Plan to End Chronic Homelessness
in the BRAG Area by 2014

> **Vision:** Everyone has access to safe, decent, affordable housing with the needed resources and supports for self-sufficiency and well-being.

BACKGROUND

Homeless in America

Tonight 750,000 people will be homeless in America. It is estimated as many as 3.5 million or about 1% of all Americans, will experience some degree of homelessness during the year.

Who are the homeless Americans? According to the National Alliance to End Homelessness (NAEH), close to 59% of the homeless identified by the 2005 national count were individuals and 41% were persons in families with children. Over the course of a full year, however, about half of the people who experience homelessness live in family units and 38% of the homeless each year are children. There are also single homeless people who are not adults — runaway and "throwaway" youth. The size of this group has not been measured and is often not included in counts of homeless people.[1]

To be homeless is to be without a permanent place to live that is fit for human habitation. The Department of Housing and Urban Development (HUD) has defined the following categories of homelessness:

- **<u>Temporary</u>:** Those that stay in the shelter system for brief periods and do not return. This group comprises about 88% of the homeless population, and according to national research, consume about 50% of the resources devoted to support the homeless.

- **<u>Chronic</u>:** Those unaccompanied individuals with a disabling condition who have been homeless for a year or more, or have experienced at least four episodes of homelessness within three years. This group represents about 12% and consumes up to 50% of the resources supporting the homeless.

Chronically homeless Americans are 75% male, at least 40% are African-American and over one-third are veterans.[2] This group is burdened with significant issues: 40% have substance abuse disorders, 25% have severe physical disabilities and 20% have serious mental illness. According to the Department of Health and Human Services (HHS), chronic homelessness is associated with extreme poverty, poor job skills, lack of education, and serious health conditions, such as mental illness and chemical dependency.

Homeless in Utah

Tonight nearly 3,000 people will be homeless in Utah and close to 14,000 will experience homelessness sometime this year. Ninety percent of the homeless are along the Wasatch Front with the greatest concentrations in Salt Lake and Weber counties. The remaining 10% are in the rural areas. No longer are Utah's homeless mostly transient. As many as 85% are Utah residents. Additionally, although not homeless by HUD's definition, many individuals and families are doubling-up, resulting in a substandard living environment.

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[1] National Alliance to End Homelessness. 2000. *A Plan, Not a Dream: How to End Homelessness in Ten Years*.
[2] Department of Veterans Affairs Fact Sheet, January 2003

Utah conducts an annual **Point-in-Time Count** (including a "street count") of homeless persons the last week of January. The most recent count, conducted January 23, 2007, found and identified 2,853 homeless persons statewide. Statistical projection models estimate that Utah can expect that 13,773 people will have at least a short period of homelessness during the year.

The 2007 homeless count shows Utah has a slightly lower percentage (35.1%) of homeless persons in families than nationally (41%). Of the 2,853 homeless, 765 were classified as chronically homeless. Although HUD does not include long-term homeless families in their definition of chronic homelessness, Utah will be including chronically homeless families in placement into housing. Nationally, the chronically homeless are about 12% of the homeless population and consume 50% of the resources provided the homeless. This has been confirmed in Utah. The Road Home, the State's largest homeless shelter, located in Salt Lake City, recently conducted a five-year analysis of shelter bed usage. They found the high users of the shelter are consistent with results from national studies. Between July 1, 2002 and June 30, 2007, there were 1,047,645 shelter nights provided to 12,286 unduplicated individuals. Of the 12,286, 1,675 or 14%, used 664,214 shelter nights, or 63% of the facility's services.

This plan will reference an Annualized Baseline of the last three annual counts, which were all conducted using the same methodology, in order to reduce the impact of measurement error in any one count. This plan will measure progress of strategic initiatives against the following three-year Annualized Baseline of the Point-in-Time Counts for 2005–2007:

Statewide Homeless Point-in-Time Counts*
(2005 - 2007 Annualized Baseline)

	2005		2006		2007		Point-in-Time Count Ave 2005 - 2007		3 Year Annualized Baseline	
	#	%	#	%	#	%	#	%	#	%
Individuals	1,621	59.2%	2,035	62.5%	1,816	63.7%	1,858	62.3%	8,149	59.2%
Persons in Families	1,113	40.7%	1,182	36.3%	1,000	35.1%	1,100	36.8%	5,494	39.9%
Unaccompanied Children	4	0.1%	38	1.2%	37	1.3%	26	0.9%	130	0.9%
Total Homeless	2,738	100%	3,255	100%	2,853	100%	**2,984**	**100%**	**13,773**	**100%**
Total Chronic Homeless	966	35.3%	957	29.4%	765	26.8%	**918**	**30.8%**	**1,840**	**13.4%**

