

▶ APPENDIX

SALT LAKE CITY PUBLIC SAFETY PLAN

JANUARY 2025



Appendix Table of Contents

- A. Letter from State leaders to Mayor Mendenhall
- B. Local Plans and National Models
 - i. State of Utah, Salt Lake County, Salt Lake City 2023 Coordinated Plan
 - ii. Salt Lake County Sequential Intercept Model materials
 - iii. Miami-Dade County model materials
 - iv. Synopsis of national models
- C. Engagement Report
- D. Empirical Data and Analysis
- E. Law Enforcement Actions & Recommendations Materials
- F. Community Prevention Actions & Recommendations Materials
- G. Jail Booking & Review Actions & Recommendations Materials
- H. Sentencing & Case Disposition Actions & Recommendations Materials
- I. Re-Entry

Appendix A

Letter from State leaders to Mayor Mendenhall



STATE OF UTAH

SPENCER J. COX
GOVERNOR

OFFICE OF THE GOVERNOR
SALT LAKE CITY, UTAH
84114-2220

DEIDRE M. HENDERSON
LIEUTENANT GOVERNOR

Dec. 13, 2024

Mayor Mendenhall,

As Utah's leaders, we hear daily from business leaders, philanthropists, and citizens who are deeply concerned about the escalating public safety challenges in Salt Lake City. These stakeholders have urged the state to step in and address the law enforcement and criminal justice inadequacies impacting our capital city.

Recently, Clark Ivory shared insights from a Utah Impact Partnership event, where you discussed the root causes of these challenges. He relayed your assertion that the issue lies not solely with law enforcement but from deeper failures in the criminal justice system. According to Mr. Ivory, you emphasized the efforts of the Salt Lake City Police Department to apprehend individuals violating the law but expressed frustration over a system that often allows even felons to "walk free within 45 minutes." Mr. Ivory also respectfully advocated on your behalf, conveying your readiness to collaborate with law enforcement leadership to create a strategic plan rather than default to legislative intervention. Local law enforcement is the front end of the system to appropriately address the disorder that we are experiencing in our capital city. The ineffectiveness of SLCPD has become glaringly apparent.

In the spirit of collaboration, we invite you to present this plan to us no later than **January 17, 2025**. The strategic plan should include clear accountability, enforce state law and local ordinances, and achieve decisive outcomes to eliminate crime and restore public safety. If your plan demonstrates the decisive leadership and results needed to resolve these issues, we will work to strengthen and sustain your efforts through legislative action. However, if progress stalls or alignment cannot be achieved, the legislature is prepared to move forward with legislation to increase state involvement and oversight during the upcoming session.

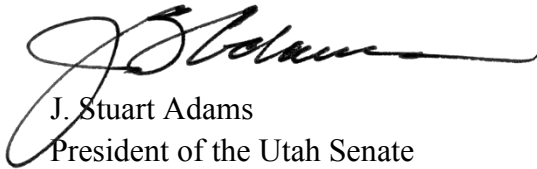
We respect your authority to lead this effort and design an effective strategy for improving public safety in Salt Lake City. To support you, we sought input from business leaders, who proposed a framework that identifies breakdowns in the system and implements necessary reforms. We have enclosed a high-level outline of their recommendations to assist in your planning.

The safety and well-being of all Utahns depend on bold leadership and swift action. We are committed to solving these challenges and expect your office to do its part to restore public confidence, security, and safety in our state's capital city.

Sincerely,



Spencer J. Cox
Governor of Utah



J. Stuart Adams
President of the Utah Senate



Mike Schultz
Speaker of the Utah House

Appendix B

Local Plans and National Models

- i. State of Utah, Salt Lake County, Salt Lake City 2023 Coordinated Plan
- ii. Salt Lake County Sequential Intercept Model materials
- iii. Miami-Dade County model materials
- iv. Synopsis of national models

Summary of Recent Local Plans and National Models

As the homelessness crisis has worsened across the country, state and local leaders have worked collaboratively and creatively to try to temper the impacts in Utah. In 2021, the Utah State Legislature passed [HB 347, Homeless Services Amendments](#), which created a State Homelessness Coordinator and aimed to restructure the State’s homelessness system. Under State Homeless Coordinator Wayne Niederhauser’s leadership, the Office of Homeless Services (“OHS”) embarked on a strategic planning process that culminated in [Utah’s Plan to Address Homelessness](#) in 2023.

In late 2023, Governor Spencer Cox, Salt Lake County Mayor Jenny Wilson, Salt Lake City Mayor Erin Mendenhall, and Wayne Niederhauser created and signed a Coordinated Homeless Services Plan listing numerous Key Actions and Objectives, the first of which was to “Reach alignment with the state strategic plan.” The Coordinated Plan also identified responsibilities for each government entity and a timeline for achieving certain objectives. While several key objectives have been accomplished (Code Blue plan, 2023 temporary shelter site in Salt Lake City, Huntsman Mental Health Institute bridge facility expansion), some important goals have not been met. Most importantly, we have not secured a dedicated, ongoing funding stream for homeless services or a long-term congregate/non-congregate shelter.

However, collaborative work on these issues has not stopped. Salt Lake County’s [Human Services, Homelessness, and Criminal Justice Action Plan](#) (2024) described further below, has provided important foundation for understanding the components of and gaps in the homelessness and criminal justice systems. The Utah Impact Partners have provided important analysis and thought leadership through the creation of their Guiding Principles to Overcome Homelessness. And in response to rising crime rates in 2020 and 2021, the Salt Lake City Police Department created and executed on two iterations of its Crime Control Plan ([2021](#), [2022](#)) with great success in decreasing violent and property crimes.

A review of these plans demonstrates that all stakeholders agree on resources and solutions needed to address homelessness and the accompanying public safety issues that sometimes result from unsheltered homelessness. Primary recommendations in these plans are (1) a consistent, ongoing funding stream for homeless services, including mental health treatment and affordable and permanent supportive housing, and (2) additional resources including emergency shelter, jail beds, and mental health and substance use disorder beds.

Without more diversions for people experiencing mental health issues, struggling with substances, or facing housing insecurity, many people end up in emergency shelters or on the street with very few pathways out. This creates an environment that is unsafe and inhumane for people experiencing homelessness, and can be or at least feel unsafe for other community members. Furthermore, it requires law enforcement to act as mental and behavioral health professionals instead of doing the job they are trained to do.

The table below lists the common solutions identified in each plan.

Solution	Utah's Plan (2023)	SL County Plan (2024)	Coordinated City/County/State Plan (2023)	SLCPD Crime Control Plan (2021, 2022)	UIP Guiding Principles (2024)
Increase emergency shelter	Yes	Yes (JAC)	Yes		Yes
Emergency preventive funding	Yes				
Increase affordable housing	Yes	Yes	Yes		Yes
Increase enforcement and/or PD training	N/A	Yes	Yes	Yes	Yes
Workforce training/peer support		Yes			Yes
Health & Wellness for homeless	Yes	Yes	Yes		Yes
Systemic integration	Yes	Yes	Yes	Yes	Yes
Consistent Funding	Yes	Yes	Yes		Yes

Miami-Dade County Model

The Miami-Dade County Model is often held up as the gold standard for collaboration among law enforcement, criminal justice, mental health providers, and homeless services. Because of its success, Mayor Mendenhall organized a site visit with state, county, and city government officials and leaders in November 2022 to learn from Miami-Dade officials. This trip demonstrated that there was clear alignment among the city, county, and state regarding the holistic solutions that will improve outcomes for the people who are committing repeated community-nuisance crimes and make the criminal justice, mental health, and homeless services systems far more efficient. One outcome of the trip was that Salt Lake County took on the role of mapping the current system and identifying gaps. Salt Lake County's work to this end is described below.

In summary, the Miami Model is a coordinated approach to addressing homelessness and mental illness through multiple strategies:

1. **Interagency Coordination:** It emphasizes strong collaboration among various agencies, including community mental health systems and the legal framework.
2. **Legal Alignment:** The model integrates criminal and civil legal processes with treatment services, prioritizing diversion strategies to prevent criminal records.
3. **Case Management:** Recognizes the importance of coordinated case management and peer support to help individuals navigate treatment and supportive services effectively.
4. **Judicial Oversight:** The criminal court system has expanded jurisdiction for a limited number of cases, including involuntary assessments and civil commitments.
5. **Crisis Intervention:** There's a significant focus on law enforcement-led Crisis Intervention Team (CIT) initiatives to divert individuals to necessary services before legal charges.
6. **Post-Booking Diversion:** Includes programs like the 11th Judicial Criminal Mental Health Project, which monitors treatment through coordinated case management.
7. **Peer Specialists:** The involvement of peer specialists supports individuals in their treatment journeys.
8. **Assisted Outpatient Treatment:** Offers structured treatment options to improve outcomes.
9. **Alternatives to Competency Restoration:** Explores alternatives to traditional methods of competency restoration in the legal system.

The Miami Model seeks to create a supportive, integrated system that enhances treatment access and reduces the criminalization of mental health issues.

- A response to individuals with severe mental illness in the criminal justice system that prioritizes treatment and housing in appropriate settings for long term success.
- A structured system to divert individuals with SMI from criminal justice and homeless services systems at multiple points along the Sequential Intercept Model.
- Designed from the courts' perspective, the model utilizes the potential to avoid criminal prosecution as a carrot and stick to encourage compliance with treatment.

The outcomes of the Miami-Dade County system for addressing homelessness show a mixed picture of progress and challenges, according to the [2023 Miami-Dade County Homeless Trust Gaps & Needs Assessment](#).

Positive outcomes:

- The Homeless Trust has effectively ended veteran homelessness
- Unsheltered homelessness has been reduced by nearly 90% under the leadership of the Trust.
- The sheltered homeless count went up by 13% as shelters continued to increase occupancy and new beds came online.

However, several key measures point to areas that need improvement. These measures underscore that diversion from criminal justice into treatment can decrease jail costs, increase individual client functioning and still leave people homeless if there is not enough housing.

- Chronic homelessness increased. The number of chronically homeless persons increased by 23% between January 2022 and January 2023.
- Exits to permanent housing are down. Exits to permanent housing decreased from 55% to 42%
- Returns to homelessness after exit to permanent destinations remain a concern. Although fewer returns were seen at 6-12 and 12-24 months, returns to homelessness at 0-6 months remained flat at 9%
- Street Outreach success decreased. Positive exits from Street Outreach decreased by 16% from the previous year.
- The total homeless count, both sheltered and unsheltered, increased. The 2023 Point-in-Time Count, conducted on January 26, 2023, showed a 12% increase in total homelessness from the previous year, with 3,657 individuals counted.
- Emergency shelter placements into hotels/motels increased significantly. The number of people in hotels/motels in August 2023 was 136% higher than the previous year⁶. This suggests a possible shift away from more permanent solutions and towards temporary housing.

Salt Lake County Sequential Intercept Model

The Salt Lake County Human Services, Homelessness, and Criminal Justice Reform Action Plan outlines a collaborative strategy to address homelessness and improve criminal justice responses. As the lead provider of mental and behavior health services, Salt Lake County has been working on this strategy for a number of years. The action plan aims to create a more efficient, integrated approach to addressing homelessness and improving outcomes for individuals involved with the criminal justice system. Below is a summary of the County's action plan.

Goals:

1. **Bolster System Access:** Improve access to housing and services to reduce street homelessness and create clear pathways to housing.
2. **Increase Collaboration:** Enhance collaboration to reduce costs and improve client outcomes.
3. **Hold Criminal Accountability:** Ensure accountability for criminal acts without criminalizing homelessness.

Needs Assessment:

- **Current Statistics:** An estimated 1,000 individuals are unsheltered in the county, with varying levels of support needed ranging from intensive mental health care to permanent housing.

Identified Challenges:

- Misalignment and lack of coordination between systems.
- Increased drug presence leading to heightened challenges for law enforcement.
- Insufficient mental health services and behavioral health workforce.
- Inconsistent Crisis Intervention Trained (CIT) officers.

Proposed Solutions:

1. **Expand Housing:** Targeting 1,000 new housing units over the next five years to meet varying needs, including permanent supportive housing and group homes- focusing on serving those with high acuity and chronic mental illness
2. **Criminal Justice Reform:** Implement regional crisis intervention training and develop a HOME Court program for better management of individuals with criminal involvement.
3. **Drug Enforcement:** Invest in additional DEA task force officers to combat drug-related issues.
4. **Justice and Accountability Center (JAC):** Establish a correctional facility focused on behavioral health treatment and support services, alongside a significant number of housing units.
5. **Address Systemic Gaps:** Enhance workforce training and expand medical and mental health services, along with developing an integrated data system for better service delivery.

Progress:

The recent developments in housing for individuals experiencing homelessness and mental health issues include:

- Increase of 187 beds in group homes across Salt Lake County
 - Two sites have been purchased by a non-profit for the development of approximately 90 units aimed at individuals with serious mental illnesses.
- Future Housing Plans: Ongoing studies are assessing capital and construction costs for a mixed housing project to meet the overall need for 400 general permanent supportive housing units.

CIT and standardized training for officers

- The Criminal Justice Advisory Council (CJAC) Work Group has been established and is working on a plan to implement/fund. Applying for Federal funding to support training and coordination.

Salt Lake County is collaborating with the state to create the Healing Opportunities to Mentally Excel (HOME) Court program.

- Salt Lake County Human Services is working with the state Department of Health and Human Services (DHHS) and the court system to develop an implementation strategy. This initiative is supported by a \$2 million funding allocation for a five-year pilot program.

Implement system policy changes aimed at achieving cost savings and improving outcomes.

- The Criminal Justice Advisory Council (CJAC) Work Group is collaborating with state and law enforcement partners to develop guiding criteria and an educational campaign for a planned Spring 2025 launch.
- SLC Justice Court's Familiar Faces program is operational, with Salt Lake County Criminal Justice Services partnering to support and expand this initiative.

Increased investment aims to enhance efforts to remove drugs from the streets and hold offenders accountable.

- Presentations by DEA Task Force Leadership to the Salt Lake County Council on April 9, 2024, and to the Criminal Justice Advisory Council on April 10, 2024.
- The establishment of a DEA Task Force Expansion Working Group, led by Sheriff Rosie Rivera, to assess the addition of 10 new officers. This group will evaluate funding sources (both county and federal) and analyze the potential systemic impacts of this expansion, ensuring any new gaps are identified and addressed.



COORDINATED HOMELESS SERVICES PLAN

Statement of Purpose

The Utah Office of Homeless Services (OHS), Salt Lake County (SLCo), and Salt Lake City (SLC) are committed to the vision that homelessness should be rare, brief and non-recurring in the state of Utah. Individuals and families who enter into homelessness must be rapidly met with aid and wrap-around services, especially for those with mental health disabilities and substance use disorders. Given funding and operational challenges, OHS, SLCo, and SLC have partnered to create a collaborative, comprehensive, and long-term strategic plan that addresses chronic homelessness and deploys solutions along the continuum of care. Effective Sept. 20, 2023, the following terms shall govern respective responsibilities in assisting the chronically homeless population in Salt Lake County.

Key Actions and Objectives

- Reach alignment with the state strategic plan: *Statewide Collaboration for Change, Utah's Plan to Address Homelessness*.
- Implement an effective Winter Response System (2023-24) to meet the needs identified in the *Salt Lake County Winter Response Plan*.
- Identify and develop land for safe, temporary non-congregate and congregate shelter sites
 - Construct sites to address unsheltered homelessness. Deploy mental and behavioral services at these locations to assess and treat disabling conditions. Provide transportation to shelter sites, resources, and service providers.
 - Enforce state and local laws that prohibit unsanctioned camping, and develop new tools to make broader enforcement more legally and operationally feasible.¹
- Expand capacity for the treatment of severe and persistent mentally ill (SPMI)
- Develop legal tools, in coordination with the legislative and judicial branches, to support service providers and law enforcement officials.
- Commit to operating the Sequential Intercept Model, once sufficiently resourced.
- Fund and support deeply affordable housing (>30% AMI), expand rental assistance, and develop permanent supportive housing.

¹ See Utah Code [35A-16-403 \(2\)\(g\)\(i\)](#)

Timeline and Responsibilities

- **OCT. 15, 2023 - APRIL 30, 2024**
 - **2023-24 Winter Response System and DHHS Initiated “Code Blue”**
 - **Responsible Entities:** OHS, SLCo, SLC, SLV Coalition to End Homelessness
 - **Summary:** 600 winter response beds with 200 additional beds during Code Blue.
- **OCTOBER 2023**
 - **Huntsman Mental Health Institute (HMHI) Bridge Receiving Center Project**
 - **Responsible Entities:** SLCo
 - **Summary:** Operational expansion from 5 to 12 receiving center beds.
- **NOV. 30, 2023 - APRIL 30, 2024**
 - **Development of a Temporary, Non-Congregate Shelter Site**
 - **Responsible Entities:** OHS, SLC, SLCo Health Department
 - **Summary:** 50 non-congregate shelter beds on SLC RDA site (600 W. & 300 S.)
- **LEGISLATIVE SESSION 2024**
 - **Seek Significant Investment in the Sequential Intercept Model (SIM)²**
 - **Responsible Entities:** UT Leg, OHS, SLCo, SLC, Department of Health and Human Services (DHHS)
 - **Summary:** OHS, SLCo, and SLC commit to design a comprehensive SIM by Dec. 31, 2023, that includes effective diversion from the criminal justice system into mental health and substance use treatment programs, with proposed legislation for the 2024 General Legislative Session.
- **LEGISLATIVE SESSION 2024**
 - **Seek Expansion of Capacity for SPMI Population**
 - **Responsible Entities:** UT Leg, DHHS, Department of Public Safety (DPS), Utah Department of Corrections (UDC), OHS, SLCo, SLC
 - **Summary:** Operational expansion of beds and resources in existing state, county, and private facilities, and the development of additional step-down facilities, ensure successful transitions out of the Utah State Hospital and other in-patient programs.
- **LEGISLATIVE SESSION 2024**
 - **Seek Development of Legal Tools and Resources**
 - **Responsible Entities:** UT Leg, DHHS, DPS, UDC, OHS, SLCo, SLC
 - **Summary:** Adjustments to civil commitment standards.
- **LEGISLATIVE SESSION 2024**
 - **Seek Investment in Deeply Affordable Housing (30% AMI and below)**
 - **Responsible Entities:** UT Leg, OHS, DWS, SLCo, SLC
- **LEGISLATIVE SESSION 2024**
 - **Seek Attainable Housing Grants (Rent Flow and Rental Assistance)**
 - **Responsible Entities:** UT Leg, OHS, SLCo, SLC

² The Miami-Dade Sequential Intercept Model had a full implementation horizon of 15 years. Costs for the system will require further analysis and consideration.

- **LEGISLATIVE SESSION 2024**
 - **Seek Dedicated, Permanent Revenue Stream for Homeless Services**
 - **Responsible Entities:** UT Leg, OHS, SLCo
- **JULY 2024**
 - **Implementation of Sequential Intercept Model in Salt Lake County**
 - **Responsible Entities:** OHS, SLCo, SLC
 - **Summary:** Begin implementation of a SIM, once sufficiently resourced with funding and judicial support.
- **SPRING 2024**
 - **Long-Term State Non-Congregate and Congregate Shelter Site (2 acres)**
 - **Responsible Entities:** UT Leg, OHS, UDOT, SLCo, SLC
 - **Summary:** Identify property by September 2023 with an estimated launch in Spring 2024. Three primary target populations—high utilizers, employed individuals experiencing homelessness, and unsheltered homeless—split amongst 200 non-congregate and congregate beds.
- **NOVEMBER 2024**
 - **Long-Term State Congregate and Non-Congregate Shelter Site (10-15 acres)**
 - **Responsible Entities:** UT Leg, OHS, SLCo, SLC
 - **Summary:** Target population for this site are individuals experiencing unsheltered homelessness and SPMI. Scope is contingent on property and funding identified with the target to identify property by November 2023.
- **SPRING 2025**
 - **Open HMHI Mental Health Crisis Care Receiving Center**
 - **Responsible Entities:** SLCo
 - **Summary:** The new HMHI receiving will have 30 chairs for 23-hour crisis intervention and 24 licensed short-term hospital beds that will provide patients with aggressive mental health management.

Commitment

The Utah Office of the Governor, Utah Office of Homeless Services, Salt Lake County Office of the Mayor, and Salt Lake City Office of the Mayor recognize that a successful, long-term homelessness plan requires ongoing collaboration between elected leaders, service providers, law enforcement officials, and officers of the court. Jointly, the undersigned entities agree on their respective responsibilities in assisting the chronically homeless population in Salt Lake County. Furthermore, these entities are committed to seeking legislative and judicial support with the understanding that homelessness is a complex, statewide crisis that will require significant investment of both time and public resources. Regular meetings between the undersigned entities will continue to occur through the Utah Homelessness Council, administered by the Utah Office of Homeless Services, to make measured decisions regarding the continuum of care. *Together, we pledge to take remarkable strides to reduce human suffering.*

UTAH OFFICE OF THE GOVERNOR

UTAH OFFICE OF HOMELESS SERVICES



Spencer J. Cox
Governor



Wayne Niederhauser
Executive Director

**SALT LAKE COUNTY
OFFICE OF THE MAYOR**

**SALT LAKE CITY
OFFICE OF THE MAYOR**

Jenny Wilson
Mayor

Erin Mendenhall
Mayor



COORDINATED HOMELESS SERVICES PLAN

IMPLEMENTATION UPDATE • APRIL 2024

Type	Objective	Responsible Entities	Original Timeline	Status Progressing / Completed	Narrative
Key Action 1	2023-24 Winter Response System and DHHS Initiated "Code Blue"	OHS, SLCo, SLC	Oct. 15, 2023 - April 30, 2024	Complete	The Utah Office of Homeless Services, in conjunction with several local municipalities and service providers, executed a successful 2023-2024 Winter Response Plan. A continuation of overflow capacity will occur through the summer, with 575-630 overflow beds remaining open. The state of Utah remains engaged in the acquisition of land and permanent infrastructure for a large congregate and non-congregate emergency shelter site.
Key Action 2	Huntsman Mental Health Institute (HMHI) Bridge Receiving Center Project	SLCo	October 2023	Complete	The initial HMHI Receiving Center Project is online and serving members of the community.
Key Action 3	Development of a Temporary, Non-Congregate Shelter Site	OHS, SLC, SLCo	Nov. 30, 2023 - April 30, 2024	Complete	Salt Lake City and the Office of Homeless Services partnered together, along with Switchpoint as the site provider, to open a non-congregate "Microshelter" site.
Key Action 4	Seek Significant Investment in the Sequential Intercept Model (SIM)	OHS, SLCo, SLC, DHHS	Legislative Session 2024	Completed (with gaps)	<p>Mayor Wilson's office sought, and successfully received, a local option during the 2024 General Legislative Session. Implementation of the local option will be voted on by members of the Salt Lake County Council. It is projected that revenue could be between \$18-20m, which would be allocated to components of the SIM model. Grant writing for additional private, state, and federal dollars has commenced.</p> <p>Mayor Wilson presented a detailed plan for the Salt Lake County SIM model earlier this year, and implementation is ongoing.</p>
Key Action 5	Seek Expansion of Capacity for SPMI Population	OHS, SLCo, SLC, DHHS, DPS, UDC	Legislative Session 2024	Completed (with gaps)	The Utah Legislature provided generous support to the Utah Department of Health and Human Services and the Utah Department of Corrections for community-based programs. Requests to fund step-down facilities should be anticipated in future legislative sessions.

Type	Objective	Responsible Entities	Original Timeline	Status Progressing / Completed	Narrative
Key Action 6	Seek Development of Legal Tools and Resources	OHS, SLCo, SLC, DHHS, DPS, UDC	Legislative Session 2024	Complete	<p>HB 421 will enact a pilot program, titled Utah HOME Court, which will be administered in Salt Lake County. The HOME Court pilot will help 300 individuals in Salt Lake County with serious mental illness obtain and maintain stability through civil proceedings.</p> <p>HB 299 made slight tweaks to civil commitment standards. Training providers and law enforcement officials to use existing standards is an ongoing effort.</p>
Key Action 7	Seek Investment in Deeply Affordable Housing (30% AMI and below)	OHS, SLCo, SLC, DWS	Legislative Session 2024	Incomplete	Not successful during the most recent legislative session
Key Action 8	Seek Attainable Housing Grants (Rent Flow and Rental Assistance)	OHS, SLCo, SLC	Legislative Session 2024	Incomplete	Not successful during the most recent legislative session
Key Action 9	Seek Dedicated, Permanent Revenue Stream for Homeless Services	OHS, SLCo	Legislative Session 2024	Completed (with gaps)	<p>The Utah Office of Homeless Services received substantial one-time and on-going funding during the 2024 General Legislative Session. The state of Utah is exceedingly grateful to the combined efforts of the Utah Impact Partnership, the Salt Lake Chamber, the Downtown Alliance, and other community leaders for their support of this funding. The Office of Homeless Services is currently engaged in several discussions with service providers to amend contracts and drive accountability for these funds.</p> <p>The Office of Homeless Services will continue to seek a permanent revenue stream.</p>
Key Action 10	Implementation of Sequential Intercept Model in Salt Lake County	OHS, SLCo, SLC	July 2024	Vision complete, implementation ongoing	Implementation of the Salt Lake County SIM model is ongoing, with a 5-yr. horizon.
Key Action 11	Long-Term State Non-Congregate and Congregate Shelter Site (2 acres)	OHS, UDOT, SLCo, SLC	Spring 2024	In progress	The Utah Department of Transportation owns a parcel of land at 700 W. 500 S., Salt Lake City, UT. The development of a microshelter site on this parcel is ongoing.
Key Action 12	Long-Term State Congregate and Non-Congregate Shelter Site (10-15 acres)	OHS, SLCo, SLC	November 2024	In progress	The Utah Office of Homeless Services received a one-time appropriation of \$25m to purchase property for a large congregated and non-congregated site. The state of Utah is engaged in several discussions with landowners, and anticipates an acquisition imminently.
Key Action 13	Open HMHI Mental Health Crisis Care Receiving Center	SLCO	Spring 2025	In progress	The HMHI Receiving Center is currently anticipated to open ahead of schedule in early 2025.



Salt Lake County Human Services, Homelessness, and Criminal Justice Reform Action Plan

We have arrived at a unique time

- **Partnerships** between with Governor Cox, key legislators, the business community, Salt Lake County, Salt Lake City and other cities in Salt Lake County are **at an all time high**.
- Salt Lake County, Salt Lake City and Governor Cox signed a collaborative agreement to address homelessness.
- We are collectively moving forward with **PURPOSE + PARTNERSHIP + URGENCY**.

