

FY 2026 CoC Application

Narrative Drafting Template (e-snaps 1A–4A)

UT-500 Salt Lake City & County • Collaborative Applicant: Salt Lake County Government • HMIS Lead: State of Utah

Purpose. A drafting shell that mirrors the released FY 2026 CoC Application Detailed Instructions (HUD/SNAPS, Aug 6, 2026), exactly the same question numbers, character limits, and guidance. Draft narratives here (Google Docs shows a live character count under Tools ► Word count), then paste each response into the matching e-snaps field. Charts and numeric fields are reproduced so you can stage answers before entering them.

Deadline:

How to use

- Each question shows its NOFO reference, character/field limit, and the owner from your workplan. Orange bars flag questions that need an attachment on the 4A screen.
- Number multi-part responses with the same numbers HUD uses — the instructions say this helps scoring. Each answer must stand alone; don't cross-reference other questions unless told to.
- Watch the character limits (500 vs 2,500). Google Docs word count is under Tools ► Word count (check 'Display word count while typing').
- This template is for the CoC Application narratives/charts.

Required attachments (4A screen)

Question	Attachment	Required?
1C-1	List of TH/RRH/PSH Projects & Treatment Providers with On-Site SU Treatment	Yes
1C-1f	List of CoC Program Projects & Number of Units that Require SA Treatment	Yes
1C-3	Language from Project Supportive Service Agreements	Yes
1C-10	Evidence of Coordination & Non-Interference w/ Local Public-Safety Efforts	Yes
1D-1	Local Competition Scoring Tool	Yes
1D-2c	Local Competition Selection Results	Yes
2A-8b	FY 2026 HDX Competition Report	Yes
3A-1	HUD-2996 Opportunity Zone Preference Points	Conditional
3A-2a	Project List for Other Federal Statutes	Conditional
3A-DP	CoC's Policy or Statement to Advance Recovery	Conditional

1A. Continuum of Care (CoC) Identification

Read-only in e-snaps (populated from your Applicant Profile). If wrong or blank, email CoCNOFO@hud.gov (you cannot change the Collaborative Applicant name in e-snaps).

Question	Field	Your value
1A-1	CoC Name and Number	UT-500 Salt Lake City & County
1A-2	Collaborative Applicant Name	Salt Lake County Government
1A-3	CoC Designation	Collaborative Applicant
1A-4	HMIS Lead	State of Utah

1B. Coordination & Engagement — Accountable Structure & Participation

1B-1. Accountable Structure and Participation

NOFO V.B.1.c.(1)–(2) • Owner: **Tony/Tarra**

To earn full points, address:

- Period: June 1, 2025 – May 31, 2026. For each entity mark Yes / No / Nonexistent, and where Yes enter the number of that entity's members on the CoC Board (enter 0 if none).
- Non-rural CoCs need 3 elected public officials (#18) on the Board for full points; rural CoCs need 1. (UT-500 is non-rural.)
- Rows 46–47 'Other' are optional — enter the label in e-snaps and save before selecting.

Entity	Participated in CiC Meetings (Yes/No/Nonexistent)	# Board Members
1. Affordable Housing Developer(s)	Yes	3
2. CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3. Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4. Community Mental Health Center (CMHC)	Yes	0
5. Disability Advocate(s)	Yes	0
6. Disability Service Organization(s)	Yes	0
7. Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8. Employment Assistance Program(s) (Local Workforce Dev, American Job Center)	Yes	2
9. Faith-based Organization(s)	Yes	2
10. Homeless or Formerly Homeless Person(s)	Yes	3
11. Hospital(s)	Yes	1
12. Other Primary Healthcare Provider(s) (FQHC, Healthcare for the Homeless)	Yes	1
13. Indian Tribes and TDHEs (Tribal Organizations)	Non-Existent	0
14. Law Enforcement	Yes	3
15. Local Court Systems, incl. Specialty Courts (Mental Health, Drug, Care)	Yes	0
16. Local Government Staff/Official(s)	Yes	2
17. State Government Staff/Official(s)	Yes	0
18. State or Local Elected Public Official(s)	Yes	0
19. Local Jail(s)	Yes	1
20. Mental Health Service Organization(s)	Yes	3
21. Mental Illness Advocate(s)	Yes	3
22. Organization(s) led by and serving people with disabilities	Yes	0
23. Other homeless subpopulation advocate(s)	Yes	3
24. Other nonprofit homeless assistance provider(s)	Yes	2

Entity	Participated in CiC Meetings (Yes/No/Nonexistent)	# Board Members
25. Other social service provider(s)	Yes	2
26. Public Housing Agencies	Yes	1
27. Recovery Housing or Sober Living Provider(s)	Yes	1
28. School Administrators/Homeless Liaison(s)	Yes	1
29. School District(s)	Yes	1
30. Street Outreach Team(s)	Yes	1
31. Substance Abuse Advocate(s)	Yes	3
32. Substance Abuse Service Organization(s)	Yes	3
33. Universities	Yes	0
34. Veteran Serving Organization(s)	Yes	2
35. Agencies Serving Survivors of Human Trafficking	Yes	1
36. Victim Service Provider(s)	Yes	2
37. Domestic Violence Advocate(s)	Yes	2
38. Other Victim Service Organization(s)	Yes	0
39. State Domestic Violence Coalition	Yes	1
40. State Sexual Assault Coalition	No	0
41. Youth Advocate(s)	Yes	2
42. Youth Homeless Organization(s)	Yes	3
43. Youth Service Provider(s)	Yes	3
44. Other Homeless Assistance Provider(s)	Yes	0
45. Local Business / Chamber / Business Improvement District	Yes	1
46. Other:		
47. Other:		

1B-2. Open Invitation for New Members

NOFO V.B.1.c.(3) • Limit 2,500 characters • Owner: **Tarra**

To earn full points, address:

- How the CoC ensures the invitation to join is transparent and publicly available within the geography (e.g., posted on the CoC website).
- That the invitation process occurs at least annually.

DRAFT RESPONSE

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

1. New members are encouraged to join the CoC at all times, and join as individuals.

On average, 5-10 new members join each month. An invitation and membership sign-up form is posted on the homepage of the CoC website. An invitation to join is included in the monthly newsletter and on social media. Steering Committee and membership prioritizes outreach and invitation to potential members, including those with lived expertise. Support agency staff reach out to and meet with potential members regularly.

1B-3. Strategy to Solicit & Consider Opinions on Preventing/Ending Homelessness

NOFO V.B.1.c.(3) • Limit 2,500 characters • Owner: **Tony**

To earn full points, address:

- How the CoC solicits and considers opinions on general performance, strategies, and priority-setting.
- The broad array of individuals/organizations with knowledge of or interest in preventing/ending homelessness that you draw from.

DRAFT RESPONSE

The CoC gathers input from a broad range of organizations and individuals through six Core Function Groups and numerous task groups, each bringing diverse experience and perspective into CoC strategy.

Our Steering Committee represents key sectors across homelessness response — housing, crisis response, education, law enforcement, lived experience, domestic violence, health and wellness, and treatment — with leaders from Utah Domestic Violence Coalition, First Step House, Shelter The Homeless, SLC HEART Team, The Road Home, The INN Between, YWCA, Utah Department of Workforce Services, Salt Lake City Mission, Utah Department of Health and Human Services, Fourth Street Clinic, West Valley City Police Department Social Work, Salt Lake County Sheriff, Housing Connect, Volunteers of America, Creative Collaborations Counseling and Consulting, Milestone and YAB, Salt Lake City, USARA, and a philanthropic community advocate. Our six Core Function Groups draw more than 300 attendees engaged in meaningful discussion and action on homelessness issues.

Prospective members are encouraged to attend meetings and subscribe to our e-newsletter. Staff, Steering Committee members, and current participants conduct ongoing outreach to new members, including people with lived experience, new service providers, and agencies that haven't previously participated. Membership and meeting information is shared via e-newsletter, website, and social media; agendas are posted and emailed in advance, and notes, minutes, recordings, and materials are posted and emailed afterward. Meetings are virtual or hybrid, recorded, and posted publicly so anyone unable to attend can stay informed and provide input.

The CoC actively seeks comment on all activities and issues. Input is invited at every task group and Core Function meeting and collected through surveys and electronic tools; agendas close with an open roundtable, and virtual meetings use chat and Q&A. This input is compiled and brought to members and the Steering Committee, directly shaping new approaches, strategies, policies, and activities to prevent and end homelessness.

The CoC is currently developing a new strategic plan — informed by anonymous surveys, listening sessions, and 1:1 discussions with key partners — to be implemented in phases: needs assessment and agency review, then data collection and integration into scoring for future funding cycles, with progress reviewed at regular Coalition and Core Function Group meetings.

Background

The CoC solicits and considers opinions from a broad array of organizations and individuals with knowledge of homelessness through six Core Function Groups and numerous task groups, each structured to bring diverse experience, expertise, and perspective into CoC conversations and strategy.

Our current Steering Committee is made up of leaders representing diverse expertise from across our CoC, with our composition designed to be represented by key sectors and organizations within homelessness. Key organizations in housing, crisis response, education, law enforcement, lived experts, domestic violence, health & wellness, treatment, and many others are led by leaders from Utah Domestic Violence Coalition, First Step

House, Shelter The Homeless, SLC HEART Team, The Road Home, The INN Between, YWCA, Utah Department of Workforce Services, Salt Lake City Mission, Utah Department of Health and Human Services, Fourth Street Clinic, Social Work within West Valley City Police Department, Salt Lake County Sheriff, Housing Connect, Volunteers of America, Creative Collaborations Counseling and Consulting, Milestone and YAB, Salt Lake City, USARA, and a philanthropic community advocate. Our six core function groups convene with more than 300 attendees divided across those six groups and are populated by other key voices that engage in meaningful discussion and actions related to issues surrounding homelessness within the CoC.

Prospective members are encouraged to attend meetings and subscribe to the monthly e-newsletter. Support agency staff, the Steering Committee, and members conduct ongoing outreach to new members, including those with lived experience of homelessness, new service providers in the community, and agencies that have not participated before.

Information on membership and meetings is communicated via the e-newsletter, website, and social media. Agendas are posted in advance and emailed; notes, minutes, recordings, and review materials are posted on the website and emailed. Meetings are held virtually or in a hybrid format, are recorded, and are posted publicly, so anyone unable to attend can stay informed and provide input.

The CoC actively seeks comment on all CoC activities and issues. Input is invited at every task group and Core Function meeting and collected via surveys and electronic tools. Regular agendas close with an open roundtable for comments and updates; virtual meetings also use chat and Q&A functions. Survey and meeting input is compiled and brought to members and the Steering Committee for discussion, directly informing new approaches, strategies, policies, and activities to prevent and end homelessness.

The CoC is currently developing a new strategic plan. We intend to implement in phases — needs assessment and agency review periods, followed by data collection and integration into scoring in subsequent funding cycles — with progress reviewed at regular Coalition and Core Function Group meetings.

- + A line of strategy of Strategic Planning, public process.
- + Part B, could we add the individuals and orgs / interests attending CoC regularly
 - + DV, Veterans, Youth, Recovery Community, Faith Based, Law Enforcement (coordination with CJAC)

1B-4. Public Notification for Proposals from Organizations Not Previously Funded

NOFO V.B.1.c.(3) • Limit 2,500 characters • Owner: [Tarra](#)

To earn full points, address:

- How the CoC accepts and considers proposals (including from faith-based organizations).
- Whether any not-previously-funded organizations applied; if not, what outreach you do to reach them.

DRAFT RESPONSE

Our CoC maintains a transparent, open process for soliciting and reviewing proposals from all eligible organizations, including those that have not previously received CoC Program funding and faith-based organizations. Following HUD's release of the CoC NOFO, our CoC widely publicized the local competition through email to community partners and homeless service providers, as well as public posting on the CoC's website. The local Application Process, scoring criteria, and funding availability (including amounts available through reallocation, Bonus Funding, and DV Bonus Funding) were made publicly accessible to ensure any interested organization, regardless of prior CoC funding history or faith-based status, could apply on equal footing. All submitted proposals are reviewed by the Ranking Committee using the same standardized scoring tool, ensuring first-time applicants are evaluated under the same criteria as returning recipients.

This year, our CoC received proposals and recommended organizations for funding that had not previously received CoC Program funding. New applicants included:

Salt Lake Legal Defenders Association, Utah Department of Corrections in partnership with First Step House and The Road Home, Shelter the Homeless, and Unsheltered Utah.

While not itself a faith-based organization, Unsheltered Utah coordinates directly with local churches that provide space for emergency shelter, street outreach, and a day program, reflecting continued engagement with faith-based partners in service delivery.

In addition, Volunteers of America, Utah (VOA-Utah), a faith-based organization with a history of CoC funding, applied for a new project this year, demonstrating continued participation from faith-based partners in the CoC's expanding project pipeline.

To further encourage participation from organizations without prior CoC funding history, our CoC's outreach efforts included direct email notifications to a broad list of community-based and faith-based organizations, public posting of application materials and deadlines on the CoC website, informational sessions, and one-on-one consultations with interested applicants.

Additionally, direct consultations took place with The Other Side Academy (TOSA), Columbus Community Center, and Ville Property Management; however, these organizations chose not to seek funding at this time. They will remain included in ongoing Coalition meetings, strategic planning, and future funding notices.

1B-5. Plan for Comprehensive Strategies for Reducing Homelessness

NOFO V.B.1.c.(4) • Limit 2,500 characters • Owner: **Tony**

To earn full points, address:

- Identify the gap using data or stakeholder feedback.
- Strategy addressing all relevant subpopulations.
- Quantifiable performance measures.
- Timelines for specific tasks.
- Specific funding sources.
- An individual/body responsible for overseeing implementation.

DRAFT RESPONSE

Using SPM and stakeholder feedback, our CoC identified reducing first-time and repeat episodes of homelessness as a priority gap. We will gather interview, self-report, and historical systems data to identify the 3-5 main causes of new homelessness episodes in Salt Lake County, ensuring prevention efforts target the most effective methods.

Our plan addresses distinct subpopulation needs — chronic homelessness, youth, veterans, families with children, and unaccompanied minors. Applicant agencies report how projects serve these populations, informing scoring and ranking so funded projects target locally identified needs.

Progress is tracked via System Performance Measures 2 (Returns to Homelessness), 4 (Employment/Income Growth), and 5 (New Episodes of Homelessness).

Our current plan sets a three-year horizon. By 2024, one-year goals addressed foundational fixes: a new CE vulnerability tool, efficiency dashboards, standardized data requests, performance benchmarks, missing-member recruitment, and a communications plan. By 2025, two-year goals deepened outcomes work: exit data quality, coalition feedback surveys, DV funding advocacy, family homelessness prevention, and institutional-transition support via the Sequential Intercept Model. By 2026 — now — three-year goals targeted the plan's most systemic aims: root-cause analysis of new episodes, cross-system data-sharing agreements, affordable housing scale-up, eviction reform, and a more representative Steering Committee. With these goals now due, we are using this checkpoint to verify progress as we develop our next plan.

Our new strategic plan will roll out in phases — needs assessment and agency review, then data collection and integration into scoring for future funding cycles — with progress reviewed at regular Coalition and Core Function Group meetings.

Implementation is supported by CoC Program funds, State Office of Homeless Services allocations, and Salt Lake County/City contributions, consistent with state statute requiring projects to address identified needs and prioritize

matching funds. The CoC continues aligning with partners across local government, service providers, police, and behavioral health.

The CoC will establish a Performance and Data Analysis Committee to leverage existing performance data and integrate outside sources for data-informed decisions, with the Steering Committee and Core Function Groups overseeing strategy implementation.

Background Notes

Using System Performance Measures and stakeholder feedback, our CoC identified that reducing first-time episodes of homelessness and returns to homelessness remains a priority gap. Data will be gathered through interviews, self-report, and historical systems data to identify the 3-5 main causes of new episodes of homelessness among the population experiencing homelessness in Salt Lake County, ensuring that prevention interventions target the most effective methods.

Our CoC's current strategic plan addresses the distinct needs of relevant subpopulations, including individuals experiencing chronic homelessness, youth, veterans, families with children, and unaccompanied minors. The CoC gathers information from applicant agencies on how proposed projects will serve these populations and uses this information in scoring and ranking, ensuring that funded projects target the specific housing and service needs of at-risk and vulnerable subpopulations identified through local data.

Progress is tracked using System Performance Measures 2 (Percent of Total Returns to Homelessness), 4 (Employment and Income Growth for Homeless Persons in CoC-Funded Projects), and 5 (Number of Persons Who Became Homeless for the First Time).

Our current SLVCEH Strategic Plan set a three-year horizon. By 2024, one-year goals targeted foundational fixes: new CE vulnerability tool, efficiency dashboards, standardized data requests, performance benchmarks, missing-member recruitment, and a new communications plan. By 2025, two-year goals deepened outcomes work: exit data quality, coalition feedback surveys, DV funding advocacy, family homelessness prevention, and institutional-transition support via the Sequential Intercept Model. By 2026 — now — three-year goals targeted the plan's most systemic aims: root-cause analysis of new homelessness episodes, cross-system data-sharing agreements, affordable housing scale-up, eviction reform, and a more representative Steering Committee. With 2026 goals now due and a new plan in development, this is a natural checkpoint to verify progress before citing this document as current.

The CoC is currently developing a new strategic plan. We intend to implement in phases — needs assessment and agency review periods, followed by data collection and integration into scoring in subsequent funding cycles — with progress reviewed at regular Coalition and Core Function Group meetings.

Implementation is supported through CoC Program funds, state Office of Homeless Services allocations, and local government contributions (Salt Lake County and Salt Lake City), consistent with state statute requirements that projects address needs identified in the strategic plan and prioritize matching funds from private, nonprofit, or local government sources. The CoC continues to look for opportunities to align priorities with partners who are also looking at issues that intersect with homelessness, including local government, service providers, police departments, mental and behavioral health experts, and more.

The CoC will establish a Performance and Data Analysis Committee to use existing performance information and work with partners to integrate outside data sources to drive data-informed decisions. The Steering Committee and Core Function Groups will oversee the implementation of specific strategies.

+ Homeless Data Report and Assessment of 2023-2026 Strategic Plan

1B-5a. Confirmation of Plan Coverage

NOFO V.B.1.c.(4) • Owner: **Tarra**

To earn full points, address:

- Confirm your 1B-5 narrative addresses each element (Yes/No).

Element	Addressed? (Yes/No)
1. Identifies the gap, using data or stakeholder feedback	yes

Element	Addressed? (Yes/No)
2. Strategy to address the needs of all relevant subpopulations	yes
3. Sets quantifiable performance measures	yes
4. Identifies timelines for completion of specific tasks	yes
5. Identifies specific funding sources for planned activities	yes
6. Individual/body responsible for overseeing implementation	yes

1C. Coordination & Engagement

1C-1. Treatment & Recovery — On-Site Substance Use Treatment Availability

NOFO V.B.1.c.(5) • % field + rural narrative (2,500) • Owner: **Tarra**

 **ATTACHMENT REQUIRED** List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment → upload on the 4A Attachments screen.

To earn full points, address:

- Include only TH, RRH, and PSH projects in the percentage.
- Max points at ≥30% of TH/RRH/PSH projects with on-site SUD treatment.
- Rural CoCs get full points for describing access (UT-500 is non-rural).

