SALT LAKE COUNTY COLLECTIVE IMPACT ON HOMELESSNESS

COMMON AGENDA

In Salt Lake County, we provide housing and services as quickly as possible to those who are homeless. We want everyone in our community to have a safe place to live. We want our homeless housing and services solutions to be system-oriented rather than agency-oriented and to promote engagement rather than enablement. We use our collective expertise, resources and data to continuously improve our homeless housing and service systems so that they are safe, integrated, efficient and focused on self-sufficiency.

CONVENER Salt Lake County Mayor Ben McAdams

STEERING COMMITTEE REPRESENTATIVES

Catholic Diocese of Salt Lake City
Crossroads Urban Center
Downtown Business Alliance
Family Promise
Fourth Street Clinic
Goldman Sachs
Housing Authority of Salt Lake
KUED
Midvale City Mayor's Office
Pioneer Park Coalition
Salt Lake City CAP | Head Start
Salt Lake City Community + Economic Development
Salt Lake City Office of the Mayor
Salt Lake City Police
Salt Lake Co Homelessness Coordinating Council
Salt Lake County Human Services
Salt Lake County Office of Regional Development
Salt Lake County Office of the Mayor
Salt Lake County Sheriff
State of Utah Department of Human Services
State of Utah Department of Workforce Services
State of Utah Office of Education
The Church of Jesus Christ of Latter-day Saints Humanitarian Service
The Road Home
United Way of Salt Lake
Veterans Administration Salt Lake City Health Care
Volunteers of America
YWCA

PRIORITY OUTCOMES

The Steering Committee recommends 14 strategically linked outcomes in four key areas of focus as the current priorities for our community:

Outcomes for County Residents Experiencing Homelessness:

1. We recognize and meet the distinct needs of these homeless populations:
   - Families with children
   - Transitional-aged youth
   - Single men and women
   - Veterans
   - Domestic violence victims
   - Individuals with behavioral health disorders (including substance use disorders)
   - Individuals who are medically frail/terminally ill
   - Individuals exiting prison or jail
   - Unsheltered homeless
2. We successfully divert individuals and families from emergency shelter whenever possible.
3. We meet the basic needs of those in crisis.
4. We provide individuals and families with stabilization services when they need them.

Outcomes for the County's Homeless Services and Housing Systems:

5. Salt Lake County's homelessness rates decrease over time.
6. Coordinated entry and a common, consistent assessment tool provide easy access to services across the system. There is no 'wrong door.'
7. Individuals who are homeless have a relationship with a caseworker or similar individualized support.
8. Individuals who exit homelessness will be employed and/or have increased income/financial stability.

Outcomes to Prevent Homelessness:

9. Salt Lake County's housing supply meets the demand and needs of all residents.
10. People have access to the specific services and supports they need to avoid homelessness.
11. Children, adolescents and adolescents transitioning to adulthood do not experience homelessness.
12. If individuals and families become homeless, we prevent it from happening again.

Outcomes for Communities and Public Spaces:

13. Neighborhoods that host homeless service facilities are welcoming and safe for all who live, work, recreate, receive services, or do business there.
14. Neighborhoods offering services also offer access to employment, job training, and positive activities during the day.

PRIORITY OUTCOME INDICATORS

The Steering Committee recommends these strategically linked set of indicators to track progress as a community in realizing our collective outcomes and common vision.

I. Prevention + Diversion

- # homeless in periodic homeless system grid search counts (all identified populations)
- # youth aged out of foster care who experience homelessness by age 22
- # individuals who claim no permanent home/emergency shelter as residence on exit from jail or prison
- # successfully diverted from emergency shelter to housing (all identified populations)
- # affordable housing units for individuals, transitional-aged youth, and families with children
- # permanent supportive housing units for individuals and families with children
- # affordable housing units accessible to individuals of all backgrounds
- amount of rapid rehousing funds available and % used
- # 211 housing crisis calls
- # deeply affordable housing units County-wide (30% AMI or less)
- % sustained exit rate from homelessness at 12 months (all agencies, all identified populations)
- # emergency shelter repeat stays within 12 months (all identified populations)

II. Coordinated Entry + Assessment

- % point of entry service providers using a common, consistent assessment tool
- % points of entry that have coordinated assessment and referrals
- # individuals receiving a complete assessment (vulnerability and behavioral health)
- # cross agency referrals

III. Emergency Shelter | Basic Needs

- # individuals or families turned away from emergency shelter services (demand versus capacity)
- # emergency shelter nights/length of stay (all identified populations)
- ASQ (Ages and Stages Questionnaire) scores

- # individuals in public school systems who are homeless
- # students enrolled fewer than 160 cumulative days in a single school
- # days absent from school among children in shelter
- # families with children served by faith-based and private organizations
- # families with children served by other non-HUD-funded organizations (e.g., faith-based organizations)

IV. Coordinated Health, Behavioral Health + Criminal Justice Systems

- % homeless in jail population
- # / frequency jail intake + jail bed days
- % homeless among inappropriate emergency medical referrals
- # visits to homeless service providers for health care
- # medically frail or terminally ill discharged from emergency room to homeless shelter or homeless service provider and/or who claim no permanent home upon discharge
- # visits by homeless to behavioral health care providers
- # homeless on waiting list for behavioral health disorders (residential/outpatient)
- # treatment days

V. Case Management and Individualized Support

- # of meetings with caseworker/individualized support providers 1) between entry and exit and 2) during post-exit (to 12 months),

VI. Employment + Income

- # jobs created for individuals who are or have been recently homeless
- % increase in income/wage for individuals who are or have been recently homeless
- employment rate among currently and formerly homeless individuals
- # homeless and formerly homeless individuals eligible for public assistance receiving public assistance
- % SLCO residents and SLCO residents receiving public assistance who earn a living wage
- % income going towards rent for SLCO residents and SLCO residents receiving public assistance
- # amount of rental assistance dollars

VII. Communities + Public Spaces

- # new residential units for all incomes
- # local cities providing funding for homeless services system-wide
- # employment and job training services in vicinity
- # healthy food and beverage outlets in vicinity
- # service provider volunteers among residents and employers/employees in vicinity
- # neighborhood improvement events in vicinity with service provider, resident and business participation
- # legitimate calls to police in vicinity
- # vacancy rates for commercial real estate in vicinity
- # move in/move out rates for businesses in vicinity
- # arrests and first time dispositions in vicinity
- Additional context-specific indicators that may apply:
    - # events permitted for public gathering spaces in vicinity
    - # service provider employees who live in vicinity
    - # mixed use developments in vicinity that include permanent supportive housing
    - # building permits in vicinity
    - # local schools in vicinity