To achieve the shared vision

That homelessness is brief, rare, and non-recurring.

Salt Lake County: Systemic Coordination Efforts

Inspired by community impact, and a recognition of growing needs, Salt Lake County developed a systemic plan to address the intersection of homelessness, behavioral health, and the criminal justice system.

Mayor Jenny Wilson, Sheriff Rosie Rivera, and District Attorney Sim Gill have prioritized these efforts.

- **We have**
 - Mapped the gaps in the system utilizing Sequential Intercept Model
 - Identified barriers
 - Analyzed the cost of necessary additional investment
 - Visited innovative models in Miami, FL and Washington Co., OR
 - Convened workgroups focusing systemic coordination
- **Workgroups**
 - **Supportive Housing** - Catherine Kanter & Kelly Colopy
 - **Workforce Development** - Dina Blaes & Merideth Muller
 - **Peer Support/Navigator** - Erin Litvack & Katherine Fife
 - **Jail Bond and Alternative Justice Center Model** - Chief Matt Dumont & Jill Miller
 - **Data Coordination and Sharing** - Kelly Colopy & Marni Epstein
 - **Support functions** (funding, legislative, public relations) - Andrew Roberts, Justin Stewart & Chris Jones



Our Goals

Bolster System Access

Create an efficient system to access housing, behavioral health, employment, and other needed services to reduce the number of people living on our streets, and develop clear, successful pathways to housing and additional opportunities for people experiencing homelessness.

Increase Collaboration/Efficiency = Reduce Costs

Increase collaboration and systemic efficiency to realize cost savings and improved client outcomes.

Require Criminal Accountability

Hold people accountable for criminal acts and prevent people from further penetrating the criminal justice system.

Decriminalize Homelessness

Ensure accountability in our communities while not criminalizing acts related to homelessness.



Identified Concerns



Supportive Housing Need



Criminal Justice and Law Enforcement Challenges



Systemic Gaps



Supportive Housing Need

Salt Lake County estimates that 1,000 people are living unsheltered within the county.

300 people require intensive treatment and group home housing support such as residential or Assertive Community Treatment (ACT) team levels of care.

300 people require permanent supportive housing with case management and a focus on mental health support.

400 people need various levels of housing which could be permanent supportive housing or rental subsidies with less intensive behavioral health supports.





Criminal Justice and Law Enforcement Challenges

- Systems are not aligned nor coordinated.
- America's drug crisis has led to increased drugs on our streets.
- Law enforcement response for people who are homeless or in mental health crisis is not standardized.
- Inconsistent Crisis Intervention Trained (CIT) officers.

Due to a lack of affordable housing and sufficient mental health treatment and other social services, jail has become the defacto system to serve people experiencing homelessness who have mental illness and substance use disorders.

Length of stay in jail is 3.5x longer for those in emergency shelters vs those in more permanent housing.

Over 50 unhoused people in jail at anytime, have a severe mental illness.

1,200 people who are in pretrial and probation, are unstably housed.



Systemic Gaps

Workforce:

Insufficient behavioral health workforce for mental health treatment and supportive housing needs.

Health and Wellness:

Insufficient coordinated health and wellness care system to meet the needs of people experiencing homelessness.

Mental Health Services:

Insufficient mental health capacity to serve those with severe mental illness in the community and in the jail.

Integrated Data System:

Need for integrated data system to better serve clients and evaluate system outcomes.



Solutions & Progress



Solution: Expand Housing Units in Salt Lake County

Bring an additional 1,000 units online over the next 5 years.

Current Housing		Additional Housing Needed
92 Units operating in the group home facilities	+	300 New Group Home Units
115 Permanent Supportive Housing Units focused on mental health	+	300 New Permanent Supportive Housing Units focused on mental health
765 Transitional and Permanent Housing Units	+	400 New Permanent Supportive Housing Units for people experiencing homelessness



Solution: Expand Housing Units in Salt Lake County

Bring an additional 1,000 units online over the next 5 years.

Progress:

Opened Valley Oaks Group Home with 29 beds in Nov 2023

*Opened Canyon Rim Group Home for 40 women in Millcreek
on April 15, 2024*

*Potential renovation & expansion (12 beds to 40) of existing group home – Salt Lake
City*

*Two sites purchased by non-profit partner for development of permanent
supportive housing for those with serious mental illness (approximately 90 units)*

*Studying capital and construction costs for a mix of housing to meet the 400 general
PSH.*



Solution: Enforcement and Criminal Justice Reform

Engage in system policy change and reform to bring about cost savings and efficiencies for better outcomes.

Provide: Regional SLCO-wide Crisis Intervention Training for local law enforcement.

Progress: Criminal Justice Advisory Council (CJAC) Work Group has been established and is working on a plan to implement/fund. Applying for Federal funding to support training and coordination.

Work: With State to design and implement an effective Healing Opportunities to Mentally Excel (HOME) Court program.

Progress: SLCO Human Services is working with the state DHHS and court system on an implementation plan - \$2M funded for 5-year pilot.



Solution: Enforcement and Criminal Justice Reform Continued...

Engage in system policy change and reform to bring about cost savings and efficiencies for better outcomes.

Support: Regional Law Enforcement education and training for use of the new Receiving Center alternative to jail for those in substance use disorder (SUD) & mental health crisis.

Progress: CJAC Work Group has been established and is working with state and law enforcement partners on guiding criteria and educational campaign for Spring 2025 opening.

Reinforce: SLC Justice Court Familiar Faces program.

Progress: This program is operational at the SLC Justice Courts. SLCO Criminal Justice Services is partnering with the court to support this initiative. The program continues to grow.



Solution: Drug Enforcement Agency (DEA)

By further investment we can continue to get drugs off the street and hold criminals accountable.

Progress:

- *DEA Task Force Leadership presented to the SLCO Council on April 9, 2024*
- *DEA Task Force Leadership presented to the Criminal Justice Advisory Council on April 10, 2024*
- *DEA Task Force Expansion Working Group has been added to the Systemic Reform Committee structure to be led by Sheriff Rosie Rivera to review and determine the timing/cadence of adding 10 new DEA Task Force officers, the funding (County & Federal), and evaluate systemic impacts of the expansion to determine if other gaps are created and/or need to be addressed*



Solution: Build Justice and Accountability Center

Focusing on a two-prong approach:

1. Add 100 bed community correctional step-down model as part of the jail expansion to provide behavioral health treatment, workforce training, and other supports in an environment of accountability as people prepare to leave jail.
2. Provide 280 housing units and a subacute treatment center focused on co-occurring mental health and substance use disorders. JAC focused on housing stability, behavioral health stabilization and services, training and other support services for those with criminal involvement and experiencing homelessness or housing instability.

Progress:

- *System Mapping & Personas Research Completed*
- *Held 2/4/24 Mapping and Personas Workshop for review and feedback with stakeholders*
- *Held 2 half-day retreats with County Elected Officials, Staff and Legislators 3/11/24 and 3/14/24 to discuss and determine jail expansion and justice accountability center model*
- *Final decisions, programs and cost estimates in process*
- *On track to finalize and submit to County Council a ballot initiative in August for placement on the November 2024 ballot for voter approval*

Jail

Justice & Accountability Center



2650 General Population Beds (Includes SUD Treatment Unit)



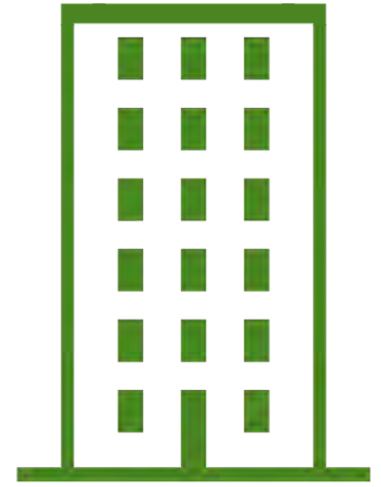
160 Mental Health Beds



100 Community Corrections Stepdown Beds



New 16 Subacute Co-occurring MH/SUD Stabilization Beds



New 280 Housing Stabilization Units





Solution: Address Systemic Gaps

Workforce: Implement workforce training programs and a peer support specialist program to help meet service needs and provide employment opportunities.

Progress: Convening local peer support coalition to support their needs and receive feedback for program expansion. Program expansion ready for implementation once funding source is determined. Federal appropriation submitted through Congressman Curtis's office for pilot program. Additional applications for federal funding are being drafted. Also, SLCO supported legislation passed this session to assist with workforce needs.

Health and Wellness Care: Fund 4th Street Clinic to expand medical and street services for those living unsheltered.

Progress: Program is developed and ready for expansion through 4th Street Clinic and VOA once funding source is determined.



Solution: Address Systemic Gaps Continued...

Mental Health Services: Expand mental health supports in the jail and in expanded seriously mentally ill (SMI) housing.

Progress: Need currently being evaluated and finalized within the Jail Expansion / JAC design model.

Integrated Data System:

Develop data sharing agreements and design and implement an integrated data system to support better client outcomes.

Progress: Work group has been established and data integration mapping both internal and external to SLCO is underway.



Capital Costs Estimates

- Group Homes (300) = \$30M-\$45M
- Permanent Supportive Housing (PSH) for seriously mentally ill (SMI) population (300) = \$30M-\$90M
- Transitional / Permanent Supportive Housing (PSH) (400) = \$40M-\$120M
- Accountability & Justice Center= \$75M-\$160M

Ongoing Operational Cost Estimates

HOUSING OPERATIONAL COSTS	2024	COSTS	2025	COSTS	2026	COSTS	2027	COSTS	2028	TOTAL	COSTS
Group Homes for People with Severe Mental Illness	98 Units	\$885K	+70 Units	\$1.78M	+70 Units	\$2.72M	+70 Units	\$3.72M	+70 Units	378 Units	\$4.78M
Permanent Support Housing For People with Mental Illness (PSH)	120 Apts	\$1.08M	+0 Apts	\$1.11M	+100 Apts	\$2.10M	+0 Apts	\$2.22M	+100 Apts	320 Apts	\$2.97M
Permanent Housing For Others Experiencing Homelessness			+104 Apts	\$936K	+100 Apts	\$1.92M	+100 Apts	\$2.86M	+100 Apts	404 Apts	\$3.78M
TOTAL HOUSING OPERATIONS		\$1.97M		\$3.83M		\$6.74M		\$8.80M			\$11.53M
ENFORCEMENT & CRIMINAL JUSTICE REFORM											
Accountability & Justice Center Operations							+150 Beds	\$8.21M	+150 Beds	300 Beds	16.92M
Drug Enforcement Activities (DEA) Task Force			+5 Officers	\$800K	+5 Officers	\$1.60M	+0 Officers	\$1.65M	+0 Officers	10 Officers	\$1.70M
Regional Crisis Intervention Team (CIT) Training				\$100K		\$100K		\$100K			\$300K
TOTAL ENFORCEMENT & CRIMINAL JUSTICE REFORM				\$900K		\$1.70M		\$9.96M			\$18.92M
SYSTEMIC GAPS											
Peer Support System	+20 Peers	\$1.50M	+20 Peers	\$3.09M	+20 Peers	\$4.77M	+20 Peers	\$6.56M	+20 Peers	100 Peers	\$8.44M
Fourth Street Clinic (MOST/EMT EXPANSION)		\$1.27M		\$1.31M		\$1.35M		\$1.39M			\$1.43M
Workforce Supports	Program	\$500K		\$515K		\$530K		\$536K			\$562K
Mental Health Support In Jail	3 FTE	\$450K	+0 FTE	\$464K	+0 FTE	\$477K	+0 FTE	\$492K	+0 FTE	3 FTE	\$506K
DATA	2 FTE	\$300K	New system procurement and design	\$3.00M	Ongoing Cost	\$1.03M	Ongoing Cost	\$1.07M	Ongoing Cost		\$1.09M
TOTAL SYSTEMIC GAPS		\$4.02M		\$8.38M		\$8.16M		\$10.05M			\$12.03M
TOTAL HOUSING OPERATIONS, CRIMINAL JUSTICE, & COMMUNITY SUPPORTS		\$5.99M		\$13.11M		\$16.59M		\$28.82M			\$42.49M

The ability to open additional group homes, permanent supportive housing, and residential treatment, relies almost completely on the Medicaid match request. Without it, there will not be adequate funding for the case management, treatment and other services to operate new sites opened after FY24.





Our Ask

- Support in securing new ongoing, dedicated funding streams
- Champion policy changes
- Foster public/private financial partnerships to realize our vision



Questions?



Thank you!



Salt Lake County Human Services, Homelessness, and Criminal Justice Reform Action Plan

We have arrived at a unique time

in which Governor Cox, key legislators, the business community, Salt Lake County, Salt Lake City and other cities in Salt Lake County are investing more directly in solutions to help homelessness, which is different than in previous years. Within this momentum, we're collectively moving forward with **PURPOSE + PARTNERSHIP + URGENCY**.

To achieve the shared vision

that homelessness is brief, rare, and non-recurring, it is essential that the systems connected with homelessness intersect and are functional. These complex systems include: **CRIMINAL JUSTICE, HOUSING AND TEMPORARY SHELTER, AND BEHAVIORAL HEALTH TREATMENT AND WORKFORCE**. A weakness in any one element of the system as a whole, leads to a loss of efficiency and effectiveness.

Salt Lake County has

MAPPED THE GAPS IN THE SYSTEM, IDENTIFIED BARRIERS, AND ANALYZED THE COST of necessary additional investment. These are in alignment with the state's homelessness strategic plan and the Coordinated Homeless Services Plan signed by Governor Cox, Mayor Mendenhall, and Mayor Wilson in the Fall of 2023.



Our Goals

Bolster System Access

Create an efficient system to access housing, behavioral health, employment, and other needed services to reduce the number of people living on our streets, and develop clear, successful pathways to housing and additional opportunities for people experiencing homelessness.

Increase Collaboration/Efficiency = Reduce Costs

Increase collaboration and systemic efficiency to realize cost savings and improved client outcomes.

Require Criminal Accountability

Hold people accountable for criminal acts and prevent people from further penetrating the criminal justice system.

Decriminalize Homelessness

Ensure accountability in our communities while not criminalizing acts related to homelessness.



Supportive Housing Need

Salt Lake County estimates that 1,000 people are living unsheltered within the county.

300 people require intensive mental health treatment and housing support such as residential or ACT team levels of care.

300 people require permanent supportive housing with case management and a focus on mental health support.

400 people need various levels of housing which could be permanent supportive housing or rental subsidies with less intensive behavioral health supports.



Criminal Justice and Law Enforcement Challenges

- Systems are not aligned nor coordinated.
- America's drug crisis has led to increased drugs on our streets.
- Law enforcement response for people who are homeless or in mental health crisis is not standardized.
- Inconsistent Crisis Intervention Trained (CIT) officers.

Due to a lack of affordable housing and sufficient mental health treatment and other social services, jail has become the defacto system to serve people experiencing homelessness who have mental illness and substance use disorders.

Length of stay in jail is 3.5x longer for those in emergency shelters vs those in more permanent housing.

Over 50 unhoused people in jail at anytime, have a severe mental illness.

1,200 people who are in pretrial and probation, are unstably housed.



Systemic Gaps

Workforce:

Insufficient behavioral health workforce for mental health treatment and supportive housing needs.

Health and Wellness Care:

Insufficient coordinated health and wellness care system to meet the needs of people experiencing homelessness.

Mental Health Services:

Insufficient mental health capacity to serve those with severe mental illness in the community and in the jail.

Integrated Data System:

Need for integrated data system to better serve clients and evaluate system outcomes.



Solution: Expand Housing Units in Salt Lake County

Bring an additional 1,000 units online over the next 5 years.

Current Housing		Additional Housing Needed
92 Units operating in the group home facilities	+	300 New Group Home Units
115 Permanent Supportive Housing Units focused on mental health	+	300 New Permanent Supportive Housing Units focused on mental health
765 Transitional and Permanent Housing Units	+	400 New Permanent Supportive Housing Units for people experiencing homelessness

Progress:

- Opened Valley Oaks Group Home with 29 beds in November, 2023
- Opened Canyon Rim Group Home for 40 women in Millcreek on April 15, 2024
- Potential renovation and expansion (12 beds to 40) of existing group home – Salt Lake City
- Two sites purchased by non-profit partner for development of permanent supportive housing for those with serious mental illness (approximately 90 units)
- Studying capital and construction costs for a mix of housing to meet the 400 general PSH.



Solution: Enforcement and Criminal Justice Reform

Engage in system policy change and reform, to bring about cost savings and efficiencies for better outcomes.

Provide:

Regional SLCO-wide Crisis Intervention Training for local law enforcement.

Progress: Criminal Justice Advisory Council (CJAC) Work Group has been established and is working on a plan to implement/fund. Applying for Federal funding to support for training and coordination.

Work:

With State to design and implement an effective HOME Court program.

Progress: SLCO Human Services is working with the state DHHS and court system on an implementation plan - \$2M funded for 5-year pilot.

Support:

Regional Law Enforcement education and training for use of the new Receiving Center alternative to jail for those in substance use disorder (SUD) and mental health crisis.

Progress: CJAC Work Group has been established and is working with state and LE partners on guiding criteria and educational campaign for Spring 2025 opening.

Reinforce:

SLC Justice Court Familiar Faces program.

Progress: This program is operational at the SLC Justice Courts. SLCO Criminal Justice Services is partnering with the court to support this initiative. The program continues to grow.



Solution: Drug Enforcement Agency (DEA) Task Force

By further investing we can continue to get drugs off the street and hold criminals accountable.

The federal government provides hard cost support for the local DEA operations but the salaries of the enforcement officers is a local responsibility.

DEA operations have not been as extensive as possible due to the decentralized law enforcement system in Salt Lake County.

Many local jurisdictions cannot afford officers.

Estimated Annual Amount =
\$1,600,000 for 10 additional officers

Progress:

- DEA Task Force Leadership presented to the SLCO Council on April 9, 2024
- DEA Task Force Leadership presented to the Criminal Justice Advisory Council on April 10, 2024
- DEA Task Force Expansion Working Group has been added to the Systemic Reform Committee structure to be led by Sheriff Rosie Rivera to review and determine the timing/cadence of adding 10 new DEA Task Force officers, the funding (County & Federal) and evaluate systemic impacts of the expansion to determine if other gaps are created and/or need to be addressed



Solution: Build An Accountability and Justice Center

- 1. Add 100 bed community correctional step down model as part of the jail expansion to provide behavioral health treatment, workforce training, and other supports in an environment of accountability as people prepare to leave jail.**
- 2. Build 250-300 housing units focused on housing stability, mental health services, training and other support services for those with criminal involvement and experiencing homelessness or housing instability.**

Progress:

- System Mapping and Personas Research Completed
- Held 2/4/24 Mapping and Personas Workshop for review and feedback with stakeholders
- Held 2 half day retreats with County Elected Officials, Staff and Legislators 3/11/24 & 3/14/24 to discuss and determine jail expansion and justice accountability center model
- Final decisions, programs and cost estimates in process
- On track to finalize and submit to County Council a ballot initiative in August for placement on the November 2024 ballot for voter approval



Solution: Address Systemic Gaps

Workforce:

Implement workforce training programs and a peer support specialist program to help meet service needs and provide employment opportunities.

Progress: Convening local peer support coalition to support their needs and receive feedback for program expansion. Program expansion ready for implementation once funding source is determined. Federal appropriation submitted through Congressman Curtis's office for pilot program. Additional applications for federal funding are being drafted. Also, SLCO supported legislation passed this session to assist with workforce needs.

Health and Wellness Care:

Expand medical and street services for those who are unsheltered.

Progress: Program is developed and ready for expansion through 4th Street Clinic and VOA once funding source is determined.

Mental Health Services:

Expand mental health supports in the jail and in expanded SMI housing.

Progress: Need currently being evaluated and finalized within the Jail Expansion/JAC design model.

Integrated Data System:

Develop data sharing agreements and design and implement an integrated data system to support better client outcomes.

Progress: Work group has been established and data integration mapping both internal and external to SLCO is underway.

To-Be on Unsheltered Homeless and Mental Health Needs

Brief on current situation and potential next steps to address the unsheltered camping and mental health challenges.

Situation

In 2019, a new homeless system was introduced in Salt Lake County with the closure of the downtown shelter and the opening of three new Homeless Resource Centers (HRCs). This began a new era in service delivery for homelessness. However, before the new system could take off it was quickly hampered by the pandemic followed by the housing crisis. As a result, the HRCs are overwhelmed and at capacity, the number of unsheltered homeless individuals has increased throughout the state, and resources for those with mental health needs are lacking tremendously.

The Problem: NO FLOW

In the homeless shelter world there are three types of shelters:

1. Low barrier: requirements for entry are limited or minimal
2. Medium barrier: requirements for entry include no weapons, alcohol, drugs, and resources are provided to assist individuals.
3. High barrier: requirements for entry include no weapons, alcohol, drugs, and an expectation to participate in community and programs to overcome challenges and move out of the homeless system.

The HRC model introduced in 2019, eliminated the only low-barrier shelter in Salt Lake County and replaced it with three medium-barrier shelters. The idea at the time was to introduce additional housing options so that there was flow in and out of the HRCs from shelter to housing. This didn't happen due to the pandemic and the housing crisis. With no low-barrier shelter and no flow from shelter to housing, the HRCs are at capacity, people are staying longer in shelter, and each year there is a struggle to meet the overflow needs for the winter season. In addition, mental health resources are extremely limited, making the homeless and the corrections systems the landing spot for severe and persistent mentally ill (SPMI) individuals. The current model is at capacity with little to no flow into housing, mental health, or substance use resources.

The Solution: COMPLETE THE MODEL

A homeless system cannot function with only one type of shelter, this has been proven. Ideally, systems have all three types of emergency shelters. The previous model relied primarily on a low-barrier model (the downtown shelter), this did not work. The existing model again relies on one type of shelter, three medium-barrier shelters (the HRCs). This ignores those who are not ready for services and do not want to be in a congregate shelter, and those with mental health challenges.

A completed model includes the following:

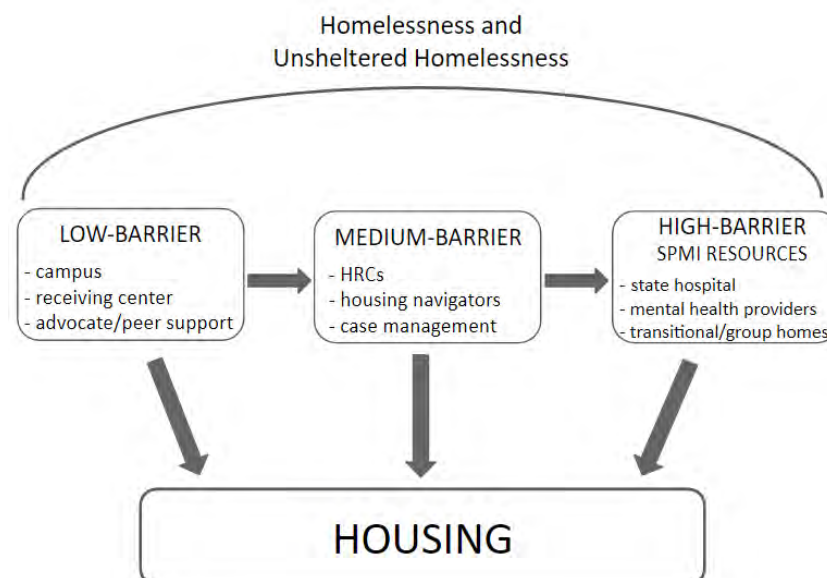
- *A low barrier non-congregate shelter* that acts as a receiving center to connect individuals to their next steps when ready with advocate/peer support. -- *Serving individuals NOT READY*

- The *medium barrier HRCs* that act as actual resource centers connecting individuals to the resources needed to help them transition out of the homeless system. -- *Serving those READY to transition to housing*
- Additional *high-barrier facilities* to support those experiencing SPMI -- this could be expanding beds in the State Hospital, creating more beds in the hospital system, creating additional beds within the mental health provider system, creating transitional housing and group homes. -- *Serving the SPMI*
- Continued efforts to develop permanent supportive housing and additional deeply affordable housing with deed restrictions. This also includes preserving existing deeply affordable housing units and expanding housing rental assistance (vouchers). -- *Allows for the flow to happen from shelter to housing, without it everything stalls.*

With all three shelter types, the unsheltered have a place, the mentally ill have a place, and the HRCs can function as true resource centers. As new deeply affordable and permanent supportive housing units are created, the state can increase rental assistance (vouchers) and the system can flow from shelter services to housing.

Summary of needed next steps:

- 1. Add a low-barrier/non-congregate shelter that acts as a receiving center**
Targets -- the unsheltered and those not ready to transition to housing
- 2. Expand high-barrier beds at existing facilities or add an additional facility if needed**
Targets -- severe and persistent mentally ill (SPMI)
- 3. Determine the legal tools and resources needed to address behavioral health (e.g. civil commitment, pink sheets, SPMI, substance use, sequential intercept model, etc.)**
- 4. DO NOT STOP INVESTING IN DEEPLY AFFORDABLE HOUSING and CREATE A STATE RENTAL ASSISTANCE (voucher) FUND**
Targets -- Homeless prevention and flow from shelter to housing
- 5. Resource existing HRCs - now become functioning resource centers**
Targets -- those experiencing homelessness that are ready to transition to housing
- 6. Tackle homelessness prevention - From systems, housing insecurity, and life events. Navigators, advocates, peer support, readily available resources at time of crisis, etc.**
Targets -- vulnerable, at-risk, and hidden populations - don't enter into homelessness



Salt Lake County Intercepts

↑ # of individuals Accessing Services

Best Clinical Practices (MH/SUD TX): The Ultimate Intercept

Ex: 3.5 Assertive Community Treatment Teams (to SAMHSA fidelity)

MCOT and Receiving Center - emergency room diversion rates ~77% and ~88%

I. Law Enforcement/Emergency Services

CIT, Crisis Line, Warm Line, Mobile Crisis Outreach Teams, Receiving Center, VOA Detox Center, SLC PD Community Connections Team, Unified Police Department MH Unit, UHP MEIT Program

↓ Recidivism

Vivitrol Program - 66.3% reduction in clients with new charge bookings and a 71% reduction in new charge bookings (1 yr pre/post) 2019

VOA Detox - jail diversion rate of ~94% (averaging 929 jail diversion program admissions/yr 2009-2015)

II. Jail

Jail MH Services, CATS, CRT, State Jail Competency Restoration Unit, Jail Medication Assisted Treatment Program (all three FDA approved medications)

Based on the Munetz and Griffin Sequential Intercept Model*

III. Courts

Mental Health Courts, Veteran's Courts, Drug Courts, Legal Defender MHL & Social Services Positions, Case Resolution Coordinator

78.6% reduction in new charge bookings for CORE 1 (men) and a 92.5% reduction for CORE 2 (women), when comparing 3 years prior to 3 years post program (2020) admission.