*See Attachment I

Homeless in the BRAG Area

The Bear River Association of Governments (BRAG) Area participates in the annual Utah **Point-in-Time Count** (including a "street count") of homeless persons. The most recent three counts, conducted 2005-2007, identified an average of 47 homeless persons in the BRAG Area, including 6 (12.1%) chronically homeless. The State Plan references an Annualized Baseline of the last three counts. This plan will measure progress of strategic initiatives against the following three-year Annualized Baseline of the BRAG Area Point-in-Time Counts for 2005–2007:

BRAG
Homeless Point-in-Time Counts*
(2005 - 2007 Annualized Baseline)

	2005		2006		2007		Point-in-Time Count Ave 2005 - 2007		3 Year Annualized Baseline	
Individuals	9	30.0%	16	27.6%	7	13.2%	11	22.7%	46	20.4%
Persons in Families	21	70.0%	42	72.4%	46	86.8%	36	77.3%	180	79.6%
Unaccompanied Children	0	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%
Total Homeless	30	100%	58	100%	53	100%	47	100%	226	100%
Total Chronic Homeless	4	13.3%	12	20.7%	1	1.9%	6	12.1%	12	5.3%

*See Attachment I

HISTORICAL RESPONSE

State of Utah

The homeless shelter and services system in Utah has evolved over the past two decades to address the changing homeless population. Presently, there are approximately 3,248 temporary shelter beds in Utah within a range of service models (see Attachment II). This system stretches from short-term emergency shelter facilities to transitional housing for both individuals and families that allow longer lengths of stay (some up to two years) in a services-enriched environment.[3]

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 began in the late 1980's. As single, female-headed households increased as a 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, providers developed family shelter units and other transitional housing programs. 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 troubles of street life, were insufficient to move people beyond homelessness. Finally, recognizing that homeless face obstacles to accessing mainstream resources, homeless service providers responded by providing an increasing range of direct services such as mental health and on-site substance abuse intervention.

Over time, in the absence of responsive, affordable, permanent supportive housing alternatives, this approach expanded to include a residential service model designed to equip homeless households with the skills and resources needed 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 Attachment III).

While this approach may be 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

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[3] From the State's 2007 three Continuum of Care submissions

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

BRAG Area

The Bear River Region does not have a looming homeless problem. There is no visible "skid row" anywhere in the Region. Casual observers might claim this is due to an inhospitable winter climate or the current implementation of "bus therapy" sending transients to Ogden, Salt Lake City, or Pocatello.

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.

COSTS OF HOMELESSNESS

Cost to Communities

People experiencing chronic homelessness not only suffer as individuals, communities suffer as well. Placement of homeless people in shelters, while not the most desirable course, at least appears to be the least expensive way of meeting basic needs. Research shows, however, this is not the most effective approach and the hidden costs of homelessness can be quite high, particularly for those with chronic physical or mental illness. Because they have no regular address, the homeless face serious barriers accessing mainstream service systems and resort to a variety of very expensive public systems and crisis services.[4]

- **<u>Emergency Shelter</u>:** Emergency shelter generally works well for the temporarily homeless in assisting them to stabilize and move into transitional and permanent housing. The 12% of homeless who are chronically homeless will use over 50% of the emergency shelter services.

- **<u>Health and Medical Care</u>:** Homelessness both results from and causes severe physical and mental health problems. Homeless people are far more likely to rely on costly services such as emergency rooms and inappropriate inpatient stays.

- **<u>Incarceration</u>:** Homeless spend significant time in jail or prison, often for petty offenses such as loitering. Frequently, the penal system is used as emergency shelter for the chronically homeless. This is significantly more expensive than other, more appropriate shelter.