DRAFT RESPONSE

What percent of your TH/RRH/PSH projects have substance use treatment available on site? % Format

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

1/12= 8%

1C-1a. Outpatient Treatment for Mental Health & Substance Use Disorders

NOFO V.B.1.c.(5) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- How the CoC partners with / operates outpatient MH & SUD treatment across appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

DRAFT RESPONSE

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery Supports

The Salt Lake County Council is the Local Mental Health & Substance Abuse Authority for Salt Lake County. The Salt Lake County Division of Behavioral Health Services (DBHS) administers these programs under the direction of the Salt Lake County Mayor and subcontracts with agencies across the valley to provide a full range of levels of care, including inpatient care, residential treatment, day treatment, Assertive Community Treatment (ACT) teams, outpatient treatment, crisis intervention services, detoxification services, assessment and referral services, medication management, psychosocial rehabilitation, case management, recovery supports, consultation, education, services to incarcerated individuals, residential support, aftercare, peer support, housing programs, and early intervention services.

DBHS and Optum contract with more than 100 geographically dispersed providers across the county, serving approximately 18,000 individuals annually, including the Asian Association, 4th Street Clinic, the University of Utah Assessment and Referral Services, the University of Utah Huntsman Mental Health Institute, Clinical Consultants, Family Counseling Center, Hopeful Beginnings, First Step House, House of Hope, Odyssey House, Project Reality, Salt Lake County Youth Services, the Salt Lake County Jail, Valley Behavioral Health, the Utah Department of Health, True North, Volunteers of America Utah, and local hospitals, many of which are direct CoC partners.

The system operates with a no-wrong-door approach: assessments may be administered directly at housing programs, and no preauthorization is required for standard outpatient services. These CoC-partnered providers facilitate preauthorization for higher levels of care, such as day treatment, residential, or hospital-based services, as clinically indicated.

In many cases, these CoC-partnered providers maintain close and, in some instances, on-site partnerships with housing programs to deliver psychosocial interventions, medication management, and recovery support directly where program participants live. ACT teams are fully mobile and respond to individuals experiencing serious mental illness where they are located, delivering medications, psychosocial interventions, and 24/7 crisis response, including for individuals at risk of self-harm.

BACKGROUND:

The Salt Lake County Council is the Local Mental Health & Substance Abuse Authority for Salt Lake County. The Salt Lake County Division of Behavioral Health Services (DBHS) administers these programs under the direction of the mayor, and subcontracts with agencies across the valley to provide: inpatient care, residential treatment, day treatment, assertive community treatment (ACT) teams, outpatient treatment, crisis intervention services, detoxification services, assessment and referral services, medication management, psychosocial rehabilitation, case management, recovery supports, consultation, education, services to incarcerated individuals, residential support, aftercare, peer support, housing programs and early intervention services. DBHS & Optum contract with more than 100 geographically dispersed providers across the county and serves ~18,000 individuals a year. Examples of providers include: the Asian Association, 4th St. Clinic, The University of Utah Assessment and Referral Services, the University of Utah Huntsman Mental Health Institute, Clinical Consultants, Family Counseling Center, Hopeful Beginnings, First Step House, House of Hope, Odyssey House, Project Reality, Salt Lake County Youth Services, Salt Lake County Jail, Valley Behavioral Health, Utah Department of Health, True North, Volunteers of America and local hospitals.

The above mentioned providers partner with housing programs across the county. This system operates with a no-wrong-door approach. Assessments may be administered at programs. No preauthorization is required for standard outpatient services. Programs admit and facilitate preauthorization for higher levels of care, such as day treatment, residential or hospital.

In many cases, providers have close partnerships and onsite partnerships with housing programs. All ACT teams of course are mobile, and responding to their severely mentally ill clients where they are, bringing medications to them, providing 24/7 crisis response, etc.

1C-1b. Peer Support & Recovery Navigation

NOFO V.B.1.c.(5) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- How the CoC partners with / provides access to peer recovery specialists or other peer support and recovery navigation.

DRAFT RESPONSE

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

Peer Support Specialists are crucial to our community, and across the CoC work has been done mapping the system ensuring peers are available to support at different levels. In addition to this, in partnership with Criminal Justice Advisory Council (CJAC), we support the establishment of the Salt Lake County Peer Support Network, which provides a space for peer support specialists to connect across the county and learn. This education ensures clients have support across the system and with peers that have the most up to date information on our county. In addition to this the CoC works closely with peer support specialist organizations, such as Jacky's Recovery, USARA, and Familiar Faces Court and Outreach. The Office of Homelessness and Criminal Justice Reform (OHCJR) at Salt Lake County started the Salt Lake County Peer Support Meeting to ensure that Peers can connect with one another and that services are connected.

Through Salt Lake County Division of Behavioral Health Services (DBHS), Family Peer Support Specialists (FPSS), and Certified Peer Support Specialists (CPSS) in SUD services are contracted and provide services through CoC partners such as Valley Behavioral Health, Odyssey House, First Step House, University of Utah Warm Line, and Mobile Crisis Outreach Team and many other organizations across the community. Peer support services for adults (MH and SUD) and families are available in the Optum Salt Lake County Medicaid network of providers. Additionally, community programs, including the Salt Lake County Division of Youth Services, offer

family peer support. Within each agency listed above, Peers are integrated and an integral part of the treatment system.

DBHS also has contracts with USARA and NAMI. USARA provides peer recovery support services, delivered by peer recovery coaches, a non-clinical support that brings the lived experience of recovery along with training and supervision to assist individuals in initiating and/or maintaining recovery. They also provide support groups for families and friends who are concerned about someone with a substance use disorder, mutual aid groups in multiple recovery pathways, and social events. This program has targeted efforts for justice-involved populations such as the Intensive Supervision Probation Program, Family Recovery Court, Drug Court, and others. NAMI Utah similarly offers classes, support groups, and resources throughout Utah for families, caregivers, and individuals living with mental illness.

ADDITIONAL INFO:

Salt Lake County Division of Behavioral Health Services (DBHS) contracts the following for services: Certified Peer Support Specialists (CPSS), Family Peer Support Specialists (FPSS) and Certified Peer Support Specialists (CPSS) in SUD services.

These services are provided through these contractors: Valley Behavioral Health, Odyssey House, First Step House, DYS, Silverado Counseling Services, Believe in You Counseling, Hopeful Beginnings, Altium Health, Multicultural Counseling, Alliance House, University of Utah Warm Line and Mobile Crisis Outreach Team, CLD3 Counseling, Utah BH Services Turning Point Centers, Utah Harm Reduction Coalition, and Domestic Abuse Recovery Services (DARS).

Service Delivery Framework: Peer support services for adults (MH and SUD) and families are available in the Optum Salt Lake County Medicaid network of providers. Additionally, community programs, including the Salt Lake County Division of Youth Services, offer family peer support, and Mental Health America is a peer-run agency available in Salt Lake County. Within each agency listed above, Peers are integrated and an integral part of the treatment system.

DBHS/Optum educates providers and expects them to identify when PSS services could be beneficial. If providers do not offer this service in-house, they refer the case to Optum. Peer services are expected to be prescribed in a person-centered treatment plan. Documentation should include a corresponding treatment goal, the services rendered, and a clinical review of the member's progress toward that goal. The effectiveness of services is measured through reporting by the CPSS offering services to members.

DBHS also has contracts with USARA and NAMI. USARA provides peer recovery support services, delivered by peer recovery coaches, a non-clinical support that brings the lived experience of recovery along with training and supervision to assist individuals in initiating and/or maintaining recovery. They also provide support groups for families and friends who are concerned about someone with a substance use disorder, mutual aid groups in multiple recovery pathways, and social events. This program has targeted efforts for justice-involved populations such as the Intensive Supervision Probation Program, Family Recovery Court, Drug Court, and others. NAMI Utah similarly offers classes, support groups, and resources throughout Utah for families, caregivers, and individuals living with mental illness.

Additionally, Optum has a Recovery and Resiliency (R&R) team that consists of peer support specialists (adult services). This team provides education and consultation to consumers, consumer-run organizations, their contracted providers, community partners and stakeholders, and centers of learning. This team continues to conduct numerous trainings in the community, such as: Adult Mental Health First Aid (MHFA), Certified Peer Support Specialist trainings continue to be offered by Optum each year, Peer support supervisors' training Forensics Peer support training.

DBHS is deeply rooted in the community with many allied partners. Through these partnerships, DBHS and Optum provide consultation to multiple agencies and providers in the community regarding shared clients and concerns.

1C-1c. Connecting Individuals with Serious Mental Illness to Services

NOFO V.B.1.c.(5) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- How the CoC identifies individuals with Serious Mental Illness and connects them to services that promote stability (e.g., ACT teams; models combining intensive care coordination and assertive outreach with comprehensive treatment).

DRAFT RESPONSE

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

The Salt Lake County Division of Behavioral Health Services (DBHS) identifies individuals experiencing Serious Mental Illness (SMI) through multiple touchpoints, including partnering with the CoC's Coordinated Entry assessment system, jail-based screening, and crisis system contacts. All clients entering criminal justice-involved programs are screened for criminogenic risk, enabling stratification into the most appropriate level of care.

Currently, DBHS has 5 ACT teams within 3 agencies. These agencies are Odyssey House, with 2 ACT teams (one is a Forensics ACT team); Volunteers of America Utah (VOA), with 2 ACT teams; and Valley Behavioral Health, with one ACT team. Each team has a capacity of 100 clients, so the total capacity with the current ACT teams is 500 clients, total census is 467.

ACT teams offer a "hospital without walls" with a multidisciplinary team. The emphasis is to provide support to individuals with serious mental illness (SMI) who are high utilizers of services and to offer stabilization. ACT teams work toward fidelity per SAMHSA requirements and are monitored every 1-2 years. Because the ACT teams are nearing capacity for all, we are in the process of contracting for a 100-person ACT team. They are very close to finalizing their program and hope to be operating in October, 2026.

Individuals with SMI's may have times when they decompensate or experience SUD relapses. In these situations, DBHS contracts to provide social detoxification services through VOA. They also partner with law enforcement agencies to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable, and willing to go to the detox center.

Additionally, convened monthly by the Legal Defenders Association (LDA), Project RIO coordinates care for frequently booked individuals with SMI across many partners. The team ensures continuity of diagnosis and medication information between jail and community providers before and after release, builds pre-release relationships with inmates, and assertively engages clients in treatment upon release, including transport and medication continuity.

THIS IS BACK UP INFO:

Volunteers of America Detox Programs

DBHS contracts to provide social detoxification services through Volunteers of America (VOA). These programs also partner with multiple law enforcement agencies to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable, and willing to go to the detox center.

Social Services Positions Housed in the Legal Defenders Office – these positions coordinate connecting individuals with severe mental illness involved in the criminal justice system to community treatment, Alternatives to Incarceration (ATI) releases, referrals to Mental Health Court, etc. These social services positions are housed in the legal defenders' office, offering invaluable assistance in connecting large numbers of clients to treatment each year.

Case Resolution Coordinator - An attorney funded through Salt Lake County, housed in the Legal Defenders Office, that helps individuals with behavioral health conditions resolve multiple court cases throughout the valley (in coordination with other court orders).

Project RIO - Convened monthly by the Legal Defenders Association (LDA), Project RIO coordinates care for frequently booked individuals with severe mental illness. Partners include the LDA, Valley Behavioral Health, HMHI Crisis Programs, Jail Mental Health, DBHS, Optum, The Road Home, Volunteers of America, the SLC PD Community Connections Center, 4th Street Clinic, Criminal Justice Services, DSPD, and Odyssey House. The team ensures continuity of diagnosis and medication information between jail and community providers before and after release, builds pre-release relationships with inmates, and assertively engages clients in treatment upon release, including transport and medication continuity. The team refers individuals to appropriate programs (Mental Health Court, ACT teams, dual-diagnosis residential, Jail Diversion Outreach, DSPD, housing, and other services), coordinates with attorneys, supervising case managers, and other providers to resolve open court cases and jail releases, and assists with housing, entitlements, and other supports — approaching non-engagement as pre-contemplative rather than non-compliant.

DBHS contracts with 3 different providers for six, 16-bed mental health co-occurring residential programs. They offer services to adult male and female individuals suffering from co-occurring disorders, including substance use disorders and serious mental illness. These 16-bed residential facilities are designed to provide wraparound services at the time of discharge. The case managers work with clients to help get permanent housing and other services needed to help the clients maintain independence after residential treatment. These programs were expanded due to community requests and have demonstrated impressive outcomes over the years with the ultimate goal of successful reentry and a reduction in jail recidivism. A 2020 report of CORE 1 & 2, found a 78.6% reduction in criminal recidivism for CORE 1 (men) and a 92.5% reduction for CORE 2 (women), when comparing 3 years prior to 3 years post-program admission.

ATI Transport - This VBH program transports severely mentally ill inmates released from the jail at a specific time (avoiding nighttime releases) and transports them to a community-based treatment provider for assessment and services.

Gap Funding - DBHS provides gap funding to assist with medications and treatment for uninsured severely mentally ill individuals being released from jail.

Rep Payee Services - a supportive service to individuals in need of assistance in managing their finances. Many individuals with severe and persistent mental illness, cycling through the criminal justice system, benefit from this type of service.

Supported Employment Programs – multiple Salt Lake County network providers operate successful employment assistance programs.

Community Mental Health and SUD programs - there are many other mental health or substance use disorder treatment programs in all levels of care that serve this population.

Strategies used with low and high-risk offenders

All clients are screened for criminogenic risk using validated, JRI-recommended tools (either the LS/CMI, the LSI, or the RANT) depending on the agency. Based on capacity at each agency and the ability to stratify residential and outpatient programs by risk, clients are separated into the most appropriate setting. In our criminal justice programs (such as the Intensive Supervision Probation Program), many different EBPs are utilized to work with higher-risk clients (all clients are at least a 30 on the LS/CMI). These include EPICS (Effective Practices in

Community Supervision), BITS (Brief Intervention Tools), Seeking Safety, and risk-based case planning based on the Risk, Needs, Responsivity (RNR) model.

1C-1d. Coordination w/ Drug or Other Specialty Courts

NOFO V.B.1.c.(5) • Identify (500) + coordination narrative (2,500) • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 partnership with a provider/entity serving Drug Courts & other specialty courts (MH/SUD), Assisted Outpatient Treatment (AOT), and inpatient civil commitment.
- Then describe how you coordinate to support housing stability and movement toward independence, including by leveraging court orders.

DRAFT RESPONSE

Line 1 (≤500 chars): name the partnership.

Then draft the coordination narrative (≤2,500 chars): Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

Partnership

Salt Lake City Justice Court's Familiar Faces Court; Salt Lake County District Court's Mental Health, Veterans, and Adult/Family Recovery (Drug) Courts; the Eviction HOME Court; and Utah Support Advocates for Recovery Awareness (USARA), which embeds peer support specialists in Drug Court.

Coordination Narrative

Salt Lake City Justice Court hosts a Familiar Faces Court, following the Miami model, primarily serving lower-level offenders who struggle with mental health and are often experiencing homelessness. The court holds participants accountable while addressing underlying barriers to stability. Court-ordered graduation plans require participants to secure housing as a condition of successful completion, leveraging the court order directly toward housing stability: the CoC's Coordinated Entry team attends Familiar Faces Court in person and enrolls all eligible participants in housing prioritization on the spot.

At the District Court level, the CoC's provider network engages with Mental Health Court, Veterans Court, and Adult and Family Recovery (Drug) Courts. Salt Lake County's Department of Behavioral Health Services (DBHS) funds a Mental Health Court Coordinator for the 2 District Court Mental Health Courts, along with staff supporting the Family Recovery Court and 5 Adult Recovery Courts. Participants in these and other specialty courts, including Familiar Faces, can access treatment services through the DBHS provider network as a condition of their court-ordered plans. These courts are seeing strong outcomes: Drug Court has a 70% graduation rate, Veterans Court an 81% graduation rate, and Mental Health Court participants have seen an 85% reduction in jail days.

USARA embeds peer support specialists directly within Drug Court, providing participants with recovery support and connections to community resources to help sustain their recovery pathway and comply with court-ordered treatment requirements.

The CoC also coordinates with the Eviction HOME Court, a specialized District Court created through a partnership between DBHS and a local housing authority for individuals at risk of eviction who have a serious mental illness. Rather than proceeding with eviction, HOME Court allows participants to maintain their housing under a judge's order to attend court and comply with treatment. If eviction proceeds despite this intervention, the individual's treatment provider continues engagement and assists with applying for alternative housing options, ensuring the court order sustains movement

toward stability even when the original housing is lost. HOME Court also includes a Civil Commitment Court pipeline for individuals with serious mental illness who do not meet civil commitment criteria but voluntarily choose to enter HOME Court.

FULL BACKGROUND

Partnership: Salt Lake City Justice Court hosts a Familiar Face and Utah Support Advocates for Recovery Awareness (USARA) Drug Court

Salt Lake City Justice Court hosts a Familiar Faces court that primarily serves our lower level offenders who struggle with mental health and often are homeless. This court follows the Miami model and helps hold individuals accountable while addressing their barriers. Part of participants' court ordered graduation plans are to find housing; the CoC's Coordinated Entry team attends Familiar Faces and enrolls all eligible court participants in housing prioritization.

The CoC also has many community providers engaged in specialty courts, where we are seeing great success. Salt Lake County District Court has mental health, veterans, and drug courts. Drug court has a 70% graduation rate, Veteran's has a 81% graduation rate, and Mental Health Court is seeing an 85% reduction in jail days by participants.

USARA has embedded peer support specialists in Drug Court and support the program participants by providing support and connection to resources to maintain their recovery pathway.

There are numerous specialty courts throughout the county, at both the District Court level and the Justice Court level. While DBHS funds a MHC Coordinator for the two District Court MHCs through Optum (agnostic of the client's payer) and other staff that are involved with Family Recovery Court (1 court) and Adult Recovery Courts (5 courts); clients in these courts and any other specialty courts (such as the SLC Justice Court Familiar Faces Court); may access treatment services through our DBHS provider network.

Additionally, through a partnership between DBHS and a local housing authority, Salt Lake County conducts an Eviction HOME Court, a specialized court for individuals presently found in Salt Lake County who are at risk for eviction and have a serious mental illness. If appropriate, instead of eviction, participants may maintain their housing with the agreement that they attend HOME Court and follow the Judge's orders (including participating in treatment). If, however, a participant is unable to keep their housing (the eviction proceeded), the goal would be to continue to engage the person in treatment, and through this their treatment provider would assist with applying for additional housing options. HOME Court also has a Civil Commitment Court pipeline, whereby individuals with serious mental illness that don't meet civil commitment criteria but are willing to enter HOME Court voluntarily; or those that do meet criteria, but seek to avoid a civil commitment on their record; may participate in HOME Court.

1C-1e. Partnership with Local Crisis System of Care

NOFO V.B.1.c.(5) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 partnership with the local crisis system: 988 & crisis contact centers, mobile crisis/outreach, and crisis stabilization.

DRAFT RESPONSE

Name the crisis-system partnership (≤500 chars).

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

The CoC participates in the Salt Lake County Criminal Justice Advisory Council (CJAC) Crisis Response Task Force, which convenes 988, Mobile Crisis Outreach Teams (MCOT), the Huntsman Mental Health Institute (HMHI) Crisis Care Center (CCC), law enforcement, hospitals, EMS, and CoC community partners. The HMHI CCC is the local 24/7 crisis receiving and stabilization center.