ISP ~36% reduction in graduate's LS/CMI Risk Scores, and ~86% reduction in new charge bookings (1yr pre/post)

IV. Re-Entry

Top Ten, JDOT, CORE 1 & 2, ATI Transport, OH MH Residential Program, DORA, MH/SUD Programs, 4th St Clinic, Medicaid Elig Spc's, Gap Funding

Sober Living Program 76% reduction in new charge bookings (1 yr pre/post)

V. Community

Housing, CJS DC/MHC CMCs, AP&P MIO, VA Outreach, NAMI, USARA, Rep Payee, MAT, Intensive Supervision Probation

MCOT = Mobile Crisis Outreach Team
 MHC = Mental Health Court
 MH = Mental Health
 MHL = Mental Health Liaison
 NAMI = National Alliance on Mental Illness
 OH = Odyssey House
 SUD = Substance Use Disorder
 SW = Social Work
 UHP = Utah Highway Patrol
 UPD = Unified Police Department
 USARA = Utah Support Advocates for Recovery Awareness
 VOA = Volunteers of America

AP&P = Adult Probation and Parole
 ATI = Alternatives to Incarceration
 CATS = Correction Addiction Treatment Svcs
 CIT = Crisis Intervention Team
 CJS = Criminal Justice Services
 CORE = Co-occurring Reentry (residential program)
 CRT = Community Response
 DORA = Drug Offender Referral (supervision program)
 ED = Emergency Department
 JDOT = Jail Diversion Outreach Team (ACT "Like" Team)

*SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

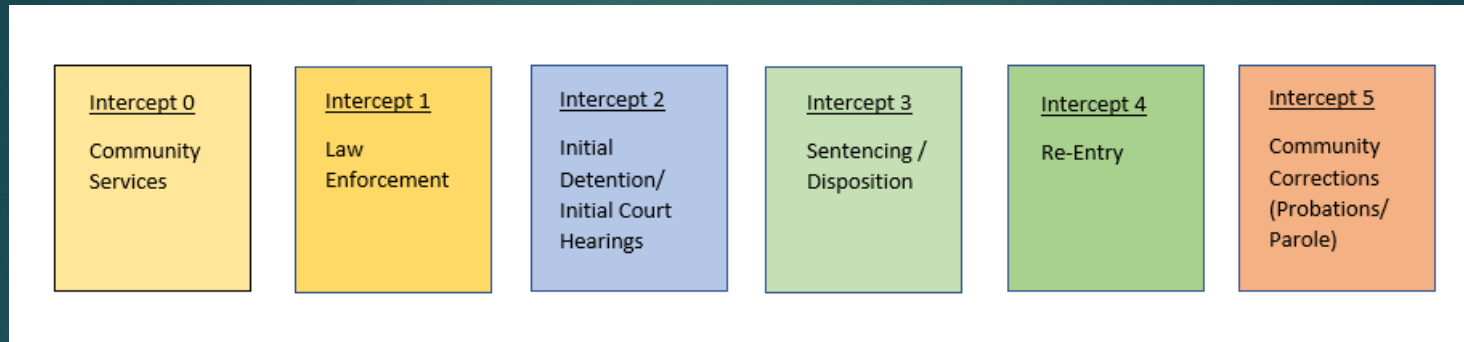
DEVELOP AN
INTEGRATED
SYSTEM TO BETTER
SERVE INDIVIDUALS
CYCLING BETWEEN
MENTAL HEALTH,
CRIMINAL JUSTICE
AND HOMELESS
SYSTEMS

CJAC

Miami Model Recap: Right Treatment, Right Place

- ▶ A response to individuals with severe mental illness in the criminal justice system that prioritizes treatment and housing in appropriate settings for long term success.
- ▶ A structured system to divert individuals with SMI from criminal justice and homeless services systems at multiple points along the Sequential Intercept Model.
- ▶ Designed from the courts' perspective, the model utilizes the potential to avoid criminal prosecution as a carrot and stick to encourage compliance with treatment.

Sequential Intercept Map (SIM)



The Sequential Intercept Map is a strategic planning tool which maps mental health and substance abuse diversion resources along the criminal / legal system process. Each intercept identifies intervention points for diversion. The SIM is used to:

- 1) Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal justice system along six distinct intercept point.
- 2) Identify gaps, resources, and opportunities at each intercept for individuals with mental health substance abuse disorders.
- 3) Develop priorities for action designed to improve system and service level responses
- 4) Divert as many individuals as possible at Intercept 0 and then again at 1.

Miami Model – Key Components

Sustained funding through a minimal tax on restaurant meals and bar tabs.

Sufficient provider services and housing to ensure access to both for SMI individuals

Legal structure to support involuntary commitment of individuals for diagnosis and treatment

Person-centered programming ensures individuals have peer supporters to assist with navigating complex systems in a trauma-informed manner

Rooted in understanding that mental illnesses are diseases with symptoms and circumstances that lead to criminal consequences.

Consistent trauma-informed training for all partners

Why This Model



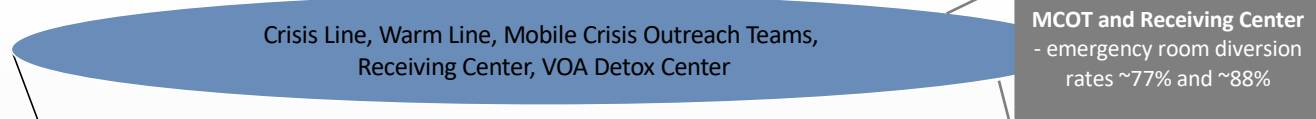
Individuals	Hospitals	Law Enforcement	Corrections	Courts	Providers
<ul style="list-style-type: none">• Provide more effective treatment in more appropriate settings for better long-term success for individuals in need, ending cycles of repeat engagement in criminal justice or homeless systems	<ul style="list-style-type: none">• Reduce expensive, inefficient use of hospital emergency departments	<ul style="list-style-type: none">• Reduce calls to law enforcement for crimes that are symptoms of mental illness, enabling more focus on violent crimes	<ul style="list-style-type: none">• Reduce the use of jail as the de facto provider of mental health care and substance abuse treatment for low-income individuals, enabling better use of resources for individuals who cannot be served in the community	<ul style="list-style-type: none">• Improve case loads by resolving cases through diversion to treatment of SMI before adjudication	<ul style="list-style-type: none">• Enhance data-informed coordination between providers for long-term individual success that helps promote sustainable resource allocation to providers

Who are the familiar faces

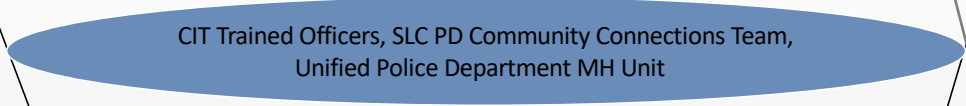
- ▶ Chronically homeless; and/or
- ▶ Multiple ER visits for mental health or developmental disability issues; and/or
- ▶ Multiple interactions with law enforcement for crimes arising out of the symptoms of mental illness, developmental disabilities, trauma, or drug addiction; and/or
- ▶ Evictions from permanent supportive housing

Salt Lake County Intercepts

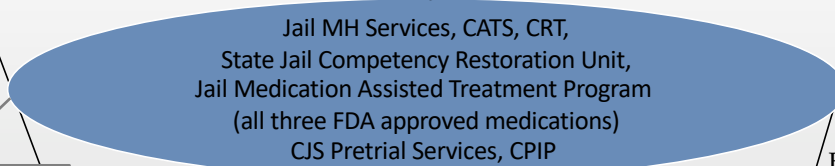
Intercept "0" Crisis Services



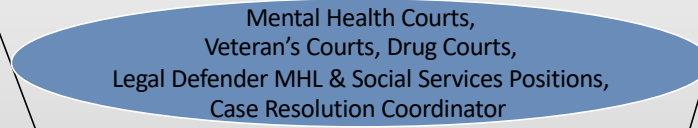
I. Law Enforcement/Emergency Services



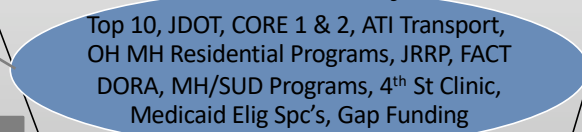
II. Jail



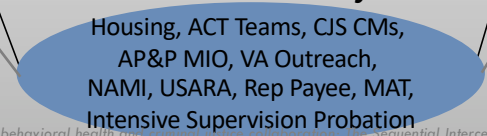
III. Courts



IV. Re-Entry



V. Community



MCOT and Receiving Center
- emergency room diversion rates ~77% and ~88%



VOA Detox - jail diversion rate of ~94% (averaging 929 jail diversion program admissions/yr 2009-2015)

Based on the Munetz and Griffin Sequential Intercept Model*

ISP ~36% reduction in graduate's LS/CMI Risk Scores, and ~86% reduction in new charge bookings (1yr pre/post)

- JRRP=Jail Resource Reentry Program
- MCOT = Mobile Crisis Outreach Team
- MHC = Mental Health Court
- MH = Mental Health
- MHL=Mental Health Liaison
- NAMI = National Alliance on Mental Illness
- OH=Odyssey House
- SUD = Substance Use Disorder
- SW = Social Work
- UHP = Utah Highway Patrol
- UPD = Unified Police Department
- USARA = Utah Support Advocates for Recovery Awareness
- VOA = Volunteers of America

↑ # of individuals Accessing Services

Vivitrol Program - 66.3% reduction in clients with new charge bookings and a 71% reduction in new charge bookings (1 yr pre/post) 2019

JDOT & CORE
A 2020 report found a 78.6% reduction in new charge bookings for CORE 1 (men) and a 92.5% reduction for CORE 2 (women), when comparing 3 years prior to 3 years post program(2020) admission.

Sober Living Program
76% reduction in new charge bookings (1 yr pre/post)

- ACT= Assertive Community Treatment
- AP&P = Adult Probation and Parole
- ATI = Alternatives to Incarceration
- CATS = Correction Addiction Treatment Svcs
- CIT = Crisis Intervention Team
- CJS = Criminal Justice Services
- CORE=Co-occurring Reentry & Empowerment
- CPIP=County Pre-File Intervention Program
- CRT = Community Response Team
- DORA = Drug Offender Reform Act
- ED = Emergency Department
- FACT= Forensic Assertive Community Treatment
- JDOT = Jail Diversion Outreach Team

*Based on the Munetz and Griffin Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

Intercept 0 Community	Intercept 1 Law Enforcement	Intercept 2 Jail	Intercept 3 Courts	Intercept 4 Re-Entry	Intercept 5 Community Corrections
<ul style="list-style-type: none"> • Crisis Line • Warm Line • Mobile Crisis Outreach Teams • Receiving Center • VOA detox • ACT Teams • VA/VOA Outreach • NAMI • USARA • MAT • 4th Street Clinic • Sober Living Housing • Permanent Supportive Housing • Rapid Rehousing • Homeless Resource Centers • Downtown Ambassadors • Senior Housing (homeless) 	<ul style="list-style-type: none"> • CIT Officers • SLCPD Community Connections Team • UPD Mental Health Unit • Lethality Assessment (SB 117) 	<ul style="list-style-type: none"> • Mental Health Services • CATS • Community Response Team • Jail Competency Restoration Unit • MAT • CJS Pretrial Services • County Pretrial Intervention Program 	<ul style="list-style-type: none"> • Mental Health Courts • Drug Courts • Veteran's Courts • LDA Mental Health and social services positions • Case Resolution Coordinator • Homeless Courts 	<ul style="list-style-type: none"> • TOP 10 • JDOT • CORE 1&2 • ATI Transport • Odyssey House MH Residential programs • JRRP • FACT • DORA • MH/SUD Programs • 4th Street Clinic • Medicaid Eligibility Specialists • Gap Funding 	<ul style="list-style-type: none"> • CJS Intensive Supervision Program • APP OMI • CJS Case Managers

ACT= Assertive Community Treatment
AP&P = Adult Probation and Parole
ATI = Alternatives to Incarceration
CATS = Correction Addiction Treatment Svcs
CIT = Crisis Intervention Team
CJS = Criminal Justice Services

CORE=Co-occurring Reentry & Empowerment
CPIP=County Pre-File Intervention Program
CRT = Community Response Team
DORA = Drug Offender Reform Act
ED = Emergency Department
FACT= Forensic Assertive Community Treatment
JDOT = Jail Diversion Outreach Team
MAT = Medication Assisted Treatment

JRRP=Jail Resource Reentry Program
MCOT = Mobile Crisis Outreach Team
MHC = Mental Health Court
MH = Mental Health
MHL=Mental Health Liaison
NAMI = National Alliance on Mental Illness
OMI: Offender with a Mental Illness
OH=Odyssey House

SUD = Substance Use Disorder
SW = Social Work
UHP = Utah Highway Patrol
UPD = Unified Police Department
USARA = Utah Support Advocates for Recovery Awareness
VOA = Volunteers of America

Gaps – Intercept 0 and 1

MCOT Teams: Current funding available for 5 teams in SLCounty. County should have 9-13 based on population.

Post-Acute Care: Connection to post-acute care is limited by capacity issues across community providers. Coordination needed between hospitals and behavioral health services to address individuals cycling between Emergency Departments.

Housing: Housing crisis limits ability to provide long-term stable housing supports necessary for treatment success. Also limits on housing for medically frail homeless seniors, other populations. Shortage means individuals are not always housed with the appropriate level of services.

Services for People with Disabilities: Division of Services for People with Disabilities wait lists, lack of screening in criminal justice and homeless systems.

Detox: Insufficient detox beds-to be expanded summer 2023. Unable to keep individuals in detox long enough to be effective.

Seniors: 100 bed assisted living style facility needed with varying levels of care for aging seniors who prefer communal living.

Peer Navigators: Many familiar faces have no family members or other supports to help navigate complex systems. The need for peer supporters dedicated to specific individuals to ensure successful entry and exit from services into situations conducive to long-term stability would benefit the system.

Miami vs Salt Lake County

Miami

- ▶ Population is 3+ million
- ▶ Dedicated funding source for homeless/mental health services brings in \$65 million (\$25-30 rom tax + federal grant funding)
- ▶ Not creating new services but merging and blending existing services to eliminate gaps.

Salt Lake County

- ▶ Population is 1.2 million
- ▶ No current dedicated funding stream for homeless/mental health services
- ▶ Don't need to create new services: Would need to enhance and coordinate current services, availability of resources such as housing, peer support system and MH and SUD services

Office of Homeless Services

State Homelessness Coordinator

September 2023

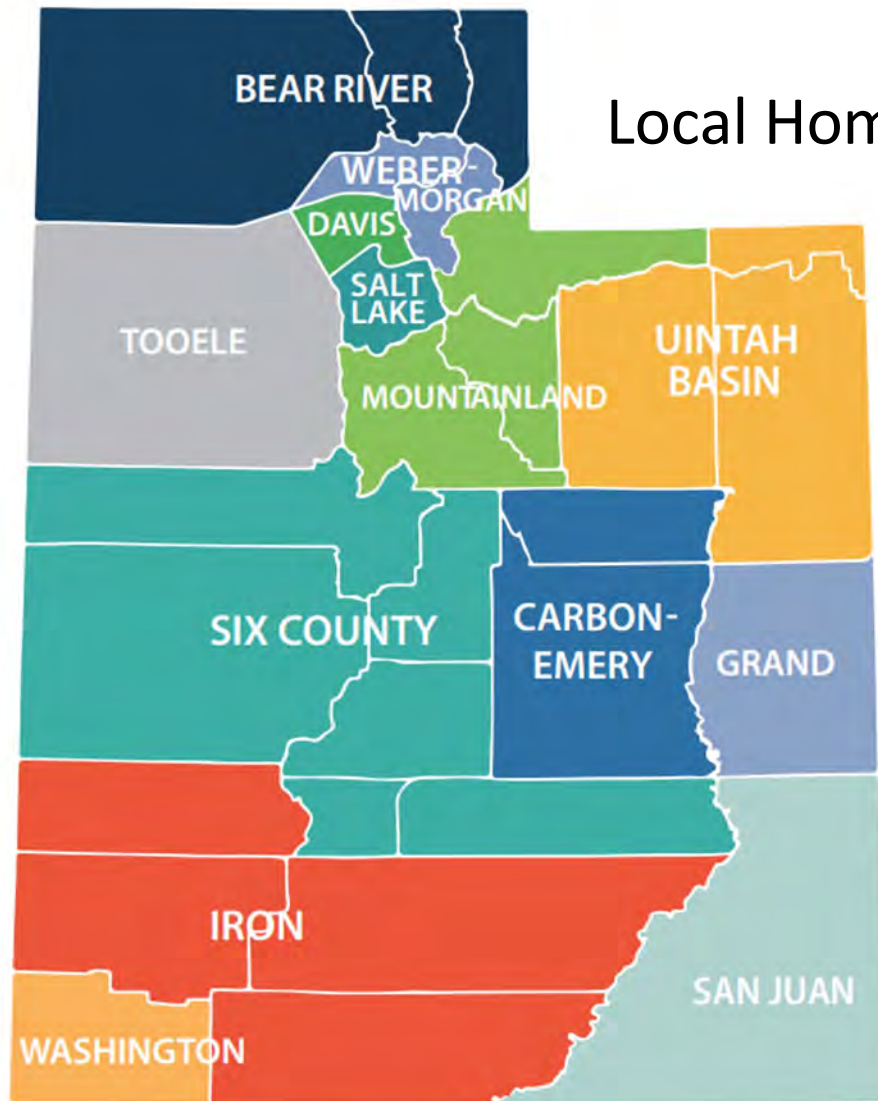


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Local Homeless Councils (LHCs)



Continuum of Care

Balance of State — 11 LHCs

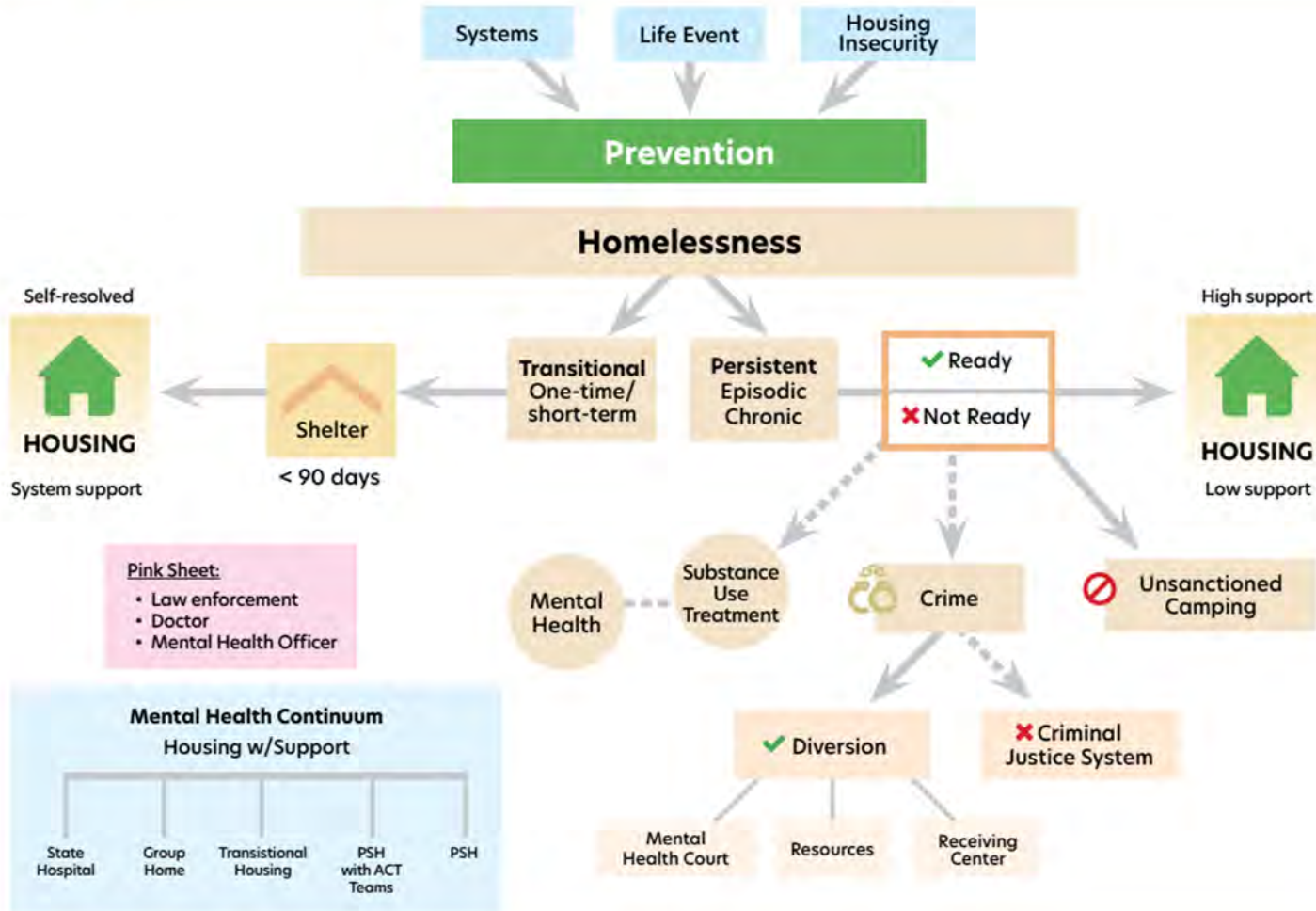
- 25 Counties throughout the state

Mountainland — 1 LHC

- Summit County
- Utah County
- Wasatch County

Salt Lake County — 1 LHC

- Salt Lake County
- Salt Lake Valley Coalition to End Homelessness



Homelessness is a community condition, and it will take community to remedy it.

Every community is a source of Homelessness.

What is your community doing to prevent and treat this most difficult human condition?

Two Distinct Homeless Populations

Acute Homelessness

Persistent Homelessness

- Those ready for housing and services
- Those not ready

Data Points

- 2021 – Approximately 17,500 accessed homeless services
- January 2023 Point-in-time Count, 3700
- Length of Time in Emergency Shelter
 - 77% - 90 days or less
 - 57% - 30 days or less
 - 34% - 7 days or less



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Those not ready for housing and services

Unsanctioned Camping is the worst thing we can accept

- Places unfit for human habitation
- Public health/Sanitation
- Victimization
- Public Conflicts
- No camping ordinances

The unanswered question



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Where do people go?



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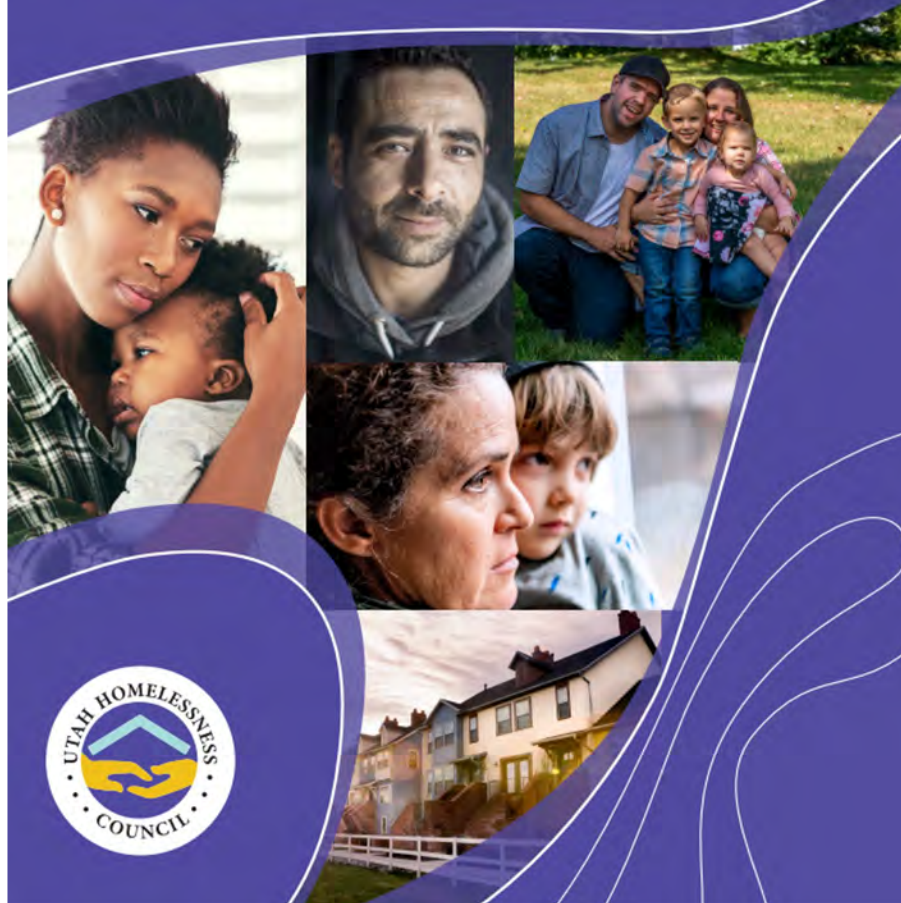


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Statewide Collaboration for Change:

Utah's Plan to Address Homelessness

FEBRUARY 2023



Our vision for the homeless response system in Utah is to make homelessness rare, brief and non-recurring; that all people experiencing homelessness can thrive to their fullest potential; and that our communities are stable and safe for everyone.

