



UTAH'S
TEN-YEAR BUSINESS PLAN
TO END CHRONIC HOMELESSNESS



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Introduction and Purpose of Report

In 2002, Lieutenant Governor Olene Walker signed a letter requesting Utah's participation in a federally funded "Policy Academy" training, focusing on ending chronic homelessness in ten years. In May 2003, nine individuals, representing the Homeless Coordinating Committee, attended a Policy Academy training in Chicago. The nine attendees were: Kerry Bate, Bill Crim, Mark Manazer, Leticia Medina, Matt Minkevitch, Lloyd Pendleton, Mike Richardson, Jane Shock, and Robert Snarr. They accepted the assignment to prepare a ten-year plan to end chronic homelessness in Utah by 2014. The materials comprising this business plan set forth broad perspectives, guidelines, and an organization of committees of the Homeless Coordinating Committee and other stakeholders to achieve this goal.

It is intended all activities serving the homeless in Utah will be coordinated through the State's Homeless Coordinating Committee. This will include establishing priorities for present funding, reporting on the effectiveness of the funding, obtaining additional resources, and ending chronic homelessness by 2014. It is understood the present funding could be used more effectively but is insufficient to end chronic homelessness in ten years. It is also understood and assumed the present funding for homelessness will need to be maintained and new resources added, especially in housing opportunities and supportive services, to end chronic homelessness.

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

- Temporary – Those that stay in the system for brief periods and do not return. This group consists of about 80% of the homeless and, based on national research, they consume about 32% 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 and consist of about 10% of the homeless. They consume about 18% 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 those who have experienced at least four episodes of homelessness within three years. This group represents about 10% of the homeless and consumes about 50% of the resources supporting the homeless. A significant number (one third) are veterans.¹

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

The key to ending chronic homelessness is a “Housing First” strategy. Housing is more than a basic need. Living in one’s own home also brings new freedoms and responsibilities and marks the transition to adulthood in contemporary American culture. Finding and maintaining a home is a fundamental indicator of success in community life.² Placing the chronically homeless in permanent supportive housing is less costly to the community than living on the street.

Implementation of a plan is critical 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 who are at risk of homelessness. Addressing the chronically homeless and homelessness in total includes continued efforts by local, state, and federal programs already serving homeless populations, directly or indirectly, such as the Olene Walker Housing Loan Fund, HOME, the Section 8 voucher choice program, Medicaid, and 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.

¹ Department of Veterans Affairs Fact Sheet, January 2003

² New Freedom Commission on Mental Health, Sub-committee on Housing and Homeless Background Paper

Homeless Coordinating Committee

The Homeless Coordinating Committee for Utah (HCC) was created in 1988 by the legislature and is comprised of gubernatorially-appointed members from a consortium of community organizations, private and public, not-for-profit, 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 has recently been refocused with new appointments and assigned responsibilities to implement this ten-year business plan. This includes: 1) clearly defining needed legislation, roles, and responsibilities of state and local governments, and working with the federal government, and 2) implementing the detailed action steps to end chronic homelessness by 2014. The implementation will include: a) coordinating all activities serving the homeless, b) establishing outcome measures to determine resource utilization effectiveness supported by a statewide homeless management information system, c) the establishment of funding priorities, and d) securing additional resources from the federal government, private investors, the State, and public. With policy level members on the HCC, these actions will be done in a collaborative and integrated approach.

UTAH’S BUSINESS PLAN TO END CHRONIC HOMELESSNESS

Vision Statement

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

Homelessness: Count – Costs – Present System

To be homeless is to be without a permanent place to live that is fit for human habitation. According to the United States Interagency Council on Homelessness (USICH), there are approximately 750,000 homeless on any selected night in the United States, and three million homeless Americans during the course of a year. In Utah, a survey and analysis of homelessness has been conducted annually since 1991.³ The most recent survey was conducted July 2004 with the key results as follows (see Attachment II for details):