The cost of chronic homelessness is most acutely felt by the overburdened health and mental health systems. A recent study found that hospitalized homeless people stay an average of more

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[4] National Alliance to End Homelessness. 2000. *A Plan, Not a Dream: How to End Homelessness in Ten Years.*

than four days longer than other inpatients, and that almost half of medical hospitalizations of homeless people were directly attributable to their homeless condition and therefore preventable.[5] Recent studies have also found that homeless persons are three times more likely to use hospital emergency rooms than the general population, and are higher users of emergency department services because of their poor health, elevated rates of injuries and difficulty obtaining standard physician office care for non-emergency conditions.[6] A San Francisco study found that placing homeless people in supportive housing reduced their emergency room visits by more than half.[7] And, in 2006 the Denver Housing First Collaborative (DHFC) published a study of chronically homeless individuals, comparing costs of services for two years before and after placement in permanent supportive housing. DHFC found that emergency room costs were reduced 34.4% and inpatient nights declined 80%. Incarceration days and costs were reduced 76%. The total average cost-savings per individual was $31,545. After deducting the cost for providing permanent supportive housing, Denver realized a net cost-savings of $4,745 per person.[8]

Clearly, getting the chronically homeless, those that live in shelters and on the streets for long periods, into housing will make a significant impact in the process of reducing homelessness in America.[9]

Cost to Utah

Preliminary studies of homelessness costs to Utah communities 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 $6,504. This compares with annual costs of $7,165 for shelter (including case management) at The Road Home, $23,608 in the State prisons, $26,736 in the Salt Lake County Jail, and $166,000 in the State Mental Hospital (see Attachment IV). In Utah, inpatient psychiatric care charges average $455 a day.[10] Medicaid pays an average of $2,800 per day for medical hospitalizations (with an average stay of 3.9 days) and pays emergency room an average $648 per episode.[11]

Cost to the BRAG Area

Currently the cost to shelter someone at CAPSA (DV Shelter) is $15,500 for 4 months. Based on information from the Pilot Project which helps homeless people fleeing domestic violence, the average cost to get people into permanent housing is $5142.00 per family or individual. This includes case management costs. The average time families are on program is 4.6 months. All areas of self-sufficiency improved during that time.

TEN-YEAR PLANNING EFFORT

Ten-year Challenge

Addressing the issue of chronic homelessness is a national effort. In 2000, the National Alliance to End Homelessness issued a national challenge in *A Plan, Not a Dream: How to End Homelessness in Ten Years*. The following year, HUD Secretary Martinez endorsed the goal of

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[5] Sharon A. Salit**,** M.A., et.al., "Hospitalization Costs Associated with Homelessness in New York City," *New England Journal of Medicine*, Vol. 338:1734-1740, #24, June 1998.
[6] Kushel MB, Vittinghoff E, Haas JS. Factors associated with the health care utilization of homeless persons. JAMA. 2001;285:200-206.
[7] Tony Proscio. *Supportive Housing and its Impact on the Public Health Crisis of Homelessness*, California, 2000.
[8] Denver Housing First Collaborative. *Cost Benefit Analysis and Program Outcomes Report.* December 2006.
[9] National Alliance to End Homelessness. 2000. *A Plan, Not a Dream: How to End Homelessness in Ten Years.*
[10] Utah Division of Substance Abuse and Mental Health. personal correspondence.
[11] Utah Department of Health, Division of Health Care Financing. personal correspondence.

ending chronic homelessness in ten years. President Bush has since made ending chronic homelessness an administration-wide goal. As part of this effort, he re-established the U.S. Interagency Council on Homelessness to coordinate this effort among the 20 federal departments and agencies serving the homeless.

State and Local Commitment

In 2002 Lt. Governor Walker committed the state of Utah to participate in the ten-year planning process to end chronic homelessness. In May 2003, nine individuals, representing the State's Homeless Coordinating Committee, attended HUD Policy Academy training in Chicago. The Policy Academy training outlined the Bush Administration's efforts to end chronic homelessness in ten years and provided tools for the development of local plans. 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, The Church of Jesus Christ of Latter-Day Saints
Mike Richardson, Director, Department of Workforce Services
Jane Shock, Vice President, American Express
Robert Snarr, Coordinator, State Mental Health Housing and Case Management.

This team accepted the assignment to prepare a ten-year plan to end chronic homelessness in Utah by 2014.

In 2005, the State Homeless Coordinating Committee (HCC) published *Utah's Ten-year Plan to End Chronic Homelessness* setting forth key strategies to achieve the goal. The HCC called upon each of the twelve Local Homeless Coordinating Committees to prepare a plan to implement the key strategies locally.