— Utah Homelessness Council

- Goal 1:** Increase accessible and affordable permanent housing opportunities for people experiencing homelessness across the state
- Goal 2:** Increase access to and availability of supportive services and case management for people experiencing and at risk of homelessness
- Goal 3:** Expand homeless prevention efforts by increasing coordination, resources, and affordable housing opportunities
- Goal 4:** Target housing resources and supportive services to people experiencing unsheltered homelessness
- Goal 5:** Promote alignment and coordination across multiple systems of care to support people experiencing and at risk of homelessness

The strategic plan, implementation guide, and data is available at:

<https://jobs.utah.gov/homelessness/strategic.html>



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2023

Annual Data Report on

HOMELESSNESS



- **System Performance Measures** reported to U.S. Housing and Urban Development
 - Federal Fiscal Year 2022
- **Housing Inventory Count**
 - Single Night - January 25, 2023
 - Emergency Shelter
 - Transitional Housing
 - Permanent Supportive Housing
 - Rapid Re-housing
 - Other Permanent Housing
- **Point-in-Time Count**
 - Single Night - January 25, 2023
 - Emergency Shelter, including Domestic Violence Service Providers (DVSP)
 - Transitional Housing, including DVSP
 - A place not meant for human habitation (such as in a vehicle or a city park).

Making Homelessness Rare

In FFY 2022, the number of Utahns experiencing homelessness for the first time reached **8,637**, marking an increase of **821** individuals compared to FFY 2021.

- This **10%** rise indicates a slower growth rate compared to the preceding year's 14% increase, aligning with the national trend of rising homelessness since 2017.
- Despite the increase, Utah's homelessness rate remains below the national average, with approximately 11 individuals experiencing homelessness per 10,000 people, compared to the national rate of 18 per 10,000 people.

Making Homelessness Brief

The average shelter stay decreased by three days to approximately **65 days** compared to FFY 2021.

- Around **57%** of individuals stayed in shelters for **30 days or less**, while only **6% remained for nine months or longer**.
- It is essential to continue efforts to ensure that these decreases are driven by improved access to suitable, permanent housing, particularly for those who have experienced homelessness for extended periods.

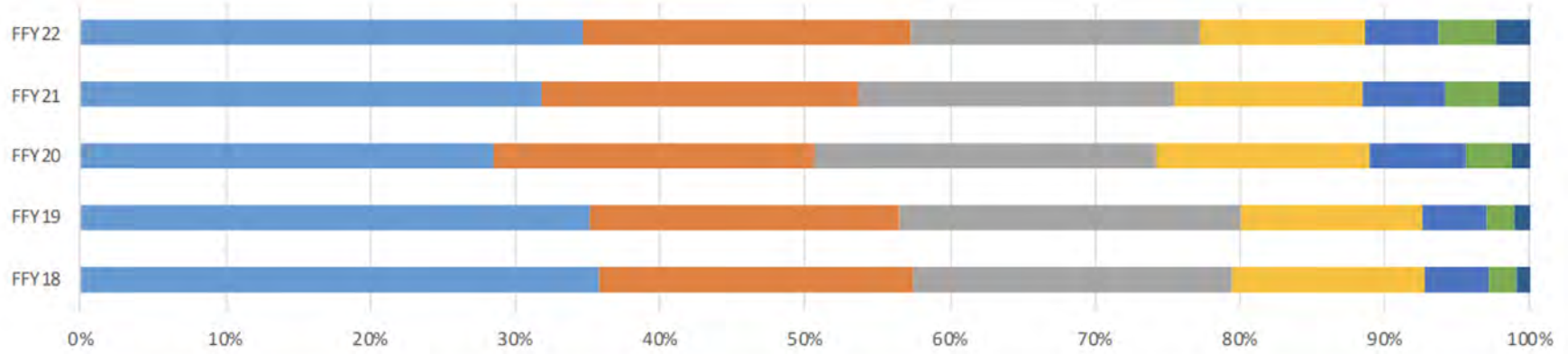


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Length of Time in Emergency Shelter



	FFY18	FFY19	FFY20	FFY21	FFY22
7 days or less	35.71%	35.17%	28.57%	31.89%	34.73%
7 days to 30 days	21.68%	21.39%	22.09%	21.85%	22.50%
1 to 3 months	22.01%	23.52%	23.58%	21.69%	19.95%
3 to 6 months	13.32%	12.45%	14.64%	13.05%	11.44%
6 to 9 months	4.45%	4.46%	6.73%	5.66%	5.11%
9 to 12 months	1.84%	1.95%	3.16%	3.75%	3.90%
12 months or more	0.98%	1.06%	1.24%	2.11%	2.37%



Making Homelessness Non-Recurring

The system has demonstrated remarkable success in helping the most vulnerable individuals maintain housing stability.

- **93%** of individuals enrolled in permanent housing with support stayed housed for at least a year.
- This level of success has been consistently maintained since FFY2018.
- Although the percentage of individuals returning to homelessness within 24 months of obtaining permanent housing slightly increased from 29% in FFY 2021 to just over 30%, it still reflects a decline from approximately 34% in FFY 2018, indicating progress in supporting long-term housing stability.



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Annual Point-in-Time Count

Conducted as a statewide one-night count, revealed a **3.7%** increase in the number of individuals experiencing homelessness compared to the previous year.

- **3,556 in 2022 to 3,687 in 2023**

While it is possible that some of this increase can be attributed to improved coverage and participation in the PIT, it underscores the **challenges faced by Utah’s homeless service system in connecting those who have been homeless for extended periods** and require intensive support with appropriate **housing and services**.

Category		2021			2022			2023		
		Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total
Total	Number of Households	1875	N/A	N/A	1916	779	2695	2061	861	2922
	Number of Individuals	2410	1115	3525	2684	872	3556	2707	980	3687
Adults and children	Number of Households	221	N/A	N/A	306	9	315	268	9	277
	Number of Individuals	746	N/A	N/A	1056	23	1079	894	26	920
Households of Only Children	Number of Households	10	N/A	N/A	17	0	17	19	3	22
	Number of Individuals	11	N/A	N/A	19	0	19	24	3	27
Households No Children	Number of Households	1644	N/A	N/A	1593	770	2363	1774	849	2623
	Number of Individuals	1653	N/A	N/A	1609	849	2458	1789	951	2740

2023 Point-in-Time Count Subpopulations

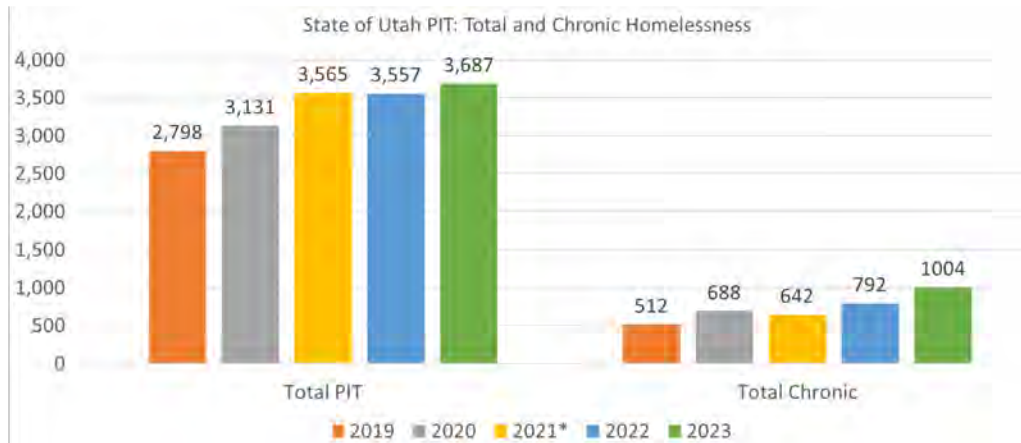
State of Utah Subpopulation	Number of Persons							
	Sheltered		Unsheltered		Total in Subpopulation		Subpopulation as Percentage of Total Individuals Counted	
	2022	2023	2022	2023	2022	2023	2022	2023
Survivors of Domestic Violence (Adults and Minors)	663	694	64	98	727	792	20.4%	21.5%
Survivors of Domestic Violence (Adults Only)	357	388	64	96	421	484	11.8%	13.1%
Adults with HIV/AIDS	33	44	11	12	44	56	1.2%	1.5%
Adults with Substance Abuse Disorders	401	610	172	338	573	947	16.1%	25.7%
Adults with Mental Illness	758	1003	221	499	979	1500	27.5%	40.7%
Veterans	116	152	39	29	155	181	4.4%	4.9%
Chronically Homeless Veterans	20	23	9	6	29	29	0.8%	0.8%
Chronically Homeless Persons in Households of Adults and Minors	61	65	9	8	70	73	2.0%	2.0%
Total Chronically Homeless Persons	564	643	228	361	792	1004	22.3%	27.2%
Unaccompanied Youth (Under Age 25)	144	131	46	66	190	197	5.3%	5.3%
Youth Parent (Under Age 25)	26	14	1	2	27	16	0.8%	0.4%
Child of a Youth Parent	35	19	1	2	36	21	1.0%	0.6%

In the 2023 Point-in-Time (PIT) count, Utah witnessed a concerning increase in the number of individuals experiencing chronic homelessness.

- Chronic homelessness refers to individuals who have experienced literal homelessness for at least a year, either continuously or in four or more separate instances within the past three years, while also experiencing a disabling condition such as a physical disability, severe mental illness, or substance use disorder.
- The 2023 PIT count identified **1,004** individuals who met this definition, comprising **27%** of the total count.
- This represents a significant **96%** increase from the 512 people reported as experiencing chronic homelessness in 2019 when Utah revised its reporting process to align better with HUD definitions and national standards.

The complete data report is available at:
<https://jobs.utah.gov/homelessness/homelessnessreport.pdf>

Chronic Homelessness and Permanent Supportive Housing



*Please note the asterisk next to 2021, as the number of people experiencing chronic homelessness available that year came just from the sheltered count due to subpopulation data not being collected in the unsheltered count to reduce the risk of COVID-19 transmission. That year should not be compared to the other years.

- To address chronic homelessness effectively, it's important to focus on the availability of **permanent supportive housing (PSH)** beds. PSH provides long-term housing assistance and essential support services for individuals with disabilities, aligning with the definition of chronic homelessness.
- Statewide, the number of people experiencing chronic homelessness has **increased by 96% between 2019 and 2023**. However, the availability of PSH beds has only risen by 1% or 45 beds during the same period.
- **During the period between 2012 and 2017**, when Utah achieved significant reductions in chronic homelessness, **the state increased its PSH inventory by adding 804 beds, marking a remarkable 46% growth**.
- **This emphasizes the need to prioritize expanding PSH resources**. By increasing the number of PSH beds, we can offer individuals experiencing chronic homelessness the long-term housing assistance and specialized support they require to overcome their challenges.

Office Homeless Services Funding Overview

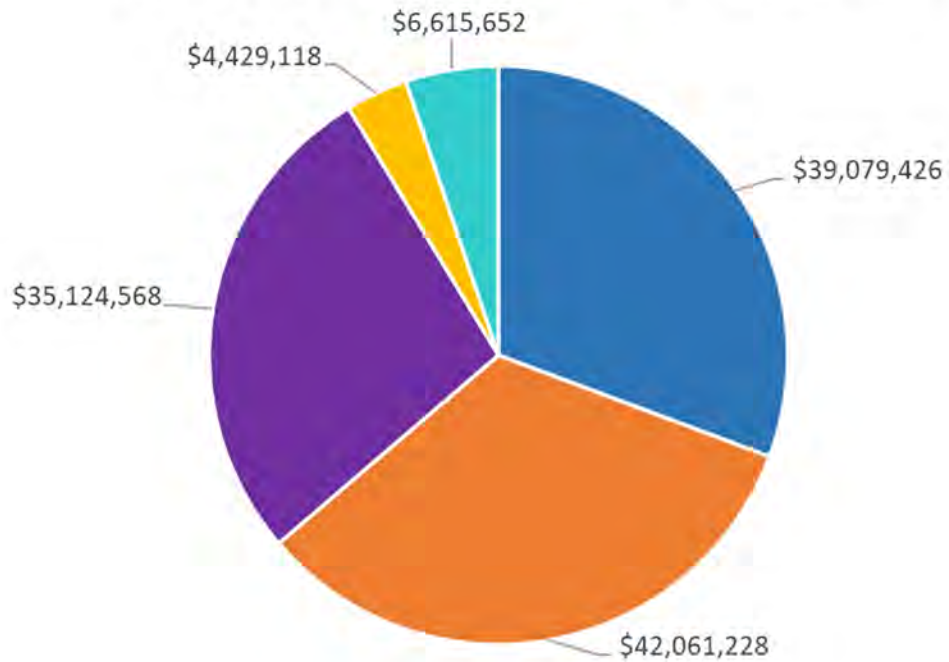


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OHS FUNDING FOR SERVICES AND HOUSING



- STATE ONE-TIME
- FEDERAL ONE-TIME
- STATE ONGOING
- FEDERAL ONGOING
- LOCAL TAX CONTRIBUTION



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FY24 Homeless Shelter Cities Mitigation Funding (Mitigation)

- **First-tier** eligible municipalities are located in a county of the first or second class and have a homeless shelter that operates year round, and has the capacity to provide temporary shelter to at least 80 individuals per night. First-tier eligible municipalities are:
 - Midvale City \$ 2,683,318
 - Ogden City \$ 2,472,548
 - Salt Lake City \$ 3,107,201
 - South Salt Lake City \$ 3,112,981
 - St. George City \$ 854,835
- **Second-tier** eligible municipalities are located in counties other than the first or second and have a homeless shelter that that operates year round, and has the capacity to shelter at least 25 individuals per night. Current eligible municipalities are:
 - Cedar City \$ 143,567
 - Logan City \$ 75,130
 - Richfield City \$ 130,757
- **Third-tier** winter response for eligible municipalities as determined by the office
 - Approximately \$ 1,600,000

Office Homeless Services Housing



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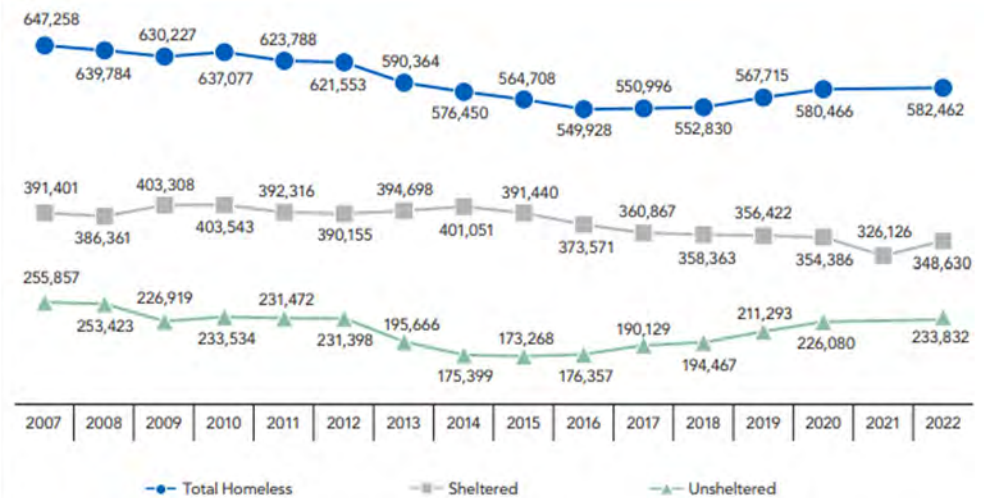
Rates of Homelessness

U.S. Housing and Urban Development Annual Homelessness Assessment Report to Congress

Rates of individuals experiencing homelessness per 10,000 people:

- **Utah - 11 per 10,000**
- Mississippi - 4 per 10,000
- South Carolina - 7 per 10,000
- Alabama - 7 per 10,000
- California - 44 per 10,000
- Vermont - 43 per 10,000
- Oregon - 42 per 10,000

EXHIBIT 1.1: PIT Estimates of People Experiencing Homelessness
By Sheltered Status, 2007-2022



Note: The data for 2021 does not display the total count of people experiencing homelessness or the count of all people experiencing unsheltered homelessness due to pandemic-related disruptions to counts. Additionally, estimates of the number of people experiencing sheltered homelessness at a point in time in 2021 should be viewed with caution, as the number could be artificially depressed compared with non-pandemic times, reflecting reduced capacity in some communities or safety concerns regarding staying in shelters.

<https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf>



Deeply Affordable Housing Need

- For Utah, the National Low Income Housing Coalition (NLIHC) estimates:
 - **-43,623** shortage of rental homes affordable and available for extremely low income renters (<https://nlihc.org/housing-needs-by-state/utah>)
 - A person must make **\$24.93 per hour** to afford a two bedroom apartment
 - **61,177** renters are below 30% AMI
 - **112,936** renters are below 50% AMI (<https://nlihc.org/oor/state/ut>)
- Kem C. Gardner Institute is currently doing a study that will provide more information on the shortage of deeply affordable housing and there are indications at this point that these numbers to be much higher
 - Report released later this fall



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Affordable & Deeply Affordable Housing Need

As part of House Bill 462 passed in 2022, the Department of Workforce Services has contracted with the Gardner Policy Institute (GPI) to develop a database of moderate and affordable housing needs and supply across Utah.

- The GPI team has provided initial estimates showing cumulative surplus/deficit for four area median income (AMI) levels for calendar year 2022.

AMI Level	Housing Units Available	Households	*Unit Deficit/Surplus	Affordable Units Available/100 Household
80% AMI & Below	221,952	221,929	23	100
60% AMI & Below	106,650	174,664	-68,014	61
50% AMI & Below	50,878	146,464	-95,586	35
30% AMI & Below	2,412	79,552	-77,140	3



County	ONE PERSON				FAMILY			
	30% Area Median Income (AMI)	Affordable Rent by 30% AMI	*Fair Market Rent (FMR) 1 Bedroom	Difference -Gap- Need to be filled with assistance	30% Area Median Income (AMI)	Affordable Rent by 30% AMI	*Fair Market Rent (FMR) 3 Bedroom	Difference -Gap- Need to be filled with assistance
Cache County	\$18,350	\$459	\$748	-\$289	\$30,000	\$622	\$1,325	-\$704
Daggett County	\$22,450	\$561	\$670	-\$109	\$32,050	\$721	\$1,095	-\$374
Davis County	\$22,350	\$559	\$1,032	-\$473	\$31,900	\$719	\$1,734	-\$1,015
Duchesne County	\$18,350	\$459	\$711	-\$252	\$30,000	\$622	\$1,138	-\$517
Morgan County	\$22,350	\$559	\$1,032	-\$473	\$31,900	\$719	\$1,734	-\$1,015
Rich County	\$18,350	\$459	\$670	-\$211	\$30,000	\$622	\$1,095	-\$474
Salt Lake County	\$22,300	\$558	\$1,258	-\$701	\$31,800	\$716	\$2,061	-\$1,345
Summit County	\$29,750	\$744	\$1,180	-\$436	\$42,500	\$956	\$1,890	-\$934
Tooele County	\$20,650	\$516	\$846	-\$330	\$30,000	\$664	\$1,520	-\$856
Utah County	\$20,850	\$521	\$1,009	-\$488	\$30,000	\$670	\$1,643	-\$973
Washington County	\$18,450	\$461	\$1,011	-\$550	\$30,000	\$622	\$1,734	-\$1,113
Weber County	\$22,350	\$559	\$1,032	-\$473	\$31,900	\$719	\$1,734	-\$1,015

*A FMR is generally calculated as the 40th percentile of gross rents for regular, standard-quality units in a local housing market. **Real market rents are much higher.**



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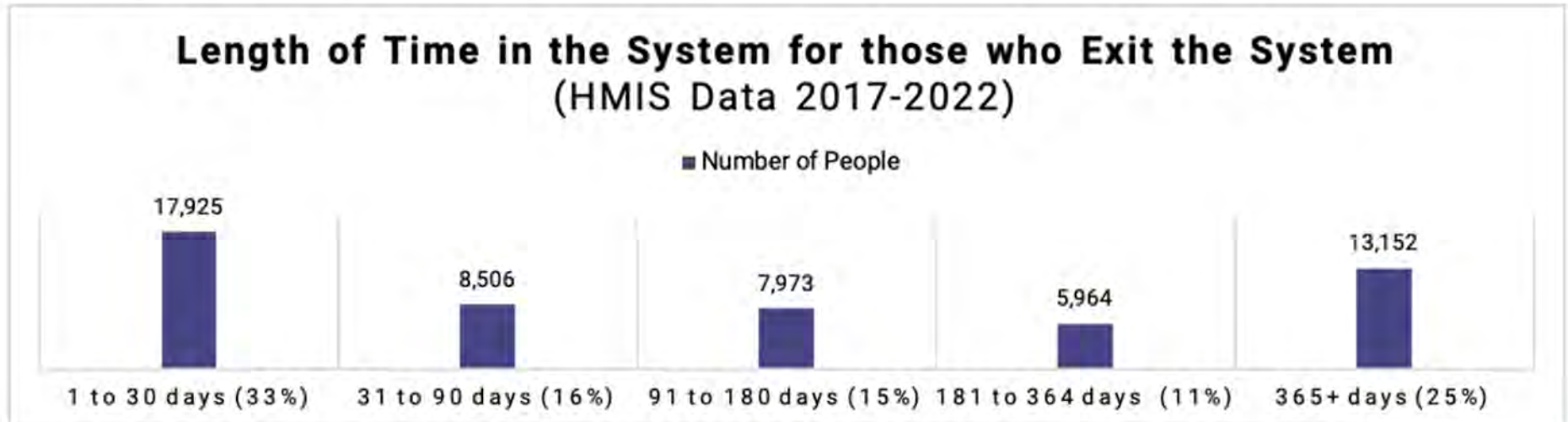
Local and State Laws to Support Development of Diverse Housing Interventions

Housing Spectrum for Communities										
Homelessness to Housing Strategies										
Homeless Prevention Strategies										
Affordable Housing Development Strategies										
Crisis Response	Short Term Rental Housing Assistance	Long Term Rental Housing Assistance	Transitional Housing	Permanent Supportive Housing	Community Rental Housing	Deeply Affordable Rental Housing	Affordable Rental Housing	Affordable Home Ownership	Market Rate Rental Housing	Market Rate Home Ownership
Emergency Shelter Day Shelter Street Outreach	<p>The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. For example, rapid re-housing provides short-term rental assistance and housing stability and case management services.</p>	<p>Housing assistance designed to supplement an individual's or family's income to allow them to rent market rate apartments (e.g. housing choice vouchers). Typically provided through a Public Housing Authority.</p>	<p>Temporary housing to help people transition to a more permanent housing situation. Commonly for youth, domestic violence survivors, individuals exiting incarceration, mental health and substance use treatment, and veterans.</p>	<p>Permanent subsidized affordable housing that includes case management and connection to other support services for individuals with a disabling condition. Can be dedicated units within a specific multifamily property. Provides access to substance use, mental health, job training, life skills, educational, and other supportive services either onsite or through an assigned case manager.</p>	<p>Multi-room affordable housing facility that offers single rooms for rent, typically with shared kitchen facilities. e.g. recovery housing, single room occupancy (SROs), boarding houses group homes.</p>	<p>Affordable rental housing for individuals and families who are at 30-40% AMI or below. Commonly for individuals on a fixed income such as SSI/DI, individuals with a disability and seniors. Can include State Office of Homeless Services Deeply Affordable Housing Fund, Low Income Housing Tax Credit, and HOME Investment Partnership funded projects.</p>	<p>Affordable rental housing for individuals and families who are at 50% - 80% AMI or below. Commonly referred to as workforce housing it includes rental housing for individuals such as teachers, firefighters, policeman, and small business owners. Can include Low Income Housing Tax Credit, and HOME Investment Partnership funded projects.</p>	<p>USDA Loans, First time Home Buyer program, Family Self-Sufficiency program, Community Land Trusts, etc.</p>		

Length of Time from Enrollment to Permanent Exit

This analysis examine the length of time from enrollment into the system to exit¹⁴ from the system for an individual:

- Median time to exit = 92 days
- Mean time to exit = 275 days
- Range of days to exit = 1 - 2,258 days



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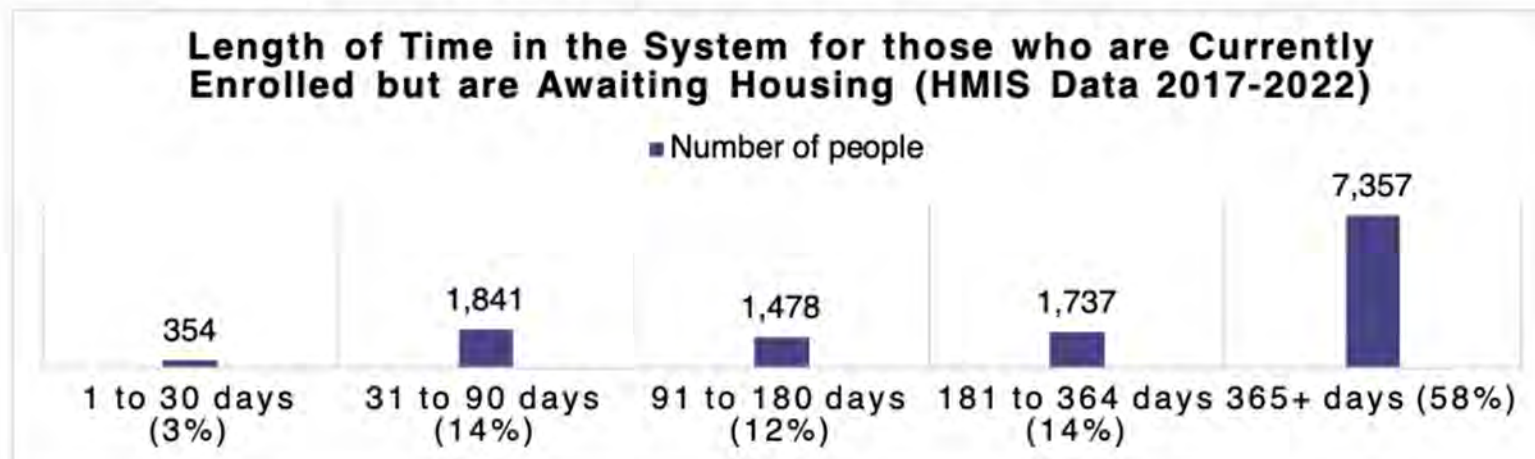