BACKGROUND:

The CoC participates in the Salt Lake County Criminal Justice Advisory Council (CJAC) Crisis Response Task Force, alongside 988, Mobile Crisis Outreach Teams (MCOT), the Huntsman Mental Health Institute (HMHI) Crisis Care Center (CCC), law enforcement, hospitals, EMS, and CoC community partners to address gaps in the crisis system.

The HMHI CCC is the local 24/7 crisis receiving and stabilization center; it takes in people experiencing homelessness and connects them with appropriate community resources.

The Crisis Care Center is the local crisis receiving and stabilization center that provides 24/7 crisis services for anyone in need of a higher level of care. The CCC takes people experiencing homelessness works with community providers to find the appropriate resources for the individual. The CoC participates in improving the coordination of care with clients in crisis from the crisis care center.

Mobile Crisis Outreach Teams (MCOTs) - HMHI interdisciplinary teams of mental health professionals (a licensed mental health practitioner and peer support specialist) who provide face-to-face crisis resolution services for individuals in Salt Lake County who are experiencing or at-risk of a mental health crisis and who require mental health intervention. MCOT staff often provide law enforcement with alternatives to incarceration or hospitalization when responding to patients in crisis, allowing the individual to remain in the least restrictive setting.

Crisis Line & Warm Line - The Huntsman Mental Health Institute (HMHI) Crisis Line, in affiliation with the National Suicide Prevention Lifeline, is in operation 24/7, 365 days of the year, acts as the front door to the HMHI Crisis System, and is staffed by experienced certified crisis workers. The Crisis Line team coordinates Mobile Crisis Outreach Teams as needed. The Warm Line is a peer-run phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.

Receiving Center (RC) - The HMHI Crisis Care Center is a 30-chair non-refusal short-stay facility (up to 23 hours) designed as an additional point of entry into the Salt Lake County crisis response system for assessment and appropriate treatment of adult individuals experiencing a behavioral health crisis. Clients may receive assessments, medications, and other support. It may be used by law enforcement officers, EMS personnel, and others as a receiving facility for individuals who are brought there voluntarily or on an involuntary hold. The RC is an innovative program that provides a secure crisis center featuring the "Living Room" model, which includes peer support staff as well as clinical staff. The goal of the center is to reduce unnecessary or inappropriate utilizations of ER visits, inpatient admissions, or incarceration by providing a safe, supportive, and welcoming environment that treats each person as a "guest" while providing the critical time people need to work through their crisis.

The Crisis Care Center also houses a new 24-bed rapid stabilization inpatient acute care unit, a medication-assisted treatment clinic for individuals with opiate use disorders and intensive outpatient treatment for adults needing support for mental health and substance use disorders.

1C-1f. Availability of Units for Persons Reporting Chronic Substance Use

NOFO V.B.1.c.(5) • Number of units • Owner: **Tarra**

ATTACHMENT REQUIRED List of CoC Program Projects and the Number of Units that Require Substance Abuse Treatment → upload on the 4A Attachments screen.

To earn full points, address:

- Enter the number of CoC-funded units that require SUD-treatment engagement as a condition of continued participation (24 CFR 578.75).
- Scored as a ratio to persons reporting chronic SU in the 2026 PIT (HDX 2.0): 1 unit per 2 persons = 6 pts; 1 per 4 = 3 pts.
- May include existing renewals and new projects applied for this competition.

DRAFT RESPONSE

Enter the number of treatment-required units, and stage the project-by-project list for the attachment.

30 units-FSH Reentry Transitional Housing

1C-1g. 24/7 Access to Detox, Residential, or Inpatient Treatment

NOFO V.B.1.c.(5) • Owner: **Nicole**

To earn full points, address:

- Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the CoC's geography?

Question	Answer (Yes/No)
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Formal Partnership with Behavioral/Mental Health Facilities

NOFO V.B.1.c.(5) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 formal partnership with a CCBHC, CMHC, SAMHSA PATH provider, GBHI provider, or similar facility if none of these exist locally.

DRAFT RESPONSE

Name the CCBHC/CMHC/PATH/GBHI partnership (≤500 chars).

The Salt Lake County Division of Behavioral Health Services (DBHS) contracts for a PATH program through Valley Behavioral Health, that delivers community-based outreach, engagement, and wraparound behavioral health services to individuals with serious mental illness who are experiencing homelessness or are at imminent risk. Clinical services include mental health treatment, substance use services, medication management, and psychosocial rehabilitation.

Two additional network providers, Project Reality & Volunteers of America, have received SAMHSA CCBHC funding.

1C-1i. Sober Housing Availability

NOFO V.B.1.c.(5) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with [24 CFR 578.93\(b\)\(5\)](#)?

DRAFT RESPONSE

Name the sober-housing project (≤500 chars).

Not Applicable. There is currently no CoC Program-funded project operating sober housing in accordance with 24 CFR 578.93(b)(5). First Step House operates Trolley Lane, a recovery housing

project, funded through HUD's Recovery Housing Program (RHP) and a Salt Lake County Housing and Community Development grant. Salt Lake County Department of Behavioral Services (DBHS) also operates a sober living voucher program serving 300+ individuals monthly across multiple providers.

BACKGROUND

SLCo DBHS operates a large sober living voucher program (housing more than 300 a month) whereby vouchers are issued to many different sober living providers. I don't know if any of these programs might be operated by a COC funded project..

PULL JEANNIE response

1C-1j. Warm Hand-Offs to Stable Housing Providers

NOFO V.B.1.c.(5) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- How the CoC coordinates across the programs in 1C-1a–1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

DRAFT RESPONSE

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

Within the Salt Lake County Department of Behavior Health Services (DBHS) provider network, across all levels of care, discharge planning is encouraged to begin upon admission, including a plan for warm-handoff to stable housing. Each program—inpatient, residential, day treatment, ACT teams, outpatient, crisis intervention, detox, etc.—works to proactively engage the client and housing program together for a smooth transition. These transitions are coordinated with partners such as housing authorities, housing providers, Optum, specialty courts, the Legal Defenders Association, and sometimes the Utah State Hospital.

Jail Resource and Reentry Program (JRRP) offers everyone leaving Salt Lake County Jail a trauma-informed first stop upon release, connecting individuals to court/supervision information, treatment, housing, employment, transportation, food, and phone charging.

Within the CoC, Unsheltered Utah's emergency warming/cooling shelters, Mobile Case Management, and Day Programs—to be continued and expanded with requested funding—coordinate with substance use, mental health, medical, shelter, housing, food-assistance, criminal justice, and VA partners. Rather than simply referring, staff build personal connections with partner agencies, help complete required paperwork and assessments, coordinate appointments, and often transport participants directly to services. Staff stay involved until the receiving provider accepts the handoff, and follow up to address barriers that could interrupt services or jeopardize housing stability.

Because Unsheltered Utah provides case management in accessible community locations—day centers, resource fairs, food banks—staff often reconnect with individuals who have disengaged from other systems. Staff regularly complete HAST assessments, participate in Coordinated Entry, and work with supportive-housing providers to help participants obtain and retain housing. When staff encounter individuals or families at imminent risk of homelessness, they connect them to prevention resources, hotel vouchers,

benefits, treatment, food, and housing before a crisis occurs. This relationship-based approach closes gaps between programs, strengthens continuity of care, and supports successful transitions to stable housing.

1C-2. Supportive Services Investment

NOFO V.B.1.c.(6) • Owner: **Tarra**

To earn full points, address:

- Element 1 = FY 2026 ARD (HUD-published; enter \$0 if ARD is \$0).
- Element 2 = sum of supportive-services budget line items across ALL proposed projects (any component type; exclude HMIS & Planning grants).
- Element 4 = cash/in-kind funding, leverage, match, and commitments from other formal partnerships (no CoC Program funds; value in-kind at local rates).
- Elements 3 & 5 auto-calculate. Max points at $\geq 30\%$ (element 3) or $\geq 50\%$ (element 5).

Element	Value (enter \$ or read-only)
1. FY 2026 Annual Renewal Demand (ARD)	\$12,559,190
2. Total supportive-services budget line items (proposed projects)	\$4,188,283
3. % of ARD that is supportive-services funding (auto)	33%
4. Funding + leverage + match + commitments from other partnerships	\$7,340,752
5. % of ARD incl. element 4 (auto)	92%

1C-3. Participation Requirements for Supportive Services

NOFO V.B.1.c.(7) • % field • Owner: **Tarra**

ATTACHMENT REQUIRED Language from Project Supportive Service Agreements → upload on the 4A Attachments screen.

To earn full points, address:

- Denominator = TH, PH-PSH, PH-RRH, and Joint TH-RRH projects; numerator = those that require participation in supportive services per [24 CFR 578.75\(h\)](#).
- Max points: 100% = 8 pts; 50% = 4 pts.
- Attach direct language (contract/occupancy agreement/lease/equivalent) showing the requirement.

DRAFT RESPONSE

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?

12/12 100%

1C-4. Consulting with ESG Recipients

NOFO V.B.1.c.(8) • Limit 2,500 characters • Owner: **Tarra**

To earn full points, address:

- How the CoC has and will consult with ESG recipients (metro cities, urban counties, territories, states, not subrecipients) in planning/allocating ESG funds.
- If there is no local ESG allocation, consult the state ESG recipient. Respond even if the Collaborative Applicant is itself an ESG recipient.

DRAFT RESPONSE

Our CoC consults with ESG Program recipients — Salt Lake City, Salt Lake County, and the State of Utah — throughout the planning and allocation of ESG funds. ESG recipients are invited to serve on the CoC's project ranking committee, where members receive training on performance standards, evaluation methods, and HUD CoC reports, including Annual Performance Reports (APR), Point-in-Time (PIT) Counts, Housing Inventory Count (HIC), and System Performance Measure (SPM) data. The CoC participates in regular grants and program coordination meetings with these funders to align policies, assess community needs, and coordinate funding priorities. This year, State, City, and County recipients committed ESG funds to emergency shelter, rapid rehousing, and tenant-based rental assistance, informed by CoC-identified system priorities.

Our CoC's geographic area receives local ESG allocations through Salt Lake City and Salt Lake County; the CoC also consults with the State ESG recipient, as the state administers additional ESG funding within portions of the CoC's service area.

System-level PIT and HIC data are provided to State, City, and County ESG recipients for inclusion in their Consolidated Plans and CAPER narratives addressing objectives to reduce and end homelessness. The CoC ensures local homelessness data and priorities are reflected in Consolidated Plan updates by submitting local information directly to ESG recipients and inviting their continued participation in CoC activities. ESG recipients are active CoC members, participating in Core Function Groups and the Coordinated Entry Task Group. Salt Lake County Housing & Community Development ensures that ESG-funded activities positively impact system performance measures and align with CoC priorities.

1C-4a. Coordination with Emergency Shelter Providers

NOFO V.B.1.c.(8) • Limit 2,500 characters • Owner: **Tarra/Nicole**

To earn full points, address:

- How the CoC coordinates with shelter providers to connect individuals and families to CoC assistance.

The CoC coordinates with emergency shelters as part of the Coordinated Entry (CE) system. Shelter providers serve as key access points through the community's No Wrong Door approach and help households connect to CE and other resources. Shelter staff assist with CE enrollment and HMIS requirements. The Housing Assistance Screening Tool (HAST) is the standardized CE assessment and triage tool; its information, along with prioritization practices, household circumstances, program eligibility, available resources, and participant choice, informs prioritization and referrals.

The CE team maintains a By-Name List and conducts regular prioritization while coordinating with housing providers on available units and vouchers. This allows households accessing shelter to be considered for housing opportunities across the community. CE connects households to the most appropriate available intervention and is not a traditional housing waitlist; enrollment or referral does not guarantee housing and remains subject to available resources and program eligibility.

The CoC also works with 211 Utah, a free, confidential, multilingual crisis and resource line operated by the United Ways of Utah in partnership with social service organizations. This collaboration ensures 211 is equipped to connect people experiencing or at risk of homelessness to services across the community. Additionally, Utah Community Action manages coordinated intake, which helps individuals first access shelter.

The CoC's leadership body, The Steering Committee of the Salt Lake Valley Coalition to End Homelessness (SLVCEH), includes representatives from the emergency shelter system, including operators and owners of shelter facilities.

1C-5. Data Sharing to Inform the Homelessness Response System

NOFO V.B.1.c.(9) • Limit 2,500 characters • Owner: **Tarra**

To earn full points, address:

- How the CoC shares PIT, HIC, HMIS, and System Performance data with state/local government as permitted by law.
- Consult your HMIS Privacy Notice / approved privacy & security plan for what may be disclosed.

DRAFT RESPONSE

Our CoC regularly shares data with state and local government entities in accordance with our HMIS Privacy Notice and approved Privacy & Security Plan, and only as permitted by applicable federal, state, and local law.

Aggregate PIT and HIC data, once finalized and submitted to HUD, are shared publicly and with Utah Office of Homeless Services, Salt Lake County Office of Homelessness and Criminal Justice Reform(OHCJR), and other partners to inform statewide planning, funding allocation decisions, and legislative reporting. This data is shared at the aggregate/de-identified level and does not include client-level personally identifying information (PII). The Utah Office of Homeless Services is the designated lead-agency for all three CoCs within Utah. Through collaboration and data sharing a Statewide data dashboard is updated with PIT, HIC and SPM.

The UHMIS Steering Committee regularly evaluates requests for access from varied stakeholders. The Committee determines the level of access (aggregate vs. client level), the period of access, and allowable uses of data. The committee regularly audits active users and removes inactive users to ensure security of UHMIS.

Client-level HMIS data is shared statewide with other CoCs and with state and local government partners only under one of the following circumstances: (1) a signed Data Sharing Agreement or MOU is in place that specifies the permitted use, scope, and security requirements for the data; (2) the disclosure is required by law (e.g., in response to a valid subpoena or court order); or (3) the client has provided informed, written consent as documented in HMIS. Examples of current partners with whom aggregate or limited client-level data are shared under such agreements include Utah Department of Health and Human Services, OHCJR, Legal Defenders Association as part of local law enforcement diversion programs. All such sharing complies with the HEARTH Act, 24 CFR Part 578, and, where applicable, 42 CFR Part 2 protections for substance use treatment records.

Annual SPM data submitted to HUD is shared and presented at public CoC membership meetings to support coordinated planning, identify system gaps, and guide funding and policy decisions at the local and state level. Reports are also publicly available via the CoCs website.

All data-sharing practices are reviewed periodically by the CoC's Privacy Officer/HMIS Lead Agency to ensure continued compliance with the CoC's approved Privacy & Security Plan.

1C-5a. Using Other Data Sources Alongside HMIS

NOFO V.B.1.c.(9) • Limit 2,500 characters • Owner: **Tarra**

- How the CoC uses other data sources with HMIS to improve care (e.g., health utilization/claims; EHR; admission-discharge-transfer; law-enforcement/corrections).

The Continuum of Care (CoC) uses Homeless Management Information System (HMIS) data, alongside other community data sources, to understand homelessness trends, identify system gaps, and strengthen coordination of housing and services. HMIS serves as the primary data system for participating homeless service providers and underpins the Coordinated Entry (CE) process.

To account for survivor safety and confidentiality requirements, the CoC also incorporates de-identified, aggregate data from comparable databases maintained by victim service providers. This allows the CoC to better understand the needs of households experiencing domestic violence without compromising confidentiality. These aggregate figures are analyzed alongside HMIS data to inform planning, evaluate system performance, and identify service disparities.

Within CE, HMIS data enables standardized assessment, prioritization, referral, and tracking of housing outcomes. The Housing Assistance Screening Tool (HAST) is embedded in the HMIS-based CE process and generates standardized assessment results that inform community-wide prioritization. Referral decisions weigh this assessment alongside household circumstances, program eligibility, resource availability, and participant choice. The CoC continues to use aggregate-level data to evaluate CE performance, identify gaps, and guide continuous system improvement while safeguarding participant privacy.

Because the CoC is staffed through the Salt Lake County Office of Homelessness and Criminal Justice Reform, the County is also able to establish data-sharing agreements that support cross-system analysis — for example, comparing Salt Lake County jail data with HMIS data to better understand overlapping populations and their service needs.

+Katherines comments added about John's work and access to the data dashboard

1C-6. Employment & Workforce Development Partnership

NOFO V.B.1.c.(10) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 partnership with workforce/employment programs (Local WDB, State Workforce Agency, American Job Center, registered apprenticeship, community/technical college, union training, adult education, or State Vocational Rehabilitation).

DRAFT RESPONSE

Name the workforce partnership (≤500 chars).

Shortened:

The CoC partners with the Utah Department of Workforce Services (DWS), providing on-site employment specialists at emergency and day shelters and at behavioral health/SUD treatment programs; Utah Vocational Rehabilitation, connecting people with disabilities to employment; Job Corps, a residential career training program for homeless youth ages 16–24; and AmeriCorps, a service-to-career pathway connecting individuals with lived experience of homelessness to employment and education.

BACKUP:

The CoC has a strong partnership with the Utah Department of Workforce Services (DWS), which provides on-site employment specialists at emergency and day shelters, as well as at behavioral health and substance use disorder treatment programs throughout the boundaries of the CoC. The CoC also partners with Utah Vocational Rehabilitation, which connects people with disabilities to employment, and Job Corps, a residential career training program for homeless youth ages 16-24.

The CoC also works through AmeriCorps, a service-to-career pathway that connects individuals with lived experience of homelessness to organizations working in employment and education.

1C-7. Street Outreach — Cooperation with First Responders & Law Enforcement

NOFO V.B.1.c.(11) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- HUD will score using HDX metric 7a.1 plus this narrative.

- How street outreach (incl. co-response) cooperates with first responders and law enforcement to increase positive interactions and drive housing/service engagement.

DRAFT RESPONSE

The CoC's street outreach strategy focuses on engagement, relationship building, connection to services, and pathways to housing for people experiencing unsheltered homelessness. Outreach providers work throughout the community to engage individuals not otherwise connected to homeless services, coordinating with first responders, local government, emergency services, and other partners to support safe engagement and connections to shelter and resources.

When willing and eligible, individuals are connected to Coordinated Entry (CE), which provides standardized enrollment and assessment through HMIS, using the Housing Assistance Screening Tool (HAST) as the current triage tool. CE data supports community prioritization and referrals to housing resources. The CoC also conducts targeted outreach to reach unsheltered households and increase access to CE, housing, and supportive services.

The CoC coordinates with law enforcement and first responders through a weekly Homeless Services meeting, run by Salt Lake City's Homeless Engagement and Response Team (HEART) within the Housing Stability Division. This meeting brings together outreach staff, police, fire, and the Community Health Access Team (CHAT) to coordinate real-time information on individuals in need of services—allowing intervention in advance of encampment clearances, increasing the chance of a positive connection to housing or services before displacement occurs.

The Volunteers of America (VOA) outreach team partners closely with the Salt Lake City Police Department (SLCPD) Connect Team, providing housing case management directly to its caseload—the top 50 unsheltered "high utilizers" of the criminal justice system. This model pairs law enforcement contact with an immediate warm hand-off to a housing case manager, converting repeat police interactions into engagement opportunities and progress toward housing placement.

The Utah Transit Authority Police Department has a dedicated team engaging high utilizers to connect them with resources and reduce enforcement interactions. Salt Lake County's Department of Behavioral Health Services (DBHS) funds Mobile Crisis Outreach Teams, which respond with or without law enforcement or emergency services. Some local police departments also fund embedded social workers who assertively engage individuals into services.

1C-8. Family or Support Network Reunification

NOFO V.B.1.c.(12) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- How the CoC/recipients assist with family or support-network reunification (e.g., case management, travel costs, arranging assistance in another geographic area).