		2004	
	<u>Point-In-Time Count</u>	<u>Annual Estimate Total</u>	<u>Percent</u>
<u>Homeless</u>			
• Individuals	2,344	11,720	49.5%
• Persons in families	<u>2,396</u>	<u>11,980</u>	<u>50.5%</u>
Total Homeless	<u>4,740</u>	<u>23,700</u>	<u>100%</u>
Percent of State’s Population		1.0%	
• Chronically Homeless	590	2,950	
Percent of Homeless	12.4%	12.4%	

The homeless count is from the recent continuum of care submissions, which is not academically rigorous. Additional counts will be conducted to provide a more accurately defined homeless population. However, based on the recent count, 23,700 people, or 1% of the State’s population, will

³ Information on the counts is available at the Department of Community and Economic Development

experience homelessness in 2004. Of the 23,700, the chronically homeless count was 2,950, or 12.4%. Several studies indicate that nationally the chronically homeless are about 10% of the homeless population and consume 50% of the resources provided the homeless. The Road Home, the State's largest homeless shelter, located in Salt Lake City, recently conducted a study of the winter emergency shelter beds. This study indicates the high users of the Winter Emergency Shelter are consistent with results from national studies. Between July 1, 2000 and April 30, 2004, there were 738,641 shelter nights provided to 10,266 unduplicated individuals. Of the 10,266, 1,120 or 11%, used 382,199 shelter nights, or 52% of the facility's services.

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 people experiencing chronic homelessness not only suffer as individuals, 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 annual community cost for emergency medical service was \$65,600 per person.⁴ With all these expenditures, there was no improvement for the homeless person.

Studies in other states indicate that providing housing and supportive services reduced "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.

The homelessness costs to Utah communities have not been extensively studied, but preliminary costs indicate that providing permanent supportive housing is significantly less expensive than the present approach. Based on information from The Road Home, the annual costs for a person in permanent supportive housing is about \$6,100. This compares with annual

⁴ Sand Diego Serial Inebriate Program (SIP) Evaluation Report on Utilization of Health Resources; Sept. 2004.

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 the State Mental Hospital (see Attachment III). These costs do not include crisis services at hospital emergency rooms, police and EMT calls, and other related costs. In addition to costing less for a person to be housed with supportive services, by having an address, many of the chronically homeless will be able to access mainstream resources such as SSI, Medicaid, Food Stamps, etc. While not impossible without a place to live, these services are more difficult to access.

The 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 shelter and service system in Utah has evolved over the past two decades to address the changing homeless population. Presently, there are approximately 2,775 temporary shelter beds⁵ in Utah reflecting 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 two years) in a services-enriched environment.

The impetus for more comprehensive shelter service models has been threefold. First, it derived in part from the dramatic influx of families into the system that has occurred since the late 1980's. 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 the 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 the basic needs approach, while effective at protecting people from the difficulties of street life, were insufficient to truly move people 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 on-site substance abuse intervention.

⁵ From the State's 2004 three Continuum of Care submissions.

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 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 has ultimately 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 amount of time 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 have frequently adopted more demanding eligibility criteria and more strict program rules that have often effectively barred those households with the greatest needs.

