal of ending chronic homelessness by 2014. It is intended that all activities in Utah that serve the homeless will be coordinated through the State's HCC. This will include establishing priorities for present funding, streamlining and increasing access to mainstream resources, reporting on the results and funding effectiveness, and obtaining additional resources. Present and additional resources will focus on placing chronic homeless in appropriate housing with adequate supportive services to stabilize their life and support economic self-reliance. This will include education, skill training, and employment.

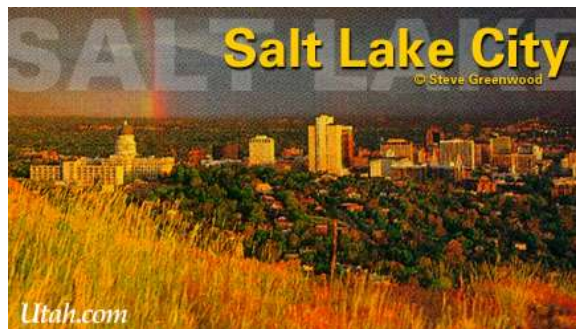
The HCC has created committees to develop statewide policies and procedures and to recommend legislative actions for (1) discharge planning from public institutions, (2) increasing the availability of appropriate affordable housing options, (3) defining and providing the necessary supportive services, and (4) the establishment of well-defined outcome measures and milestones with the implementation of a homeless

³ "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative," by Dennis P. Culhane, Stephen Mettraux, and Trevor Handley, Center for Mental Health Policy and Services Research, University of Pennsylvania, Housing Policy Debate, Fannie Mae Foundation, May 2002.

management information system (HMIS). A fifth committee has been charged with establishing a local HCC in nine political regions covering the State. These local HCCs will develop a local implementation plan based on the State's 10-year Plan to integrate local needs, especially for the rural areas. The local implementation plan is to develop collaboration among all organizations impacted by the homeless, including local outcome policies and procedures, and local resources along with needed Federal and State resources. The local implementation plans are to define needed services and assign responsibilities to agencies/individuals to meet those needs, target results, and dates for completion.

It is understood that the present Federal, State, and local funding could be used more effectively but is insufficient to end chronic homelessness in 10 years. Present funding for homelessness at the Federal, State, and local levels will need to be maintained and new resources added, especially in housing and supportive services, to end chronic homelessness.

Implementation of this 10-year plan is essential to ending chronic homelessness and alleviating the devastating impact of homelessness on our citizens. However, as the needs of the chronically homeless are addressed, it is important not to lose focus on the needs of the broader homeless population and those at risk of homelessness. This plan, in addition to ending chronic homelessness, will establish targets for reducing the broader homeless issues. Addressing the chronically homeless, and homelessness in total, includes continued efforts by local, State, and Federal programs already serving homeless populations, directly or indirectly. Some of the programs in Utah include the Olene Walker Housing Loan Fund, the Pamela Atkinson Homeless Trust Fund,⁴ HOME, the Section 8 Voucher Choice Program, Medicaid, and Temporary Assistance to Needy Families (TANF). If any of the funding for key programs addressing homelessness is reduced or limited by reasonable growth to match demand, it may make it impossible for this plan to be successful in achieving the ambitious but otherwise achievable goal.



⁴ The funds for this come from an annual State tax check for homeless service providers, which is periodically supplemented by legislatively approved funds.

Homeless Coordinating Committee

The Utah HCC was created in 1988 by the legislature and is comprised of gubernatorially appointed members from a consortium of community organizations and private and public individuals from nonprofit and for-profit entities (see Attachment I). The primary activities of the HCC have been the annual homeless count and allocating funds for homeless programs.

The HCC was restructured August 2004 with the Lieutenant Governor as chair; new appointments, including cabinet members; and the assignment of responsibilities to prepare and implement a 10-year plan to end chronic homelessness. This includes:

1. Clearly defining needed legislation, roles, and responsibilities of State and local governments, and working with the Federal Government
2. Implementing detailed action steps to end chronic homelessness by 2014 in each region of the State.

The implementation will include:

1. Coordinating all activities serving the homeless
2. Establishing outcome measures to determine resource use effectiveness supported by a statewide HMIS
3. The establishment of funding priorities
4. Identifying additional resources from Federal, State, and local governments; private investors; and the public.

With policy-level members on the HCC, these actions will be done in a collaborative and integrated approach.

UTAH'S PLAN TO END CHRONIC HOMELESSNESS

Vision

Every person has access to safe, decent, affordable housing with the needed resources and support for self-sufficiency and well-being.

State's Homeless

To be homeless is to be without a permanent place to live that is fit for human habitation. According to the U.S. Interagency Council on Homelessness, there are approximately 750,000 homeless on any selected night in the United States and 3 million homeless Americans during the course of a year. In Utah, a survey and analysis of homelessness has been conducted annually since 1991.⁵ The most recent survey was conducted January 2005 and included a "street count" with the results as follows (see Attachment II for details):

	2005		
	January Point-in- time Count	Annual Estimate	Percentage
<u>Homeless</u>			
• Unaccompanied Individuals	1,637	8,185	46.4%
• Persons in Families	<u>1,892</u>	<u>9,460</u>	<u>53.6%</u>
Total Homeless	<u>3,529</u>	<u>17,645</u>	<u>100%</u>
Percent of State's Population		0.7%	
• Chronically Homeless	570	2,851	
Percent of Homeless	16.2%	16.2%	

Based on the recent count, 0.8 percent of the State's population will experience homelessness in 2005. Of the 17,645 experiencing homelessness, 2,851, or 16.2 percent, have been identified as chronically homeless, which is above the national average of 10 percent.

⁵ Information on the counts is available at the Department of Community and Culture.

A study was conducted July 2004 by The Road Home (the State's largest homeless shelter, located in Salt Lake City) of temporary shelter beds provided between July 1, 2000, and April 30, 2004. During this period, 738,641 shelter nights were provided to 10,266 unduplicated individuals. Those staying in these temporary shelter beds 6 months or longer represented 11 percent, or 1,120 individuals, who used 382,199 shelter nights, or 52 percent.⁶

According to the U.S. Department of Health and Human Services, chronic homelessness is associated with extreme poverty, poor job skills, lack of education, and serious health conditions such as mental illness and chemical dependency. Studies indicate that not only do people experiencing chronic homelessness suffer as individuals, but the communities incur significant financial costs among various providers. The chronically homeless frequently access community "crisis services." For example, researchers at San Diego State University tracked 15 chronically homeless in San Diego for 18 months and determined the community cost for emergency medical service was about \$100,000 per person,⁷ with no improvement in their lives.