DRAFT RESPONSE

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

FINAL:

Diversion teams at all Homeless Resource Centers (HRCs) are on-site seven days a week, providing support to youth in rapidly exiting homelessness back into housing. Some families request that their youth or young adult child leave the home due to behavior concerns. These teams work with families to provide education, support, and connections to community resources to promote reunification and rapidly resolve homelessness.

The Youth Resource Center, operated by Volunteers of America Utah, and the Youth Hub, operated by Salt Lake County, both serve youth under age 18. Case managers contact the youth's family, guardian, or support network during intake, and every effort is made to reunify a young person with their family or support network if safe to do so.

The Local Authority (LA) system provides mental health and substance use treatment to support clients moving toward recovery. The LA asks about housing status every 90 days and offers additional case management and referrals if the client is experiencing homelessness. Family engagement is a key priority for LAs to help ensure better recovery outcomes.

The Salt Lake County Division of Youth Services (DYS) supports family and support-network reunification through individualized assessment, case management, and coordinated service planning. For runaway and homeless youth under 18 served through the Basic Center Program (BCP), staff assess safety, family relationships, and natural supports, and work with youth and families to identify safe reunification options, address barriers, coordinate services, and support stable exits from shelter. When transportation is a barrier, DYS may connect eligible youth with the National Runaway Safeline's Home Free program, which partners with Greyhound to provide transportation to a parent, guardian, or other approved safe living arrangement. When reunification is not safe or appropriate, DYS helps youth identify other supportive adults and community-based housing options, including the Youth Resource Center, Job Corps, treatment providers, and the Division of Child and Family Services. Young adults 18 and older needing transitional housing may also be connected to Salt Lake County's Milestone program. These efforts strengthen natural support networks, promote housing stability, and ensure youth transition to safe living situations.

DRAFT/BACKGROUND

The Diversion teams at all Homeless Resource Center's (HRC) are onsite seven days a week, which provides support to youth in rapidly exiting homelessness, back into housing. Some families request that their youth or young adult child leave the home due to concerns about their behavior. These teams work with families to provide education, support, and connect them to community resources to promote reunification for clients to return home, rapidly resolving homelessness.

The Youth Resource Center, at Volunteers of America, Utah, and the Youth Hub, operated by Salt Lake County, both serve youth under age 18. Case managers and program staff contact the youth's family/guardian or support network as part of the intake process. Every effort is made to reunify a young person with their family or support network if it is safe.

The Local Authority (LA) system provides mental health and substance use treatment to ensure clients move toward recovery. The LA asks about housing status every 90 days and offers additional case management support and referrals if the client is experiencing homelessness. Family engagement is a key priority for LAs to ensure better recovery outcomes and support for treatment.

Salt Lake County Division of Youth Services (DYS) supports family and support-network reunification through individualized assessment, case management, and coordinated service planning. For runaway and homeless youth under age 18 served through the Basic Center Program (BCP), staff assess safety, family relationships, and available natural supports and work with youth and families to identify safe and appropriate reunification options, address barriers, coordinate services, and support stable exits from shelter.

When transportation presents a barrier to reunification, DYS may connect eligible youth with the National Runaway Safeline's Home Free program, which partners with Greyhound to provide transportation to a parent, guardian, or other approved safe living arrangement.

When family reunification is not safe or appropriate, DYS works with youth to identify other supportive adults and community-based housing and service options, including VOA's Youth Resource Center, Job Corps, treatment providers, and the Division of Child and Family Services. Young adults age 18 and older who require transitional housing may also be connected to Salt Lake County's Milestone program. These coordinated efforts help strengthen natural support networks, promote housing stability, and ensure youth transition to safe and appropriate living situations.

1C-9. Partnering with Public Housing Agencies

NOFO V.B.1.c.(13) • Owner: **Tarra**

To earn full points, address:

- Agreement with ≥1 PHA enabling participants to transition from TH, RRH, and PSH to HUD-assisted housing?

Question	Answer (Yes/No)
Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes

1C-10. Protecting Public Safety — Cooperation with Law Enforcement

NOFO V.B.1.c.(14) • Limit 2,500 characters • Owner: **Tony**

ATTACHMENT REQUIRED Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety → upload on the 4A Attachments screen.

To earn full points, address:

- How the CoC cooperates with and does not impede local efforts to: clear tents/encampments; decrease public illicit-drug use; use danger-to-self/others standards (e.g., involuntary commitment); and share info per SORNA — and assists first responders serving homeless individuals.

DRAFT RESPONSE

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless

individuals.

Salt Lake City and Salt Lake County jointly implement a coordinated Encampment Impact Mitigation protocol integrating public health, public safety, fire, environmental management, outreach, and sanitation. Key partners include SLC Public Services/Urban Services, the County Health Department, SLC Police and Fire, Public Lands, contracted sanitation (Advantage Services), outreach teams, and PIOs. These agencies conduct weekly stakeholder reviews, jointly plan interventions, assess risks, and coordinate outreach connecting individuals to shelter and services. Both jurisdictions uphold no-camping ordinances; encampments are monitored via the SLC Helpline, and the County Health Department's Encampment Impact Mitigation process addresses public health concerns at unsanctioned sites while SLC connects individuals to resources and provides belongings storage.

The CoC fully cooperates with law enforcement to reduce public illicit-drug use, supporting VCAT and DEA task force enforcement while pairing officers with CCT clinicians for treatment referrals over arrest.

On danger-to-self/others standards, the CoC does not impede use of Utah's involuntary commitment framework (§ 26B-5-331, § 26B-5-102) or substance-use commitment (§ 26B-5-505), and supports Mobile Crisis Outreach and SLCPD Policy 431 crisis response, deferring to law enforcement and clinicians on threshold determinations.

On SORNA, the CoC upholds Utah's HB 370 monitoring program, developed by SOMAC, which tracks registrants without permanent residence via GPS, addressing a population historically hard to monitor under standard registry rules. The CoC will coordinate with DPS/UDC as implementation procedures finalize.

Countywide coordination occurs through the Criminal Justice Advisory Council, aligning homelessness, behavioral health, and criminal justice work per the County's Behavioral Health and Justice Plan. Approximately 45% of SLCPD resources are spent arresting the same 1,000 chronically unsheltered "high utilizers" annually, driving jail population impacts. In 2026, the CoC's unsheltered count decreased to 408 individuals, while the jail-reported homeless population rose by 164 (32%) — underscoring the need for continued cross-system coordination rather than duplicated or conflicting response.

FULL Background:

Our CoC fully cooperates with local law enforcement to address encampments, extinguish illicit-drug use, leverage civil commitments (when necessary), update SORNA even without a home address, and assist homeless-serving first responders. This is accomplished through coordination with Salt Lake County's Criminal Justice Advisory Council which closely aligns work at the intersections of homelessness, behavioral health and criminal justice and is further detailed in [Salt Lake County's Behavioral Health and Justice Plan](#). Salt Lake City and County both uphold no camping ordinances. Encampments are monitored and responded to through a Salt Lake City Helpline where residents can call to help a person experiencing homelessness find help. Salt Lake City focuses on enforcing the law which includes responding to encampments to connect individuals to supportive resources and providing storage for people's belongings. The county's Health Department operates an [Encampment Impact Mitigation](#) process, addressing public health concerns at unsanctioned encampments. Approximately 45% of Salt Lake City Police Department resources are spent arresting the same 1,000 chronically unsheltered individuals every year—individuals often referred to as “high utilizers” which in turn impacts jail populations. In 2026, the CoC experienced a decrease in the unsheltered count to 408 individuals while in the same year, the jail-reported homeless population increased by 164 individuals or 32%.

The State-City-County partnership around homelessness is strong.

- + *We collaborate with the state on SORNA by sharing data and its in code/law*

Content of Letter for reference:

- + To Whom It May Concern:
- + Salt Lake City and Salt Lake County jointly implement a coordinated, crossdisciplinary Encampment Impact Mitigation protocol designed to address public health and safety challenges associated with encampments. This approach integrates expertise from public health, public safety, fire services, environmental management, outreach, and sanitation to ensure safe, consistent, and serviceoriented operations.
- + Key partners include Salt Lake City Public Services and Urban Services, the Salt Lake County Health Department, Salt Lake City Police and Fire Departments, Public Lands, contracted sanitation crews (Advantage Services), homeless outreach teams, and City/County public information officers. Together, these agencies conduct weekly stakeholder reviews, jointly plan interventions, assess health and safety risks, coordinate resources, and provide outreach aimed at connecting individuals with shelter and support services.
- + This collaborative structure demonstrates strong interagency capacity, unified decisionmaking, and a holistic approach to mitigating encampment impacts while prioritizing health, safety, and humane engagement.
- + Sincerely,
- + Allison
- +

+ATTACHMENT FROM Public Services

1C-10a. Plan to Quickly Clear Tents & Encampments

NOFO V.B.1.c.(14) • Limit 2,500 characters • Owner: **Tony**

To earn full points, address:

- Identify ≥1 local law/policy/practice; plan to leverage beneficial and overcome restrictive ones; include quantitative AND qualitative data. If there are no mitigating steps, explain why.

DRAFT RESPONSE

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

Salt Lake County's CoC benefits from coordinated state, municipal, and interagency frameworks supporting encampment resolution and connection to services. Utah Code 76-6-208 makes unsanctioned camping on state property a violation. City Ordinance §11.12.080 prohibits camping on public grounds, streets, parks, and playgrounds, requiring removal of equipment within 5 minutes of police request, reinforced by a public reporting app routing to the Urban Services Team and a non-emergency dispatch option.

Average encampment clean-up times from SLPD held steady at 21.87 days (2024) and 21.85 days (2025) before dropping sharply to 3.93 days (2026). Charges for camping have also increased: 19 (2022), 69 (2023), 165 (2024), and 794 (2025).

The Homeless Resource Officer (HRO) Unit, jointly supported by South Salt Lake and Unified Police, calibrates response by encampment size & occupancy, using self-cleanup, citation, or abatement, and prioritizing engagement and referrals when occupied. Unoccupied encampments get dual notice from the State Health Department and City, allowing a 24-hour formal notice and 48-hour practical window to vacate. SSLPD coordinates biweekly Jordan River corridor cleanups with the County Health Department and adjacent jurisdictions across city, county, and state property. Within city limits, HRO conducts immediate cleanup and coordinates debris removal with Public Works.

South Salt Lake PD's HRO Unit handles homelessness-related safety concerns in South Salt Lake, combining enforcement with engagement and referrals to shelter, behavioral-health, and substance-use resources.

Standing coordination structures — the County Criminal Justice Advisory Council (CJAC) and the City's Weekly Homeless Services Meeting — align CoC strategy with first-responder practice. SSLPD also runs a community court diversion program at PARC twice monthly, offering eligible individuals diversion from prosecution contingent on program participation.

Building forward, the CoC intends to leverage CJAC and Weekly Meeting representation to advocate for HRO's engagement-first model regionally; formalize UDOT/state coordination for advance notice of state-led abatements; establish shared metrics tracking referrals and housing placements alongside enforcement; and expand court diversion to additional jurisdictions to reduce reliance on prosecution.

Full Background

The Salt Lake County Continuum of Care benefits from a coordinated framework of state statute, municipal ordinance, and interagency practice that together support the timely resolution of encampments on public property and the connection of unsheltered individuals to appropriate services. At the state level, Utah Code 76-6-208 establishes unsanctioned camping on state property as a violation, providing a clear statutory basis for action on state-owned land. At the municipal level, Salt Lake City Ordinance §11.12.080 prohibits camping on public grounds, streets, parks, and playgrounds, and requires the removal of camping equipment within five minutes of a police request. The City reinforces this ordinance through a public-facing reporting application, which routes resident and business reports directly to the Urban Services Team for response, and through a non-emergency dispatch option that allows violations to be addressed without requiring emergency-level intervention.

Average encampment clean-up times from Salt Lake Police Department are as follows: Average clean time held relatively steady at 21.87 in 2024 and 21.85 in 2025, before dropping sharply to 3.93 in 2026.

Operationally, the Homeless Resource Officer (HRO) Unit, jointly supported by the South Salt Lake and Unified Police Departments, calibrates its response according to encampment size and occupancy status, employing self-cleanup, citation, or coordinated abatement as appropriate, and prioritizing engagement and service referral when encampments are occupied. Unoccupied encampments receive dual notification from the Utah State Health Department and the City, affording individuals a 24-hour formal notice period and a 48-hour practical window in which to vacate. SSLPD further coordinates biweekly cleanup efforts along the Jordan River corridor in partnership with the Salt Lake County Health Department and adjacent law enforcement jurisdictions, addressing encampments on city, county, and state property alike. Within city limits, HRO officers conduct immediate cleanup and coordinate debris removal with Public Works.

South Salt Lake Police Department: SSLPD's Homeless Resource Officer (HRO) Unit handles homelessness-related public-safety concerns within South Salt Lake, including tents and encampments. HRO's approach combines enforcement of applicable laws and ordinances with engagement and problem solving. When an individual needs or requests assistance, officers can provide referrals to shelter, behavioral-health, substance-use, and other community resources. During FY26, SSLPD recorded 737 transient-camp incidents, and encampment cleanup activities resulted in the removal of approximately 35,635 pounds (17.8 tons) of material.

These enforcement mechanisms are complemented by standing interagency coordination structures, including the Salt Lake County Criminal Justice Advisory Council and Salt Lake City's Weekly Homeless Services Meeting, through which the CoC aligns its strategic priorities with first-responder practice. Additionally, SSLPD administers a community court diversion program, convened on-site at PARC twice monthly, offering eligible individuals diversion from prosecution contingent on active program participation.

Building on this foundation, the CoC intends to leverage its representation on CJAC and the Weekly Homeless Services Meeting to advocate for the HRO Unit's engagement-first model as a regional standard; to formalize coordination with UDOT and state partners so that CoC outreach teams are notified in advance of state-led abatements; to establish shared performance metrics tracking referrals and housing placements alongside enforcement activity; and to expand access to community-court diversion programming across additional police jurisdictions to reduce reliance on prosecution as a primary enforcement outcome.

Year: 2022 — Charges: 19

Year: 2023 — Charges: 69

Year: 2024 — Charges: 165

Year: 2025 — Charges: 794

+ Qualitative and Quantitative Data

1C-10b. Current Status of Tents & Encampments

NOFO V.B.1.c.(14) • Limit 2,500 characters • Owner: [Tony](#)

To earn full points, address:

- Describe the current status of tents and encampments in the CoC's geographic area.

DRAFT RESPONSE

Describe the current status of tents and encampments in the CoC's geographic area.

Salt Lake City (SLC)

Salt Lake City has seen a dramatic decrease in encampment number and size over the past several years, and cleanup crews now typically address new reports same-day. Police calls for service related to homelessness also declined over the past year, consistent with reduced camping activity.

Camping charges have risen yearly even as encampments have shrunk: 19 (2022), 69 (2023), 165 (2024), and 794 (2025).

Among available data sets, reports of unique encampment locations offer the clearest picture of decline: in January 2025, the City recorded 61 encampments housing 92 people; by December 2025, that had fallen to 17 encampments housing 26 people.

Salt Lake City continues to maintain a substantial law enforcement presence dedicated to encampment response and public-safety coordination. In summer 2026, the City is tracking 22 active camps citywide, and the Salt Lake City Police Department has increased camping-violation enforcement in recent years, issuing 1,157 camping-violation citations in 2026.

South Salt Lake

The South Salt Lake Police Department's Homeless Resource Officer (HRO) Unit addresses encampments and related public-safety concerns by combining enforcement with engagement and referrals to shelter, behavioral-health, and substance-use resources. In FY26, SSLPD recorded 737 transient-camp incidents and removed approximately 35,635 pounds (17.8 tons) of material during cleanup efforts, including 25,635 pounds cleared specifically from unoccupied camps. The HRO Unit continues to monitor for new and recurring encampments, responding as they are identified.

Unified Police Department

The Unified Police Department's Crisis Response Unit addresses the unhoused population and mental health needs across much of Salt Lake County, recording approximately 1,160 transient-related calls this year.

FULL BACKGROUND **Salt Lake City(SLC)**

SLC has seen a dramatic decrease in encampment number and size over the past several years — cleanup crews now typically address new reports same-day. Police calls for service related to homelessness also declined over the past year, consistent with reduced camping activity.

Year: 2022 — Charges: 19
 Year: 2023 — Charges: 69
 Year: 2024 — Charges: 165
 Year: 2025 — Charges: 794

SLC

There are a bunch of different data sets to look at, but looking at the results, I think reports of unique encampment locations makes the most sense:

January 2025: 61 Encampments
 December 2025: 17 encampments

January 2025: 92 People
 December 2025: 26 people

Salt Lake City continues to see a substantial law enforcement presence dedicated to encampment response and public-safety coordination. In summer 2026, the City is currently tracking 22 active camps citywide, and the Salt Lake City Police Department has increased camping-violation enforcement in recent years, issuing 1,157 camping-violation citations in 2026.

South Salt Lake

The South Salt Lake Police Department's Homeless Resource Officer (HRO) Unit addresses encampments and related public-safety concerns by combining enforcement with engagement and referrals to shelter, behavioral-health, and substance-use resources. In FY26, SSLPD recorded 737 transient-camp incidents and removed approximately 35,635 pounds (17.8 tons) of material during cleanup efforts. The HRO Unit continues to monitor for new and recurring encampments, responding as they are identified; during this same period, SSLPD cleared 25,635 pounds of material from unoccupied camps.

Unified Police Department

The Unified Police Department's Crisis Response Unit addresses the unhoused population and mental health needs across much of Salt Lake County, recording approximately 1,160 transient-related calls this year.

1C-10c. Plan to Decrease Public Use of Illicit Drugs

NOFO V.B.1.c.(14) • Limit 2,500 characters • Owner: [Tony](#)

To earn full points, address:

- Identify ≥1 local law/policy/practice; leverage/overcome plan; quantitative AND qualitative data. If none, explain why.

DRAFT RESPONSE

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

Legal Framework: Utah Code § 58-37-8(2)(a)(i) prohibits unauthorized possession or use of controlled substances, regardless of location. Utah Code § 76-9-110 separately addresses public intoxication when impairment creates a danger to the person or others. Midvale (§ 9.54.060) follows the public-intoxication approach, while Taylorsville (§ 9.08.030(C)(27)(a)) treats drug use as a property nuisance subject to abatement. South Salt Lake (Ch. 9.28) and Salt Lake City rely primarily on state law. Salt Lake County Parks & Recreation rules prohibit drugs at County facilities but are facility rules rather than separate criminal offenses.

Helps: State law provides broad authority to address unauthorized drug use. SLCPD drug-related calls increased from 1,066 in 2022 to 2,312 YTD in 2026, showing continued enforcement capacity. A dedicated narcotics team and the Public Safety Plan's new VCAT unit (20 officers, with a DEA task force partnership) provide additional resources in high-need areas such as the Jordan River Trail. The CCT model also allows officers to connect people with clinicians and treatment rather than relying only on arrest.

Hinders: Different city approaches create inconsistent enforcement and referral practices across the CoC. Utah does not have a statewide civil-commitment option specifically for substance-use crises, limiting treatment-first options when voluntary services are declined. Limited shelter and treatment capacity can also leave officers without a viable placement after diversion.