BRAG Area Commitment

The Bear River Association of Governments established the BRAG Local Area Homeless Coordinating Committee. The committee is responsible for developing and implementing a Plan to End Chronic Homelessness in the BRAG Area by 2014.

KEY STRATEGIES

Overview

The ten-year plan sets forth broad perspectives, guidelines, targets and an organization of committees and stakeholders to achieve the goal of ending chronic homelessness reducing overall homelessness by 2014.

The present federal, state, and local funding could be used more effectively but still is insufficient to end chronic homelessness and reduce overall homeless in ten years. Present funding for homelessness at the federal, state, and local level must be maintained and new resources added, especially in affordable housing and supportive services. Some of the funding sources and programs in Utah include the Olene Walker Housing Loan Fund, the Pamela Atkinson Homeless

Trust Fund,[12] HOME, the Section 8 Voucher Choice Program, Medicaid, Emergency Shelter Grants, Critical Needs Housing and Temporary Assistance to Needy Families (TANF).

Homeless Prevention/Discharge Planning

Ending homelessness is impossible without implementing strategies to prevent it from occurring. Public institutions and support systems such as jails, prisons, hospitals, the child welfare system, and mental health facilities, often release people directly into homelessness. Coordinated **Discharge Planning** is crucial to ensure that people leaving these institutions have stable housing and some means for maintaining it.[13] The state's HCC subcommittee on Discharge Planning coordinates efforts in support of this key strategy.

Affordable Housing

One proven key to ending chronic homelessness and long-term family homelessness is a **Housing First** strategy. Housing is more than a basic need. Finding and maintaining housing is a fundamental indicator of success in community life. Placing the chronically homeless and long-term family homeless in appropriate housing with supportive services is more effective for the community than letting the homeless continue to live on the street.

Housing First is an approach that centers on providing homeless people with housing quickly and providing services as needed. What differentiates a Housing First approach from other strategies is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Housing First programs share these critical elements:

- There is a focus on helping chronically homeless and long-term homeless families access and sustain rental housing *as quickly as possible* and the *housing is not time-limited*;
- A variety of services are delivered primarily *following* a housing placement to promote housing stability and individual and family well-being;
- Such services are time-limited or long-term depending on individual and family needs;
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them succeed.

A central tenet of the Housing First approach is that social services that enhance well-being can be more effective when people are in their own home. Studies of Housing First programs with chronically homeless individuals and long-term homeless families have found that many who have remained outside of housing for years can retain housing with a subsidy and wraparound supports.[14]

The greatest obstacle to affordable housing is insufficient income. For the last 30 years the gap between income and housing costs has steadily widened. Over the same period of time, the supply of affordable rental housing has become increasingly scarce. Much of the stock has been converted to higher-priced and higher-profit housing such as condominiums. More has been

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[12] The funds for this come from an annual state tax check-off for homeless service providers which is periodically supplemented with general funds approved by the legislature.
[13] National Alliance to End Homelessness. *A New Vision: What is in Community Plans to End Homelessness.* November 2006.
[14] National Alliance to End Homelessness. *What is Housing First?* November 2006.

claimed by urban renewal. In many cases, higher income households are occupying low-income housing, further depleting the supply. NAEH reports there are now 5.2 million more low-income households than there are affordable housing units.[15] The average fair market value of a two-bedroom apartment has grown by nearly 28% in the last seven years, outpacing both overall inflation and average household income growth by a wide margin. This rate is also nearly double the income growth experienced by the poorest 20% of American households.[16] The widening gap between income and housing costs puts pressure on the affordable housing supply, placing larger numbers of people at risk for homelessness.

Overall, Utah personal income has risen about 5% over the last 3 years while housing prices have increased 25% to 30%. The widening gap between income and housing costs, combined with subsidy, cuts means more lower-income households will live in overcrowded and substandard conditions.[17]

Utah projected in its most recent Consolidated Plan that an average of 4,342 new affordable housing units needed to be produced each year from 1996–2002. Over the same period, only 2,621 units were actually developed on average each year, building up an affordable housing deficit at the rate of 1,721 units annually. According to the 2000 census, 625 new subsidized housing units need to be produced annually just for those Utah families living in poverty or below 30% of Area Median Income (AMI). In addition to the growing shortage of new affordable housing units, Utah has a critical housing quality problem.[18] The Olene Walker Housing Loan Fund (OWHLF) Annual Report estimates that almost 2,500 low-income housing units require rehabilitation each year to remain habitable.[19]

The state's HCC has formed a subcommittee on Affordable Housing to coordinate initiatives driving this key strategy.