Studies in other States indicate that providing housing and supportive services reduces "crisis services" costs. The evidence on reduced crisis service costs includes a study conducted by the University of Pennsylvania of permanent supportive housing developments in New York City. This study determined persons with mental illness experiencing long-term homelessness used an average of \$40,500 per year of shelter, corrections, and health services. Once housed with adequate supportive services, the community costs per individual served represented a savings of \$12,145. Minnesota also demonstrated savings of \$6,200 per person when a "Housing First" approach was adopted.⁸

The homelessness costs to Utah communities have not been extensively studied, but preliminary costs indicate that providing permanent supportive housing is less expensive than the present approach. Based on information from The Road Home, the annual cost for a person in permanent supportive housing is about \$6,100. This compares with annual costs of \$6,600 for shelter at The Road Home, \$25,500 in the Salt Lake County Jail, \$35,000 in the State prisons, and \$146,730 in a mental health hospital (see Attachment

⁶ Unpublished study by The Road Home

⁷ San Diego Serial Inebriate Program (SIP) Evaluation Report on Utilization of Health Resources; September 2004.

⁸ For examples of studies on homeless, see (a) Culhane, Dennis P. and Randall Kuhn "Patterns & Determinants of Public Shelter Utilization Among Homeless Adults in New York City & Philadelphia" *Journal of Policy Analysis & Management* 17 p.23 (1998) and /or (b) Culhane, Dennis P. "New Strategies & Collaborations Target Homelessness" *Housing Facts & Findings* 4 (2002).

III). These costs do not include crisis services at hospital emergency rooms, police and emergency medical technician calls, and other related costs. In addition to costing less for a person to be housed with supportive services, having an address provides access to mainstream resources such as Supplemental Security Income, Medicaid, and Food Stamps. While not impossible without a place to live, these services are more difficult to access.

Utah's present system and resources have proven inadequate to the challenge of significantly reducing, let alone ending, chronic homelessness. A new approach is needed.

Utah's Present System and Why It Needs to Change

The homeless services and shelter system in Utah has evolved over the past two decades to address the changing homeless population. Presently, there are approximately 2,775 temporary shelter beds⁹ in Utah with a range of shelter models. This system is comprised of shelter facilities and transitional housing for both individuals and families that allow longer lengths of stay (some up to 2 years) in a services-enriched environment.

The impetus for creating the present shelter service models has been threefold. First, it derived in part from the dramatic influx of families into the system that occurred since the late 1980s. As single, female-headed households increased among the percentage of the homeless, it was apparent that children, in particular, were ill-suited to spend 12 hours each day on city streets. In response, family shelter units and other transitional housing programs were developed. Secondly, this shift in service philosophy reflected a growing awareness of the cyclical nature of homelessness for many who experience it. The fact that many who became homeless were experiencing repeated and prolonged episodes of homelessness suggested that the basic needs approach, while effective at protecting people from the difficulties of street life, was insufficient to move people truly out of homelessness. Finally, because of the difficulty for the homeless to access mainstream resources, homeless service providers compensated by providing an increasing range of services such as mental health and onsite substance abuse intervention.

Over time, in the absence of responsive, affordable, permanent supportive housing alternatives, this approach expanded to a residential service model designed to equip homeless households with the skills and resources to "succeed" in permanent housing. This has culminated in the evolution of a

⁹ From the State's 2004 Three Continua of Care submission.

tiered system of care that moves those who are homeless through a succession of shelter programs designed to graduate them to permanent housing and self-sufficiency (see figure 1).

While this approach is logical on its face, it ultimately has proven ineffective for a variety of reasons. A shelter-based response that aims to “fix” the individual factors contributing to a household’s homelessness does little to address the larger structural causes of homelessness. Moreover, many of the problems faced by deeply impoverished households, such as lack of education and marketable skills, histories of trauma and domestic abuse, and serious disabilities, are not resolved in such a short time period and to the degree that would enable them to succeed in the competitive private housing market. Thus, many remain in the homeless service system for long periods of time, or leave only to return. To compound this issue, the services and supports tied to shelters significantly diminish, or end, once the resident leaves the shelter. At the same time that shelter programs have become more service-intensive, they frequently have adopted more demanding eligibility criteria and strict program rules that often effectively have barred those households with the greatest needs.

Research indicates that adopting a “Housing First” approach is significantly more supportive of the homeless and less costly for the community (see Figure 2). In addition, as the “Housing First” model is implemented to meet immediate needs, a broad collaboration to resolve the root causes of homelessness needs to be explored. This will include collaboration to improve education, life skills, and job skills.

Figure 1: Traditional Shelter Model

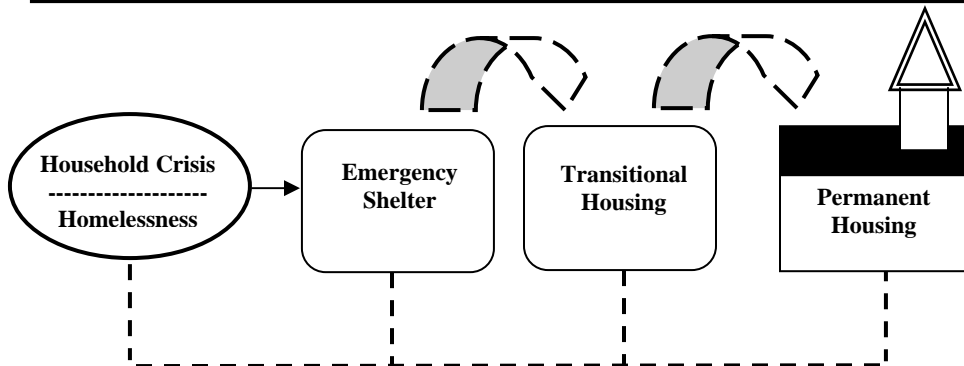
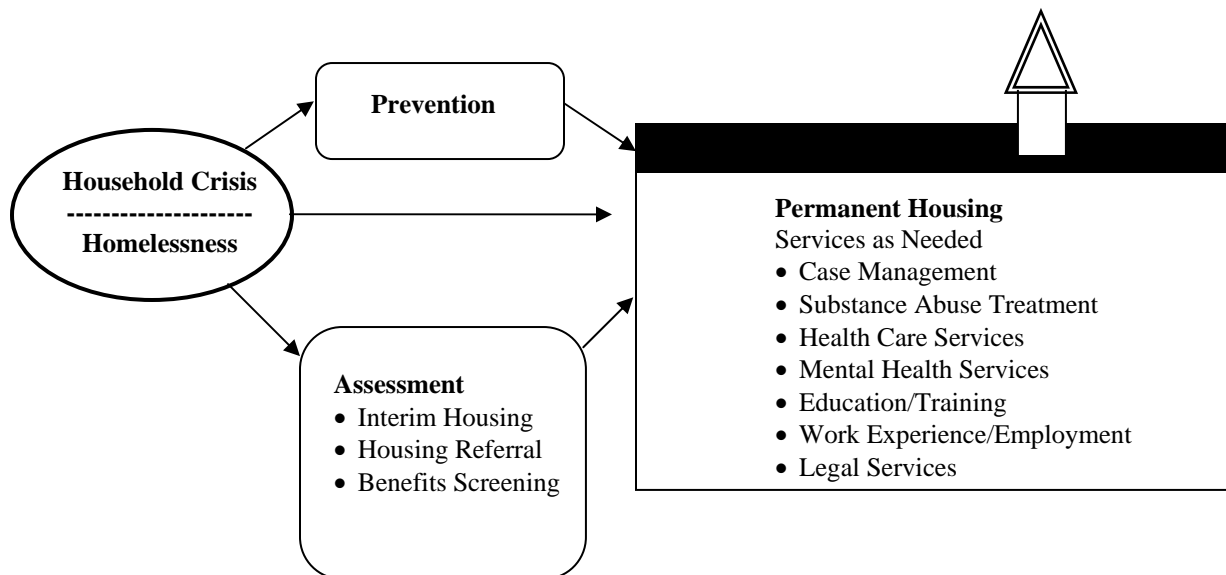