CoC Plan: Develop more consistent practices across jurisdictions. Standardize officer training on when to divert through CCT/ACT teams versus cite or arrest, using the Public Safety Plan's planned ACT expansion from 5 to 9 teams and 400 additional clients as a capacity base. Through CJAC, align Midvale, Taylorsville, South Salt Lake, and Salt Lake City around common referral protocols. When nuisance abatement is used, pair enforcement with service connections when possible. Continue expanding shelter and treatment capacity so diversion has somewhere to lead.

Mitigating Limits: Statewide gaps involving civil commitment and funding require legislative action beyond the CoC's control. The CoC can coordinate partners, develop consistent local practices, and advocate for changes, but cannot resolve these gaps alone.

FULL BACKGROUND

Utah — Controlled Substance Use

Utah Code § 58-37-8(2)(a)(i) prohibits knowingly and intentionally possessing or using a controlled substance unless authorized by law. The prohibition applies regardless of location and is not limited to public places.

Utah — Public Intoxication

Utah Code § 76-9-110 prohibits being in a public place while under the influence of alcohol, a controlled substance, or certain other substances when the level of impairment may endanger the person or another individual. It is a Class C misdemeanor.

Salt Lake County — County Facilities

Salt Lake County Parks & Recreation Rules prohibit illegal drugs at County parks and facilities, including possession of illegal drugs at County facilities. This is a facility rule rather than a separate countywide public drug-use offense.

Salt Lake City — State Law

Utah Code §§ 58-37-8 and 76-9-110 apply within Salt Lake City, prohibiting unauthorized controlled-substance use/possession and certain public intoxication. No separate citywide ordinance specifically prohibiting illicit drug consumption in all public places was identified in the provisions reviewed.

Midvale — Public Intoxication

Midvale City Code § 9.54.060 addresses intoxication involving controlled substances in public places and specified public areas.

Taylorsville — Drug-Related Nuisance

Taylorsville City Code § 9.08.030(C)(27)(a) identifies as a nuisance properties where an environment causes, encourages, or allows individuals to illegally consume drugs on the property, premises, or an

adjacent public place. This is a nuisance/abatement provision rather than a standalone public drug-use offense.

South Salt Lake — Controlled Substances

South Salt Lake City Code, Chapter 9.28 addresses controlled substances and incorporates provisions related to Utah's controlled-substance laws. The provisions reviewed do not establish a standalone offense specifically prohibiting public drug consumption.

Data:

The SLCPD has been making an extensive effort to combat the use and distribution of drugs in our public spaces. Officers proactivity in the city on these cases have increased in this area.

For reference the proactivity calls logged by our officers have increased over the years.

2022: 1066

2023: 1738

2024:1901

2025: 2211

2026: YTD 2312

In addition to the proactive patrol work, we have a dedicated narcotics team that directly targets narcotic crimes.

Salt Lake City's Public Safety Plan offers key practices to address these issues:

Enforcement: New VCAT unit (20 officers) targeting fentanyl/firearms trafficking; DEA Drug Task Force partnership; focused patrols in Downtown, Ballpark, Jordan River Trail.

Treatment/Diversion: Expand ACT teams (5→9, +400 clients); CCT pairs officers with clinicians for treatment referrals over arrest; reserve shelter beds for people exiting treatment; Mental Health Court referrals.

Legislative asks: New civil-commitment statute for substance abuse evaluation (modeled on Florida's Marchman Act) with officer immunity; dedicated funding for SUD treatment/group homes; increased penalties for paraphernalia in parks; reinstated drug-free zones near schools/worship sites.

Root-cause approach: Plan frames drug use as tied to housing/shelter shortages — more shelter and supportive housing beds are positioned as necessary to make treatment "stick" after arrest or detox.

+ Brandons info and cite the how with the Public Safety Plan

1C-10d. Current Status of Overdoses & Public Illicit Drug Use

NOFO V.B.1.c.(14) • Limit 2,500 characters • Owner: [Tony](#)

To earn full points, address:

- Describe the current status of overdoses and illicit drug use in public spaces.

DRAFT RESPONSE

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

Salt Lake City Police Department

Salt Lake City Police continue an active proactive enforcement posture around illicit drug activity, consistent with the strategy laid out in the Public Safety Plan's VCAT and Community Impact Division initiatives. Officer-logged proactivity calls related to drug activity have held at a high level into 2026, with 2,211 calls in 2025 and 2,312 year-to-date in 2026 — on pace to exceed the prior year's total. This sustained volume reflects the Plan's emphasis on concentrated patrols in Downtown, the Ballpark neighborhood, and the Jordan River Trail, and suggests continued officer engagement with public drug activity rather than a pullback in enforcement attention.

South Salt Lake Police Department

South Salt Lake presents a fuller picture of both the health and enforcement dimensions of the issue. In FY26, SSLPD responded to 74 overdose calls citywide, 15 of which were handled specifically by the Homeless Resource Officer (HRO) Unit — indicating that roughly one in five overdose responses intersected with the City's homelessness-focused policing model rather than general patrol. The department also logged 178 drug-possession incidents and 704 drug-paraphernalia possession incidents during the same period. Notably, this data is citywide and does not distinguish between public and private settings, so it cannot confirm what share of these incidents occurred in public spaces specifically.

Taken together, this data suggests illicit drug use and its consequences (including overdose) remain a persistent, active concern across jurisdictions, with South Salt Lake's HRO-handled overdose calls offering a partial window into the overlap between homelessness and substance use response.

Full Background Info:

Salt Lake City Police Department

Proactivity Calls logged by officers

2025: 2211

2026: YTD 2312

South Salt Lake Police Department

During FY26, SSLPD responded to 74 overdose calls citywide, including 15 handled by the Homeless Resource Officer (HRO) Unit. The department also recorded 178 drug-possession incidents and 704 drug-paraphernalia possession incidents during FY26; this data is citywide and does not distinguish between public and private settings.

+ The narrative

1C-10e. Standards to Address Danger to Self or Others

NOFO V.B.1.c.(14) • Limit 2,500 characters • Owner: **Tony**

To earn full points, address:

- Identify ≥1 local law/policy/practice (e.g., involuntary commitment); leverage/overcome plan; quantitative AND qualitative data. If none, explain why.

DRAFT RESPONSE

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

Legal Framework: Utah Code § 26B-5-331 authorizes temporary involuntary commitment when mental illness causes an individual to present "substantial danger" to self or others, with § 26B-5-102 defining that standard (serious suicide risk, serious bodily self-injury or injury to others, inability to meet basic necessities resulting in serious harm, or severe impairment in judgment, reason, or behavior). Peace officers and mental health officers may initiate the process with probable cause that this standard is met, and the law requires documenting the specific danger and considering less-restrictive alternatives. Separately, § 26B-5-505 allows courts to order involuntary substance-use treatment when an individual poses an "imminent threat of serious harm" due to a substance use disorder. Utah Admin. Code R523-18-5 governs Mobile Crisis Outreach, requiring teams to assess imminent danger and favor the least restrictive setting consistent with safety. SLCPD Policy 431 directs officer procedures during mental-health and emotional crises, including assessment and use of mental-health resources when feasible.

Scale of Need: NAMI Utah reports roughly 1 in 3 unsheltered Utahns has a serious mental illness. Statewide chronic homelessness (including SMI/SUD) reached 1,004 individuals in the 2023 PIT count, up 96% since 2019. Salt Lake County's unsheltered population with serious mental illness rose from 88 to 265, and with substance use disorders grew to 692, between 2022–2023.

Helps: These statutes offer a risk-based, non-criminal intervention pathway that requires less-restrictive alternatives first. The Community Connection Team and Mobile Crisis Outreach embed clinicians alongside officers to apply these standards in the field, aligning with the CoC's dignity-centered approach. Utah has roughly 40% fewer mental health providers than the national average.

Hinders: High thresholds mean many chronically homeless individuals aren't eligible for intervention until crisis has escalated significantly, often after voluntary services have failed. (~\$150), Utah ranks 40th in per-capita mental health spending limiting upstream voluntary care. There is also a data gap on commitments and crisis responses specific to homeless individuals in Salt Lake County.

CoC Plan: Train CCT/HRO/Mobile Crisis teams to consistently document danger indicators against § 26B-5-102; use CJAC and the Weekly Homeless Services Meeting to standardize referral tracking across jurisdictions; pursue a records request to establish a local baseline; support the Public Safety Plan's legislative push for a Marchman Act-style statute with officer immunity to enable earlier intervention. The CoC will leverage CJAC and DHHS relationships to address the data gaps.

Mitigating limits: The CoC cannot lower statutory thresholds, expand mental health workforce capacity, or grant officer immunity — these require state legislative and budgetary action. Its role is limited to coordination, data-gap remediation, and advocacy.

Background Info Key Standard

Across these laws and practices, Utah uses risk-based thresholds for more restrictive interventions. The relevant standards include “**substantial danger to self or others**” for certain mental-health commitments and “**imminent threat of serious harm**” for involuntary substance-use treatment. These standards focus on demonstrated risk of harm rather than simply the presence of a mental-health condition or substance use.

Utah — Involuntary Mental Health Commitment

Utah Code § 26B-5-331

Utah law allows temporary involuntary commitment when, because of mental illness, an individual presents a **substantial danger to self or others**. Peace officers and mental health officers may initiate the process when they have probable cause to believe the statutory standard is met. The law requires documentation of the specific danger and consideration of less-restrictive alternatives.

Utah — Definition of Substantial Danger

Utah Code § 26B-5-102

Utah defines “substantial danger” to include serious risk of suicide, serious bodily self-injury, serious bodily injury to another person, inability to provide basic necessities resulting in serious bodily injury, and certain circumstances involving severe impairment in judgment, reason, or behavior.

Utah — Mobile Crisis Response

Utah Admin. Code R523-18-5

Utah’s Mobile Crisis Outreach standards require assessment of potential imminent danger to the individual or others. When risk is identified, crisis teams develop a safety or crisis-response plan and consider emergency or crisis receiving facilities when appropriate. The standards emphasize addressing the crisis in the **least restrictive setting** consistent with safety.

Salt Lake City — Police Crisis Intervention

Salt Lake City Police Department Policy 431

SLCPD policy establishes procedures for responding to individuals experiencing mental-health or emotional crises, including situations involving suicide attempts or threats and potentially dangerous behavior. Officers are directed to assess the circumstances, intervene when appropriate, and use mental-health resources when feasible.

Utah — Substance Use and Imminent Threat

Utah Code § 26B-5-505

Utah has a separate involuntary-treatment process for substance use disorders. Courts may order treatment when an individual presents an **imminent threat of serious harm to self or others as a result of a substance use disorder**, subject to statutory requirements.

1C-10f. Share Information in Accordance with SORNA

NOFO V.B.1.c.(14) • Limit 2,500 characters • Owner: **Tony**

To earn full points, address:

- Identify ≥1 local law/policy/practice on sharing info (incl. location) per [SORNA](#); leverage/overcome plan; quantitative AND qualitative data. If none, explain why.

DRAFT RESPONSE

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

Local Law/Policy: SOMAC and HB 370 – Sex Offender Oversight Amendment

Utah's Sex Offense Management Advisory Committee (SOMAC), supported by the Department of Criminal Justice, functions as a specialized think tank synthesizing clinical data and legislative trends into actionable offender management strategies. The committee is chaired by Dr. Michele Leslie, reported to have over 10 years of experience working with the sex offender population. Four years ago, Utah created a board to support an evidence-based sex offender registry aimed at protecting public safety.

In 2026, Utah passed HB 370, the Sex Offender Oversight Amendment, mandating GPS-based monitoring for registered sex offenders without a permanent residence, with a defined pathway for removal once residency is verified. <https://le.utah.gov/~2026/bills/static/HB0370.html> In response, SOMAC is developing a monitoring program specifically targeting the unhoused registrant population — directly relevant to SORNA's location-tracking and notification requirements, since this population is hardest to track under standard address-verification rules.

Helps: HB 370 creates a mechanism for real-time location awareness of unhoused registrants who would otherwise fall outside standard reporting requirements, supporting SORNA's goal of continuous, accurate location data. SOMAC's broader work standardizing risk assessment (the Static/Stable framework) will support more consistent, defensible registry decisions once fully implemented.

Hinders: As of mid-2026, HB 370 is roughly four months old, and DPS/UDC have not yet issued implementation procedures, including the removal process once someone is housed. This reflects the normal early-stage timeline for new legislation rather than a policy failure.

CoC Plan: The CoC will coordinate with DPS, UDC, and SOMAC through channels like CJAC to stay current as HB 370 procedures are finalized, and will evaluate the need to align shelter intake and outreach practices with the monitoring program once operational guidance is issued.

Mitigating limits: Because implementation guidance doesn't yet exist, the CoC cannot fully operationalize its role until DPS/UDC publish procedures.

Background Info:

Utah has a Sex Offense Management Advisory Committee (SOMAC) supported by the Department of Criminal Justice. This committee is run by Dr. Michele Leslie, who has over 10 years of experience

working with the sex offender population. SOMAC functions as a specialized think tank for Utah, tasked with synthesizing clinical data, legislative trends, and moving them into actionable offender management strategies. Four years ago Utah created a board that supports evidence based sex offender registry to protect public safety.

In 2026, Utah passed HB370: Sex Offender Oversight Amendment. In response to this new law SOMAC is creating a monitoring program so that those on the registry without a permanent residence can be tracked. This legislation focused on the unhoused population that is also registered sex offenders.

+WHY no qualitative or quantitative data, and cite the date of May 6, 2026 as the start of this bill.

1C-11. Outreach Strategy

NOFO V.B.1.c.(15) • Limit 2,500 characters • Owner: **Tony**

To earn full points, address:

- The CoC's strategy is to reach all individuals/families experiencing homelessness across the geography, including efforts to reach people not otherwise engaged in services.

DRAFT RESPONSE

Full Response Via Merinda:

The CoC uses a coordinated, low-barrier outreach strategy to reach individuals and families experiencing homelessness, particularly those unsheltered or not otherwise engaged in services. Outreach providers meet people where they are—parks, encampments, libraries, food pantries, shelters, day centers, community events, and other high-need locations identified through partner agencies, first responders, and community reports. Staff provide immediate assistance and connect households to shelter, food, health/behavioral health care, benefits, diversion resources, supportive services, and housing.

Outreach teams provide multiple pathways into Coordinated Entry (CE), rather than requiring a single location or provider. Staff help participants complete HMIS enrollment and the Housing Assistance Screening Tool (HAST), the community's standardized triage tool. Information collected contributes to the By-Name List and housing-prioritization process. Staff also provide warm handoffs, coordinating directly with receiving agencies, assisting with documentation and appointments, arranging transportation, and following up to reduce gaps in services.

The CoC extends its geographic reach through partnerships with organizations that regularly encounter people outside the traditional homeless-response system. Along the Jordan River corridor, where unsheltered individuals frequently seek refuge, Jordan River Commission staff help identify unmet needs and connect people with outreach, housing, and supportive-service providers, and coordinate with local homeless councils, service providers, government agencies, volunteers, and communities along the river.

As a new CoC-funded provider, Unsheltered Utah will expand mobile case management at community centers, food pantries, libraries, shelters, day centers, and community events. Through trauma-informed engagement and practical assistance—emergency warming/cooling shelter, food, water, hygiene supplies, transportation, and peer support—staff and volunteers build trust with people who have historically disengaged from services. Unsheltered Utah coordinates with the SLC HEART Team, law enforcement and police social workers, Downtown Ambassadors, Fourth Street Clinic, MCOT, faith communities, and other providers to reconnect participants with care, benefits, employment resources, CE, and housing. Outreach contacts, assessments, referrals, and outcomes are documented in HMIS to support continued engagement and system coordination.

The CoC's strategy to reach individuals and families across the full geographic area includes outreach. Providers engage people where they are and connect them to shelter, basic needs, supportive services, diversion resources, and Coordinated Entry (CE). Targeted outreach is also conducted to identify and engage unsheltered households. When appropriate, outreach staff connect households to CE and assist with the HMIS-based enrollment and assessment process. HAST (Housing Assistance Screening Tool) is the community's standardized assessment and triage tool. CE information contributes to the By-Name List and prioritization process, allowing households to be considered for available housing opportunities. The approach provides multiple pathways into CE rather than requiring households to access a single location or provider.

The Jordan River Commission is a partnership of local and state government agencies, which serves as a technical resource for communities and provides a forum for regional coordination of planning, restoration, and responsible development around Utah's 50-mile Jordan River and across its watershed. The Jordan River is an area of the CoC's geography where unsheltered individuals frequently seek refuge, and the population located there may be less likely to engage with mainstream homeless services or coordinated entry. While the Jordan River Commission is not a direct service provider, its staff often engage with unsheltered individuals and serve as a bridge between this underserved population and the CoC's system. When an unmet need is identified among unsheltered individuals or families living in the parks and public lands around the river, Commission staff offer assistance to connect them with housing and supportive services. This partnership allows the CoC to extend its outreach capacity into a geographic area and population segment that would otherwise remain largely disconnected from the homeless response system. The Commission staff also participates actively with the three CoC's and local homeless councils of Utah's three most populated counties—including Utah, Salt Lake and Davis counties—and works to share best practices, support outreach efforts through research and small funding programs to engage service providers, recruit volunteers, and advocate for services to address and reduce the risks of hazardous waste, wildfires and flooding, and other detrimental environmental impacts to both unsheltered individuals and the river environment.

As a new CoC-funded provider, Unsheltered Utah will expand mobile case management at community centers, food pantries, libraries, shelters, day centers, and community events. Through consistent, trauma-informed engagement and practical assistance—including emergency warming and cooling shelter, food, water, hygiene supplies, transportation assistance, and peer support—staff and volunteers build trust with people who have historically avoided or disengaged from services. Unsheltered Utah coordinates with the SLC HEART Team, law enforcement and police social workers, Downtown Ambassadors, Fourth Street Clinic, MCOT, faith communities, and other providers to reconnect participants with care, benefits, employment resources, CE, and housing opportunities. Outreach contacts, assessments, referrals, and outcomes are documented in HMIS and used to support continued engagement and system coordination.

Unsheltered Utah delivers case management services across Salt Lake County at community centers, food pantries, libraries, emergency shelters, warming/cooling shelters hosted in churches, and community events. By showing up regularly and engaging with people through food, water, hygiene items, bus passes, and warm conversations, we build trust with individuals experiencing homelessness, especially those historically disconnected from services. Collaborating with law enforcement, Downtown Ambassadors, and other community providers, volunteers and case managers offer emergency assistance to people in crisis while helping them look beyond today and take next steps toward greater access to services, self-sufficiency, and reintegration into mainstream society.

Many experiencing homelessness feel overwhelmed by systems they must navigate to re-enter mainstream society. Our outreach strategy emphasizes consistent, trauma-informed engagement with those hesitant to access services to rebuild trust, skills, and connection. Mobile case managers and volunteers conduct outreach at parks, shelters, food pantries, and high-need areas identified by SLC HEART Team and first responders, building relationships and coordinating care with partners such as 4th Street Clinic, MCOT, spiritual leaders, and police social workers. Through peer support and advocacy, staff help clients apply for benefits and pursue employment, empowering them beyond homelessness and crisis. Success is tracked through HMIS, qualitative data (with the U of U), and engagement outcomes.

+Unsheltered Utah applying for funding and clean up language added by Merinda

1C-12. Children & Youth — Written Agreements with Early Childhood Providers

NOFO V.B.1.c.(16) • Owner: **Nicole**

To earn full points, address:

- Mark Yes/No for written agreements (MOU/MOA/documented CE referral processes) for supports serving children ages 0–5. Row 9 'Other' optional.