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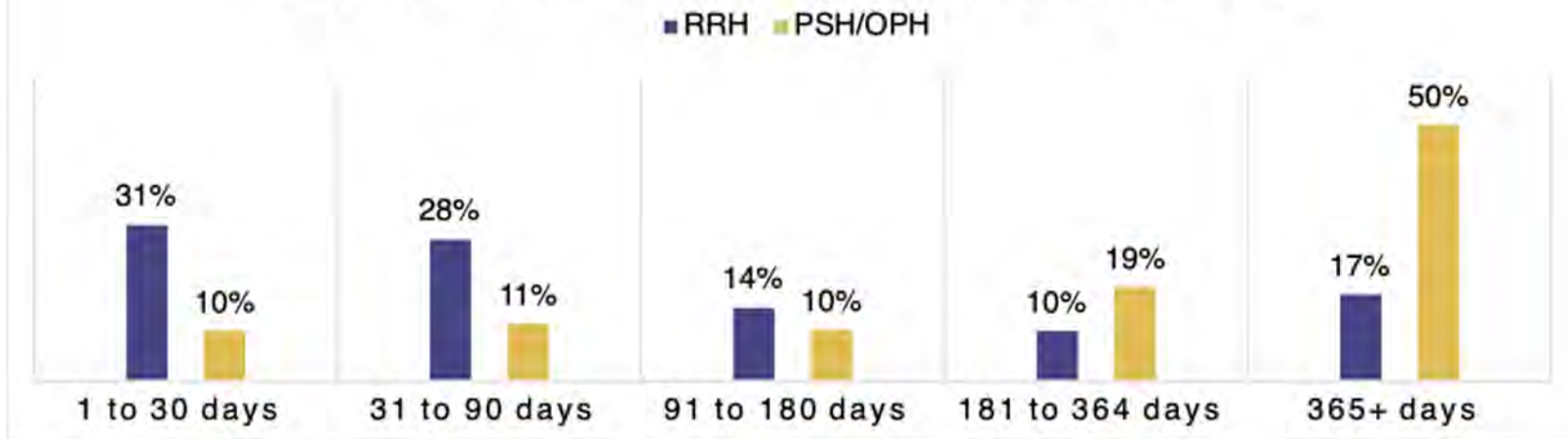
Length of Time in the System while Awaiting Housing

This analysis examines the length that those without a housing project move-in date have been in the system (e.g., they are waiting for housing):

- Median time to exit = 503 days
- Mean time to exit = 799 days
- Range of days to exit = 19 – 2231 days



Length of Time From System Entry To Move-In for Persons Enrolled in RRH and PSH/OPH (HMIS Data 2017-2022)



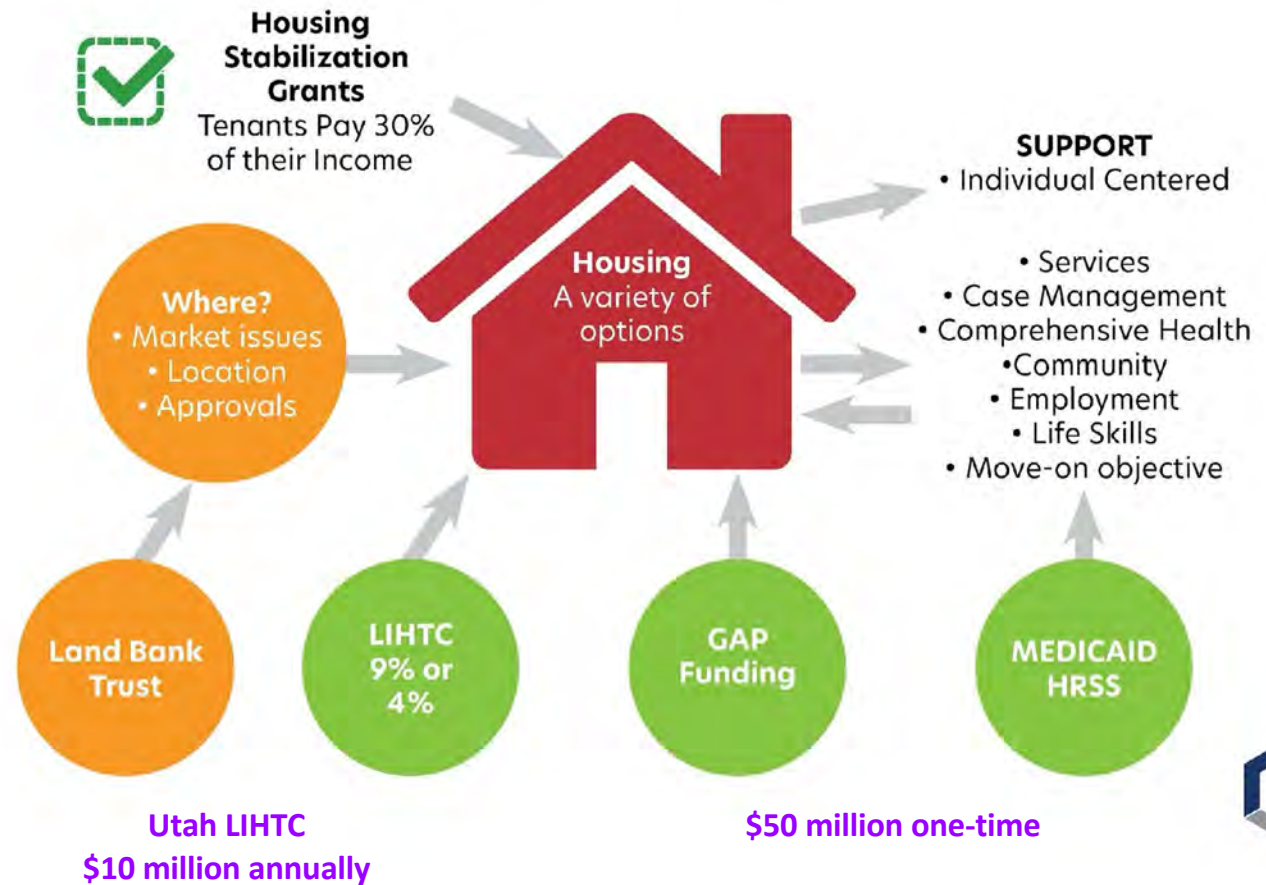
Days in the system to move-in by housing project type (number of people)

Number of days	RRH	PSH/OPH
1 to 30	3,027	175
31 to 90	2,743	203
91 to 180	1,417	181
181-364	960	334
365+	1,658	910

Supportive Housing

How to fund it

\$5 million ongoing



FY23 Deeply Affordable Housing Funding

\$55,000,000 - ARPA funding

- Application released in July 2022
 - Received **\$168,000,000** in funding requests
 - Many service providers were not able to submit applications due to the fast time frame
- Applications reviewed August 2nd and recommendations sent to the Utah Homelessness Council (UHC) for review on August 31st
- Finalized recommendations with UHC for funding on September 9th



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OHS DEEPLY AFFORDABLE HOUSING FUND

Agency	Project Title	Recommended Amount	County	TOTAL UNITS	UNIT SUBCATEGORIES	
				Income Restricted - Affordable Units	Of the Affordable - Deeply Affordable Units	Of the Affordable - Homeless Dedicated Units
Blueline	Stratford	\$780,000	Salt Lake	46	46	46
CDCU	Howick 4101 S. Howick	\$800,000	Salt Lake	150	11	11
CDCU	Richmond Flats	\$500,000	Salt Lake	55	5	5
Friends of Switchpoint	The Point Fairpark	\$10,283,622	Salt Lake	94	44	94
Friends of Switchpoint	The Point Red Hills	\$5,278,756	Washington	60	24	54
Friends of Weber Housing Authority	912 Wall Avenue, Ogden, UT 84404	\$500,000	Weber	46	9	18
Housing Assistance Management Enterprise	Pamela's Place Phase 2	\$9,000,000	Salt Lake	115	115	69
Iron County Care and Share/Canyon Creek Services	ICCS-CCS Collaborative	\$6,000,000	Iron	30	30	3
OHS Funding Administration	Contract and program staff to support 15 years compliance and monitoring	\$1,650,000	Statewide Contracts	N/A	N/A	N/A
Murray- TWG Fireclay	152 W 4250 S	\$1,000,000	Salt Lake	40	5	5
Salvation Army	2615 Grant Ave	\$2,000,000	Weber	53	52	0
The Other Side Academy	Tiny Home Village	\$4,000,000	Salt Lake	60	54	54
Utah Regional Housing Corp	Multiplex	\$5,069,000	Utah			
Utah Regional Housing Corp	85 North	\$990,000	Utah	19	6	12
Ville 1659	1659 W North Temple	\$3,858,622	Salt Lake	197	197	100
Ville 647	647 S Main	\$1,000,000	Sevier	40	40	20
Weber Housing Authority	2325 Madison Avenue	\$1,290,000	Weber	33	33	33
West Haven TWG	2150 S 1100 W	\$1,000,000	Weber	40	8	5
	TOTAL	\$55,000,000		1078	679	529

FY24 Deeply Affordable Housing Funding

\$47,738,856

- \$31,000,000 ARPA funding
- \$13,312,500 H2H Match Funding
- \$3,426,356 Emergency Rental Assistance Funding (Utah County)

Application released in July 2023

- Received **\$105,911,906** in funding requests
- Applications currently being reviewed
- Recommendations will be made to Utah Homelessness Council August 10, 2023



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FY24 Attainable Housing Grants

\$5,000,000

Application released in July 2023

- Received **\$2,193,048** in funding requests
- 843 grant units represented in application intent
- Applications currently being reviewed
- Recommendations will be made to Utah Homelessness Council August 10, 2023



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Office Homeless Services Gaps and Needs



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Sources of Homelessness

SYSTEMS

- Re-entry from incarceration
- Release from hospital or other medical provider
- Exit from mental health or substance use treatment
- Youth in foster care
- Juvenile justice system
- ...

LIFE EVENTS

- Domestic violence
- Loss of a job/income
- Divorce
- Death of someone close to you
- Health issues
- Behavioral health issues
- Loss of family support/relationships

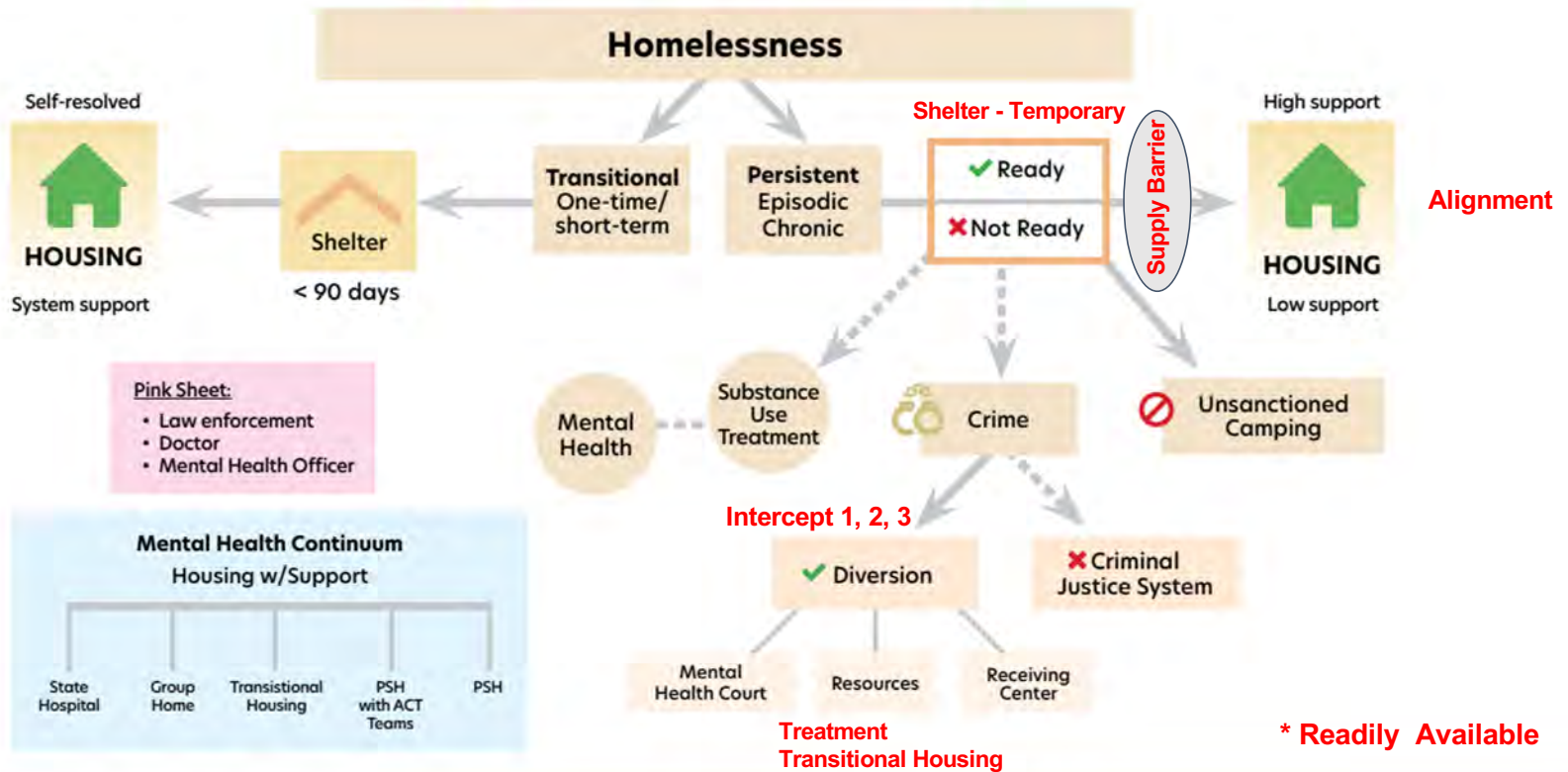
LACK OF ATTAINABLE AND AFFORDABLE HOUSING

- Priced out of the market
- Eviction/foreclosure
- Disaster
- Wage gap
- Income insecurity (SSI/SSDI)

Navigator (Advocate) System
Resources readily available
ST Rent Support
Receiving Center
Mental Health
...



Vulnerable/At-Risk, Hidden Intercept 0, 4, 5



Treatment Transitional Housing

*** Readily Available**

Where do you go in crisis?

Call 211

- Seldom helpful
- Resources outdated
- Not resourced
- Agencies 211 refers to have inadequate resources
- Dead-end

*Many communities throughout the nation use 211 for their primary coordinated entry response [Nevada Example](#), [Pennsylvania Example](#)

(<https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>)

Community Resources

- Day Shelter Services - not every community has this resource
- Community Action Programs - lack resources
- DWS (food stamps, financial)
- Housing Authorities - lack sufficient funding resources for rental assistance (long wait lists)
- Food pantries
- Family or friends
- Religious organizations

Emergency Shelter

- Understaffed
- Functional capacity, no room
- Lack of throughput
- Don't feel comfortable in a congregate setting
- Too many rules in shelter
- Move on data is hard to collect
- Increasing days for stayers long-term
- Days in shelter increasing - lack of housing options
- Decreasing days leavers

Streets/Vehicle

- Individuals and families don't feel comfortable in a congregate setting
- Too many rules in shelter
- Once someone is on the streets it is more difficult to help them resolve over time
- Professional street outreach team capacity
- Outreach teams lack adequate resources for quick intervention

Ideally - Prevention

SYSTEMS

- Re-entry from incarceration
- Release from hospital or other medical provider
- Exit from mental health or substance use treatment
- Youth in foster care
- Juvenile justice system
- ...

- **Advocate system with peer support**
 - Capture people at a point of vulnerability or risk with adequate resources available
 - Diversion and connection to resources and other case managers throughout other systems
- Robust transitional system for people exiting incarceration
- Robust transitional system for people exiting medical care/facilities
- Robust transitional system for substance use treatment
 - Expansion of USARA advocates (<https://www.myusara.com/>)
- Robust transitional system for youth exiting foster care
- Expansion of Transitional Housing programs

Ideally - Prevention

LIFE EVENTS

- Domestic violence
- Loss of a job/income
- Divorce
- Death of someone close to you
- Health issues
- Behavioral health issues
- Loss of family support/relationships

- **Advocate system with peer support**
 - Capture people at a point of vulnerability or risk with adequate resources available
 - Diversion and connection to resources and other case managers throughout other systems
- Rapid Rehousing, Emergency Rental Assistance and Homeless Prevention programs (per HUD definitions for eligibility)
- Robust ACT teams for Permanent Supportive Housing
- Robust transitional system for domestic violence response (expansion of Transitional Housing programs)
- Healthy inventory of deeply affordable and affordable housing
- MCOT for unsheltered
- Receiving centers in communities & Mental Health support and resources
- Emergency Shelter for crisis only response, <90 days

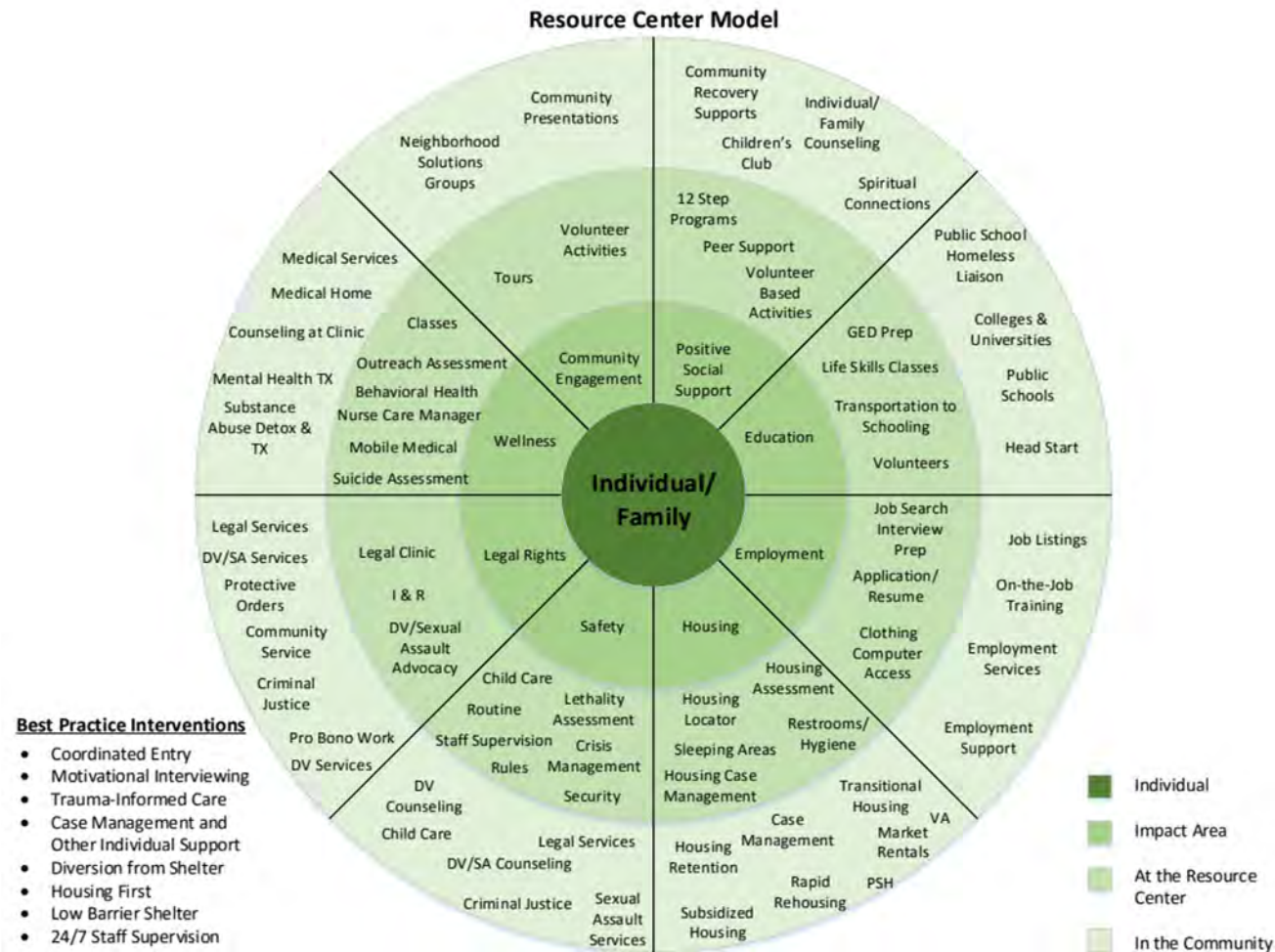
Ideally - Prevention

ATTAINABLE AND AFFORDABLE HOUSING

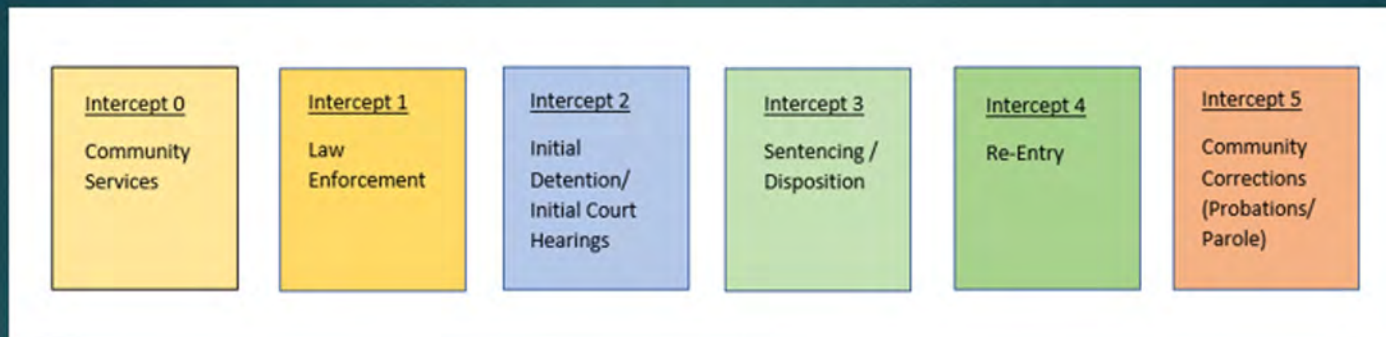
- Priced out of the market
- Eviction/foreclosure
- Disaster
- Wage gap
- Income insecurity (SSI/SSDI)

- **Advocate system with peer support**
 - Capture people at a point of vulnerability or risk with adequate resources available
 - Diversion and connection to resources and other case managers throughout other systems
- Rapid Rehousing, Emergency Rental Assistance, and Homeless Prevention programs (per HUD definitions for eligibility)
- Healthy inventory of deeply affordable and affordable housing
- **State Housing Choice Voucher Program**
https://www.hud.gov/topics/housing_choice_voucher_program_section_8#hcv01
 - Current federal Housing Choice Voucher funding has extremely long wait lists through housing authorities. It can take years for an individual or family to receive assistance.
- Emergency Shelter for crisis only response, <90 days
- Robust job re-entry and training program connections

Ideal Homeless Response Model



Sequential Intercept Model (SIM)



The Sequential Intercept Model is a strategic planning tool which maps diversion resources along the criminal / legal system process. Each intercept identifies intervention points for diversion. The SIM is used to:

- 1) Develop a comprehensive picture of how people flow through the criminal justice system along six distinct intercept points.
- 2) Identify gaps, resources, and opportunities at each intercept for individuals
- 3) Develop priorities for action designed to improve system and service level responses
- 4) Divert as many individuals as possible at Intercept 0

Why This Model

Individuals

- Provide more effective treatment in more appropriate settings for better long-term success for individuals in need, ending cycles of repeat engagement in criminal justice or homeless systems

Hospitals

- Reduce expensive, inefficient use of hospital emergency departments

Law Enforcement

- Reduce calls to law enforcement for crimes that are symptoms of mental illness, enabling more focus on violent crimes

Corrections

- Reduce the use of jail as the de facto provider of mental health care and substance abuse treatment for low-income individuals, enabling better use of resources for individuals who cannot be served in the community

Courts

- Improve case loads by resolving cases through diversion to treatment of SMI before adjudication

Providers

- Enhance data-informed coordination between providers for long-term individual success that helps promote sustainable resource allocation to providers

Intercept 0 Community	Intercept 1 Law Enforcement	Intercept 2 Jail	Intercept 3 Courts	Intercept 4 Re-Entry	Intercept 5 Community Corrections
<ul style="list-style-type: none"> •Crisis Line •Warm Line •Mobile Crisis Outreach Teams •Receiving Center •VOA detox •ACT Teams •VA/VOA Outreach •NAMI •USARA •MAT •4th Street Clinic •Sober Living Housing – 76% reduction in new charge bookings •Permanent Supportive Housing – 93% retention in housing •Rapid Rehousing •Homeless Resource Centers •Downtown Ambassadors •Senior Housing (homeless) 	<ul style="list-style-type: none"> •CIT Officers •SLCPD Community Connections Team •UPD Mental Health Unit •Lethality Assessment (SB 117) 	<ul style="list-style-type: none"> •Mental Health Services •CATS •Community Response Team •Jail Competency Restoration Unit •MAT – Vivitrol Program: 71% reduction in new charge booking •CJS Pretrial Services •County Pretrial Intervention Program 	<ul style="list-style-type: none"> •Mental Health Courts •Drug Courts •Veteran’s Courts •LDA Mental Health and social services positions •Case Resolution Coordinator •Homeless Courts 	<ul style="list-style-type: none"> •TOP 10 •JDOT •CORE 1&2 –79% reduction in new charge bookings for men, 93% for women •ATI Transport •Odyssey House MH Residential programs •JRRP •FACT •DORA •MH/SUD Programs •4th Street Clinic •Medicaid Eligibility Specialists •Gap Funding 	<ul style="list-style-type: none"> •CJS Intensive Supervision Program – 86% reduction in new charge bookings •APP OMI •CJS Case Managers

ACT= Assertive Community Treatment
AP&P = Adult Probation and Parole
ATI = Alternatives to Incarceration
CATS = Correction Addiction Treatment Svcs
CIT = Crisis Intervention Team
CJS = Criminal Justice Services

CORE=Co-occurring Reentry & Empowerment
CPIP=County Pre-File Intervention Program
CRT = Community Response Team
DORA = Drug Offender Reform Act
ED = Emergency Department
FACT= Forensic Assertive Community Treatment
JDOT = Jail Diversion Outreach Team
MAT = Medication Assisted Treatment

JRRP=Jail Resource Reentry Program
MCOT = Mobile Crisis Outreach Team
MHC = Mental Health Court
MH = Mental Health
MHL=Mental Health Liaison
NAMI = National Alliance on Mental Illness
OMI: Offender with a Mental Illness
OH=Odyssey House

SUD = Substance Use Disorder
SW = Social Work
UHP = Utah Highway Patrol
UPD = Unified Police Department
USARA = Utah Support Advocates for Recovery Awareness
VOA = Volunteers of America

Gaps and Needs

- Supportive Housing
- Non-Congregate & Low Barrier Shelter
- Services
- SIM Model
- Dedicated Funding



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Dedicated Funding Stream to Address Goals and Strategies in the Strategic Plan

- **Chronic homelessness, mental health, substance use**
 - According to HMIS data, about **48%** of people who have experienced homelessness within the last five years in Utah had a disabling condition.
 - Around **36%** of them having a mental health or substance use disorder.
- **Supportive services and case management**
 - To support a successful housing model, there is a need to expand services provided that are attached to housing. This includes:
 - Expanding case management services and increasing wages.
 - Investment in expansion of substance use and mental health services.
- **Funding gaps**
 - Expansion of sites and services throughout the state - new facilities, winter overflow, code blue,
 - Homeless service providers throughout the state have significant operating costs. This is due to changes in crisis homeless services systems models, inflation, cost of wages, and increased cost for goods and services.
 - Many homeless services staff are not making a living wage and experience homelessness and housing insecurity themselves.
- Funding needs related to expansion of the [Sequential Intercept Model](#).