Figure 2: Housing First, Staying Housed Model



STRATEGIC PLAN FOR THE FIRST 5 YEARS

Strategies

The most effective solutions to homelessness are (1) preventing where possible, (2) appropriate housing, (3) providing supportive services to the homeless in housing, and (4) having accurate and timely data. The State's 10-year plan is divided in two 5-year segments and focuses on the following:

- I. Homeless Prevention – This involves reducing entrance into homelessness by effective discharge planning and prevention efforts for those at imminent risk by at least 40 percent by 2009 from the baseline year of 2005.
- II. Rapidly Rehousing – This includes expanding and enhancing outreach; increasing affordable permanent supportive housing opportunities for direct placement; and putting in place policies and guidelines such that, as housing inventory is upgraded, there is no net loss from the 2005 affordable housing inventory. With 2005 as the base inventory, the permanent affordable housing designated for the chronically homeless will be increased by at least 25 percent by the year 2009.
- III. Supportive Services – This includes an appropriate case management level to provide the needed education, skill training for employment, and life skills to improve self-sufficiency for those placed in permanent supportive housing.
- IV. Accurate and Timely Data – This includes having in place by December 31, 2005, an HMIS to collect and provide accurate data that also will measure results from all agencies receiving public funding. In 2006 and 2007, the HMIS will be appropriately linked with database information from tracker systems; the Continuum of Care agencies; and the State Human Services, Health, and Correction Departments.
- V. Statewide Implementation – To coordinate more effectively the State's efforts to end chronic homelessness in 10 years and reduce overall homelessness, this plan provides the overview. The full implementation of the plan will be developed by nine Associations of

Government (AOGs) or Councils of Government (COGs) presently in existence across the State to meet more effectively the local needs, as there is a significant difference between the urban and rural needs.

I. Homeless Prevention

The most effective strategy for addressing homelessness for those at imminent risk is to prevent its occurrence. This includes more systemic strategies preventing homelessness by ensuring people leaving institutions such as jails, prisons, foster care, the Juvenile Justice System, or treatment facilities are not discharged to the streets or shelter system. Prevention efforts also include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, representative payee and direct payment programs, meeting transportation needs, and housing placement services. In addition, strategies to improve educational and job skills, financial management, and a reduction in language barriers are needed.

A. Prevention Strategic Initiative

Over the next 5 years, the HCC will focus on improving the effectiveness of present resources for preventing homelessness and seek additional resources as the first line of defense in combating homelessness. Through this initiative, the HCC will expand the breadth of current efforts, increase their immediate accessibility, and improve their long-term effectiveness. These efforts will include the following:

1. Expanding the range and availability of prevention strategies by increasing access to permanent supportive housing and services to reduce those entering into homelessness when leaving institutions by at least the following targets:

	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Prisons	Base	50%	60%	70%	80%
Mental Health Facilities	Base	15%	25%	30%	35%
Foster Care	Base	10%	20%	25%	30%
Hospitals	Base	10%	15%	20%	30%

2. By policy, providing each person discharged from prisons and mental health facilities with a housing and self-reliance plan. The effectiveness of these plans, however, is not known. In addition,

those leaving the foster care system are not required to have a housing and self-reliance plan. The goal is to measure and improve the effectiveness of the self-reliance and housing plans for those discharged from prisons and mental health facilities and those leaving the foster care system. The effectiveness of the housing and self-reliance plans will be determined by those remaining in stable housing for 12 months, with the following percentages as targets:

	2005	2006	2007	2008	2009
Prison (Incarceration)	Base	75%	80%	85%	90%
Mental Health Facilities	Base	50%	60%	70%	80%
Foster Care	Base	20%	30%	40%	50%

3. Increasing timely access to prevention resources by:

- a. Training and providing resource information to the statewide 211 operators by 12/31/06 for 80 percent of Utah’s population and the balance of the population by July 1, 2007
- b. Increasing staff assessment resources by at least 10 percent annually from 2005 for identifying appropriate shelter alternatives, as well as facilitating staff access for persons at imminent risk of homelessness or who are homeless.

II. Affordable Housing

For those who are already homeless, the HCC will employ a “Housing First” strategy by placing them in appropriate models of permanent supportive housing. This approach assumes that the factors contributing to a household’s homelessness can be remedied best once the household is housed and that, for some, lifelong support may be required to prevent the recurrence of homelessness. Hence, it seeks to maximize use of mainstream resources, such as HOME, Medicaid for medical services, TANF, Social Security, the Workforce Initiative Act, Food Stamps, housing subsidies, and State resources such as the Olene Walker Housing Loan Fund and Pamela Atkinson Homeless Trust Fund, etc. With innovative efforts, State-controlled monies like HOME and TANF may be used for temporary rental assistance, thus providing more resources for immediately housing homeless persons. For most, the model seeks long-term self-sufficiency, promoted through supportive services where housing and supportive services are combined. However, in shifting from the present tiered system of shelters and transitional housing to a “Housing First” model, it is

recognized that there will still be a need for emergency shelters and interim housing for stabilizing selected persons before placement in permanent supportive housing.

The initial assessment of an individual will focus on an immediate and comprehensive needs assessment, resource acquisition (i.e., public benefits and other forms of assistance), and housing placement. Changes to the system need to address the unique challenges that homelessness poses in Utah's rural communities. The form of permanent supportive housing will vary according to the needs and desires of each person or household. For some, permanent supportive housing will mean a safe haven, eventually moving to a studio unit with onsite supportive services. For others, permanent supportive housing will be an individual apartment unit with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. For still others, the type of permanent supportive housing may change over time.