Research indicates 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

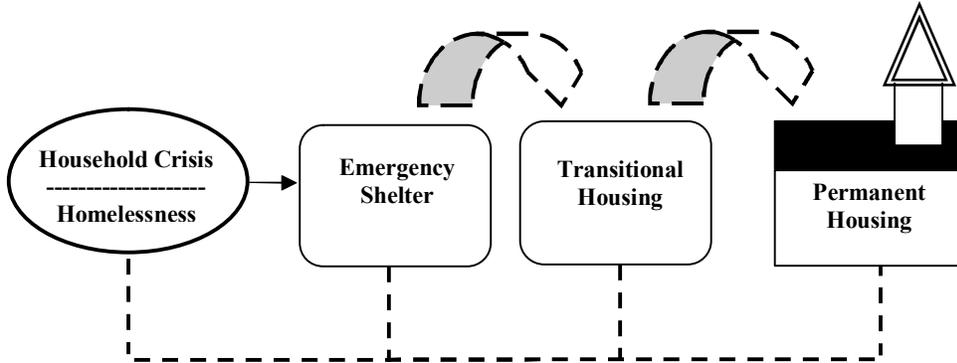
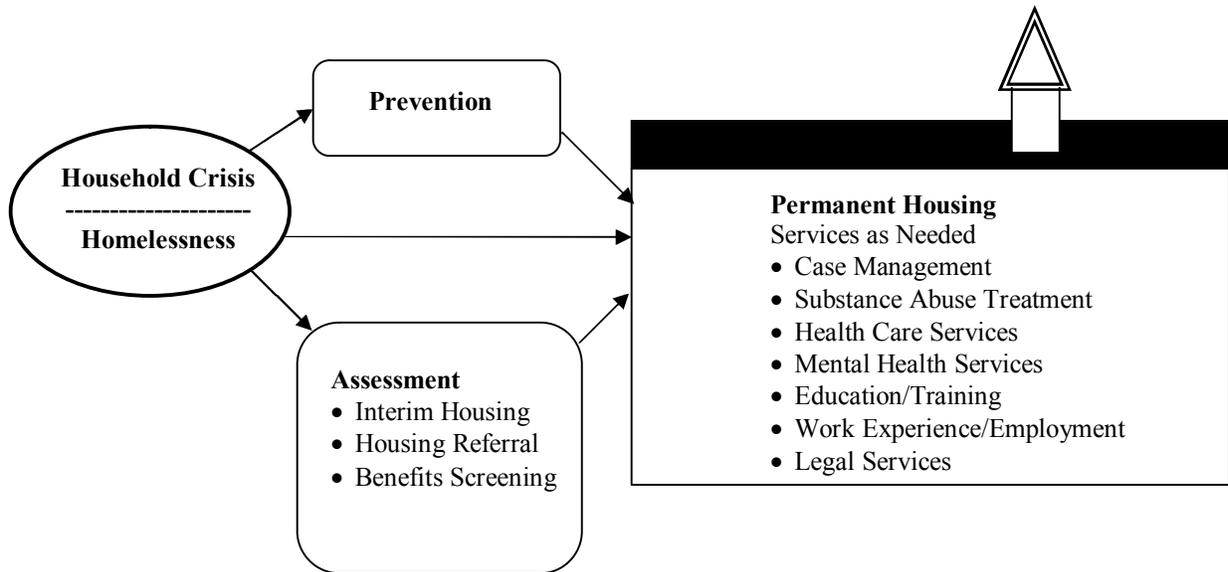


Figure 2: Housing First, Staying Housed Model



Strategies and Initiatives of Housing First Approach

Strategies

The most effective solutions to homelessness are: 1) prevent it when possible, and 2) provide permanent supportive housing that makes it sustainable for those who are homeless. The State's ten-year plan will focus on:

- Preventing homelessness – This includes reducing evictions and having effective discharge planning from public institutions (mental health, penal, foster care, Juvenile Justice Services, and hospitals).
- Rapidly re-housing – This includes expanding and enhancing outreach, and increasing affordable permanent supportive housing opportunities for direct placement.
- Providing supportive services – This includes providing adequate services that promote housing stability and self-sufficiency.
- Having timely and accurate results – This includes collecting information on the homeless and services provided from all agencies serving the homeless, reporting through the homeless management information system (HMIS), and reporting results against defined outcome measures.

Responsibility

Utah's Homeless Coordinating Committee will implement the ten-year plan and ensure the development of comprehensive cross systems strategies, such as linking those released from incarceration with housing agencies. Strategies will complement these approaches plus incorporate the unique needs of rural and urban areas.

First Five-Year Strategic Plan

Getting housed quickly and keeping people housed needs to be a collaborative effort by a public/private framework for change. To end chronic homelessness in Utah by 2014, there must be a dramatic shift in the present approach of addressing homelessness from a shelter-based strategy

to a permanent supportive housing-based strategy. This permanent supportive housing-based strategy has the following emphases:

1. Homeless Prevention – This involves reducing entrance into homelessness by effective discharge planning and prevention efforts for those at imminent risk by at least 40% by 2009 from the baseline year of 2005.
2. Affordable Housing – To begin with, policies and guidelines will be put in place 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% by the year 2009.
3. Supportive Services – This includes the 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.
4. Management Information – This includes, collecting and providing accurate data and measuring results from all agencies receiving public funding by December 31, 2005.