Utah Impact Partnership

<https://utahcf.org/community-impact/community-impact-funds/utah-impact-partnership>

Fred Story

<https://vimeo.com/blnkspce/review/693223822/6c8fedd01c>







UTAH HOMELESS SERVICES BOARD EXECUTIVE SUMMARY

Agenda Item:	2
Subject:	Utah’s Guiding Principles to Overcome Homelessness
Submitted by:	Office of Homeless Services (OHS)
Purpose:	<input checked="" type="checkbox"/> Decision

Staff Recommendation:

OHS recommends the following motion:

1. The Utah Homeless Services Board (UHSB) adopts *Utah’s Guiding Principles to Overcome Homelessness*, and UHSB directs staff from the Office of Homeless Services staff to incorporate, where applicable, Utah’s Guiding Principles to Overcome Homelessness into the 2023 “Utah’s Plan to Address Homelessness.”

Summary:

Utah’s Guiding Principles to Overcome Homelessness is a draft document which is intended to bolster Utah’s existing *Plan to Address Homelessness*. A core goal of Utah’s unified approach is to elevate the efforts of the individuals and organizations engaged in addressing this challenge. These guiding principles define the ultimate set of unifying principles, foundational requirements, and ecosystem necessary to deliver healing for our most vulnerable members of society, and will be adapted to fit the needs of specific subpopulations and geographic regions.

Utah’s Guiding Principles to Overcome Homelessness have been reviewed by, but not limited to, the following stakeholders:

- Utah Homeless Services Board (UHSB)
 - *All members of the UHSB were invited to participate and provide feedback*
- Utah Office of Homeless Services
- Utah Office of the Governor
- Legislative leadership
- Municipal leaders
- Utah Homeless Network Steering Committee Leadership
- Leadership from all three (3) of Utah’s Continuums of Care
- Private, philanthropic, and faith-based representatives

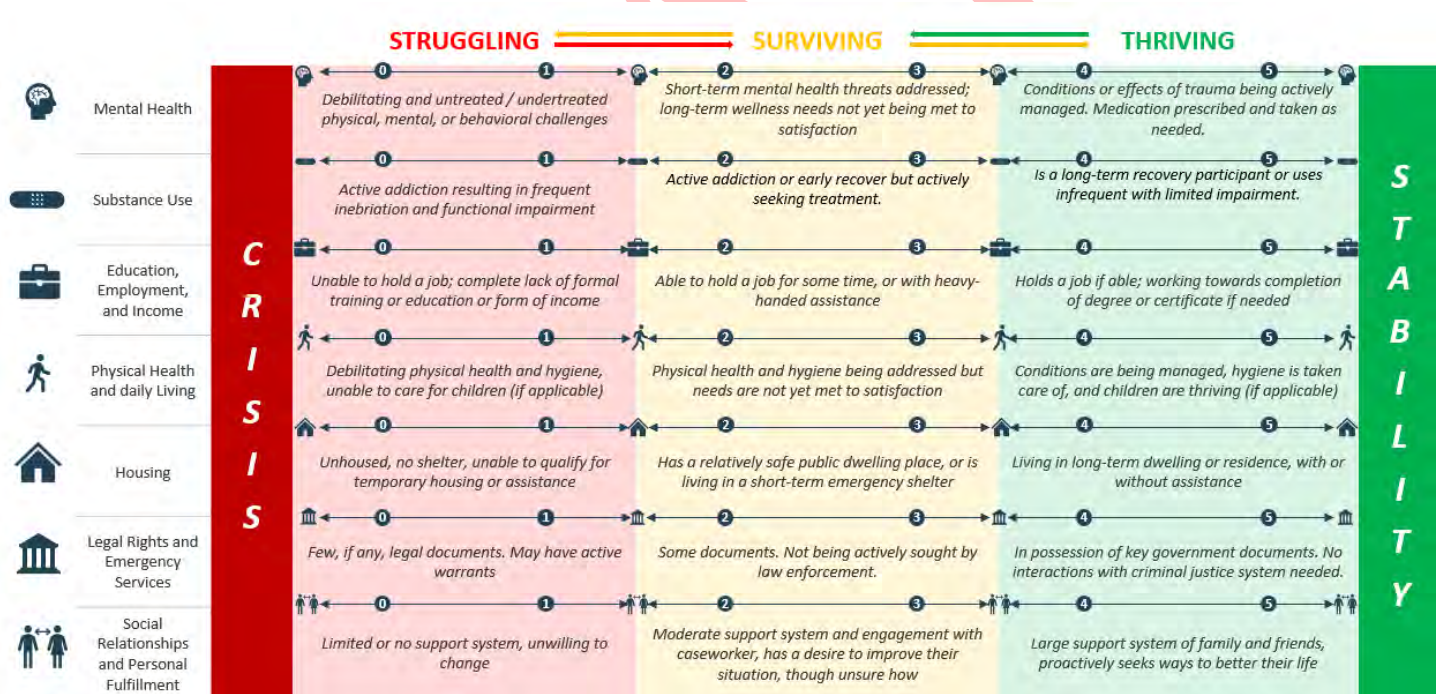
THE UTAH MODEL: GUIDING PRINCIPLES TO OVERCOME HOMELESSNESS

CONTEXT: This document is intended to bolster Utah’s existing Plan to Address Homelessness with greater clarity and purpose. A core goal of Utah’s unified approach is to elevate the extraordinary efforts of the individual heroes and hundreds of organizations already engaged in addressing this challenge. This document will not answer every question or address every possible exception to the principles outlined. We recognize these guiding principles must be adapted to fit the unique needs of specific sub-populations and geographic regions. This document defines the ultimate set of unifying principles, foundational requirements and ecosystem support we believe are critical to deliver healing for our most vulnerable members of society.

OPPORTUNITY: Utahns fundamentally believe in the inherent value and expansive potential of all human beings. We are dedicated to improving the lives and circumstances of our most vulnerable, including those experiencing homelessness. Unfortunately, and despite tremendous effort, resources, and goodwill throughout the state for many years, the prevalence and consequences of homelessness have only worsened—for both individuals and our communities. Utah intends to change history; we will help those experiencing homelessness to heal. In Utah, we are committed to the proposition that homelessness will not end in hopelessness.

NORTH STAR: Providing shelter, food, medical care, and more is important; but independent services that primarily address immediate needs are insufficient. Thus, Utah is embarking on a bold new undertaking that integrates and systematizes various efforts and investments in pursuit of our ultimate objective — to help those experiencing homelessness realize their inherent dignity and walk the path towards human thriving.

UNIFYING FRAMEWORK: THE PATHWAY TO HUMAN THRIVING



The Pathway to Human Thriving framework orients and organizes both outcomes and activities according to stages of progress (from struggling to surviving to thriving) and dimensions of need and opportunity. The framework helps at the individual, organizational, and systemic levels. As we work with individuals experiencing homelessness, the framework helps us identify current needs and what incremental progress should focus on based on an individual’s situation. We fully recognize that each person’s path will be different, additional needs may arise, and we all lapse and regress at times. A common framework allows us to monitor, learn about, and adjust to needs, solutions, and progress across our communities.

UNIFYING PRINCIPLES

Utah’s funders, agencies, and service providers ensure the following commitments motivate and permeate all our efforts:

- **Human Centered:** We recognize the inherent variability in different sub-populations’ challenges and needs and will apply the Pathway to Human Thriving framework in nuanced ways for individuals and sub-populations and will adopt a Know-By-Name system to ensure each person receives individualized and coordinated care.
- **Root-Cause Focused:** We are conscious of the root causes and complex realities that lead to and perpetuate homelessness. Economic and health ‘shocks’ result in significant setbacks that can lead to housing loss. Homelessness is often a consequence of underlying, co-occurring trauma, mental health disabilities, and substance use disorders. In almost all cases, homelessness exacerbates those challenges, turning temporary setbacks into persistent patterns and chronic conditions into destructive behaviors.
- **Evidence Based:** We expect service providers to prioritize evidence-based practices that have been shown to have the highest impact in driving recovery. Efficacy rates will be tracked so that service providers can learn from one another regarding those policies and practices that most help individuals recover. Measures of success for specific interventions will be based on successful recovery, not just program completion.
- **Expectation Driven:** We combine robust support and opportunity with meaningful expectations and accountability. For individuals, this involves contributing meaningfully to one’s own healing alongside humane but consistent and comprehensive enforcement models to minimize self-destructive and/or anti-social behavior (e.g., drug distribution, public disruption, camping, etc.). Utah will maintain its commitment to offering first-level, low-barrier shelter and basic food to all individuals, provided they do not bring illicit substances into the facility, engage in harassment, assault, or trafficking, or cause physical harm to others. For additional services, the State will use an incentive model that builds achievement, dignity, and confidence by pairing self-directed movement along the Pathway to Human Thriving with increased access to system benefits and services.
- **Results Oriented:** We are focused on long-term results (i.e., incremental progress along the Pathway to Human Thriving), not just on addressing immediate needs or being satisfied with delivering goods, services, and programs. Utah invests in its most vulnerable by achieving recovery from trauma and addiction, improvements in mental and physical wellbeing, self-sufficiency and accountability, and ultimately sustainable reintegration with society. Programmatic benchmarks appropriate to each level of intervention will be used to evaluate the degree to which each service provider is contributing to the long-term success of those experiencing homelessness.

SYSTEM REQUIREMENTS

Transforming the current fragmented system into one that integrates solutions and enables holistic healing will require that we establish shared approaches, systems and expectations across providers – in short, a set of requirements. The following are critical, foundational requirements for successful and efficacious participation in that system:

- **Know-by-Name:** The Know-by-Name system will track all efforts supporting the individual such that the State knows what is working and what is not working in helping an individual progress along the Pathway to Human Thriving. All individuals receiving State services beyond first-level low-barrier shelter and basic food will be required to participate in Know-by-Name. We will build on existing investments in HMIS as the foundational database and incorporate data from additional systems (e.g. Justice, Health, Medicaid), where legally and technically feasible, to secure a more comprehensive picture of the individuals we seek to help.
- **Case Management:** The availability of trained case managers is crucial to the success of both the Know-by-Name system and the Diversion and Intercept model. Thus, dramatically increasing the number of clinical behavioral health workers is paramount and will be supported by innovations in how we credential, how we license and how we fund case management. Each of those innovations are currently being pursued to enable case managers to provide personalized continuity across our system by better connecting disparate services.
- **Monitoring, Evaluation, Learning:** By rigorously assessing outcomes, holding stakeholders accountable, and continuously learning from both successes and setbacks, we can refine strategies, optimize resources, and make meaningful progress towards sustainable solutions for homelessness in the state. The implementation of a systemwide, structured measurement, evaluation, and learning process will enhance our ability to achieve the common goal of making homelessness rare, brief, and nonrecurring. Through a formalized MEL process, Utah

will assess the effectiveness of various policies in real-time, allowing for data-driven insight and refinements to programs.

- **Consistent, Long-term Funding:** Unreliable funding is devastating to system efficacy. In the 2025 Utah Legislative Session, a consistent funding source will be identified and appropriated to fund evidence-based practices for the Know-by-Name system, the Diversion and Intercept model, the necessary facilities and wrap-around services (including mental and behavioral health care, substance use disorder support, skills-based training, employment), a significant increase in the number of clinical behavioral health specialists dedicated to helping individuals along the Pathway to Human Thriving, and the state’s MEL solutions. The consistent funding source will allow the State and Counties to provide stable, full-time employment for frontline employees supporting our State’s most vulnerable. The State will require return-and-report mechanisms to ensure the funding is having the impact intended in helping people improve their lives.

ESSENTIAL ECOSYSTEM SUPPORT

Our efforts to address homelessness do not exist in a vacuum. For our guiding principles, overarching strategy and system requirements to be effective in moving people along the Pathway to Human Thriving our efforts must be supported by the ecosystem that surrounds this problem. That includes the following critical changes outside of traditional OHS scope:

- **Reliable Unsanctioned Camping Enforcement:** Allowing unsanctioned camping and loitering exposes homeless individuals to severe risks. Living in makeshift campsites in locations not intended for habitation leaves them vulnerable to exploitation, violence, illicit drugs, sexual abuse, and health hazards, intensifying existing trauma and making recovery increasingly challenging. To protect society’s most vulnerable, all municipalities in Utah will consistently enforce unsanctioned camping and loitering policies.
- **Disruption of the Supply of Illicit Substances:** The use of illicit substances devastates the lives of homeless individuals, deteriorating both their physical and mental health. The cycle of addiction and dependence on these substances leads to increased vulnerability and reduced opportunities for recovery. The state of Utah will strategically and aggressively disrupt both the supply and demand of illicit drugs and, in doing so, ensure success for those who are striving to rehabilitate from substance use disorder.
- **Implementation of the Diversion & Intercept Model:** The State’s largest 5 counties must implement a Diversion and Intercept model. Like the model of Miami-Dade County — in which a 20-year implementation of the Sequential Intercept Model has effectively addressed the issue of individuals repeatedly cycling through emergency rooms, shelters, jails, and the streets — Utah will train police in CIT (Crisis Intervention Training), integrate social workers with law enforcement, and offer mental health care as an alternative to incarceration.
- **Recovery Focused Criminal Justice System:** The options for effective criminal justice are not a binary choice between enforcement or non-enforcement. To best support our most vulnerable population, criminal justice reform must focus on the true objective: the long-term improvement of human conditions and behavior. In doing so, Utah will blend care and rehabilitation with appropriately increased accountability and expectations. In conjunction with the Diversion and Intercept model, Utah’s justice system must leverage targeted penalties and evidence-based offramps into effective services, to drive progress along the Pathway to Human Thriving.
- **Expanded Housing Support:** Utah is not in the business of housing; as a society, we are in the business of improving human lives – of helping each individual better realize their inherent dignity. Housing, though, is a very important activity in helping individuals improve their circumstances. While housing alone is insufficient, housing provides the stability, independence, and potential security to propel healing and growth. We must support the development of housing beyond our typical system (e.g., emergency shelters, transitional housing) including more affordable housing units that can serve as a destination for individuals successfully transitioning out of our system (e.g., permanent supportive housing, traditional affordable housing).

A TRANSFORMATIVE OPPORTUNITY

We recognize that many of the guiding principles outlined in this document represent stark but necessary departures from both conventional mindsets and approaches. Doing more of the same things in the same way will simply lead to more of the same results. We are resolute in our commitment and investment and inspired by the challenge and opportunity.



MIAMI-DADE COUNTY HOMELESS TRUST GAPS AND NEEDS ASSESSMENT REPORT ON HOMELESSNESS

Introduction

The goal of the gaps analysis is to provide information on the Miami-Dade County homeless Continuum of Care (CoC) to people with lived experience, stakeholders, advocates and constituents interested in learning about the impact we have. The Homeless Trust is the lead agency offering a plan, leadership and funding benefiting people at risk of, or experiencing homelessness in Miami-Dade County. The gaps analysis also identifies key unmet needs in the housing and services system, focusing on overall needs as well as specific sub-population and geographic needs. It also considers the overall functioning of the system as a whole and identifies strategies to improve system-level effectiveness and efficiency.

About Miami-Dade County

Miami-Dade County is the most populous county in the State of Florida and home to 34 incorporated municipalities, cities, towns and villages, as well as unincorporated communities and neighborhoods. The City of Miami is the largest municipality, followed by Hialeah, Miami Gardens, Miami Beach, North Miami and Coral Gables. The areas of the county that do not fall within municipal boundaries comprise the unincorporated area of Miami-Dade. With a population exceeding one million people, the unincorporated area, if declared a city, would form the largest city in Florida.

Miami-Dade County encompasses more than 2,000 square miles. The community is located along the southeast tip of the Florida peninsula. It is bounded by Biscayne Bay and the Atlantic Ocean to the east, Everglades National Park to the west, the Florida Keys to the south, and Broward County to the North.

Miami-Dade County has a population of more than 2.7 million people and is the fourth largest public school district in the United States.

About the Miami-Dade County Homeless Trust

The Miami-Dade County Homeless Trust serves as the lead agency for Miami-Dade County's homeless Continuum of Care (CoC) and is responsible for the oversight, planning and operations of the entire CoC. The Homeless Trust does not provide direct services, we are a small county department providing administrative functions including:

- Completing the federal CoC and state collaborative applications on behalf of the county and social service providers.
- Soliciting housing and service activities from non-profits, other arms of government providing social services, and tribes.

- Administering grants and fiscal activities for housing and services programs operated by competitively selected subrecipients.
- Partnering with other housing and support service entities to leverage other funding streams benefiting the homeless.
- Administering proceeds of a one percent (1%) Food and Beverage Tax. Miami-Dade had the first dedicated funding source for homelessness in the United States – a unique 1 percent Food and Beverage Tax which is foundational to the funding of the Homeless Trust today.
- Implementing the *Miami-Dade County Community Homeless Plan: Priority Home* which provides a framework for preventing and ending homelessness in Miami-Dade County.
- Managing Miami-Dade County's Homeless Management Information System (HMIS), the local technology system used to collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
- Developing policy and serving in an advisory capacity to the Board of County Commissioners on issues involving homelessness.

Miami-Dade County Homeless Plan: Priority Home

The Miami-Dade County Homeless Plan: Priority Home provides a framework for Miami-Dade County to prevent and end homelessness. The plan is reviewed annually to ensure it continues to serve the local needs of those experiencing and at-risk of homelessness in our community, and to ensure it aligns with the Federal Strategic Plan, U.S. HUD's System Performance Measures and U.S. HUD Policy Priorities contained within the most recent U.S. HUD CoC Program Competition. As gaps and needs are identified, additional implementation measures and strategies, as well as the status of those strategies, is updated yearly as part of CoC Subcommittee meetings which take place beginning each January.

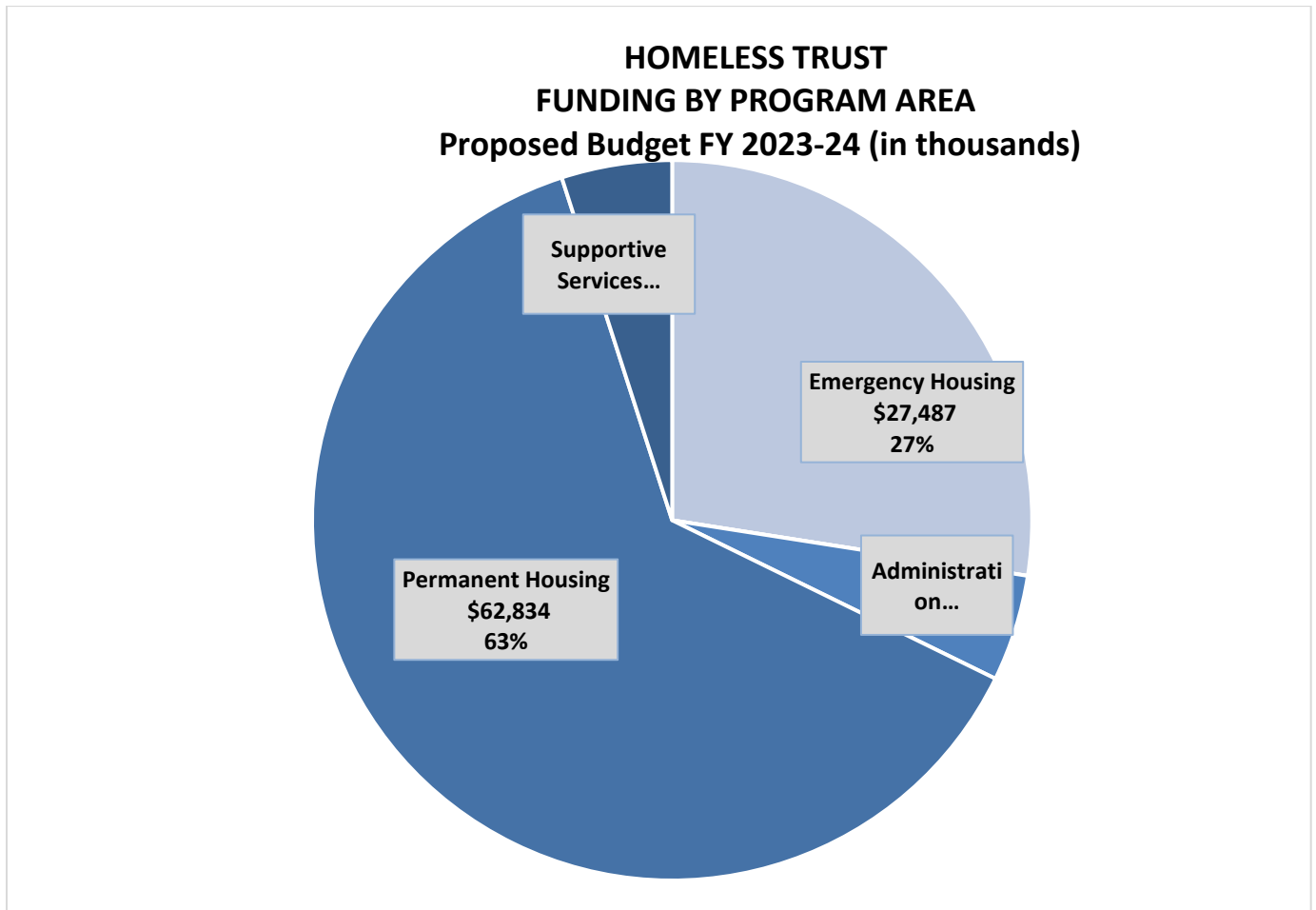
Information provided to the CoC Subcommittee is reviewed by lived experience through the Lived Experience Working Group (LEWG), Youth Voice Action Council (YVAC), and Homeless Formerly Homeless Forum (HFHF). The CoC Subcommittee, which includes lived expertise, assists in identifying additional gaps and needs and strategies using an analysis of our system through tools such as the annual Point-in-Time Count and summer census count; information from the Housing Inventory Count; analysis of U.S. HUD Systems Performance Measures; and Stella Performance modules, including an assessment of racial disparities; and feedback from consumers collected through client satisfaction surveys.

The CoC Subcommittee also helps to develop the Scoring, Ranking and Reallocation Process for the annual U.S. HUD CoC Program Competition and funding priorities for the competition, as well as CoC systemwide training needs. This year the annual assessment of need aligns with the Coordinated Community Plan (CCP) being developed by the YVAC and Youth and Young Adults (YYA) hired to develop the plan, select partners and facilitate the implementation of new programs to address youth homelessness in Miami-Dade County.

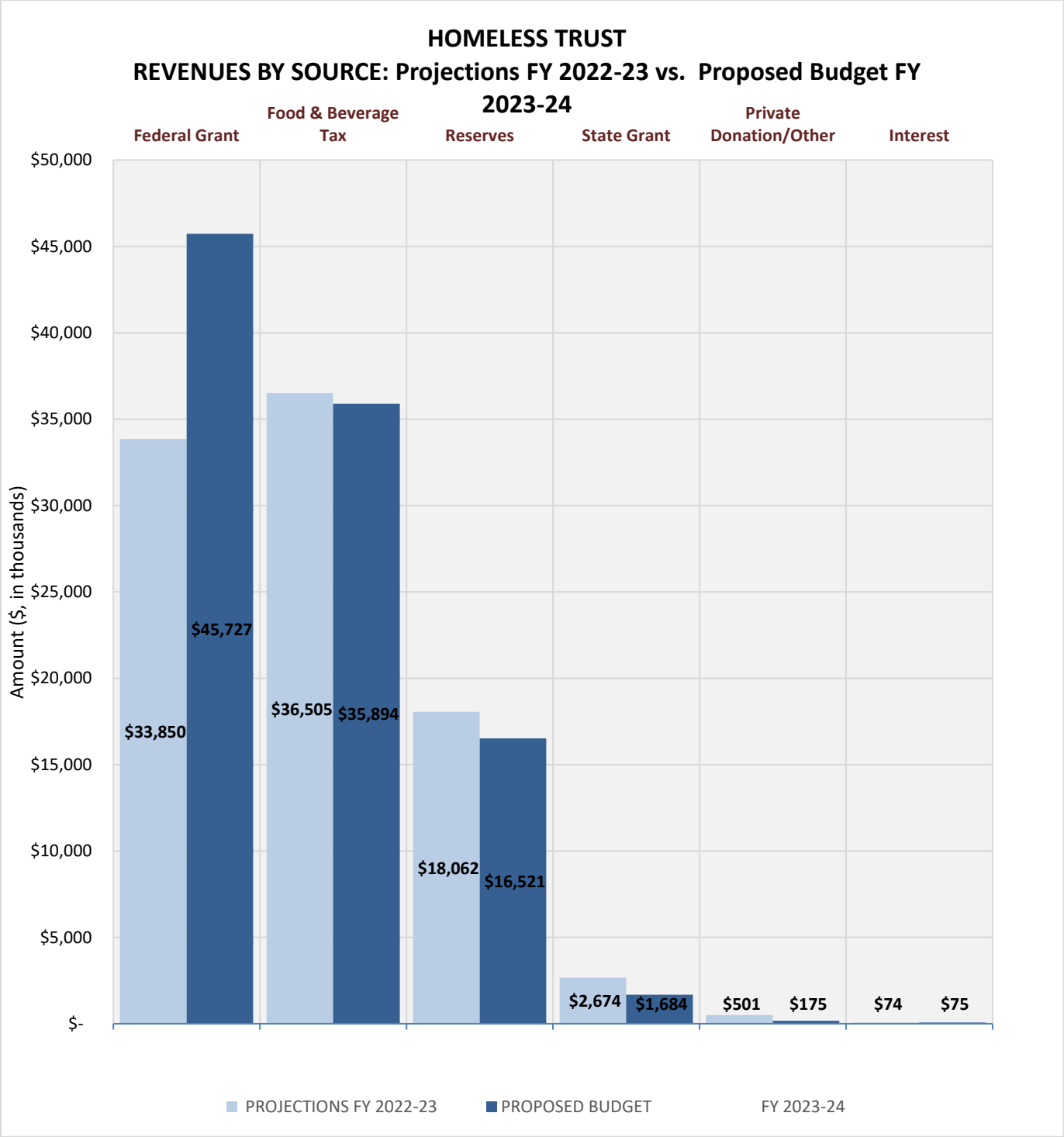
The Homeless Trust, which is led by a 27-member Board of Trustees that includes representation from the city and business community, elected officials, persons with lived expertise, religious leaders, homeless advocates and direct service providers, is responsible for the implementation of the homeless plan.