A. Affordable Housing Strategic Initiatives

Simultaneous efforts to ensure a successful "Housing First" approach will be undertaken to expand the availability of affordable housing with supportive services. This will be undertaken by increasing accessibility to current housing and increasing the housing inventory through the remodeling of existing buildings plus new construction. This approach includes the following:

1. Expanding availability of affordable supportive housing by:
 - a. Providing initial recommendations for changes to legislation and policies by December 1, 2005, and more comprehensive recommendations by September 1, 2006, to ensure that the present affordable housing inventory is not reduced with future developments
 - b. Increasing the availability of affordable permanent supportive housing units designated for chronically homeless over the 2005 inventory¹⁰ by at least 5 percent in 2006, 10 percent in 2007, 20 percent in 2008, and 25 percent in 2009

¹⁰ The 2005 housing units available for chronically homeless will be determined following the completion of the State's consolidated housing plan in April 2005.

- c. Expanding supportive housing subsidies for the episodic and chronically homeless to live independently with appropriate supportive services by at least 25 percent by the year 2009 from the 2005 level
 - d. Developing 100 additional housing units, such as safe havens and harm reduction programs, for those who need supportive housing but would do better with nontraditional service models, by 2008
 - e. Implementing the tenant-based rental assistance statewide by December 31, 2007, as it is presently available only in Salt Lake County
 - f. Expanding the 2005 tenant-based rental assistance by at least 25 percent by 2009 for households that can be placed in community-based supportive housing with integrated services, in which the tenant holds the lease or assumes the lease over the period of the subsidy
 - g. Increasing the availability of appropriate supportive “Housing First” models for homeless youth and youth transitioning out of foster care by at least 25 percent in 2009 compared with the 2005 inventory
2. Increasing accessibility of affordable permanent supportive housing by:
- a. Developing a coalition of landlords willing to provide appropriate affordable permanent supportive housing for the homeless and especially the chronically homeless
 - b. Expanding and increasing coordination of outreach efforts for the chronically homeless for assessing and linking with mainstream services and permanent supportive housing
3. Transitioning the existing emergency shelter system to a “Housing First” system by:
- a. Developing statewide standards by January 1, 2006, for moving the chronically homeless into permanent supportive housing and supportive models or programs that promote housing placement in the most suitable settings possible

- b. Providing guidelines for public funding resources by January 1, 2006, encouraging existing shelter programs to adopt a “Housing First” approach, to the extent possible.

III. Supportive Services

In many respects, housing stability is a function of a person’s or household’s ability to access fundamental resources and supports when a crisis occurs, so the security of their housing is not threatened. For all of us, these supports include (a) affordable health care with mental health and substance abuse services, (b) skill and employment training leading to livable wage employment and/or other income supports, and (c) affordable quality child care. Support is even more critical for low-income households, for whom a crisis often means choosing between paying the rent and paying for food.

The primary focus of this State plan is on ending chronic homelessness, and it also includes working to ensure that households have access to a full range of resources and services to reduce entrance into homelessness more fully. This will be accomplished through increased supportive services. Supportive services refer to a comprehensive integrated service delivery system that will coordinate services across all components of the State’s homeless service delivery system – prevention, stabilization housing when necessary, and permanent supportive housing using public and private funding.

Presently, service referrals are a component of most homeless services, but in the absence of more active and integrated case management, referral-based case management often results in fragmented care. Implementing an increased supportive services approach will coordinate case managers across agencies to develop one plan of action for each client. Each agency will contribute its strengths and resources to support the individual or family in achieving housing stability and long-term self-sufficiency. Service intensity is based on client need, and some clients initially may need daily or weekly case management. The case management may shift to monthly or on-call assistance over an extended period. For some, services will always remain an integral part of the residential environment. For others, support will be transitional but sufficient to ensure that employment and community-based resources, such as health care, schools, social services, civic organizations, and communities of faith, are secured.

A. Supportive Services Strategic Initiatives

Over the next 5 years, this action plan simultaneously will strengthen community services and safety net systems for persons at risk of homelessness and for those being rehoused. This will be accomplished by providing transitional services linking community resources and increasing the availability and awareness of community supports. The actions will include the following:

1. Establishing the beginning of a “triage” system for the Wasatch Front by July 1, 2007, for preventing homelessness with persons or households about to be evicted and for those accessing homeless services. Intake personnel will be trained and certified for assessment and input into the HMIS, allowing other agencies to access the initial assessment and services.
2. Ensuring linkage to available community resources by developing systems to integrate strategies between “Housing First” and mainstream services, such as public entitlements (TANF, Medicaid, Social Security, and Food Stamps), employment training and placement, public health, community mental health, and substance abuse treatment. This will be developed and tested by a local HCC by January 1, 2006. Following completion of the test, the system will be expanded to two additional AOGs in 2007, with statewide implementation by December 31, 2008.
3. Increasing the availability and awareness of community supports by the following:
 - a. Identifying alternative resources by July 1, 2006, to fund targeted supportive services for persons with severe and persistent disabilities who are placed in permanent supportive housing.
 - b. Implementing followup strategies to work with households being assisted with basic prevention services to increase their stability and reduce their future risk of homelessness. A date for implementing this will be established by the Supportive Services Committee.
 - c. Developing a broadly disseminated community education program on homelessness and methods to mitigate their impact.

For example, programs focusing on the cycle of violence could promote options for addressing spousal abuse, elder abuse, and other forms of domestic violence to keep a person(s) housed. The Supportive Services Committee will define the program and a location for testing this educational approach by January 1, 2006.

IV. Management Information System

The initiatives described in this plan will require an underlying system-level infrastructure of reporting accurate data in order to be efficient and effective. To support the planned activities for each of the initiatives the following will be undertaken:

- A. Statewide HMIS – The HMIS tested in late 2004 will be implemented statewide by December 31, 2005, to all 68 service providers and will include assessed needs, case management, and the results of improved service delivery.
- B. Link HMIS to Other Data – Other data services – e.g., State Departments of Health Services, Workforce Services, the Consolidated Housing Plan – will be explored for linking appropriate data to improve services by December 31, 2006. At least one of these databases will be linked by December 31, 2007.
- C. Consolidated Housing Data – The housing data, assistance resources to support prevention, affordable housing placement, and long-term supportive services will be consolidated. This will be developed and evaluated by a selected local HCC by July 1, 2006, with statewide implementation by July 1, 2008.¹¹

V. Statewide Implementation

The State's homeless plan will be implemented by the various political jurisdictions working closely within and across county/city boundaries serving the homeless population based on statewide strategies and guidelines established by the HCC. Each AOG (three to six counties) or COG (one county) will establish a local HCC comprised of representatives of all interested parties by May 1, 2005.

¹¹ This will be formalized as the local homeless coordinating committees develop and identify needs and implementation plans.

In Utah, a top-down strategy of unfunded mandates cannot succeed. Therefore, the State must model the kind of collaborative partnerships that encourage local participants, through rewards and incentives, to implement this 10-year Plan successfully. Utahans have a long history of success where local partners are fully empowered by the State to work toward a common goal.