With the above strategies, the chronically homeless count will be reduced by at least 25% in the 2009 homeless count compared with the 2004 count.

Homeless Prevention

It has long been argued the most effective strategy for addressing homelessness for those at imminent risk is to prevent its occurrence in the first place. This includes more systemic strategies that seek to prevent 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. Another source of homelessness is domestic violence, which needs to be addressed more extensively among the homeless.

Prevention Strategic Initiative

Over the next five years, the HCC will improve the effectiveness of present resources for preventing homelessness, plus seek additional resources directed to prevention 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:

- a. Increasing access to permanent supportive housing and services to reduce those entering into homelessness when leaving institutions by at least the following targets:

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
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%

- b. Reducing evictions from a 2005 baseline by at least 10% in 2006, 15% in 2007, 20% 2008, and 25% 2009.

2. Ensuring those discharged from prisons, mental health facilities, and foster care have developed a plan for self-reliance and support from either family or community agency(ies) as follows by at least:

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Prisons	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. With the availability of the 211line for all of Utah by 2/11/05 resource materials and training for homeless prevention will be provided to the operators by 12/31/05 for 80% of Utah's population and the balance of the population by 12/31/06.

- b. Increasing staff assessment resources by at least 10% annually from 2005 for identifying appropriate shelter alternatives, and facilitate their access for persons at imminent risk of homelessness or who are homeless.

Affordable Housing

For those who are already homeless, the HCC will employ a “Housing First” strategy. A Housing First approach seeks to assist person(s)/family(ies) to exit homelessness as quickly as possible by placing them in permanent supportive housing. This approach assumes the factors contributing to a household’s homelessness can best be remedied once the household is housed. It also accepts that, for some, lifelong support may be required to prevent the re-occurrence of homelessness. Hence, it seeks to maximize utilization of mainstream resources, HOME, Olene Walker Housing Loan Fund, Medicaid for medical services, Temporary Assistance to Needy Families (TANF), Social Security, Workforce Initiative Act (WIA), Food Stamps, housing subsidies, 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.

In shifting from the current tiered system of shelters and transitional housing to a Housing First model we recognize 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 will be focused 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 homelessness poses in Utah’s rural communities. The form of permanent supportive housing will vary according to the needs and desires of each household. For some, permanent supportive housing will mean a safe haven, eventually moving to a studio unit with on-site 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.

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 by increasing accessibility to current housing and increasing the housing inventory through remodeling and new construction. It is understood there will be a need for some level of emergency sheltering and transitional housing, but the emphasis will be transitioning the existing tiered shelter system into a Housing First system. This approach includes the following:

1. Expanding availability of affordable supportive housing by:
 - a. Providing recommendation for changes to legislation and policies by September 1, 2005 to ensure 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 inventory by at least 5% in 2006, 10% in 2007, 20% in 2008, and 25% in 2009.
 - c. Creating 100 additional project-based supportive housing units a year from 2006 to 2009 for the episodic and chronically homeless.
 - d. Expanding supportive housing subsidies for the episodic and chronically homeless to live independently with appropriate supportive services by at least 25% by the year 2009.
 - e. Developing 100 additional housing units such as safe havens and harm reduction programs, for those who need supportive housing, but would be better with non-traditional service models by 2008.
 - f. Implementing the tenant-based rental assistance statewide by 12/31/07.
 - g. Expanding the present tenant-based rental assistance by at least 25% by 2008 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.
 - h. Increasing the availability of appropriate supportive Housing First models for homeless youth and youth transitioning out of foster care by at least 25% over the 2005 inventory by 2009.
2. Increasing accessibility of affordable permanent supportive housing by:
 - a. Developing an affordable housing coordination, linking households in interim housing with appropriate affordable permanent supportive housing.
 - 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 shelter system to a Housing First system by:

- a. Developing statewide standards by September 1, 2005 for moving the chronically homeless into permanent supportive housing models that promote housing placement in the most suitable, least restrictive, settings possible.
- b. Providing guidelines for public funding resources by September 1, 2005, encouraging existing shelter programs to adopt a Housing First approach, to the extent possible.