Supportive Services

In many respects, housing stability hinges on a household's ability to access fundamental resources and supports when a crisis occurs, so the security of housing is not threatened. The necessary supports include: 1) creative leasing options, locating appropriate units, deposit assistance and rent and utility assistance; 2) health care with mental health and substance abuse services; 3) skill and employment training leading to livable wage employment and other income supports; 4) transportation; and 5) quality child care. Access to resources and supports is even more critical for low-income households, for whom a crisis often means choosing between paying the rent and paying for food. Utah has implemented use of a Self-sufficiency Matrix for tracking resources and supports available to and utilized by homeless individuals. Case managers use this matrix to assess the present status of the homeless, target interventions, and measure progress in improved self-sufficiency (see Attachment V).

The state's HCC has formed a subcommittee on Supportive Services to focus efforts on this key strategy.

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[15] National Alliance to End Homelessness. *Chronic Homelessness*. March 2007.
[16] National Low Cost Housing Coalition. *Out of Reach 2006.*
[17] Utah Department of Community and Economic Development, Division of Housing and Community Development. *State of Utah Consolidated Plan 2006–2010.* p.19 .
[18] Utah Department of Community and Economic Development, Division of Housing and Community Development. *State of Utah Consolidated Plan 2006–2010.* p.8.
[19] Utah Department of Community and Culter, Division of Housing and Community Development. *Olene Walker Housing Loan Fund Annual Report to the State Legislature 2007.*

Homeless Management Information

Critical, up-to-date information on the homeless and services must drive the planning process. Critical information includes who is homeless, why they became homeless, what homeless and mainstream assistance sources are available and accessed, and what is effective in ending their homelessness. This information will allow monitoring trends to determine causes and develop indicators, assess available assistance and fill the existing gaps. Self-sufficiency Matrix data is gathered and entered by agencies statewide, providing a valuable tool for planners and decision makers. The state's HCC has also appointed a subcommittee to define, gather, and analyze homeless and services data.

IMPLEMENTATION ORGANIZATION

State and Local Homeless Coordinating Committees

The State's Homeless Coordinating Committee (HCC) seeks to coordinate all activities that serve the homeless. The HCC was established in 1988. Members are appointed by the governor and encompass community organizations, individuals from not-for-profit and for-profit sectors and cabinet members (see Attachment VI). The HCC scope of responsibilities include establishing priorities for present funding, streamlining and increasing access to mainstream resources, reporting on the results and funding effectiveness, obtaining additional resources and implementing *Utah's Plan to End Chronic Homelessness and Reduce Overall Homelessness by 2014*.

The HCC has formed subcommittees to focus on each of the four key strategies: 1) Discharge Planning (in support of Homeless Prevention); 2) Affordable Housing; 3) Supportive Services; and 4) Homeless Management Information. A fifth organizational approach has organized twelve regional Local Homeless Coordinating Committees (LHCC), chaired by an elected official and organized by the local Association of Governments or Council of Governments (see Attachment VI).

Each LHCC is responsible for 1) developing and implementing local ten-year plans with detailed action steps to drive the key strategies of the State's ten-year plan; 2) prioritizing and coordinating funding to implement housing and supportive service programs to reduce and prevent homelessness; 3) use Homeless Management Information to track results; and 4) develop a "pathway" to self-reliance for the homeless (see Attachment VI).

Continua of Care

Utah is divided into the following three Continua of Care (CoC): Salt Lake City County, Mountainland Association of Governments and Balance of State. The CoCs are comprised of homeless care providers representing the spectrum of homeless services. They are funding entities recognized by HUD. Local ten-year plans are used in preparing the annual CoC submissions for HUD funding. BRAG Area is a member of the Balance of State Continuum of Care.

BRAG Local Homeless Coordinating Committee

The Bear River Association of Governments (BRAG) Local Homeless Coordinating Committee represents a broad range of community stakeholders and is chaired by a County Commissioner (see Attachment VII for current membership). The committee seeks to coordinate all activities that serve the homeless in the BRAG area and, at its discretion, may appoint subcommittees and workgroups to further the goals.