A change as fundamental as the one described in this plan requires a paradigm shift to a results oriented approach to end chronic homelessness. To this end, the HCC has established five committees (see Attachment IV) chaired by a member of the HCC. The membership of stakeholders will review the present systems and recommend improvements so that the local implementation plans will be consistent and supported. They will address the following (see Attachment V):

- A. Discharge Planning – On a national level, this is referred to as “closing the front door.” Three subcommittees have been established to develop detailed measurable action plans to place those released from prisons and jails, mental health institutions, and hospitals and those aging out of foster care and Juvenile Justice Services in permanent supportive housing. Membership includes representatives from service agencies and those working with prisoners, the mentally ill, foster children, and medical hospitals. They also will establish statewide guidelines and coordinate efforts to reduce the flow of individuals released from public institutions ending up homeless.
- B. Affordable Housing – This committee will develop statewide guidelines and measurable actions for the identification, placement, funding, and construction of affordable housing units. Membership includes representatives from financial institutions, housing authorities, developers, providers, and planners.
- C. Supportive Services – This committee will identify, develop, and implement statewide best practices for comprehensive case management services. Membership includes representatives from homeless providers, case managers, workforce services, educators, researchers, legal, the Department of Veterans Affairs, the Social Security Administration, and substance abuse counselors.

D. Information Systems – This committee will define statewide data collection and outcome measures. Membership includes agency providers, researchers, businesses, and investors.

E. Implementation Infrastructure – Representatives from the nine State AOGs/COGs, the League of Cities and Towns, planning commissions, mayors, county commissioners, and public officials will assist in creating a local HCC with the appropriate membership (see attachment VI).

These five committees will (a) develop an indepth understanding of current systems, policies and procedures, (b) recommend to the HCC policy and programmatic changes to address deficiencies and increase the effective distribution of resources, and (c) develop new programmatic responses to expedite moving people out of homelessness and decreasing the incidence of homelessness in vulnerable populations. Based on recommendations from these committees, priority action plans will be implemented. The HCC will hold an annual Homeless Summit to report on results, share best practices, and make plans for the coming year. The first of these was October 18–19, 2004, to announce publicly Utah’s 10-year Business Plan and organization to end chronic homelessness.

By working together, every person can have access to safe, decent, affordable housing with the needed resources and supports for self-sufficiency and well-being.

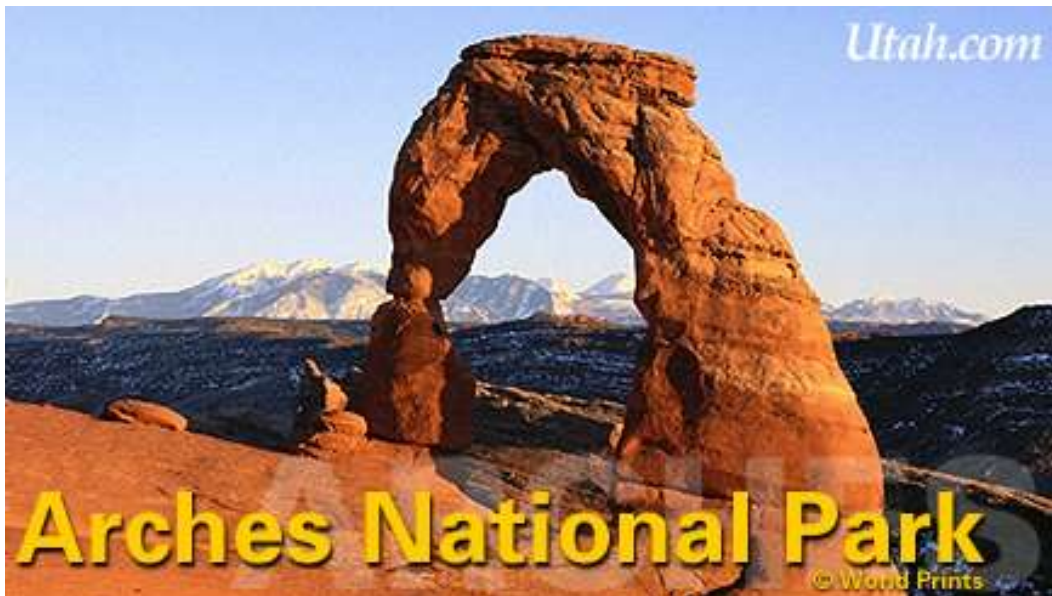
Strategic Plan for the Second 5 Years

The second 5-year implementation of the action plan will be developed in detail in 2009 by the HCC, based on the results of implementation of the first 5-year strategic plan. The second 5-year strategic plan will continue to focus on:

- (1) Expansion of successful strategies
- (2) Addressing areas where outcomes are not meeting expectations
- (3) Adjusting for changing community dynamics and unforeseen conditions which impede success.

Evaluation

Evaluation will be an important part of the plan implementation. Each action will delineate specific benchmarks and outcome measures as a framework to gauge progress and report to policymakers and investors. Key to the evaluation effort will be the continued development of the HMIS, which will provide a way of understanding how people who are homeless use the system of services, and the impact of these services in promoting housing stability and self-sufficiency. The homeless information system also will collect data to generate point-in-time and longitudinal counts of homelessness in Utah.



Slide 1

Homeless Coordinating Committee, Attachment 1

Purpose

- Coordinates all homeless planning and policy development
- Coordinates the State's 10-year plan with AOG's, counties, and cities to reduce homelessness with emphasis on ending chronic homelessness
- Recommends policy, regulatory, and resource changes needed to accomplish the objectives
- Ensures a research-driven, results-oriented strategy with statewide guidelines
- Allocates PHTF, ESG, and CNH funds and coordinates the priorities of other funds assisting the homeless
- Reports to the Governor and legislators on progress

An oval is lined with circles labeled thusly: Lisa Michelle Church, Department of Human Services, DHS; Gary Herbert, Lieutenant Governor, Chair; Yvette Diaz, Department of Community and Culture; Deborah B Nielsen, Businesses Slash United Way; Rudy Johansen, Department of Veterans Affairs; Donald P Ketchum, Social Security; Jane Shock, Financial Institutions; Rosemary Caps, SL Housing Authority; Bill Erickson, Utah Housing Corporation; Ken Adamson, Balance of State Continuum of Care; Bill Hulterstrom, Mountainland Continuum of Care; Michelle Flynn, SLC Continuum of Care; Lloyd Pendleton and Robert Boles, Faith-based Organizations; Vaughn McDonald, Philanthropic Organizations; Palmer De Paulis and Jo-Ann Seghini, Local Governments; Tani Downing, Department of Workforce Services; Patti Harrington, Office of Education; Pamela Atkinson, At Large; Jini Roby, University; Brian Carver, State Planning Office; Dale Schippaanboord, Department of Corrections; and David Sundwall, Department of Health.