Funding

The Homeless Trust staff oversees the daily administration of more than 120 contracts with more than two dozen local providers for the provision of housing and services to people at risk of or experiencing homeless. The charts below demonstrate 1) funding by program area, and 2) by revenue source.



The vast majority of the Trust budget is focused on Permanent Housing to promote system flow, but even with our aggressively investing in permanent housing options the length of time homeless for unsheltered persons and people living in shelter is on the rise. A crisis response system is necessary, and we have grown the number of shelter opportunities significantly in 2023, but without adequate levels of housing people's homeless episode is extended. While longer length of time in shelter is often correlated with positive outcomes, for some people this means moving in and out of shelters and back to the streets, exposure to trauma and conditions that promote deterioration and early death. Administration costs are covered by HUD Planning and State Staffing grants design to support the CoC's administrative responsibilities.



Point-in-Time Count

Miami-Dade County’s most recent published Point-in-Time (PIT) count took place on January 26, 2023. The data for the 2024 PIT will not be official until it is reported to HUD. Outreach teams and staff, with support from volunteers and CoC staff, canvassed the entire geographic area of Miami-Dade County. Results were as follows:

**HOMELESS TRUST CENSUS RESULTS &
COMPARISON: JANUARY 27, 2022 to JANUARY 26, 2023**

UNSHELTERED HOMELESS COUNT	# ON 1/27/22	# ON 1/26/23	Difference +/-	%
City of Miami -City of Miami, City Limits	591	608	17	3%
City of Miami Beach - Miami Beach	171	235	64	37%
Miami-Dade County -South Dade, South of Kendall Drive to Monroe County Line	62	49	-13	-21%
Miami-Dade County -Unincorporated Miami-Dade County, North of Kendall Drive to Broward County Line	146	166	20	14%
Subtotal- # of UNSHELTERED Homeless:	970	1058	88	9%
SHELTERED HOMELESS COUNT	# ON 1/27/22	# ON 1/26/23	Difference +/-	%
Total Homeless in Emergency Shelter	1,766	2,037	271	15%
Emergency Weather Placements	0	0	0	0%
Hotel/Motel	142	246	104	73%
Total Homeless in Transitional Housing	382	303	-79	-21%
Safe Haven	16	13	-3	-19%
Subtotal-SHELTERED Homeless:	2306	2,599	293	13%
TOTAL - SHELTERED AND UNSHELTERED HOMELESS:	3276	3657	381	12%

Last year’s PIT count yield increases in the sheltered and unsheltered count as compared to the previous year, 12% (n=381). The sheltered count went up 13% (n=293) as shelters continued to increase occupancy and loosen social distancing rules and new beds were added by the CoC. The unsheltered count is up 9% (n=88). The City of Miami Beach represented the largest unsheltered difference for a municipality, with a 37% (n=64) increase compared to the previous year.

As part of the PIT Count, the CoC also looks at homeless subpopulations, including youth, seniors, veterans, families, and chronically homeless households. An analysis over the past two years demonstrates the following as it pertains to these subpopulations:

SUB-POPULATION COUNT	# ON 1/27/22	# ON 1/26/23	Difference +/-	%
Chronic Homeless Persons	762	939	177	23%
Family Households	328	381	53	16%
Veteran Households	131	93	-38	-29%
Unaccompanied Youth Households (18-24 year old)	117	116	-1	-1%
Parenting Youth Households (18-24 year old)	52	53	1	2%
Senior Persons (55-64 year old)	N/A	612	N/A	N/A
Senior Households (65 and older)	N/A	501	N/A	N/A

Summer Census

The Homeless Trust also conducts a summer census each August with the most recent one conducted on August 24, 2023. The summer census showed 14% uptick in unsheltered counts with a total homeless increase of 4% compared to the same time the previous year.

**HOMELESS TRUST CENSUS RESULTS &
COMPARISON: August 18, 2022 to August 24, 2023**

UNSHELTERED HOMELESS COUNT	# ON 8/18/22	# ON 8/24/23	Difference +/-	%
City of Miami -City of Miami, City Limits	640	534	-106	-17%
City of Miami Beach - Miami Beach	167	152	-15	-9%
Miami-Dade County -South Dade, South of Kendall Drive to Monroe County Line	93	67	-26	-28%
Miami-Dade County -Unincorporated Miami-Dade County, North of Kendall Drive to Broward County Line	240	227	-13	-5%
Subtotal- # of UNSHELTERED Homeless:	1140	980	-160	-14%

SHELTERED HOMELESS COUNT	# ON 8/18/22	# ON 8/24/23	Difference +/-	%
Total Homeless in Emergency Shelter	1,876	2,053	177	9%
Emergency Weather Placements	0	0	0	0%
Hotel/Motel	128	302	174	136%
Total Homeless in Transitional Housing	411	368	-43	-10%
Safe Haven	11	17	6	55%
Subtotal-SHELTERED Homeless:	2426	2,740	314	13%

TOTAL - SHELTERED AND UNSHELTERED HOMELESS:	3566	3720	154	4%
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The U.S. Department of Housing and Urban Development (HUD) released its 2023 Point-in-Time Estimates, an annual snapshot of the number of individuals in shelters, temporary housing, and in unsheltered settings. The report confirms the depth of the crisis: a 12% increase in homelessness from 2022 to 2023, representing at least 653,104 people who were living without a home.

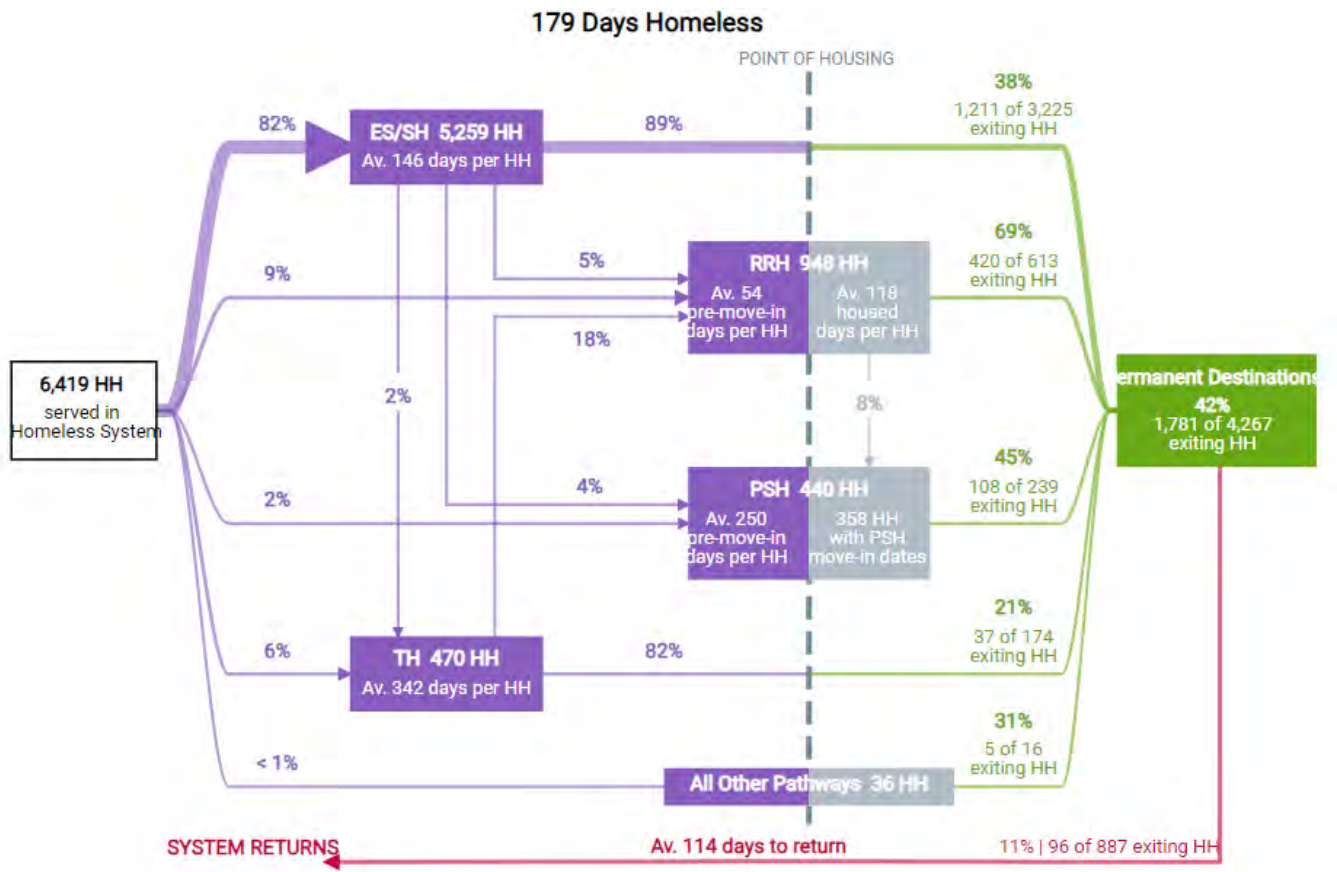
Other key national data points:

- 88.2% utilization of housing/shelter beds (396,494/449,567) including 84% utilization among beds for families and children.
- Shelter totals reported includes persons served at Domestic Violence shelters and DV total are not provided separately in the report. The NHIP continues to strongly advocate separating these housing services in annual homeless counts since they represent crisis services related to criminal activity. Raw data from the 2023 count show a 77% occupancy rate (51,828 persons) housed at more than 2,700 DV facilities with a total capacity of more than 67,000 total beds reporting.
- Persons experiencing homelessness who are White continue to be 2x less likely to utilize shelter housing compared to Blacks. USICH's research agenda continues to omit the problem of access to homeless housing service by non-Blacks.
- New York City reported an increase of 26,185 people homeless in 2023 compared to 2022 (88,025 vs. 61,840) representing the largest magnitude increase. The NHIP has written prior about the miscategorization of sheltered persons in NYC since most are given a hotel room for long-term use (1 year or more) which is better defined as permanent housing.
- Youth and young adult homelessness rose 15.3% from 30,090 in 2022 to 34,703 in 2023
- Veteran homelessness rose from 33,124 in 2022 to 35,574 in 2023 with rises in both sheltered and unsheltered homelessness. Black veterans experiencing homelessness are more likely to access shelter/housing services than non-Black veterans.

Stella P

The Homeless Trust also uses the Stella Performance (Stella P) module to isolate areas of concern and plan improvements. According to the population characteristics of persons who remain homeless the longest; are less likely to obtain permanent housing; and when they do exit into a permanent destination are more likely to move in with family or friends, or rent on their own, and therefore more likely to return to homelessness. The data between 10/1/22-9/30/23 suggests the population with the poorest outcomes are adult only (AO) households, where the head of household is a disabled and over 55 years old. Our goal is to develop strategies to improve measures among this subpopulation.

System Map



Length of Time Homeless

179 Days Homeless (blue line)

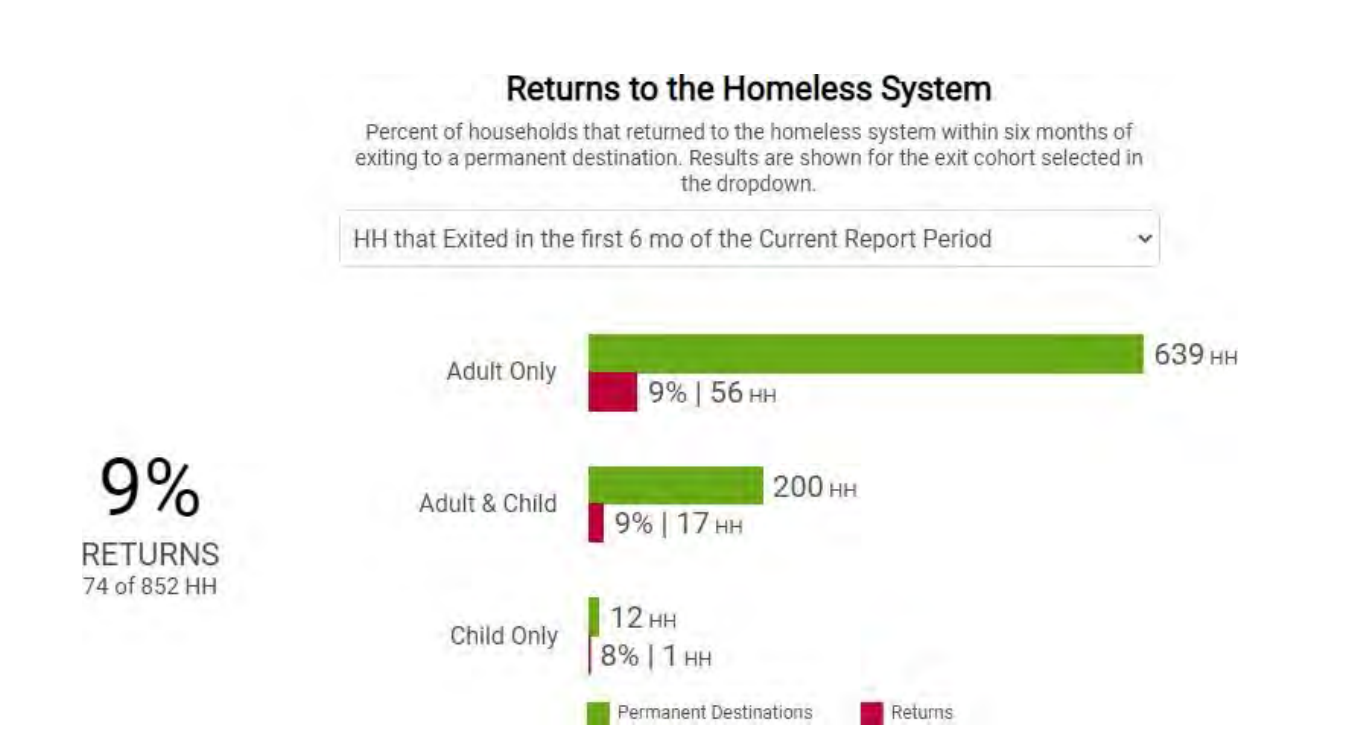
Average Days Homeless



Exits to Permanent Destinations



Returns to homelessness after exit to Permanent Destinations



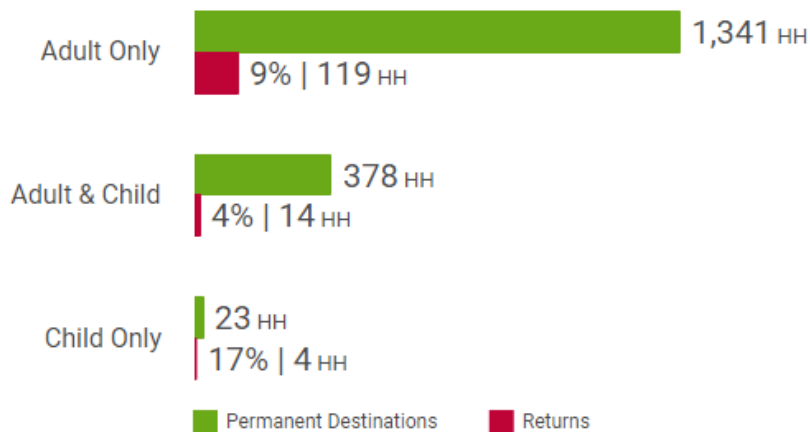
Returns to the Homeless System



Percent of households that returned to the homeless system within six months of exiting to a permanent destination. Results are shown for the exit cohort selected in the dropdown.

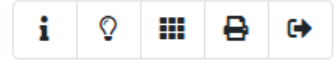
HH that Exited in the 12 mo prior to the Current Report Peri ▼

8%
RETURNS
137 of 1,745 HH



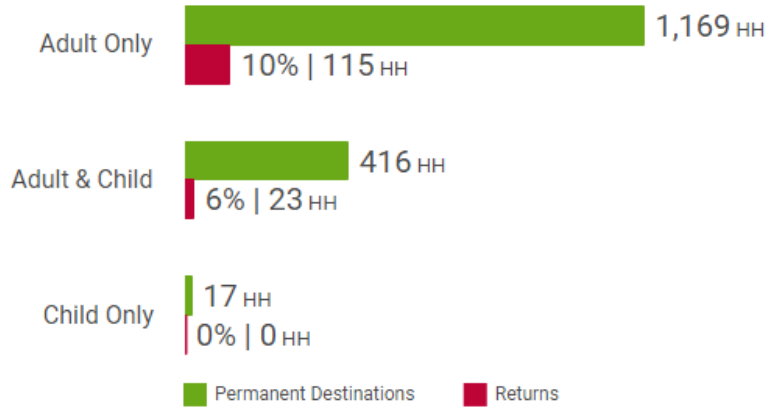
Returns to the Homeless System

Percent of households that returned to the homeless system within six months of exiting to a permanent destination. Results are shown for the exit cohort selected in the dropdown.



HH that Exited between 12 and 24 mo prior to the Current F ▾

9%
RETURNS
138 of 1,603 HH



Compared to previous year Stella P data overall length of time homeless is down to 179 days from 184 days; Exits to Permanent Housing is down to 42% from 55% compared to previous year. Returns to Homelessness remains flat at 0-6 months at 9%, while we saw fewer returns at 6-12 and 12-24 months. Returns at 6-12 months went from 11% the previous year to 8% this year. Returns at 12-24 months went from 10% the previous year to 9% this year.

Stella P subpopulation characteristics

Persons Served

Demographics Overview

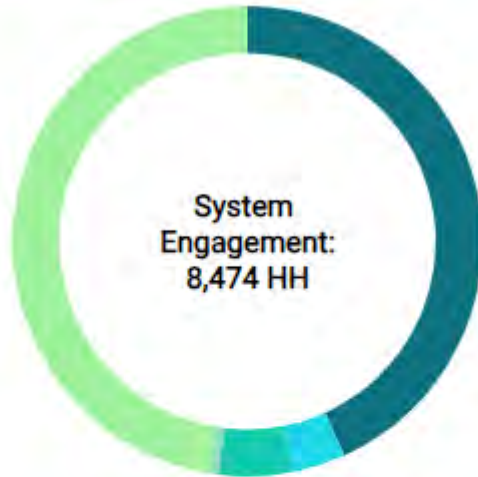
Total counts and demographic characteristics for households, heads of household and adults, and total people that were served for the household type and project type selected in the dropdowns.



All Households ▾

Served in any project type ▾





- 43% | 3,665 First time homeless in the system
- 4% | 311 Returning from a permanent destination
- 5% | 427 Re-engaging from a temporary destination
- 1% | 51 Re-engaging from an unknown destination
- 47% | 4,020 Continuously homeless

Veterans

Demographics Overview

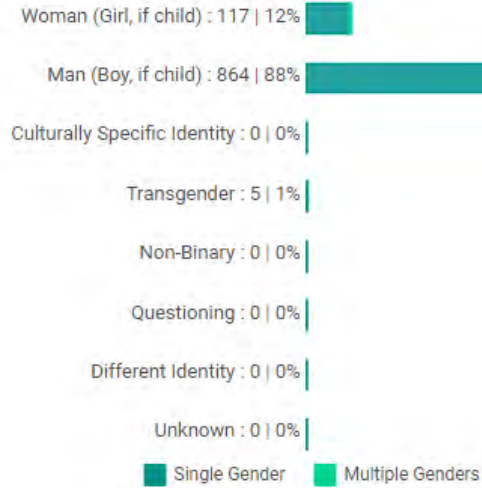
Total counts and demographic characteristics for households, heads of household and adults, and total people that were served for the household type and project type selected in the dropdowns.



 937 Households (HH)	 985 Heads of Household (HoH) and Adults	 985 People
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Gender of All People (Inclusive): 985 People

Number of people that identified with each gender, inclusive of people who identified with more than one gender. People who identified with multiple genders are counted in more than one category.

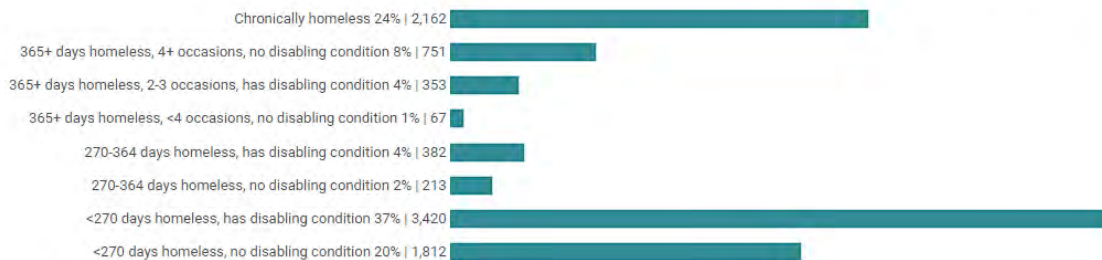


Age of All Persons in Household: 985 People



Chronic Homelessness

Chronic Homelessness and Disabling Condition of HoH and Adults: 9,160 People



Families

Demographics Overview

Total counts and demographic characteristics for households, heads of household and adults, and total people that were served for the household type and project type selected in the dropdowns.



Adult & Child (AC) ▾

Served in any project type ▾

1,421

Households (HH)

1,896

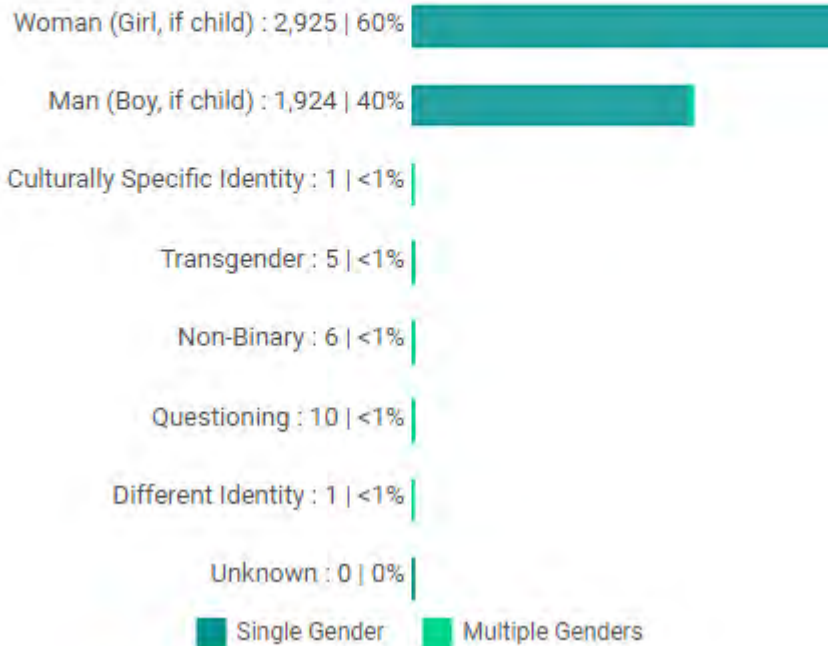
Heads of Household (HoH) and Adults

4,860

People

Gender of All People (Inclusive): 4,860 People

Number of people that identified with each gender, inclusive of people who identified with more than one gender. People who identified with multiple genders are counted in more than one category.



Summary: Gender of All People

Percentage of people that identified with a single gender of Woman (Girl, if child) or Man (Boy, if child) and people who identified with multiple gender identities and/or as gender diverse. People are counted in one category.



- 100% | 4,845 Single Gender: Woman (Girl, if child) or Man (Boy, if child)
- <1% | 15 Multiple Gender Identities and/or Gender Diverse
- 0% | 0 Unknown

Unaccompanied Youth

Demographics Overview

Total counts and demographic characteristics for households, heads of household and adults, and total people that were served for the household type and project type selected in the dropdowns.



410

Households (HH)

412

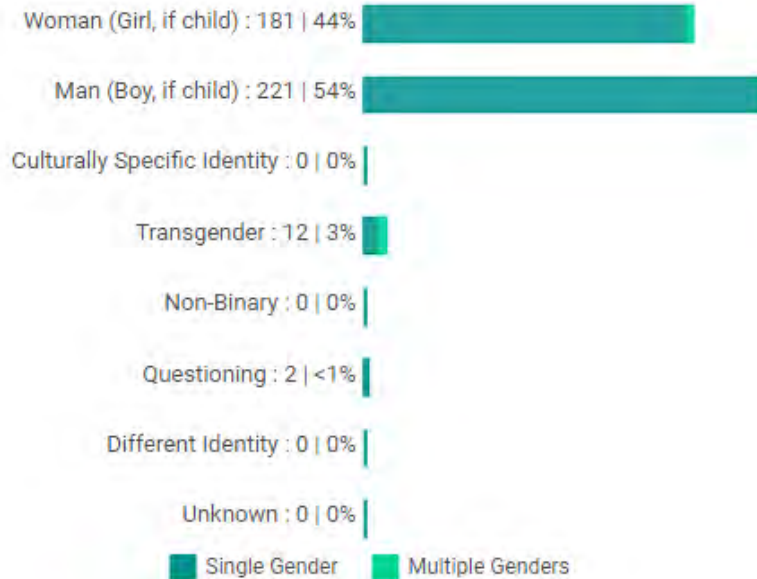
Heads of Household (HoH) and Adults

412

People

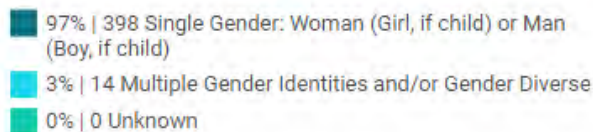
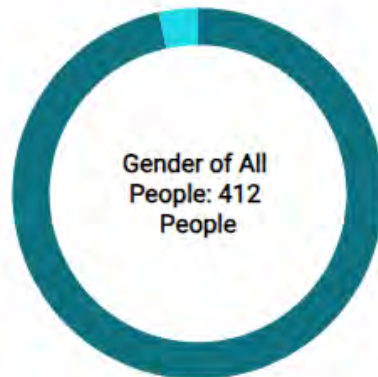
Gender of All People (Inclusive): 412 People

Number of people that identified with each gender, inclusive of people who identified with more than one gender. People who identified with multiple genders are counted in more than one category.