Provider (ages 0–5)	Written Agreement? (Yes/No)
1. Child Care (incl. Child Care and Development Fund)	No
2. Early Childhood Providers	No
3. Early Head Start	No
4. Home Visiting Program (incl. MIECHV)	No
5. Head Start	No
6. Healthy Start	No
7. Public Pre-K	No
8. Tribal Home Visiting Program	No
9. Other	

1C-12a. Children & Youth — Formal Partnerships with Schools & Youth Education Providers

NOFO V.B.1.c.(16) • Owner: **Nicole**

To earn full points, address:

- Mark Yes/No for formal partnerships (MOU/MOA, joint planning/cross-training, joint RRH pilots, documented CE referrals).

Education provider	Formal Partnership? (Yes/No)
1. McKinney-Vento Liaison(s) (SEA or LEA)	Yes
2. School District(s)	Yes
3. GED Program(s)	No
4. Community College(s)	No
5. Technical College(s)	No
6. Other Post-Secondary Education Provider(s)	No

1C-12b. Children & Youth — Informing Families of Eligibility for Educational Services

NOFO V.B.1.c.(16) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- Name the document(s) with these written policies/procedures (e.g., Coordinated Entry Policies, CoC Written Standards).
- Make clear how an individual/family is informed of their rights to educational services (need not describe the services).

DRAFT RESPONSE

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

The CoC has an Educational Assurance Policy, developed and approved with service providers, including Utah Community Action (UCA), The Road Home, and liaisons. CoC engages liaisons, plans meetings, and encourages providers to adopt related policies. Providers educate staff on the rights of students experiencing homelessness, maintain relationships with schools, encourage parental involvement, and refer to after school programs. McKinney-Vento liaisons help with waivers, provide transportation, and work to ensure that McKinney-Vento protections are communicated to families. Individuals and families are informed on eligibility and services through a variety of ways. For example, public notices of the educational rights of students experiencing homelessness are placed in locations that may be frequented by parents and unaccompanied youth including schools, libraries, shelters, motels, food pantries, and other high traffic areas. The CoC also developed and published a flier informing families of what to do to seek resources should they find themselves in crisis and provided the direct contact information of the liaison in each school district in the CoC. The CoC directly works with Utah Community Action in making sure that homelessness is not a barrier to education. UCA functions as a coordinated intake entity in our CoC and is able to access and connect clients with services that are easily accessible at a number of locations along with direct staff contact with families to ensure necessary knowledge of resources available. UCA also helps with other concerns such as nutrition, health, extreme weather, and even adult education. We recognize the importance of not just education, but the lived experiences of the youth, and work to ensure that homelessness does not prevent a strong education. The CoC website includes a comprehensive community resource guide that is updated regularly and includes in depth information on educational and other resources. The list includes food pantry sites, day center information, crisis nursery and day care centers, adult education/GED and ESL resources, and more. All of this information is free to access and additional services and information can be accessed at any resource center and via 211.

1C-12c. Children & Youth — Coordination with Foster Care / Child Welfare

NOFO V.B.1.c.(16) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- How the CoC coordinates with foster care/child welfare to assist youth transitioning from public systems of care.

DRAFT RESPONSE

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

FINAL:

Young adults who aged out of foster care in Salt Lake County qualify for a Foster Youth to Independence (FYI) voucher through Utah's Department of Child and Family Services (DCFS). Youth providers' case managers support these young adults in applying, finding a residence, and securing housing. The DCFS Transition to Adult Living (TAL) Administrator and the DCFS Lived Experience TAL Assistant Coordinator participate in the Youth and Education Homelessness Task Group to share current resources for youth aging out of care, including transitional living programs, family reunification, FYI vouchers, Family Unification Program (FUP) vouchers, access to higher education, Medicaid coverage until age 26, and DCFS aftercare support such as bus passes, one-time funding for driver's education and emergency needs, and connections to Medicaid providers for health services and housing.

When a young person nears transition out of custody with limited housing options at discharge, DCFS hosts high-level staffing meetings with experts across disciplines to identify housing and wraparound supports, with the goal of exiting the youth into safe housing in the community. DCFS also provides the Olene S. Walker TAL Scholarship, assisting qualified youth in completing a post-secondary program at a Utah System of Higher Education institution; youth providers actively promote this to youth in their care.

The CoC's Coordinated Entry (CE) system provides an additional pathway for eligible youth experiencing homelessness to connect with housing resources. Youth-serving providers connect young people to CE and appropriate housing interventions while coordinating with existing DCFS supports, allowing housing needs to be addressed alongside other transition supports for youth leaving public systems of care.

The CoC coordinates with DCFS and Housing Connect through the FYI program: Housing Connect has 52 FYI vouchers for eligible young adults ages 18–24 leaving or having left foster care who are experiencing or at risk of homelessness. CoC partners assist with identification, referral, housing navigation, and connection to supportive services. Salt Lake County Youth Services' Milestone Transitional Living Program also coordinates with DCFS when young adults need transitional housing and case management.

BACKGROUND

Young adults that aged out of foster care in SLCo qualify for a Foster Youth to Independence (FYI) voucher through Utah's Department of Child and Family Services (DCFS). They are supported by youth providers CM to apply, find a residence, and secure housing. DCFS supports youth and young adults in custody to ensure their safe transition to stable housing as they age out of foster care. The DCFS TAL administrator and the DCFS Lived Experience Transition to Adult Living Assistant Coordinator, participate in the YEHTG to share current resources for youth aging out of care. These resources include transitional living programs, family reunification, FUP housing vouchers, access to higher education, Medicaid (until 26 years old) and access to DCFS after care support services and funding once the youth ages out of care. These supports include bus passes, one time funding for: drivers education, vehicles, emergency needs, etc. connection to Medicaid providers for mental and physical health services and housing options.

When a young person is nearing the time they will be transitioning out of custody and if they have limited options for housing at discharge, the DCFS team hosts high-level staffing meetings with experts across disciplines, including programs to support young adults in finding housing and receiving wraparound supports, with the primary goal of exiting the youth into safe housing in the community. DCFS provides a scholarship for young adults that have aged out of the foster care system. The Olene S. Walker Transition to Adult Living (TAL) Scholarship is designed to assist qualified youth who are transitioning out of foster care in Utah to complete a post-secondary education program (degree or certificate) at one of the Utah System of Higher Education institutions. Applicants are selected based on their strong desire to complete a post-secondary program of study, potential for academic success, and financial need. Youth providers are aware of this program and actively promote it to youth in their care who wish to pursue a post-secondary education program.

The CoC's Coordinated Entry system provides an additional pathway for eligible youth experiencing homelessness to connect with housing resources. Youth-serving providers can connect young people to CE and appropriate housing interventions while coordinating with existing DCFS supports. This allows housing needs to be addressed alongside the other transition supports available to youth leaving public systems of care.

The CoC coordinates with DCFS and Housing Connect through the Foster Youth to Independence (FYI) program. Housing Connect has 52 FYI vouchers available for eligible young adults ages 18–24 who are leaving or have left foster care and are experiencing or at risk of homelessness. CoC partners assist with identification, referral, housing navigation, and connection to supportive services. If it help to address Transitional Services you can add Salt Lake County Youth Services' Milestone Transitional Living Program also coordinates with DCFS when young adults need transitional housing and case management.

1C-12d. Children & Youth — Coordination with RHY-Funded Providers

NOFO V.B.1.c.(16) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- How the CoC coordinates with RHY providers (Street Outreach, Basic Center, Transitional Living, Maternity Group Homes) where they exist. If none exist, state so.

DRAFT RESPONSE

Describe how your CoC coordinates with RHY-funded providers, including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

Final Draft:

The CoC coordinates with RHY-funded providers through established referral pathways, case coordination, cross-system planning, and participation in youth homelessness workgroups and CoC activities. Salt Lake County Youth Services (YS), a CoC member with more than 45 years of experience serving runaway and homeless youth, operates two programs funded through the Family and Youth Services Bureau's (FYSB) Runaway and Homeless Youth (RHY) program: the Basic Center Program (BCP) and the Milestone Transitional Living Program (TLP).

BCP provides emergency shelter and supportive case management for runaway and homeless youth under age 18, coordinating with families, natural supports, child welfare, behavioral health providers, and community partners to support safe and stable exits. When youth are age-eligible and need transitional housing, BCP staff coordinate directly with Milestone to provide a warm hand-off and continuity of services.

Milestone provides transitional housing and supportive services for young adults experiencing homelessness, coordinating with CoC and community partners including Volunteers of America's (VOA) Youth Resource Center (YRC), Housing Connect, the Department of Child and Family Services (DCFS), and other youth-serving providers. This coordination includes referrals, case consultation, cross-provider planning, and participation in local youth homelessness initiatives to reduce service gaps and connect young adults with appropriate housing and supports. YS also maintains a Memorandum of Understanding (MOU) with VOA's YRC, also a CoC member and homeless service provider for more than 37 years; together these organizations provide the majority of housing options and services for youth in the CoC.

As an FYSB-funded RHY provider, YS receives training and technical assistance through FYSB's Training and Technical Assistance Center and at National and Region 8 grantee meetings, which is used to train members of the CoC's Youth Action Board (YAB).

Salt Lake County does not currently have RHY-funded Street Outreach Programs or Maternity Group Homes. BCP and Milestone are the primary RHY-funded direct-service programs within the local CoC.

BACKGROUND

SLCO Youth Services (YS) is a member of the CoC and has 45+ years of experience working with Runaway and Homeless Youth. YS provides 2 programs that are supported by grants provided by the Family and Youth Services Bureau (FYSB) Runaway and Homeless Youth (RHY), a Basic Center Program (BCP) and a Transitional Living Program (TLP). YS has an MOU with Volunteers of America (VOA) Youth Resource Center (YRC), a member of the CoC that has been providing homeless services in our community for 37+ years. These 2 organizations have a strong partnership and provide the majority of housing options and services for youth in the CoC.

As a FYSB funded RHY provider YS receives training and TA through FYSB's Training and Technical Assistance Center and at National and Region 8 grantee meetings which is used to train the YAB members.

FROM MINA:

Salt Lake County's Continuum of Care coordinates with RHY-funded providers through established referral pathways, case coordination, cross-system planning, and participation in youth homelessness workgroups and CoC activities. Within Salt Lake County, the Division of Youth Services operates two RHY-funded programs: the Basic Center Program (BCP) and the Milestone Transitional Living Program (TLP).

BCP provides emergency shelter and supportive case management for runaway and homeless youth under age 18 and coordinates with families, natural supports, child welfare, behavioral health providers, and community partners to support safe and stable exits. When youth are age-eligible and need transitional housing, BCP staff can coordinate directly with Milestone to provide a warm handoff and continuity of services. Milestone provides transitional housing and supportive services for young adults experiencing homelessness and coordinates with CoC and community partners, including VOA's Youth Resource Center, Housing Connect, DCFS, and other youth-serving providers. Coordination includes referrals, case consultation, cross-provider planning, and participation in local youth homelessness initiatives to reduce service gaps and connect young adults with appropriate housing and supports.

Salt Lake County does not currently have RHY-funded Street Outreach Programs or Maternity Group Homes. BCP and Milestone are the primary RHY-funded direct-service programs within the local CoC.

1C-13. Families with Children — TH or RRH Project Serving Families

NOFO V.B.1.c.(17) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 RRH or TH project primarily/exclusively serving families with children (24 CFR 578.93(b)).

DRAFT RESPONSE

Name the family RRH/TH project (≤500 chars).

The Road Home Housing for Survivors of Domestic Violence

The Road Home Rapid Rehousing for Families

YHDP Renewal Rapid Rehousing-some capacity for parenting youth households

1C-13a. Families — Supportive Services to Improve Income to Pay RentNOFO V.B.1.c.(17) • Limit 2,500 characters • Owner: **Nicole****To earn full points, address:**

- Name ≥1 project from 1C-13 and describe how it provides income-focused services (workforce development, job training, registered apprenticeship).

DRAFT RESPONSE

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

The Connie Crosby Family Resource Center(CCFRC) with The Road Home agency has developed a holistic approach to case management that prioritizes employment, workforce development, and long-term income stability as key components of housing success. Employment planning is incorporated into service delivery from the time families enter shelter, with case managers helping guests identify employment goals, address barriers to work, and connect with workforce development resources.

CCFRC works closely with the Utah Department of Workforce Services (DWS) to educate families on job readiness, employment opportunities, résumé development, interviewing skills, and strategies for building a sustainable work history. In addition, CCFRC has partnered with LDS Employment Services, providing shelter guests with direct access to trained employment specialists who offer one-on-one support with job searches, résumé creation, career planning, and interview preparation.

Recognizing that financial stability is critical to maintaining housing, CCFRC also collaborates with local banks and credit unions to bring financial professionals onsite to provide workshops and individualized support focused on financial literacy, budgeting, banking, and credit building. These services help families increase their financial knowledge and prepare for the responsibilities of maintaining housing.

To support career advancement and increased earning potential, CCFRC has strengthened partnerships with local community colleges and workforce training programs that offer short-term certification and trade programs. These programs allow participants to gain marketable skills in a matter of weeks, leading to higher-paying employment opportunities and increased self-sufficiency.

Through these coordinated efforts, many families are able to increase or obtain income before exiting shelter, improving their ability to successfully maintain housing and reduce the likelihood of returning to homelessness.

1C-13b. Families — Leveraging Mainstream Family Service SystemsNOFO V.B.1.c.(17) • Limit 2,500 characters • Owner: **Nicole****To earn full points, address:**

- Name ≥1 project from 1C-13 and describe how it leverages mainstream family-service funding such as TANF.

DRAFT RESPONSE

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

The Road Home works with the Temporary Assistance for Needy Families(TANF) Rapid Re-Housing Program, operated in partnership with the Utah Department of Workforce Services (DWS), providing housing-focused assistance to families experiencing homelessness. The program serves households with at least one child under the age of 18 or women in their third trimester of pregnancy who meet TANF eligibility requirements.

The Road Home works closely with families to verify eligibility, complete enrollment requirements, identify appropriate housing options, and secure permanent housing. Housing Navigators and Case Managers provide individualized support throughout the process, helping families locate affordable apartments, overcome housing barriers, and successfully transition from homelessness into stable housing.

1C-13c. Families — Combining Housing with Parental Support

NOFO V.B.1.c.(17) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- Name ≥1 project from 1C-13 and describe how it combines housing with childcare, parenting support, pregnancy-related & child healthcare, and education.

DRAFT RESPONSE

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

The Road Home Housing for Survivors of Domestic Violence

The Road Home Rapid Rehousing for Families

YHDP Renewal Rapid Rehousing-some capacity for parenting youth households

Final Cuts:

Through The Road Home's TANF Rapid Re-Housing Program, a key component is its strong partnership with the Department of Workforce Services (DWS). The Road Home ensures every eligible parent is connected to the Family Employment Program (FEP), providing temporary financial assistance, employment coaching, and workforce development to increase long-term self-sufficiency. Through FEP, participants receive guidance on securing employment, job readiness skills, and meeting program requirements. Single parents are generally expected to engage in a minimum of 40 hours/week of approved work-related activities, including job searches, training, and education.

Participants also receive ongoing case management focused on increasing income, improving employment outcomes, and achieving long-term housing stability. Coordinated efforts between The Road Home and DWS help families access employment resources, workforce training, and supportive services that strengthen their ability to maintain housing after assistance ends.

For the YHDP-RRH project, support is individualized and assessed through regular case management and a strength-based Self-Sufficiency Matrix. For parenting households, the assessment addresses childcare, children's education, parenting skills, healthcare, family relationships, income, transportation, and other factors affecting housing stability. Case managers use these needs to coordinate referrals and warm handoffs to community resources.

For childcare, staff assess availability of reliable, affordable care and help families connect with subsidized or community childcare when it's a barrier to employment, education, or housing stability. Parenting support includes connections to parenting education, essential supplies, and family supports.

Pregnant and parenting youth are connected to healthcare partners for prenatal, postpartum, and child/family health services, including the Salt Lake County Health Department's Nurse-Family Partnership, which supports first-time parents with prenatal care and post-birth services.

Education is incorporated into each participant's housing stability plan. Case managers support parents' educational goals—high school/GED completion, postsecondary education, and employment training—and the educational needs of school-age children when applicable, through partnerships including Salt Lake City School District McKinney-Vento liaisons, Horizonte Instruction and Training Center, Salt Lake Community College, and DWS.

BACKGROUND

Through The Road Home partnership with the Temporary Assistance for Needy Families (TANF) Rapid Re-Housing Program, a key component is its strong partnership with the Department of Workforce Services. The Road Home ensures that every eligible parent is connected to the Family Employment Program (FEP), which provides temporary financial assistance, employment coaching, and workforce development services designed to increase long-term self-sufficiency. Through FEP, participants receive guidance on securing employment, developing job readiness skills, and meeting program requirements. Single parents are generally expected to engage in a minimum of 40 hours per week of approved work-related activities, including employment searches, job training, education, and other workforce development activities.

In addition to housing assistance, participants receive ongoing case management focused on increasing income, improving employment outcomes, and achieving long-term housing stability. The coordinated efforts between The Road Home and DWS help families access employment resources, workforce training opportunities, and supportive services that strengthen their ability to maintain housing after assistance ends.

For the YHDP-RRH project, support is individual and assessed through regular case management and more specifically through a strength-based Self-Sufficiency Matrix tool. For parenting households, the assessment addresses needs including childcare, children's education, parenting skills, healthcare, family relationships, income, transportation, and other factors that affect the household's ability to remain stably housed. Case managers use these identified needs to coordinate referrals and warm handoffs to community resources.

For childcare, staff assess whether reliable and affordable childcare is available and help families connect with subsidized or community childcare resources when childcare presents a barrier to employment, education, or housing stability. Parenting support includes connections to parenting education, essential supplies, family supports, and other resources designed to strengthen parenting skills and household stability.

Pregnant and parenting youth are connected to healthcare partners for prenatal, postpartum, and child/family health services. The YHDP program has worked and partnered with the Salt Lake County Health Department's Nurse-Family Partnership, which supports first-time parents with prenatal care and services following birth, as well as other healthcare providers serving pregnant youth.

Education is also incorporated into each participant's housing stability plan. Case managers support both parents' educational goals, including high school/GED completion, postsecondary education, and employment-related training, and the educational needs of school-age children if/when applicable. Partnerships for this include Salt Lake City School District McKinney-Vento liaisons, Horizonte Instruction and Training Center, Salt Lake Community College, and the Utah Department of Workforce Services

1C-14. Veterans — Partnership with VA or Veteran-Serving Organization

NOFO V.B.1.c.(18) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 partnership with the VA or Veteran-Serving Organizations (any org aiding veterans, servicemembers, dependents, survivors).

DRAFT RESPONSE

Name the VA/VSO partnership (≤500 chars).

Meisha Jensen, LCSW SLCVAMC Coordinated Entry Specialist

The Road Home Supportive Services for Veteran Families
First Step House Valor House Grant&PerDiem

The CoC coordinates with the Salt Lake City VA Medical Center, including the Coordinated Entry Specialist, as well as veteran-serving organizations including The Road Home Supportive Services for Veteran Families and First Step House/Valor House. These partnerships connect Veterans experiencing homelessness to VA services, housing resources, supportive services, and Coordinated Entry referrals.