Slide 2

HCC Committees, Attachment 4, 1 of 2

At the top of the slide is a large oval labeled HCC. Next to it is a smaller oval labeled Allocation Committee, which has a mostly sideways line connecting to a line stemming downward from the HCC oval. The latter line splits into five labeled branches. The Discharge Planning branch leads to an oval containing the following list:

- Mental Health Slash Substance Abuse
- Hospitals
- Corrections
- Foster Care

The Affordable Housing branch leads to an oval containing the following list:

- Banks
- Housing Authorities
- Developers
- Planners
- Providers

The Supportive Services branch leads to an oval labeled Domestic Violence. The Information Systems branch leads to an oval labeled HMIS. The Implementation Infrastructure branch leads to an oval containing the following list:

- AOG's
- Counties
- Cities

Slide 3

HCC Subcommittee Organization, Attachment 4, 2 of 2

2005 HOMELESS COUNT

Attachment II

January Point-In-Time (a)

January 2005 Point-In-Time Count

HOMELESS COUNT	<u>Sheltered</u>	<u>Unsheltered</u>	<u>Total</u>	<u>Percentage</u>
Individuals	1,238	387	1,625	59.4%
Persons in Families	<u>1,017</u>	<u>96</u>	<u>1,113</u>	<u>40.7%</u>
Total Homeless	<u>2,255</u>	<u>483</u>	<u>2,738</u>	<u>100.0%</u>
Families with Children	331	35	366	13.4%
SUBPOPULATIONS				
Chronically Homeless	483	83	566	20.7%
Severely Mentally Ill	197	34	231	8.4%
Chronic Substance Abuse	339	58	397	14.5%
Veterans	168	29	197	7.2%
Persons with HIV/AIDS	8	1	9	0.3%
Victims of Domestic Violence	117	20	137	12.3%
Other/Unknown	405	70	475	17.3%

Annual 2005 Estimate (b)

HOMELESS COUNT	<u>Sheltered</u>	<u>Unsheltered</u>	<u>Total</u>	<u>Percentage</u>
Individuals	6,190	1,935	8,125	59.4%
Persons in Families	<u>5,085</u>	<u>480</u>	<u>5,565</u>	<u>40.7%</u>
Total Homeless	<u>11,275</u>	<u>2,415</u>	<u>13,690</u>	<u>100.0%</u>
Families with Children	1,655	175	1,830	13.4%
Average per Family	3.1	2.7	3.0	
Utah July 2004 Population			2.469M	
Homeless % of Population			0.6%	
SUBPOPULATIONS				
Chronically Homeless	2,415	414	2,829	20.7%
Severely Mentally Ill	985	169	1,154	8.4%
Chronic Substance Abuse	1,695	291	1,986	14.5%
Veterans	840	144	984	7.2%
Persons with HIV/AIDS	40	7	47	0.3%
Victims of Domestic Violence	585	100	685	12.3%
Other/Unknown	2,025	348	2,373	17.3%

a) The count included sheltered and unsheltered.

b) The annual homeless population is based on research done by Dennis P. Culhane from the School of Social Work at the University of Pennsylvania, using a factor of multiplying a point-in-time count by four to six. Five was used for this annualization.

Note: Four unaccompanied children counted in the Salt Lake Continuum are included in the sheltered individual count.

Attachment 3: State of Utah Cost of Homelessness, per Person

On a bar graph, the x-axis lists facilities and the y-axis gives annual costs. The bar marked Salt Lake County Jail shows 25,500 dollars. State Prison with Treatment Services shows 35,000 dollars. State Hospital 2002 shows 146,730 dollars. The graph is dated September Twenty-third, 2004.

HCC Committees

Develop Statewide Recommendation for Ending Homeless

Goal: The statewide committees will define and segment the population for their assigned function and prepare recommendations for legislation, policies, funding, and needed services.

Committee	Committee Chair	Define Problem	Recommendations	Present at Homeless Summit
Discharge Planning	Scott Carver, Executive Director, Department of Corrections	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Mental Health	Robert Snarr, Manager, State Mental Health Adult Programs	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Correction	Tina King, Director, Program Services & Re-Entry	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Foster Care/ Juvenile Justice	Barbara Thompson, Program Manager, Department of Human Services	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05

Affordable Housing	Bill Erickson, Executive Director, Utah Housing Corporation	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Housing Needs Assessment	Jim Wood, Director, Bureau of Economics & Business Research, University of Utah	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Government (local/state/federal)	Bob Terragno, Housing Manager, Envision Utah	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Affordable Housing Finance	Jeff Bennion, Director, Utah Fannie Mae Office	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Affordable Housing Development	Roger Mitchell, President, Kier Property Management & Real Estate Corporation	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Public Awareness	Dan Lofgren, President, Cowley Owen Partners	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Supportive Services	Tani Downing, Executive Director Workforce Services	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Employment	Sara Hudgins, Program Specialist, Department of Workforce Services	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Domestic Violence	TBD	Define scope of problem and segment for	Develop solutions based on identified specific problems.	10-5-05

		specific solutions.		
Pathway	Matt Minkevitch, Executive Director, The Road Home (Homeless Shelter)	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Income Maintenance	John Nixon	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Information Systems	Deborah Nielsen, Chief Executive Officer, Salt Lake United Way	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
HMIS	Mark Manazer, Vice President of Programs, Volunteers of America	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05
Implementation Infrastructure	JoAnn Seghini, Mayor Midvale City	Define scope of problem and segment for specific solutions.	Develop solutions based on identified specific problems.	10-5-05

Local Plans
Association/Council of Governments' Plan Implementation

Goal: Each Association of Governments (three to six counties) or Council of Governments (one county) will establish a Local Homeless Coordinating Committee chaired by an elected official, prepare a detailed 10-year implementation plan to end chronic homelessness based on the State's 10-year plan, and implement.

AOG/COG	LHCC CHAIR	PLAN DRAFTED BY HOMELESS SUMMIT	ADOPTED BY AOG/COG
Salt Lake County COG	Palmer DePaulis, former Salt Lake mayor	April 12, 2005	June 21, 2005
Bear River AOG	Kathy Robinson, County Commissioner	October 5, 2005	
Five-county AOG	Daniel McArthur, Mayor of St. George	October 5, 2005	
Mountainlands AOG	Larry Ellertson, County Commissioner	October 5, 2005	
Six-county AOG	Bruce Blackham, County Commissioner	October 5, 2005	
Southeastern AOG	Joe Piccolo, Mayor of Price	October 5, 2005	
Uintah AOG	William Kremin, Mayor of Vernal	October 5, 2005	
Davis County COG	Alan Hansen, County Commissioner	October 5, 2005	
Weber County COG	Camille Cain, County Commissioner	October 5, 2005	

GLOSSARY OF
HOMELESS DEFINITIONS

211 SYSTEM – A program of Utah 211 Partnership, Inc. that seeks to create a statewide telephone-based information and referral system in Utah through use of the “211” dialing code so that people in need of human services have quick referrals to those services and data are collected to assist communities in assessing needs and allocating resources.

AFFORDABLE HOUSING – Generally defined by HUD as housing and utilities that cost no more than 30 percent of a household’s adjusted gross income.