Supportive Services

In many respects, housing stability is a function of a 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 a livable wage employment and/or other income supports, and c) affordable quality child care for families. Support is even more critical for low-income households, for whom a crisis often means choosing between paying the rent or paying for food.

This State plan is dedicated to ensuring that households have access to a full range of resources and services to protect their ability to remain housed. This will be accomplished through increased supportive services. Supportive services refer to a comprehensive integrated service delivery system that will coordinate service across all components of the State's homeless service delivery system – prevention, interim 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 may initially 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.

Supportive Services Strategic Initiatives

Over the next five years, this initiative will simultaneously strengthen community services and safety net systems for persons at risk of homelessness and for those being re-housed. 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 a “triage” system for the Wasatch Front by July 1, 2007 for preventing homelessness with families about to be evicted and for those accessing homeless services. Intake personnel will be trained and certified for assessment and input into the Homeless Management Information System, 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. This will be developed and tested in an Association of Government location 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:
 - 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 follow-up strategies to work with households being assisted with basic prevention strategies 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.

Management Information System

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

- a. Continue developing and implementing a statewide homeless management information system by December 31, 2005 to collect data from all publicly funded service providers. This will include assessed needs, case management, and the results of improved service delivery.
- b. Linking the State's Consolidated Housing Plan to HMIS by December 31, 2005.
- c. Consolidating housing assistance resources to support prevention, affordable housing placement, and long-term supportive services. This will be developed and tested in a selected AOG by July 1, 2006 with statewide implementation by July 1, 2008.

Implementation Infrastructure

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 Association of Governments (AOGs) or sub-AOGs, will establish a local Homeless Coordinating Committee comprised of representatives of all interested parties by March 1, 2005

In Utah, a top-down strategy of un-funded mandates cannot succeed. Therefore, the state must model the kind of collaborative partnerships that encourage local participants, through rewards and incentives, to successfully implement this ten-year plan. 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 Homeless Coordinating Committee has established five committees with membership of stakeholders addressing the following (see Attachment IV):

1. Discharge Planning – Representatives from service agencies and those working with prisoners, mentally ill, foster children, and medical hospitals, will establish statewide guidelines and coordinate efforts to reduce the flow into homelessness. 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 ageing out of foster care and Juvenile Justice Services in permanent supportive housing,
2. Affordable Housing – Representatives from financial institutions, housing authorities, developers, providers and planners who will develop statewide guidelines and measurable actions for the identification, placement, funding and construction of affordable housing units.
3. Supportive Services – Representatives from homeless providers, case managers, Workforce Services, educators, researchers, legal, Veterans Administration, Social Security Administration, and substance abuse counselors, who will identify, develop, and implement statewide best practices for comprehensive case management services.
4. Information Systems – Agency providers, researchers, businesses, and investors who will define statewide data collection and outcome measures.
5. Implementation Infrastructure – Representatives from the seven State Association of Governments, the League of Cities and Towns, planning commissions, mayors, county commissioners, and public officials who assist each AOG or sub-AOG in creating a local Homeless Coordinating Committee with the appropriate membership.

These five committees will a) develop an in-depth 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 plans for the coming year. The first of these will be October 18-19, 2004 to publicly announce Utah's Ten-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.

Second Five-Year Strategic Plan

The second five-year strategic plan will be developed in detail by 2009 by the Homeless Coordinating Committee, based on the results of implementation of the first five-year strategic plan. The second five-year strategic plan will continue to focus on:

- 1) Expansion of successful strategies,
- 2) Addressing areas where outcomes are not meeting expectations, and
- 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 funders. Key to the evaluation effort will be the continued development of the homeless management information system, 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 will also collect data to generate point-in-time and longitudinal counts of homelessness in Utah.