1C-14a. Veterans — Partnership Functions

NOFO V.B.1.c.(18) • Owner: **Nicole**

To earn full points, address:

- Mark Yes/No for each function the 1C-14 partnership performs. 'Filling gaps' can include coordination, direct services/housing, and CE referrals.

Does the partnership...	Yes/No
1. Refer veterans identified by the CoC to VA/VSOs for assistance?	Yes
2. Coordinate emergency shelter, supportive services, and housing for veterans?	Yes
3. Ensure access to a full spectrum of employment & career pathways?	Yes
4. Share data with the VA as appropriate?	Yes
5. Identify service gaps for veterans?	Yes
6. Fill service gaps for veterans?	Yes

1C-15. Survivors of DV / Dating Violence / Sexual Assault / Stalking

NOFO V.B.1.c.(19) • Limit 500 characters • Owner: **Tarra**

To earn full points, address:

- Identify ≥1 partnership with victim service providers, state DV/SA coalitions, anti-trafficking providers, or similar orgs providing shelter/housing/services to survivors.

The CoC partners with the Utah Domestic Violence Coalition, YWCA Utah, South Valley Services, and other victim service providers to support survivors experiencing homelessness. These partners participate in CoC planning and Coordinated Entry activities, inform policies and protocols, and provide victim-centered housing and supportive services while maintaining confidentiality and safety.

1C-16. Justice System Re-entry Partners

NOFO V.B.1.c.(20) • Limit 500 characters • Owner: **Tony**

To earn full points, address:

- Identify ≥1 partnership to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

DRAFT RESPONSE

Name the re-entry partnership (≤500 chars).

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

Jail Resource and Reentry Program (JRRP) offers everyone leaving Salt Lake County Jail a trauma-informed first stop upon release. Staffed by Criminal Justice Services, it connects individuals to court/supervision information, treatment, housing, employment, transportation, food and phone charging. Often a person's first positive contact with the justice system, JRRP aims to boost supervision compliance and build trust between formerly incarcerated individuals, law enforcement, and the community.

BACKGROUND (?)

Jail Resource and Reentry Program (JRRP)

The Jail Resource Reentry Program (JRRP) is a Salt Lake County partnership between Criminal Justice Services and the Sheriff's Department, operating within the jail's release area. JRRP provides a service that does not currently exist in the State of Utah. Its main purpose is to provide individuals exiting incarceration with resources and information to successfully navigate their return to the community.

Background:

JRRP serves all individuals being released from the Salt Lake County Jail, many of whom are struggling with substance use or mental health disorders, living in poverty or returning to an environment that contributed to their incarceration. The first stop upon exiting the jail for potential participants is a trauma informed space, where they can interact and engage with staff from the Salt Lake County Criminal Justice Services (CJS) answering questions about court appearances, conditions of supervision and/or assist with treatment, housing, employment, and transportation needs. Quite possibly, JRRP may be the first opportunity an individual has to positively engage with the criminal justice system. The program allows for the possibility to improve and build trust between formerly incarcerated individuals, law enforcement, and the community. An individual can stop, relax, grab a snack and water, charge their cell phone, and ultimately talk through next steps, have their most immediate needs met and learn about future opportunities. Many of the individual's being released are on community supervision (pretrial or probation). Because JRRP will be providing court appearance and supervision information along with scheduling appointments, it is anticipated there will be an increase in client initiation of supervised release, court appearance, and compliance rates. Additionally, there is strong community support for ensuring continuity of care upon release from incarceration. This service allows immediate access to treatment, temporary shelter, addressing medical needs, providing food, etc. Individuals booked into the jail are informed of JRRP services by Sheriff Deputies, CJS jail screeners, legal defenders, and court personnel during video arraignment.

1C-17. High Utilizers of Healthcare Systems

NOFO V.B.1.c.(21) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 partnership or project providing specialized supportive services for homeless individuals with a high level of medical needs.

DRAFT RESPONSE

Name the high-utilizer partnership/project (≤500 chars).

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

The Medically Vulnerable People(MVP) Interim Housing Program, owned by Shelter the Homeless & operated by The Road Home (TRH) in partnership with 4th Street Clinic, serves aging, medically frail, & recuperative-care populations. TRH provides 24/7 staffing & housing case management; 4th Street Clinic delivers on-site medical, behavioral health, & EMT services, coordinated thru weekly staffing meetings & daily communication, w/ housing planning beginning at intake alongside medical stabilization.

Background

Shelter the Homeless owns the Medically Vulnerable People (MVP) Interim Housing Program operated by The Road Home in partnership with Fourth Street Clinic, serving people experiencing homelessness who are aging, medically frail, or in need of recuperative care – a population traditional shelters ill-equipped to support.

The Road Home provides 24/7 staffing and housing case management; Fourth Street Clinic delivers onsite medical, behavioral health, and EMT services. The teams coordinate through weekly staffing meetings and daily communication to manage complex cases. Housing planning begins at intake and runs parallel to medical stabilization, with dedicated locators building pipelines to senior housing and long-term care.

1C-18. Aging & Elderly Individuals Experiencing Homelessness

NOFO V.B.1.c.(22) • Limit 500 characters • Owner: **Nicole**

To earn full points, address:

- Identify ≥1 partnership or project serving aging/elderly individuals (e.g., residential care, assisted living, or medical respite).

DRAFT RESPONSE

Name the aging/elderly partnership/project (≤500 chars).

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

Final:

Shelter the Homeless owns the Medically Vulnerable People (MVP) Interim Housing Program, operated by The Road Home with Fourth Street Clinic, serving aging, medically frail, and recuperative-care populations, with staff specializing in aging placements and ties to Aging Services, skilled nursing, and long-term care. The program co-convenes a Senior Homelessness Task Force to strengthen shelter-to-care pathways; The INN Between serves as a CoC resource for those needing respite care.

PRIOR:

Shelter the Homeless owns the Medically Vulnerable People (MVP) Interim Housing Program operated by The Road Home in partnership with Fourth Street Clinic, serving people experiencing homelessness who are aging, medically frail, or in need of recuperative care — a population traditional shelters are ill-equipped to support connects clients to aging-specific supports beyond the shelter, including Salt Lake County Aging Services, skilled nursing and long-term care sites, and other various senior-specific programming, with housing staff who specialize in aging and medically fragile placements.

The program helped convene a Senior Homelessness Task Force alongside Salt Lake County Aging Services, Salt Lake County's Coordinated Entry team, Fourth Street Clinic, and other committed partners to identify system gaps and strengthen pathways between shelters, hospitals, and long-term care. Senior subsidized housing waitlists remain a persistent barrier, driving continued work with senior housing and skilled nursing partners.

The Inn Between is a resource within the COC for those needing respite care.

1C-19. PSH for Chronically Homeless — Project that Prioritizes Chronic Homelessness

NOFO V.B.1.c.(23) • Limit 500 characters • Owner: [Tarra](#)

To earn full points, address:

- Identify ≥1 RRH or PSH project that prioritizes individuals experiencing chronic homelessness.

DRAFT RESPONSE

Name the PSH/RRH project prioritizing chronic homelessness (≤500 chars).

HC SP Renewal
 TRH Shelter Plus Care II
 HC SPBB Bud Bailey
 HC SP3 New Chronic
 HC COCR Reallocated

1C-19a. PSH for Chronically Homeless — On-Site Behavioral Healthcare

NOFO V.B.1.c.(23) • Limit 2,500 characters • Owner: [Tarra](#)

To earn full points, address:

Name ≥1 project from 1C-19 and describe how it provides on-site behavioral healthcare. Page 36 of 68

DRAFT RESPONSE

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

HC SP Renewal
 TRH Shelter Plus Care II
 HC SPBB Bud Bailey
 HC SP3 New Chronic
 HC COCR Reallocated

The Road Home's supportive housing programs provide additional on-site behavioral healthcare through a partnership among The Road Home, Huntsman Mental Health Institute, and Fourth Street Clinic. A psychiatrist provides on-site treatment appointments and injectable psychiatric medications. Fourth Street Clinic complements this care with therapeutic services and medical case management, while The Road Home provides peer support and ongoing housing-focused services. Together, these partnerships reduce barriers by bringing behavioral health treatment, medication, crisis support, and care coordination directly to individuals in emergency shelter and supportive housing.

Housing Connect's CoC portfolio includes both tenant-based and project-based permanent supportive housing. For project-based housing, on-site case management services are available to residents. Across all CoC programs, case managers build strong relationships with participants and regularly assess behavioral health needs through ongoing engagement and service planning. Staff maintain partnerships with community mental health providers and other healthcare organizations to connect participants with appropriate behavioral health services based on their individual needs. Key partners include Valley Behavioral Health, Odyssey House, VOA Cornerstone Counseling, 4th Street Clinic, and Sacred Circle. Case managers support access to care by coordinating referrals and appointments, assisting with transportation when needed, facilitating communication among providers, and helping participants access medications and other treatment supports. This coordinated approach reduces barriers to care and helps ensure participants can access the behavioral health services necessary to support long-term housing stability.

1C-19b. PSH for Chronically Homeless — Assessing Need for Higher Level of Care

NOFO V.B.1.c.(23) • Limit 2,500 characters • Owner: **Tarra**

To earn full points, address:

- Name ≥1 project from 1C-19 and describe the policy for assessing need for a higher level of care (e.g., assisted living, residential treatment).

DRAFT RESPONSE

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (e.g., assisted living, residential treatment)

HC SP Renewal
 TRH Shelter Plus Care II
 HC SPBB Bud Bailey
 HC SP3 New Chronic
 HC COCR Reallocated

The Road Home: When a resident demonstrates increasing behavioral health, medical, or functional support needs, staff assess the need for a higher level of care through ongoing case management, behavioral health consultations, and coordination with the resident and their primary care provider. This process includes collaboration with Fourth Street Clinic and Huntsman Mental Health Institute through the on-site medical case manager and the Mobile Clinic that regularly visits the property. When appropriate, staff support referrals to more intensive services, including residential treatment, assisted living, skilled nursing, or other specialized care settings to ensure residents receive the level of support necessary to maintain their health and safety.

HC: An entry assessment with Supportive Services is completed with each new client to evaluate whether the individual can live independently and successfully maintain housing with supportive

services. Once enrolled, case managers maintain regular contact with participants and continuously assess their ability to perform Activities of Daily Living (ADLs), behavioral health needs, physical health status, and overall housing stability. In addition, the HAST assessment includes questions related to ADLs and functional capacity to help ensure appropriate placement during the prioritization process. When concerns arise that a participant may require a higher level of care, the case management team collaborates with housing specialists and, when appropriate, property management staff to evaluate the participant's needs. This assessment considers factors such as changes in functioning, ability to maintain housing, health and behavioral health concerns, treatment needs, and the condition of the participant's living environment. Because case managers engage with participants on an ongoing basis, they are often the first to identify when additional supports or a more intensive level of care, such as behavioral health treatment, residential treatment, assisted living, or other specialized services, may be needed. Housing Connect works with participants and community service providers to facilitate referrals and transitions to the most appropriate level of care when necessary.

1C-19c. PSH for Chronically Homeless — Assessing Readiness for Moving On

NOFO V.B.1.c.(23) • Limit 2,500 characters • Owner: [Tarra](#)

To earn full points, address:

- Name ≥1 project from 1C-19 and describe the policy for assessing readiness to move on to unsubsidized or other permanent housing.

DRAFT RESPONSE

HC SP Renewal
 HC SPBB Bud Bailey
 HC SP3 New Chronic
 HC COCR Reallocated
 TRH Shelter Plus Care II

Housing Connect (HC) and The Road Home case managers conduct ongoing assessments of program participants' readiness to transition from permanent supportive housing (PSH) into unsubsidized or other permanent housing options, consistent with HUD's "Move On" strategy framework. This approach frees up scarce PSH slots for households with the highest acuity, while supporting long-term participants who have stabilized to a point where they no longer need intensive on-site services.

Housing Connect provides a standing preference for up to 25 vouchers to be issued per calendar year to individuals and families referred through the Coordinated Entry (CE) system for this purpose. HC notifies the CE system when a Move On voucher becomes available, and CE works with the referring case management provider to identify an eligible, ready participant.

CE policies outline the need for housing programs to build Move On strategies into their participant service plans based on current needs, rather than treating it as a one-time eligibility checkpoint.

1D. Project Capacity, Review & Ranking — Local Competition

1D-1. Project Review & Ranking Process Used in the Local Competition

NOFO V.B.1.a.(1) • Owner: **Tarra**

 **ATTACHMENT REQUIRED** Local Competition Scoring Tool → upload on the 4A Attachments screen.

To earn full points, address:

- Attach the scoring tool covering all component types (PSH, RRH, TH, SSO) with max points per project, for objective criteria, for system performance, and for returns/employment income/service-participation.
- To be eligible for CoC & DV Bonus, you must show ≥1 system-performance criterion. Do NOT include all scored project applications in the attachment. Name it 'Local Competition Scoring Tool'.

The CoC's local competition...	Yes/No
1. Established total points available for each project application type	Yes
2. ≥50% of available points based on objective criteria	Yes
3. ≥25% of available points based on system performance measures	Yes
4. Considered returns to homelessness for housing projects (TH/PH-PSH/PH-RRH)	Yes
5. Considered employment income for housing projects	Yes
6. Considered supportive-service participation requirements for housing projects	Yes

1D-2. New Proposals

NOFO V.B.1.a.(2) • Owner: **Tarra**

To earn full points, address:

- Does the CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?

Question	Yes/No
Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a. Web Posting Date of CoC-Approved Consolidated Application

NOFO V.B.1.a.(2) • Owner: **Tarra**

To earn full points, address:

- Only the CoC-approved version earns points; must be approved and posted by the application deadline (or approved extension). May use a partner's website. Post BOTH the CoC Application and Project Priority Listing.

Field	Date
Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listing.	9/29/2026

1D-2b. Email Notification that the Approved Application Is Posted

NOFO V.B.1.a.(2) • Owner: **Tarra**

To earn full points, address:

- Email must go to project applicants AND key stakeholders (broader membership) before the deadline.

Field	Date
Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website	9/29/2026

1D-2c. Local Competition Selection Results (All Projects)

NOFO V.B.1.a.(2) • Owner: **Tarra**

ATTACHMENT REQUIRED Local Competition Selection Results (e-snaps-generated Priority Listing is NOT sufficient) → upload on the 4A Attachments screen.

To earn full points, address:

- Include EVERY project considered: new (incl. CoC Planning & UFA Costs), renewal, fully/partially reallocated, rejected (any reason), YHDP renewal/replacement, and Rural/Unsheltered Special NOFO.
- Six required columns: Project Name; Score; Rank; Status (Accepted/Rejected/Reduced Reallocated/Fully Reallocated); Amount Requested from HUD; Reallocated Funds +/-.
- Name it 'Local Competition Selection Results'. WARNING: if you amend an application back to an applicant, you must re-approve their resubmission or it drops off the Priority Listing (risking ARD loss).

Confirm the attachment includes...	Yes/No
1. Project Names	Yes
2. Project Scores	Yes
3. Project Rank	Yes
4. Project Status (Accepted/Rejected/Reduced/Fully Reallocated)	Yes
5. Amount Requested from HUD	Yes
6. Reallocated Funds +/-	Yes

1D-2d. Projects Rejected/Reduced — Notification Outside e-snaps

NOFO V.B.1.a.(2) • Owner: **Tarra**

To earn full points, address:

- Notify affected applicants in writing (email OK), outside e-snaps, by Aug 11, 2026 (15 days before deadline). If multiple dates, enter the latest.

Field	Answer
1. Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?? (Yes/No)	Yes
2. If Yes, date applicants were notified in writing (outside e-snaps)	8/11/26
3. Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?? (Yes/No)	Yes

1D-2e. Projects Accepted — Notification Outside e-snaps

NOFO V.B.1.a.(2) • Owner: **Tarra**

To earn full points, address:

- Notify accepted/ranked applicants in writing, outside e-snaps, by Aug 11, 2026. If multiple dates, enter the latest.

Field	Date
Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	8/11/26

1D-3. Reallocation — Reviewing Performance of Existing Projects

NOFO V.B.1.a.(3) • Limit 2,500 characters • Owner: **Tarra**

To earn full points, address:

- 1) Describe the reallocation process (actively review performance; how you decide to reallocate lower-performing/less-needed projects) — merely referencing the process is not sufficient.
- 2) Whether you identified any low-performing/less-needed projects this year.
- 3) Whether you reallocated any this year ('not applicable' is not sufficient).
- 4) If you didn't reallocate, why (no low performers / not enough new proposals / new proposals not high-performing).

DRAFT RESPONSE

1. Reallocation Process:

Our CoC's renewal evaluation process is outlined in a notice issued to all CoC-funded recipients. The Ranking Committee reviews the performance of all CoC renewal projects using performance data/metrics – utilization, returns to homelessness, exits to permanent housing, increased employment outcomes. Following HUD's release of the CoC NOFO, our CoC released the local Application Process for new projects, specifying the amounts available for Bonus Funding, DV Bonus Funding, and funding available through reallocation. The CoC did not set a reallocation threshold explicitly but noted that funding would be available as we shifted from prioritizing PH. Beyond the quantitative data, the Ranking Committee committed to prioritizing funding for high-performing projects that improve overall system performance.

2. Identification of Low-Performing/Less-Needed Projects:

Considering HUD's priorities, funding was reallocated from legacy PSH projects. Reallocation amounts were proportionate to the performance of the existing project.

Additional reallocation occurred as a project applicant chose not to apply for renewal funding.

3. Reallocation Outcome:

New applications were independently reviewed using the locally adopted new-project scoring framework, including project design, anticipated outcomes, organizational experience and capacity, implementation feasibility, budget and cost effectiveness, and project-type-specific criteria. The Committee then sought to position the strongest new TH and SSO applications competitively within Tier 2, where their local ranking could support their competitiveness for HUD's substantial new-project funding opportunity.

The highest-scoring new applications - Reentry Transitional Housing (88.17), Youth Resource Center SSO (87.81), Recovery Pathways SSO (86.25), Mobile Case Management (82.33), and Family Resilience Outreach (81.08) - were correspondingly placed near the top of the new-project portion of the Priority Listing. This was a deliberate use of local ranking strength where the Committee believed it could most effectively support the community's national competitiveness.

4. Rationale (if no reallocation occurred): Our CoC utilized reallocation as described above.

1D-3a. Reallocation Between FY 2021 and FY 2026

NOFO V.B.1.a.(3) • Owner: **Tarra**

To earn full points, address:

- Sum reallocated amounts for FY21, FY22, FY23, FY24, FY26 and divide by FY21 ARD. Max points if cumulatively $\geq 20\%$.

Question	Yes/No
Did your CoC cumulatively reallocate at least 20 percent of your ARD between the FY 2021 and FY 2026 CoC Program Competitions?	Yes

2A. HMIS and System Performance

2A-1. HMIS Vendor Name (not scored)

NOFO — • Owner: **Nicole**

To earn full points, address:

- Enter the HMIS vendor your CoC currently uses (limit 75 characters).

Field	Value
Enter the name of the HMIS Vendor your CoC is currently using.	CaseWorthy

2A-2. HMIS Implementation Coverage Area (not scored)

NOFO — • Owner: **Nicole**

To earn full points, address:

- Select: Single CoC / Multiple CoCs / Statewide. If multiple CoCs cover an entire state, select Statewide. (UT-500 participates in the State of Utah HMIS.)