AOG – Association of Governments. The State of Utah is divided into seven AOGs, with some of the AOGs further subdivided into Councils of Government.

AT RISK OF BECOMING HOMELESS – Being on the brink of homelessness, often because of having extremely low income and paying too high a percentage of that income (typically 50 percent or more) for housing.

BEDS – Typically used to describe overnight sleeping capacity in shelters.

BRIEF INTENSIVE CASE MANAGEMENT – A service for homeless people who have temporary barriers to self-sufficiency and can live independently in community housing following a brief period of intensive services.

CARVE-OUT – A special set-aside of funding for a specific population or service to ensure that those most in need are prioritized for services and support.

CASE MANAGER – A person who develops a working alliance with individuals seeking services and engages them in identifying goals and developing a plan for attaining greater self-sufficiency through resource cultivation, linkages with service providers, advocacy for vital services, and providing direct services.

CHRONICALLY HOMELESS – A person who is “chronically homeless” is an unaccompanied homeless individual with a disabling condition who either has been continuously homeless for a year or more or has had a least four episodes of homelessness in the past 3 years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., on the streets) and/or in an emergency homeless shelter. A disabling condition is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG) – A Federal grant program administered by HUD and by State and local governments. CDBG funds may be used in various ways to support community development, including acquisition, construction, rehabilitation, and operation of public facilities and housing.

CONSOLIDATED PLAN – A document written by a State or local government and submitted annually to HUD. It describes the housing needs of the low- and moderate-income residents of a jurisdiction, outlines strategies to meet these needs, and lists resources available to implement the strategies.

CONTINUUM OF CARE – HUD funding for homeless programs.

CONTINUUM OF EMPLOYMENT SERVICES – The full range of employment services and opportunities provided to address the multiple needs of individuals seeking work.

CONTINUUM OF SERVICES – The full range of emergency, transitional, and permanent housing and service resources typically used to serve homeless persons.

COORDINATION (OF SERVICES) – The effort to link persons to needed services, to track progress of that linkage, and generally to facilitate it.

CORPORATION FOR SUPPORTIVE HOUSING – A national financial and technical assistance intermediary dedicated to helping nonprofit organizations develop and operate service-enriched permanent housing for homeless and at-risk families and individuals with special needs, including mental illness, HIV/AIDS, and substance abuse issues.

DAY CENTERS – Agencies that provide case management, hospitality, and a range of other services to aid homeless people during the day. Utah has one day center: the Weigand Resource Center in Salt Lake City.

DISABILITY – A physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself (speaking, walking, seeing, hearing, learning).

DOMESTIC VIOLENCE – Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm between family or household members.

DOMESTIC VIOLENCE COALITION – A partnership of community organizations committed to finding positive, creative solutions that prevent and respond to domestic violence. They advance these solutions through educational support, community collaborations, and public awareness projects and initiatives.

EMERGENCY HOUSING ASSISTANCE – One-time or very short-term assistance provided to address an immediate housing crisis, often for people who are homeless or at imminent risk of becoming homeless. This assistance usually consists of emergency rent, mortgage, or utility payments to prevent loss of residence, motel vouchers, or emergency shelter.

EMERGENCY SHELTER – Any facility with overnight sleeping accommodations, primarily to provide temporary shelter for homeless people.

EXTREMELY LOW-INCOME – Households with incomes no higher than 30 percent of the median income for the area, as determined by HUD.

FAIR MARKET RENT (FMR) – An amount determined by HUD for a State, county, or urban area that defines maximum allowable rents for HUD-funded subsidy programs.

FAMILY – A legally defined group of people who may live together on a regular basis; who have a close, long-term, committed relationship; and who share responsibility for the

common necessities of life. For the purposes of HUD's documentation of households and census data compilations, the term often refers to households of related individuals.

FOOD STAMPS – Federally funded, State-administered program to provide vouchers for the purchase of food for low-income households.

FOSTER CARE – Temporary, out-of-home care to a child who has been abused/neglected and cannot live safely in his/her own home. While children are in foster care, they are in the custody of the State and services are provided to children and their families in hopes of safely reuniting them with their parents.

HEAD START AND EARLY HEAD START – Comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.

HOME – A program administered by HUD that provides grants for low-income housing through rental assistance, housing rehabilitation, and new construction.

HOMELESS FAMILY WITH CHILDREN – A family that includes at least one homeless parent or guardian and one child under the age of 18, a homeless pregnant woman, or a homeless person in the process of securing legal custody of a person under the age of 18.

HOMELESS PERSON – According to HUD, a homeless person is an individual who lacks a fixed, regular, and adequate nighttime residence or has a primary nighttime residence that is (a) a publicly supervised or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill; (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or not ordinarily used as, a regular sleeping place for human beings.

HOMELESS YOUTH – Young people estranged from their families who live on the streets, have no stable housing, and are not well-served by current housing options for adult homeless people.

HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS) – A computerized data collection system to collect information about homeless people. HUD requires that jurisdictions collect an array of data on homelessness, including unduplicated counts, use of services and the effectiveness of the local homeless assistance system. Utah has instituted MetSYS as its HMIS.

HOMELESSNESS PREVENTION – An effort to assist individuals at risk of becoming homeless to stabilize their housing situation and provide supports necessary to help them maintain their housing.

HOUSEHOLD – An entity that includes all the people who occupy a housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as domestic partners or roomers, is also counted as a household.

HOUSING FIRST – An approach to aiding homeless people that emphasizes moving them into housing they can afford as quickly as possible.

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) – A HUD program which pays for housing and support services for people living with HIV/AIDS and their families.

HOUSING PLUS – A term used to describe supportive housing: the combination of affordable housing and appropriate case management, mental health, or other services needed to help a homeless or near-homeless person maintain housing and move toward the greatest independence possible.

HOUSING SPECIALISTS – People who work with case managers, landlords, shelters, and day centers to seek out existing affordable housing units, including those accessible to persons with disabilities, and to match them with homeless people and persons likely to become homeless. This specialist also provides information and referral programs with information on available affordable housing.

HOUSING SUBSIDY – Funds typically paid from Federal or other sources to help make a housing unit affordable to a low-income household.

HOUSING UNIT – An occupied or vacant house, apartment, or single room intended as separate living quarters.

HUD – U.S. Department of Housing and Urban Development, the Federal agency responsible for overseeing a variety of government-subsidized housing and related programs.

HOUSING AGENCIES – An entity that oversees a number of publicly subsidized housing programs, including public housing and the Section 8 program.

HOUSING AUTHORITIES – Entities authorized by State law and established through resolutions by counties or cities that provide affordable housing, primarily through the federally funded Section 8 and public housing programs.

INDIVIDUALS LEAVING INSTITUTIONAL SETTINGS – Persons released from prison, mental hospitals, or other institutions. Some of these people are at high risk for becoming homeless if suitable housing is not readily available and accessible.