BRAG AREA IMPLEMENTATION PLAN

Area Profile

The BRAG Area Local Homeless Coordinating Committee (LHCC) is responsible for overall coordination activities on behalf of the homeless for Box Elder, Cache and Rich Counties. The area is located in the Northwestern part of the state and includes the cities of Brigham City and Logan. Box Elder County's economy is based on agriculture and manufacturing. Over 43 percent of the county's land is used either for growing crops or livestock. Manufacturing accounts for 40 percent of total nonagricultural employment. Prominent manufacturing includes space technology, motor vehicle parts, iron and steel products and furniture. Cache County is the agricultural center of Utah. The county has a substantial dairy and meat production industry. The major employer in the county is Utah State University. USU's research activity has spawned many companies which has lead to positive job growth in the service producing sector, while the county's manufacturing industry has decreased. Livestock grazing and the related feed crops are an important component of Rich County's economy. The important sector in the Bear Lake area is tourism. One in five jobs in the county is in the hospitality industry. Government is a strong employer, contributing one-third of the county's jobs. This corner of the state also provides an important place for food production and recreation.[20]

The BRAG Area has an overall population of 153,779 (July 2006 estimate), 5.9% of the Utah total. The overall Poverty Rate is 12.9%, 26.6% higher than the state, and the Child Poverty Rate is 8.3% lower at 11.4%. The Unemployment Rate, 2.6%, is 11.4% lower than the state and less than the national rate. The Area Median income is $44,598 compared to state average of $47,224.

Economic Indicators[21]			
	BRAG	% of Utah	Utah
Population	153,779	5.9%	2,615,129
Poverty Rate	12.9%	126.6%	10.2%
Child Poverty Rate	11.4%	91.7%	12.4%
Unemployment Rate	2.6%	88.6%	2.9%
Area Median Income	$44,598	94.4%	$47,224

Homeless Prevention/Discharge Planning Strategic Initiative

Jails, prisons, hospitals, the child welfare system, and mental health facilities often release people directly into homelessness. Coordinated **Discharge Planning** is crucial to stop these discharges into homelessness and to assure stable housing and some means for maintaining it.[22]

The LHCC has asked Reed Ernstrom to pull together a group representing local hospitals, mental health facilities, and correctional institutions to focus on effective discharge planning as a way to avoid releasing individuals into homelessness.

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[20] Utah Community Action Partnership. *Data Book on Poverty in Utah 2007.*
[21] Data Sources: Utah Community Action Partnership. *Data Book on Poverty in Utah 2007.*
U.S. Census Bureau. *2005 American Community Survey.*
U.S. Bureau of Labor Statistics, 2006.
U.S. Census Bureau. *2004 Small Area Income & Poverty Estimates*
[22] National Alliance to End Homelessness. *A New Vision: What is in Community Plans to End Homelessness.* November 2006.

Affordable Housing Strategic Initiative

The most successful model for housing the chronically homelessness is permanent supportive housing using a Housing First approach. Housing First is a strategy that provides immediate access to rental housing without requiring initial participation in treatment. Social services to enhance well-being can be more effective when people are in their own home.[23]

The existing emergency shelter and transitional housing system works well for most of the temporarily homeless. However, additional needs for these services exist in some communities. Some LHCCs, after a review of their overall needs and services, have elected to include additional transitional housing and emergency shelter for the temporarily homeless as part of an overall effort to bolster and maintain a comprehensive homeless service delivery system. Other LHCCs have determined that their existing emergency shelter and transitional housing capacity is adequately matched with the need.

In 2006 the average monthly Fair Market Rent (FMR) for a two-bedroom apartment in the area was $610. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a family would require an annual income of $24,400. This translates into an hourly wage of $11.73, based on a 40-hour work week, 52 weeks per year. Current BRAG Area renters actually earn an estimated average hourly wage of $8.48. To afford a two-bedroom apartment at this wage, a renter must work 55 hours per week, 52 weeks per year or a family must have 1.4 workers.