Field	Selection
HMIS coverage area (Single CoC / Multiple CoCs / Statewide)	Statewide

2A-3. Point-in-Time (PIT) Count — Methodology Change

NOFO V.B.1.b.(1) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- 1) Any changes to your unsheltered PIT implementation (methodology or data quality) between 2025 and 2026.
- 2) How those changes affected results. If none / no 2026 unsheltered count, state 'Not Applicable'.

DRAFT RESPONSE

1. Changes to unsheltered PIT count implementation between 2025 and 2026:

The CoC continued to use a census-based count in 2026, with more than 350 volunteers organized into over 60 teams surveying throughout Salt Lake County. While the number of volunteers was slightly lower than in previous years, the count covered more completed census tracts and geographic areas than in prior years.

To improve access for three historically hard-to-reach populations — youth, families, and individuals along the Jordan River corridor — the CoC conducted specialized, targeted counts in partnership with service providers to meet individuals where they are. This included accepting PIT Count surveys at the Family Homeless Resource Center and the Youth Resource Center to improve participation and access, and continuing an established outreach effort along the Jordan River Trail by bike and kayak to reach populations in less accessible areas.

For families specifically, 2026 was the first year of a specialized, incentivized family PIT count, conducted in direct response to community concerns that family homelessness was underreported. Prior to the count, The Road Home proactively contacted families known to be unsheltered and invited them to complete assessments in person at the Connie Crosby Family Resource Center. This was paired with additional community outreach and flyer to increase awareness and encourage participation.

The Youth PIT Count methodology has remained consistent for the past two years and was not changed for 2026.

2. How these changes affected results:

The targeted family outreach strategy identified and counted more unsheltered families than in previous years. While unsheltered family homelessness in the community continues to grow, the CoC attributes this year's increase not solely to population growth, but also to improved outreach, stronger community engagement, and more intentional strategies to identify and count families who may have been missed in prior counts. Because the Youth PIT Count methodology was unchanged, the 2026 youth results are not affected by a methodology change.

2A-4. Reduce Encampments — Actions Taken (not scored)

Not Scored- For Information Only Owner: **Tony**

DRAFT RESPONSE

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

Coordinated Response through Shelter the Homeless

The CoC anchored its encampment-reduction efforts this evaluation period in Shelter the Homeless' Safety and Community Liaison, who serves as the central point of coordination countywide. The Liaison works across medical and homeless service providers, EMS, CHAT, MCOT, law enforcement, and other partners to align outreach and deploy the right resources to the right locations, while also coordinating with shelter security near Homeless Resource Centers and addressing high utilizers with frequent multi-agency contact. This role has helped the CoC reduce duplication and respond more effectively to recurring encampments.

Law Enforcement Partnerships

Collaboration with law enforcement has been central to this strategy. CoC members participate in a weekly meeting with the Salt Lake City Police Department to align on encampment response, service coordination, and emerging hotspots, ensuring service-based and public-safety approaches move in tandem. This partnership has supported dramatic drops in Salt Lake City's encampment number and size, with cleanup crews now typically addressing new reports same-day.

The CoC also partners with South Salt Lake's Homeless Resource Officer (HRO) Unit, which pairs enforcement with referrals to shelter, behavioral-health, and substance-use resources, and with the Unified Police Department's Crisis Response Unit, addressing unhoused and mental health needs countywide. These ties extend the CoC's service-connection model into law enforcement encounters.

Jurisdictional Outcomes

In Salt Lake City, homelessness-related calls for service declined this past year even as camping charges rose from 19 (2022) to 794 (2025) alongside intensified enforcement (1,157 citations in 2026); the City tracks 22 active camps citywide. South Salt Lake's HRO Unit recorded 737 transient-camp incidents in FY26, removing approximately 35,635 pounds (17.8 tons) of material, including 25,635 pounds from unoccupied camps. The Unified Police Department's Crisis Response Unit logged approximately 1,160 transient-related calls this year.

Together, these partnerships — coordinated through the CoC's weekly meeting structure and the Shelter the Homeless Liaison — reflect a strategy pairing public-safety response with consistent service connection to reduce both encampment numbers and the people residing in them.

Background Info

Taken from section 1C-10b

Salt Lake City

SLC has seen a dramatic decrease in encampment number and size over the past several years — cleanup crews now typically address new reports same-day. Police calls for service related to homelessness also declined over the past year, consistent with reduced camping activity.

Year: 2022 — Charges: 19

Year: 2023 — Charges: 69

Year: 2024 — Charges: 165

Year: 2025 — Charges: 794

Salt Lake City continues to see a substantial law enforcement presence dedicated to encampment response and public-safety coordination. The City is currently tracking 22 active camps citywide, and the Salt Lake City Police Department has increased camping-violation enforcement in recent years, issuing 1,157 camping-violation citations in 2026.

South Salt Lake

The South Salt Lake Police Department's Homeless Resource Officer (HRO) Unit addresses encampments and related public-safety concerns by combining enforcement with engagement and referrals to shelter, behavioral-health, and substance-use resources. In FY26, SSLPD recorded 737 transient-camp incidents and removed approximately 35,635 pounds (17.8 tons) of material during cleanup efforts. The HRO Unit continues to monitor for new and recurring encampments, responding as they are identified; during this same period, SSLPD cleared 25,635 pounds of material from unoccupied camps.

Unified Police Department

The Unified Police Department's Crisis Response Unit addresses the unhoused population and mental health needs across much of Salt Lake County, recording approximately 1,160 transient-related calls this year.

Shelter the Homeless

Shelter the Homeless' Safety and Community Liaison supports efforts to reduce and prevent encampments by coordinating a consistent response to unsheltered homelessness throughout Salt Lake County. The Liaison works across medical and homeless service providers, EMS, the Community Health Access Team (CHAT), Mobile Crisis Outreach Teams (MCOT), law enforcement, and other community partners to coordinate outreach efforts and ensure the appropriate resources are deployed. The Liaison also works closely with shelter security to address loitering and other concerns around the Homeless Resource Centers and coordinates across systems when high utilizers have frequent interactions with multiple agencies. By serving as a consistent point of coordination among partners, the Liaison helps reduce duplication, address recurring concerns, and support broader efforts to reduce unsheltered homelessness and recurring encampments.

2A-4a. Reduce Encampments — Number of Encampments

NOFO V.B.1.b.(2) • Owner: [Tony](#)

To earn full points, address:

- Use the same 12-month window. Report the reduction as a positive number; if it increased, enter 0 and complete 2A-4c. Points for a reduction in encampments OR people (2A-4b).

Field	Number
1. Estimated number of encampments at start of evaluation period	61

Field	Number
2. Reduction in number of encampments during the period	17

2A-4b. Reduce Encampments — Number of People in Encampments

NOFO V.B.1.b.(2) • Owner: **Tony**

To earn full points, address:

- Same window. Report reduction as a positive number; if it increased, enter 0 and complete 2A-4c.

Field	Number
1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	92
2. Enter the reduction in the number of people in encampments during your evaluation period.	26

2A-4c. Reduce Encampments — Plans to Reduce

NOFO V.B.1.b.(2) • Limit 2,500 characters • Owner: **Tony**

To earn full points, address:

- If you showed a reduction in 2A-4a/4b, you may enter 'Not Applicable'. If no encampments, state so. Otherwise describe plans to participate in efforts to reduce these numbers.

DRAFT RESPONSE

Not Applicable

2A-5. Reducing First-Time Homelessness — CoC's Plan

NOFO V.B.1.b.(3) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- Scored using FY2025 SPM metric 5.2 plus this narrative. Max points for a ≥20% reduction in first-time homeless.
- Describe the plan to decrease first-time homelessness.

DRAFT RESPONSE

The CoC's approach to reducing first-time homelessness centers on prevention, diversion, early identification, and targeted strategies for populations at increased risk. The CoC recently developed a Homelessness Data Report examining community trends from 2023–2026 and is using these findings to inform an updated 3–5 year Strategic Plan. First-time homelessness numbers decreased slightly over the past year, while the CoC continues examining populations and factors contributing to first-time homelessness.

Youth: In October 2024, the CoC, with the housing authority and Youth Action Board (YAB), was awarded 52 Fostering Youth to Independence (FYI) vouchers, providing rental assistance to young people exiting foster care for up to 36 months, with potential for an additional 24 months when eligible. The CoC coordinates with the Department of Child and Family Services (DCFS) and youth-serving providers to connect youth with housing and services. The community is exploring additional FYI vouchers in fall 2026 to further prevent youth exiting foster care from experiencing homelessness.

Seniors: The CoC's Senior Homelessness Task Force, led by The Road Home with Salt Lake County Aging Services, Coordinated Entry, Fourth Street Clinic, and other partners, works to identify system gaps and strengthen pathways between shelters, hospitals, and long-term care. The Road Home's Medically Vulnerable People (MVP) Interim Housing Program, with Fourth Street Clinic, connects aging and medically vulnerable individuals to housing and aging-specific services.

Children and families: The CoC works with McKinney-Vento liaisons and education providers through its Employment and Education Core Function Group and K-12 Homelessness Task Group. Annual data from liaisons helps inform strategies to address and prevent childhood homelessness.

Coordinated Entry: CE supports early identification and connection to resources through a community-wide No Wrong Door approach, working with access points and providers to connect households to prevention, diversion, shelter, and housing resources. CE is also partnering with 211 to expand access points, helping people connect to the homelessness response system earlier and reducing barriers to access. CE data and trends help identify emerging needs, system gaps, and opportunities for improvement.

2A-6. Reducing Length of Time Homeless — CoC's Plan

NOFO V.B.1.b.(4) • Limit 2,500 characters • Owner: **Nicole**

To earn full points, address:

- Scored using FY2025 SPM metric 1.2 plus this narrative. Max points for a reduction in length of time homeless.
- Describe the plan to reduce length of time homeless.

DRAFT RESPONSE

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

Our Coordinated Entry System works to streamline pathways into housing, including directly from the street, with a goal of getting individuals housed as quickly as possible. In order to house people more quickly, we need more housing. Our CoC advocates continuously at all levels of government, and with public and private developers, for more deeply affordable housing and Permanent Supportive Housing (PSH) in our CoC.

The CoC identifies and houses households with the longest lengths of time homeless by analyzing data and through Coordinated Entry activities. CoC service providers coordinate in weekly triage meetings using By-Name Lists pulled from HMIS. Priority ranking is based on those with the longest lengths of time homeless and high (Housing Assistance Screening Tool)HAST scores.

The Coordinated Entry (CE) team supports this work by maintaining the community By-Name List, coordinating weekly prioritization, and working with housing providers to identify available housing opportunities and make timely referrals. The team also tracks households through the referral process to identify barriers and delays that may contribute to longer periods of homelessness.

As noted in our recently released Homelessness Data Report, the length of time homeless continues to rise in our community. The report identifies a need to investigate long-stayers in shelter and the barriers that exist in addressing this as a system. The CoC is committed to using the findings of this report to inform our updated 3-year Strategic Plan and ensure we move the needle in reducing the length of time homeless. Providers across the CoC, including the Road Home, are also investing in

this finding and are looking at the length of stay increase and how to move people through shelter more quickly.

2A-7. Successful Permanent Housing Placement — Exits to Unsubsidized Housing

NOFO V.B.1.b.(5) • % field + narrative (2,500) • Owner: **Tarra**

To earn full points, address:

- Scored using FY2025 SPM metric 7b.1 plus narrative. Up to 2 pts if successful PH exits from ES/SH/TH/RRH ≥50%; up to 4 pts if ≥20% of TH/RRH/PSH exits are to unsubsidized housing.
- Count exits from TH/RRH/PSH to HMIS Data Element 3.12 destinations: with family (permanent), with friends (permanent), rental no subsidy, owned no subsidy.
- Reporting window: any 12 months starting ≥Oct 1, 2023 and ending ≤Dec 31, 2025. Narrative must confirm the project universe and data elements summed.

Field	Value
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	59%
DRAFT RESPONSE We ran System Performance Measure M7 for the time period of January 1, 2025 to December 31, 2025. The client level data from measures 7b.1 and 7b.2 was then filtered to only look at clients who exited from a transitional housing, rapid rehousing or permanent supportive housing project during our report period to determine the overall universe of leavers (1,735). We then determined the number of leavers who had reported an exit destination of staying with family permanent tenure, staying with friends permanent tenure, rental by client no ongoing housing subsidy, or owned by client no ongoing housing subsidy to determine the total number of people exiting to unsubsidized housing (1,016). We then divided the 1,016 people who exited to unsubsidized housing by the 1,735 leavers to get 59% of leavers exiting to unsubsidized housing.	

2A-8. Housing Inventory Count (HIC) & PIT Count Date

NOFO V.B.1.b.(8) • Owner: **Nicole**

To earn full points, address:

- Enter the date the CoC conducted its 2026 HIC and PIT (find in HDX 2.0 HIC/PIT tabs).

Field	Date
Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	1/28/2026

2A-8a. HIC & PIT Data — HDX 2.0 Submission

NOFO V.B.1.b.(8) • Owner: **Nicole**

To earn full points, address:

- Submitted in HDX 2.0 by Apr 30, 2026, 8:00 PM EDT (or approved alternate)? If HIC/PIT submitted on different dates, use the later.

Question	Yes/No
Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b. Longitudinal System Analysis (LSA) — HDX 2.0 Submission

NOFO V.B.1.b.(8) • Owner: [Tarra/Nicole](#)

 **ATTACHMENT REQUIRED** FY 2026 HDX Competition Report (HUD emails the Excel version by Jul 28, 2026) → upload on the 4A Attachments screen.

To earn full points, address:

- Submitted LSA by Jan 16, 2026, 11:59 PM EST, with ≥2 usable files (verify usable-file count in the HDX Competition Report), or by an approved alternate date.

Question	Yes/No
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c. System Performance Measures (SPM) — HDX 2.0 Submission

NOFO V.B.1.b.(8) • Owner: [Tarra/Nicole](#)

To earn full points, address:

- Submitted FY2025 SPM in HDX 2.0 by Mar 4, 2026, 8:00 PM EDT (or approved alternate)?

Question	Yes/No
Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9. HMIS & Comparable Database Participation — Bed Coverage Rate

NOFO V.B.1.b.(9) • Owner: [Tarra](#)

To earn full points, address:

- Bed coverage = $\text{HMIS} + \text{comparable-database participating beds} \div \text{year-round dedicated beds}$. From the FY2026 HDX Competition Report: cols F, K, M, O. Enter 0 where a project type doesn't exist; use 'current' inventory only. If any type ≤84.99%, complete 2A-9a for partial credit.

Project Type	Adj. Yr-Round Non-VSP Beds	Adj. Yr-Round VSP Beds	HMIS+VSP Comparable Beds	Coverage Rate
1. Emergency Shelter (ES)	1,768	205	1,907	96.65
2. Safe Haven (SH)	0	0	0	0
3. Transitional Housing (TH)	227	132	350	97.49
4. Rapid Rehousing (RRH)	841	25	866	100
5. Permanent Supportive Housing (PSH)	2,326	0	2,315	99.53
6. Other Permanent Housing (OPH)	156	0	156	100

2A-9a. Partial Credit for Bed Coverage ≤84.99%

NOFO V.B.1.b.(9) • Limit 2,500 characters • Owner: [Tarra](#)

To earn full points, address:

- For each project type ≤84.99%: 1) steps over the next 12 months to reach ≥85% (e.g., training, paying for licenses, entering data for providers); 2) how you'll implement those steps.

DRAFT RESPONSE

For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

- 1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and*
- 2. how your CoC will implement the steps described to increase the bed coverage rate to at least 85 percent.*

All bed types have HMIS coverage greater than 84.99.

3A. Policy Initiatives

3A-1. Supporting Activities within an Opportunity Zone

NOFO V.B.2.a. • Owner: **Tarra**

ATTACHMENT REQUIRED HUD-2996 Certification for Opportunity Zone Preference Points → upload on the 4A Attachments screen.

To earn full points, address:

- Account for ALL proposed activities/projects in the CoC (not a single project). Check the [Opportunity Zone](#) map. Attach HUD-2996 if claiming the points.

Question	Yes/No
1. Will proposed activities/projects occur within Opportunity Zone census tracts?	Yes
2. Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2. Serving Persons Homeless Under Other Federal Statutes

NOFO IV.D.2.F. • Owner: **Tarra**

To earn full points, address:

- Requesting to designate SSO, TH, or Joint TH/PH-RRH projects to serve families/youth homeless under other federal statutes (up to 10% of the award)?

Question	Yes/No
Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3A-2a. Cost Effectiveness — Other Federal Statutes

NOFO IV.D.2.F. • Limit 2,500 characters • Owner: **Tarra**

ATTACHMENT REQUIRED Project List for Other Federal Statutes → upload on the 4A Attachments screen.

To earn full points, address:

- If Yes to 3A-2: 1) how serving this population is of equal or greater priority (equally/more cost-effective per Section 427(b)(1)(B)); 2) how you'll meet Section 427(b)(1)(F).
- Attach the project list (project name(s) as on the Priority Listing + funding amount per project). Name it 'Project List for Other Federal Statutes'.

DRAFT RESPONSE

Number the response 1–2. (Skip if 3A-2 is No.)

Not applicable.

3A-DP. CoC Policy or Statement to Advance Recovery (bonus)

NOFO Policy Initiative Preference — drug-enablement • Conditional attachment • Owner: **Tony**

ATTACHMENT REQUIRED Your CoC's Policy or Statement to Advance Recovery → upload on the 4A Attachments screen.

To earn full points, address:

- Draft a CoC policy/statement that: prohibits CoC-funded housing from operating injection/'safe consumption' sites, distributing paraphernalia, or permitting illicit-drug use/distribution under a 'harm

reduction' pretext; describes remedies for violations; encourages SUD treatment and recovery housing; and does not restrict projects that require sobriety or treatment.

- This is a document to WRITE, not gather — pair it with the project-applicant certifications for full preference points.

DRAFT RESPONSE

Draft the policy/statement here, then finalize it as the 3A-DP attachment.

 Substance-Use Compliance Policy for Continuum of Care-Funded Projects

4A. Attachments Screen — Upload Checklist

Upload rules: add a Document Description for every file (missing descriptions flag the submission incomplete); PDF preferred; upload only responsive pages; confirm each file is readable and in the correct slot; use 'Other' only for a requirement not otherwise listed.

Question	Attachment Name	Required?	Owner	Status
1C-1	List of TH/RRH/PSH Projects & Treatment Providers w/ On-Site SU Treatment	Yes	Tarra	Waiting for Project information
1C-1f	List of CoC Program Projects & Number of Units that Require SA Treatment	Yes	Tarra	Waiting for Project information
1C-3	Language from Project Supportive Service Agreements	Yes	Tarra	
1C-10	Evidence of Coordination & Non-Interference w/ Public-Safety Efforts	Yes	Tony	Attached
1D-1	Local Competition Scoring Tool	Yes	Tarra	Attached
1D-2c	Local Competition Selection Results	Yes	Tarra	Attached
2A-8b	FY 2026 HDX Competition Report	Yes	Nicole	Attached
3A-1	HUD-2996 Opportunity Zone Preference Points	Cond.	Tarra	Waiting for Project information
3A-2a	Project List for Other Federal Statutes	Cond.	N/A	N/A
3A-DP	CoC's Policy or Statement to Advance Recovery	Cond.	Tarra	Attached

Drafting aid only — mirrors the FY 2026 CoC Application Detailed Instructions (HUD/SNAPS, Aug 6, 2026) for UT-500. Confirm all limits, dates, and requirements against e-snaps and the posted NOFO (CPD-2600-DC-0025). Owners reflect the internal workplan and may change.