INFORMATION AND REFERRAL – Programs that provide a variety of information on available social services and related programs.

INTEGRATION (OF SERVICES) – An effort to provide social services in a manner that coordinates those services to meet each person's needs.

INVOLUNTARY COMMITMENTS – A process that allows the courts to place persons temporarily or permanently in a mental health facility without their consent because they are mentally ill and dangerous to themselves or others.

JOB CLUB – A means of encouraging people with various challenges to find jobs by getting together to share job leads and experiences related to seeking employment.

LIFE SKILLS TRAINING – Assistance provided to help people learn a variety of essential skills, such as money management, parenting, and maintaining successful relationships.

LONG-TERM HOMELESS PEOPLE – People who have experienced multiple episodes of homelessness over several years and rely on emergency shelters and other temporary arrangements for housing.

LONG-TERM INTENSIVE CASE MANAGEMENT – Case management services provided for months or even years to people who are homeless due to chronic illness, disability, or other permanent barriers to self-sufficiency. These people likely will need frequent contact and permanent supportive services to remain housed in the community.

LOW-INCOME HOUSEHOLD – A household earning no more than 80 percent of a locality's median family income.

LOW-INCOME HOUSING TAX CREDIT PROGRAM – A program that provides a formula allotment of Federal income tax credits to States. These tax credits are distributed to nonprofit and for-profit developers of, and investors in, low-income rental housing. States are given general guidelines and are free to establish their own preferences, restrictions, and procedures. The Utah Housing Corporation allocates tax credits for the State of Utah.

MCKINNEY-VENTO ACT – The primary Federal law that targets Federal funds to homeless individuals and families. Programs eligible for the funds include outreach, emergency food and shelter, transitional and permanent housing, primary health care services, mental health, alcohol and drug abuse treatment, education, job training, and child care. There are nine titles under the McKinney-Vento Act that are administered by several different Federal agencies, including HUD.

MEDICAID – A program jointly funded by the States and the Federal Government that provides medical care to certain groups of poor people, including the elderly, children, welfare recipients, and people with disabilities.

MENTAL ILLNESS – Mental illness is a psychiatric disorder that results in a serious impairment in psychological, social, and occupational functioning that may significantly limit a person's ability to live independently.

NEAR-HOMELESS – A term that refers to a person or household in imminent danger of becoming homeless, often because they have low incomes and pay more than half of those incomes for housing.

PEOPLE AT -RISK OF HOMELESSNESS – See “Near-homeless.”

PERMANENT SUPPORTIVE HOUSING – Safe affordable rental housing with support services for low-income or homeless people with severe mental illness, substance abuse, or HIV/AIDS. Permanent supportive housing provides a permanent home at an affordable rent along with the help people need to live on their own.

PERSON WITH A DISABILITY – An individual who has a physical, mental, or emotional impairment that is expected to be of continued and indefinite duration and substantially impedes his or her ability to live independently.

PREVENTIVE CASE MANAGEMENT – Case management designed for people who are precariously housed and need brief support services to achieve housing stability.

PROJECT BASED RENTAL ASSISTANCE – A housing unit where the subsidy is for the unit and cannot be taken by the renter to another unit of housing.

PUBLIC HOUSING UNIT – A housing unit built with Federal funds but owned and operated by a local public housing authority.

SECTION 8 – A Federal program typically operated by local housing authorities that provides rental assistance to low-income persons. The Section 8 certificate program typically includes a maximum rent for a metropolitan area or county. Individuals receiving assistance under a certificate program must find a unit that complies with rent guidelines, and they will pay 30 percent of their incomes for rent. Under the Section 8 voucher program, the local housing authority determines a standard amount of rental assistance an individual or family receives. Tenants pay the difference between the amount of assistance and the actual rent, which may require them to spend more than 30 percent of their incomes on rent. Both the Section 8 voucher and certificate programs are tenant-based programs, meaning that the subsidy is specific to the tenant as opposed to the unit. Under the project-based assistance program, a public housing authority may target up to 15 percent of its Section 8 certificate allocation to specific housing projects, ensuring that the subsidy will remain with the properties.

SHELTER PLUS CARE – A national grant program administered by HUD that provides rental assistance, linked with supportive services, to homeless individuals who have disabilities (primarily serious mental illness, chronic substance abuse, and disabilities resulting from HIV/AIDS) and their families.

STREET HOMELESS ADULTS – Single adults who currently live on the streets or in abandoned buildings and often are reluctant to accept current housing options such as emergency shelters or transitional housing programs.

STREET OUTREACH – Efforts designed to engage homeless people who live on the streets or similar settings unsuitable for habitation and to link them with housing, shelter, or other essential services.

STRENGTHS MODEL – A model for providing services that focuses on persons’ strengths rather than their weaknesses, relies on aggressive outreach, and attempts to

build upon client preferences. In the strengths model, the community is viewed as an oasis of resources and the case manager-client relationship is considered crucial to accessing those resources.

SUBSIDIZED HOUSING – A housing unit that has a portion of its rent paid with public funds or, during its development, was financed with public funds that will help keep the rent affordable to low-income families. It is estimated that there is only one such unit in the United States for every five households that could qualify.

SUPPORTED EDUCATION PROGRAMS – Programs that provide support services to people with disabilities or other barriers to success to help them be successful in mainstream educational programs.

SUPPORTED EMPLOYMENT PROGRAMS – Programs that provide support services to people with disabilities or other challenges to help them succeed in the mainstream workforce.

SUPPORTIVE HOUSING – A type of housing that is both affordable to its residents and linked to mental health, employment assistance, and other support services to help residents live as independently as possible.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) – The main federally funded welfare program for families with children. Many details of the program are left to State government, but there are great incentives to prepare people to work and to move heads of households into employment.

TEMPORARY SHELTER – See “Emergency Shelter.”

TOWNSHIP TRUSTEES – Local government officials who provide assistance to meet certain immediate needs that typically relate to utilities, food, household supplies, housing, clothing, burials, and traveler’s aid.

TRANSITIONAL HOUSING – Living units that provide temporary shelter (usually for 2 years) to persons making the transition from homelessness to permanent housing.

U.S. SOCIAL SECURITY ADMINISTRATION – A base of financial protection for working people and their families when earnings are lost because of retirement, disability, or death. Benefits are an earned right.

UTAH DEPARTMENT OF CORRECTION – A State agency responsible for administering Utah’s prison system.

UTAH DEPARTMENT OF HUMAN SERVICES – The State agency that oversees a variety of human services for the abused and/or neglected, the delinquent youth, the disabled, the elderly, the mentally ill, and the substance addicted.

UTAH HOUSING CORPORATION – A State-operated bank that finances residential mortgages and the development of affordable housing.

VULNERABLE HOUSEHOLDS – Households paying too much for housing or experiencing other stressors that might be alleviated through rent subsidies or other assistance.

YOUTH – People under the age of 18.