Chronically homeless individuals can be adequately housed in smaller one-bedroom (FMR $487) apartments. In order to afford this level of rent and utilities, an individual would require an annual income of $19,470. Utah's monthly Supplemental Security Income (SSI) payments for an individual are $603. If SSI represents an individual's sole source of income, $181 in monthly rent is affordable.[24]

Housing Affordability[25]			
	BRAG	**% of Utah**	**Utah**
Mean Renter Wage*	$8.48	85.5%	$9.92
Fair Market Rent 1-bedroon	$487	86.2%	$565
Housing Wage** 1-bedroom	$9.36	86.2%	$10.86
Fair Market Rent 2-bedroon	$610	90.0%	$678
Housing Wage** 2-bedroom	$11.73	90.0%	$13.04
***Mean Renter Wage** = average hourly wage earned by persons currently renting in the county **Housing Wage** = hourly wage required (working 40 hr/wk, 52 wks/yr) to rent without spending over 30% of total income on housing			

The three-year Annualized Baseline, derived from the 2005-2007 Point-in-Time Count, shows that the BRAG area has a chronic homeless population of 12 individuals. In order to house these individuals an additional 12 suitable affordable housing units are required in the area by 2014. These units could be a mix of rental units presently on the market, rehabilitated older units, and

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[23] National Alliance to End Homelessness. *What is Housing First.* November 2006.
[24] National Low Cost Housing Coalition. *Out of Reach 2006.*
[25] Data Sources: Utah Community Action Partnership. *Data Book on Poverty in Utah 2007.*
National Low Income Housing Coalition. *Out of Reach 2006.*

new construction. The LHCC has recommended the following affordable housing plan to end chronic homelessness in BRAG area by 2014 (also detailed on Attachment VIII):

Chronically Homeless

Existing Stock – 28 Units – CAPSA and BRAG are committed to lease existing stock of 28 units by the year 2014. There is a gap of 14 units which we will look for additional funding to provide services for that gap.

New Construction – 0 Units – With a vacancy rate at 20% one of the highest in Utah, the need for new construction does not make sense at this time.

Transitional Housing

Rehabilitation of Existing Structures – 24 Units – Plans are in progress to locate and renovate existing structures for CAPSA. These units will be used as transitional housing for families fleeing domestic violence. CAPSA anticipates that 12 units will be ready by the end of 2008 and another 12 ready by 2014.

Emergency Shelter

The LHCC, after comprehensive review, has determined that the goals of this plan can be achieved with the current level of emergency shelter services.

BRAG
Homeless Housing Investment Summary*
(2007 – 2014)

	Existing Stock		Rehab Existing		New Construction		2007 to 2014 Total	
	Units	Cost	Units	Cost	Units	Cost	Units	Cost
Chronically Homeless	28	$28,000	0	$0	0	$0	28	$28,000
Transitional Housing	0	$0	24	$1,920,000	0	$0	24	$1,920,000
Emergency Shelter	0	$0	0	$0	0	$0	0	$0
Total	**28**	**$28,000**	**24**	**$1,920,000**	**0**	**$0**	**52**	**$1,948,000**

*See Attachment IX

BRAG
Homeless Housing Investment Schedule*
(2007 – 2014)

			Supportive Services Annual Investment	2007 to 2014 Total Investment
	Capital Investment			
	Units	Cost	Cost	Cost
2007	0	$0	$0	$0
2008	12	$960,000	$135,600	$1,095,600
2009	0	$0	$135,600	$135,600
2010	0	$0	$135,600	$135,600
2011	0	$0	$135,600	$135,600
2012	0	$0	$135,600	$135,600
2013	40	$988,000	$587,600	$1,575,600
2014	0	$0	$587,600	$587,600
Total	**52**	**$1,948,000**	**$1,853,200**	**$3,801,200o**

*See Attachment IX

In early 2008, the LHCC will identify potential funding sources to support this recommended investment (summarized on Attachment IX).

Supportive Services Strategic Initiative
Housing stability depends on these necessary supports: 1) housing assistance; 2) affordable health care with mental health and substance abuse services; 3) skill and employment training; 4) transportation; and 5) affordable quality child care.

The LHCC has asked BRAG & CAPSA to oversee the provision and coordination of Supportive Services for the Homeless in the BRAG Area. They will form an advisory panel representing the principal homeless service providers in the area. The group will work closely with housing providers and will focus on Housing First approaches.

Homeless Management Information Strategic Initiative
Critical, up-to-date information on the homeless themselves, gathered at agency, regional and state-wide levels, must drive the planning process. This information will allow monitoring trends to determine causes and develop indicators, assess available assistance and fill the existing gaps.

The LHCC has asked BRAG to take on an area-wide role of Data Quality Management. They are currently responsible for their own agencies' data collection and reporting and have many contacts in other agencies.