Summary: Gender of All People

Percentage of people that identified with a single gender of Woman (Girl, if child) or Man (Boy, if child) and people who identified with multiple gender identities and/or as gender diverse. People are counted in one category.



Parenting Youth

Demographics Overview

Total counts and demographic characteristics for households, heads of household and adults, and total people that were served for the household type and project type selected in the dropdowns.



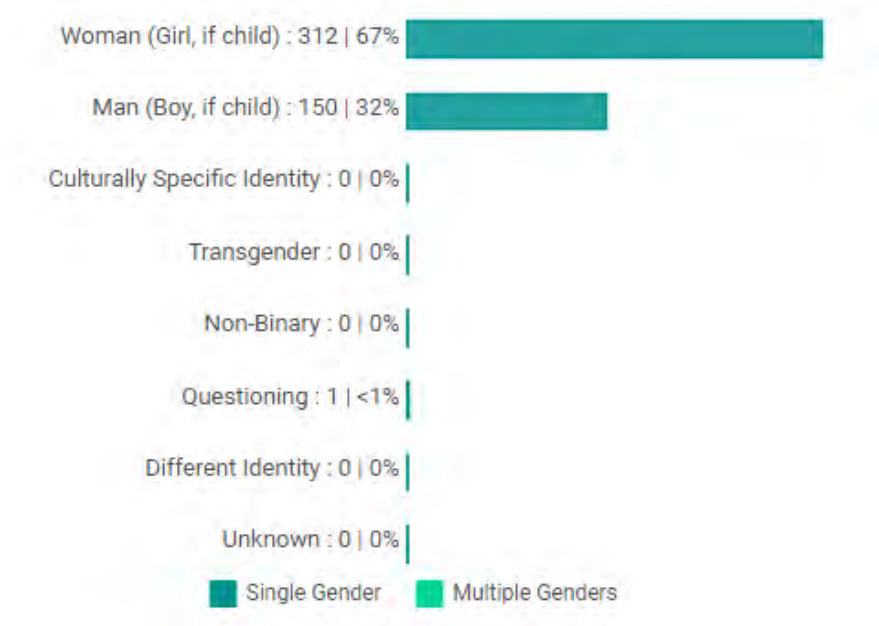
AC Parenting Youth

Served in any project type



Gender of All People (Inclusive): 463 People

Number of people that identified with each gender, inclusive of people who identified with more than one gender. People who identified with multiple genders are counted in more than one category.



Summary: Gender of All People

Percentage of people that identified with a single gender of Woman (Girl, if child) or Man (Boy, if child) and people who identified with multiple gender identities and/or as gender diverse. People are counted in one category.

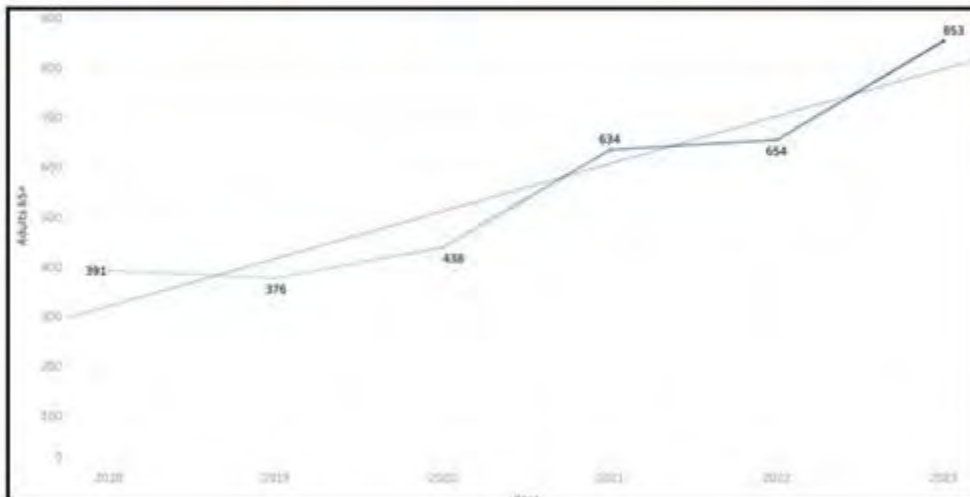


- 100% | 462 Single Gender: Woman (Girl, if child) or Man (Boy, if child)
- <1% | 1 Multiple Gender Identities and/or Gender Diverse
- 0% | 0 Unknown

Adults 55+ were **25.4%** of all people (not just adults) served by Miami-Dade Continuum of Care (CoC) providers in 2018 and **31.4%** of all people served by Miami-Dade CoC providers in 2022. Below is if you only look at **65+**.

HOUSING AFFORDABILITY CRISIS

Senior Homelessness



System Performance Measures

Another tool we utilize to view the local homeless response and coordinated system of care is our System Performance Measures (SyS PM). According to SyS PM's length of time homeless continues to climb slightly in both actual bed nights and self-reported homelessness; returns to homelessness was down 5% compared to previous year; employment and income growth remained flat for people who remained in the system but increased 5% from previous year for people who exited; first time enrollments was flat for sheltered persons but increased for people accessing Permanent Housing; positive exits from Street Outreach was down 16% from previous year; exits to permanent destinations was up 16% compared to previous year; and, ninety-eight percent (98%) of all persons who obtained permanent housing achieved housing retention. Below is the U.S. HUD System Performance Measures for 10/1/2021-9/30/2022, the most recent report submitted to HUD.

Summary Report for FL-600 - Miami-Dade County CoC FY2022 Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects. Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	6752	6546	128	129	1	73	78	5
1.2 Persons in ES, SH, and TH	7132	6970	141	145	4	78	82	4

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	6939	7512	273	301	28	151	158	7
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	7344	10515	309	331	22	176	186	10

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	79	4	5%	4	5%	5	6%	13	16%
Exit was from ES	2531	280	11%	119	5%	226	9%	625	25%
Exit was from TH	190	20	11%	8	4%	11	6%	39	21%
Exit was from SH	26	1	4%	1	4%	2	8%	4	15%
Exit was from PH	1875	88	5%	59	3%	68	4%	215	11%
TOTAL Returns to Homelessness	4701	393	8%	191	4%	312	7%	896	19%

Measure 3: Number of Homeless Persons

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3224	3276	52
Emergency Shelter Total	1927	1908	-19
Safe Haven Total	12	16	4
Transitional Housing Total	393	382	-11
Total Sheltered Count	2332	2306	-26
Unsheltered Count	892	970	78

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	7497	7218	-279
Emergency Shelter Total	7035	6710	-325
Safe Haven Total	38	41	3
Transitional Housing Total	585	597	12

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1631	1691	60
Number of adults with increased earned income	120	95	-25
Percentage of adults who increased earned income	7%	6%	-1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1631	1691	60
Number of adults with increased non-employment cash income	699	703	4
Percentage of adults who increased non-employment cash income	43%	42%	-1%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1631	1691	60
Number of adults with increased total income	754	776	22
Percentage of adults who increased total income	46%	46%	0%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	553	677	124
Number of adults who exited with increased earned income	49	65	16
Percentage of adults who increased earned income	9%	10%	1%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	553	677	124
Number of adults who exited with increased non-employment cash income	166	227	61
Percentage of adults who increased non-employment cash income	30%	34%	4%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	553	677	124
Number of adults who exited with increased total income	194	268	74
Percentage of adults who increased total income	35%	40%	5%

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	6371	5588	-783
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1863	1085	-778
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4508	4503	-5

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	8050	6887	-1163
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3194	1786	-1408
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4856	5101	245

Measure 7: Successful Placement from Street Outreach & Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	3789	5403	1614
Of persons above, those who exited to temporary & some institutional destinations	2521	2417	-104
Of the persons above, those who exited to permanent housing destinations	152	560	408
% Successful exits	71%	55%	-16%

Metric 7b.1 – Change in exits to permanent housing destinations

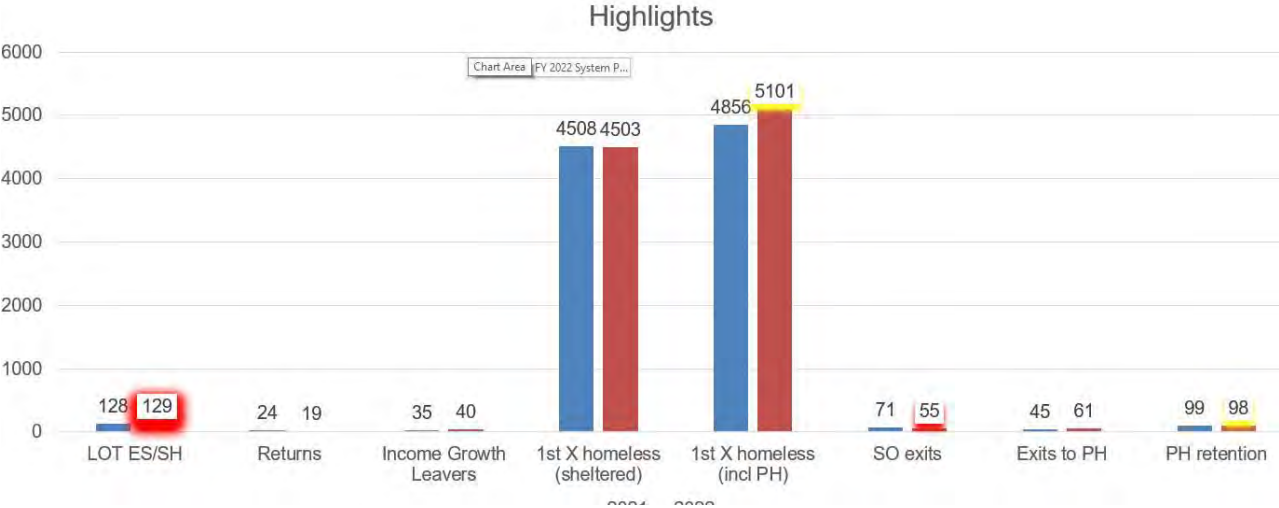
	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	5169	4816	-353
Of the persons above, those who exited to permanent housing destinations	2328	2958	630
% Successful exits	45%	61%	16%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	4425	4139	-286
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	4365	4054	-311
% Successful exits/retention	99%	98%	-1%

Strategies to improve system performance in 2023-2024 include (1) working with Street Outreach teams to learn best practices, monitoring their progress monthly, and cross training lower performing teams; (2) learn about the workflow for the four Housing Authorities to teach providers how to connect their clients to leveraged units of housing; (3) learn best practices applied by Emergency Shelters, monitoring their progress exiting adult only households monthly, cross training lower performing teams; (4) assessing how Permanent Supporting Housing programs screen and move-in persons referred to learn best practices, monitoring their progress monthly, cross training lower performing teams, and work with TA to implement allowable flexibilities.

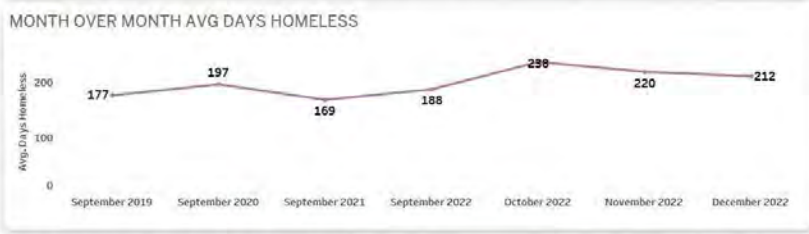
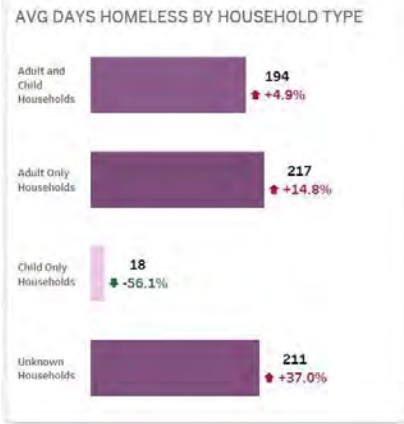
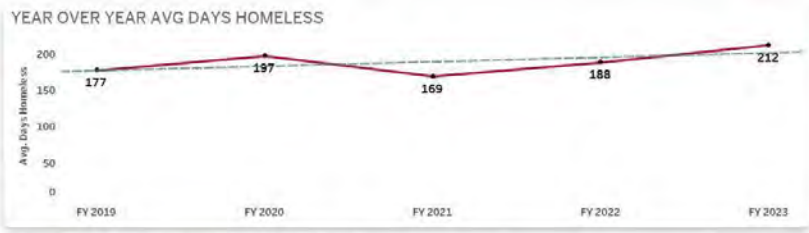
Miami-Dade FY 2022 System Performance

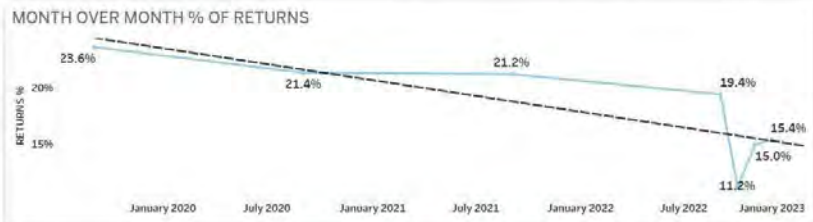
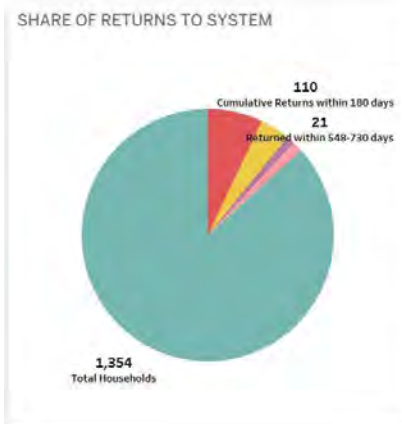
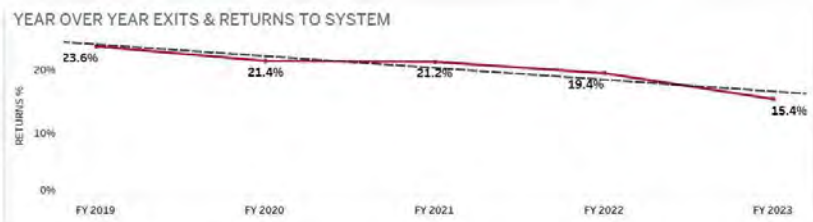
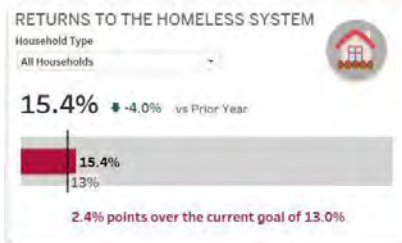
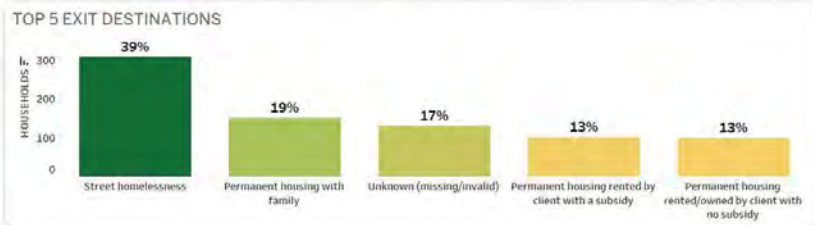
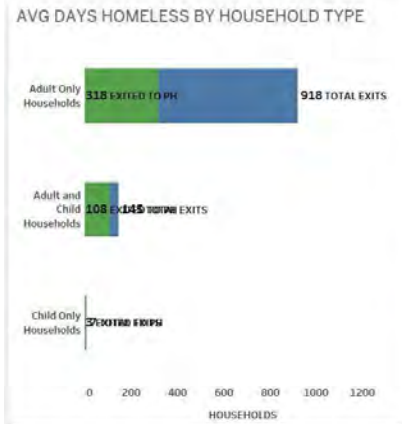
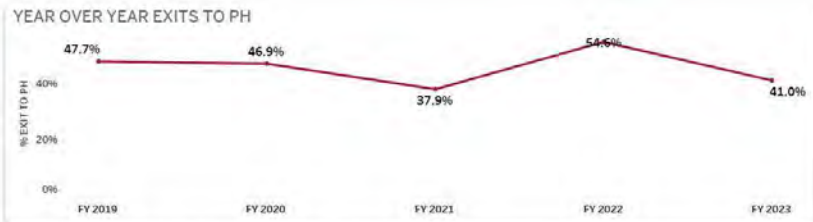
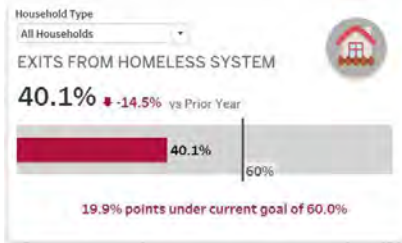


Levels	Sample Questions Applying Different 'Types' of Analysis	Data Sources
System	Is performance improving, staying the same, or getting worse from year to year?	Stella P, SPMs
Household	Are certain household types achieving relatively better or worse outcomes?	Stella P
Pathways	Which pathways have the greatest impact on overall performance?	Stella P
Project	Are certain projects within the same project type achieving relatively better/worse outcomes?	APR, CAPER, Local reports
Population	What are characteristics of participants served by the system or by projects? How do these characteristics correspond with outcomes?	Stella P, Local reports

We have developed a dashboard using the Stella P logic that can narrow household types contributing to poor outcomes and review with the board, Performance Evaluation Committee, people with lived experiences and other stakeholders more regularly.

The dashboard will track month to month trends for the three core measures (1) length of time homeless, (2) exits to permanent destinations and (3) returns to homelessness.





We will continue competitive solicitations that reward providers with better performance.

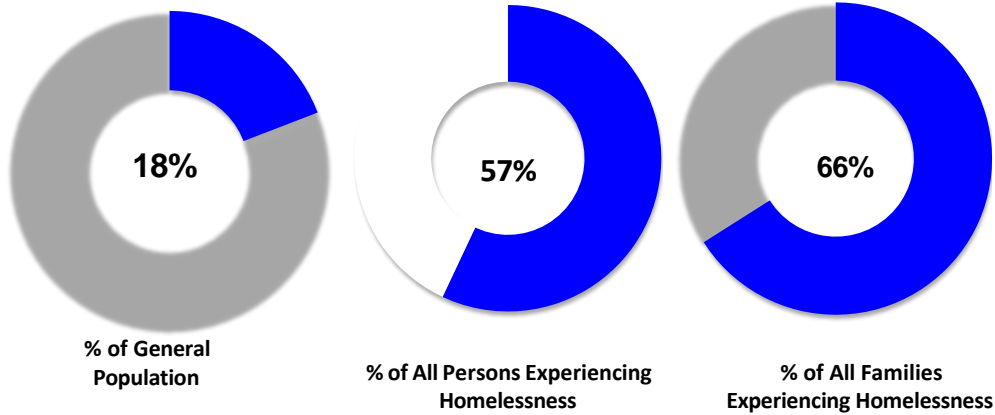
Racial Disparities Assessment

In 2022-2023, the CoC partnered with Racial Equity Partners (REP) to conduct a series of trainings for providers and committee members. The last training will be held on February 7, 2023 and the REP will conclude a system evaluation following the trainings. Historic review of our data suggests that less than 18% of Miami-Dade County's general population and 26% of all persons living in poverty in Miami-Dade

are Black/African-American, while persons who are Black/African-American make up 57% of all persons and 66% of all families experiencing homelessness in Miami-Dade.

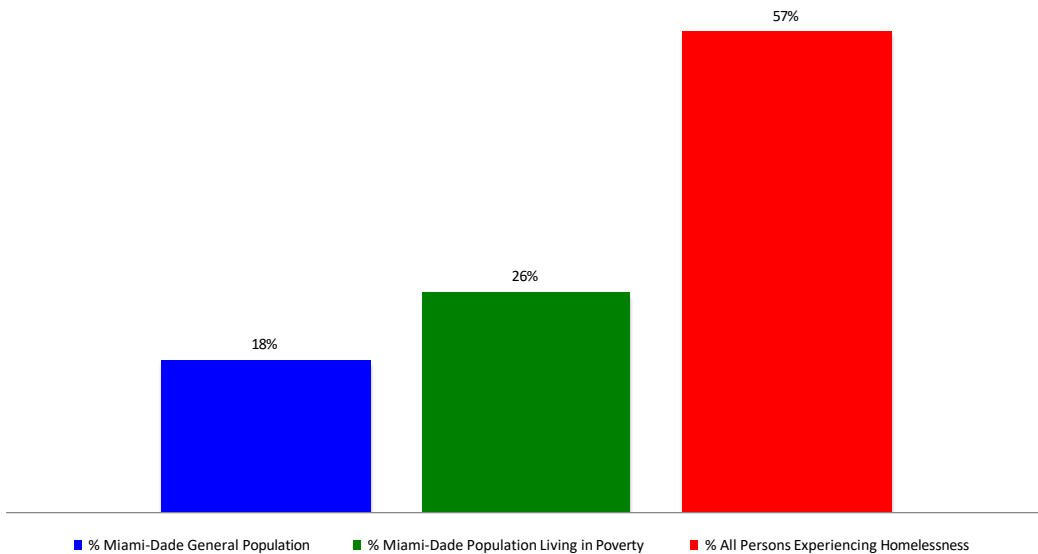
Extreme Racial Disparity Among Persons and Families Experiencing Homelessness in Miami-Dade County

African American/Black Represent 18% of the general population in Miami-Dade County Compared to more than half of Persons Experiencing Homelessness



Poverty Does Not Directly Correlate with Experience of Homelessness

Rates of Poverty and Homelessness Among Persons Who are African -American/Black



**Racial Representation within
Miami-Dade County Homeless Trust Continuum of Care**

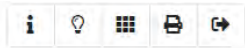
	African - American/Black	White Non-Hispanic ¹	White Hispanic ²
All CoC Components	57%	11%	30%
CoC Component			
Emergency Shelter & Transitional Housing	58%	12%	28%
Rapid Re-Housing	66%	11%	21%
Permanent Supportive Housing (PSH)	53%	9%	35%
Successful Exits to Permanent Housing	58%	13%	27%

Following the Racial Disparity quantitative assessment the Homeless Trust

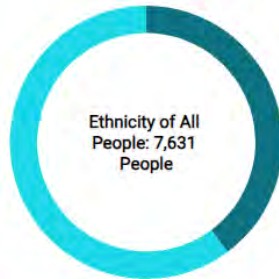
- Amended Coordinated Entry System (CES) process after comparing racial equity pre- and 6 & 12 months-post to ensure the new CES process was not having an adverse effect on providing people of color access to permanent housing
- Reviewed CoC Standards, policies and procedures for racial bias and embedded new language addressing equity
- Adopted procurement and contract monitoring practices designed to promote racial equity, including diversity requirements for selection committees
 - Included bonus points in solicitations for proposers that have racial equity goals/statements and reviewed composition of their board/staff
 - Required an agency Racial Equity Plan prior to contracting
- Conducted agency risk assessments with contracted providers asking about adopted racial equity statements, racial composition of Board and staff, and steps taken to identify/understand underlying causes of disparities
- Partnered with an all-woman, black-owned boutique hotel in Overtown resulting in national recognition with the owner receiving the 2020 TripSavvy Editors' Choice Award in the Community Leaders category. This partnership furthered efforts to address procurement barriers experienced by small organization and those led by people of color.
- Introduced a Racial Equity section on the Homeless Trust's website

A review of the most recent Stella P data for FY2023 by race is provided below.

Race and Ethnicity of All Persons in Household: 7,631 People



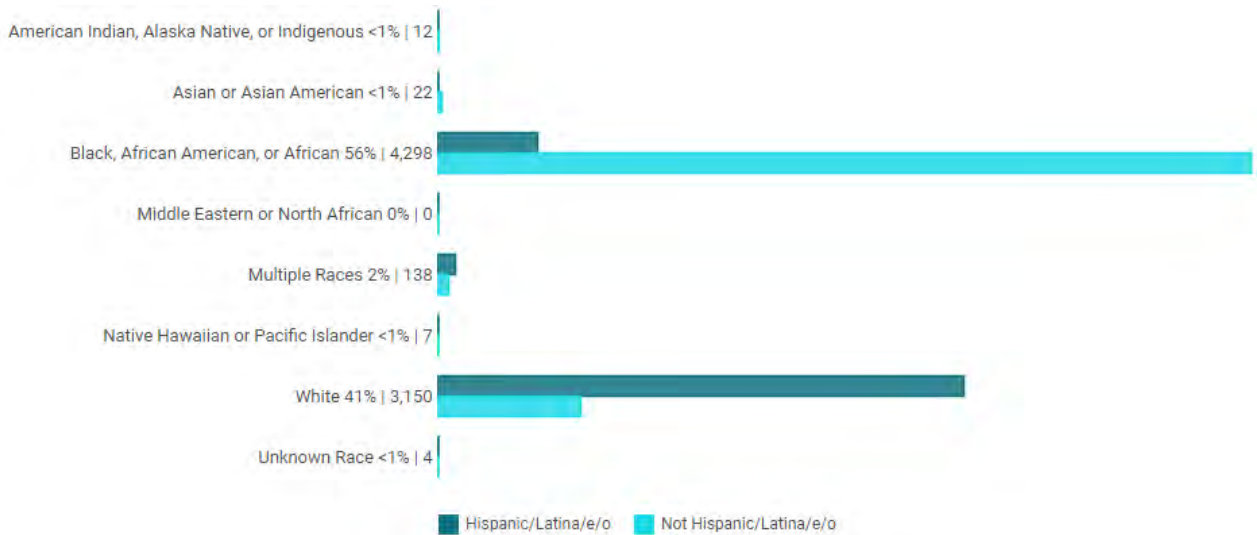
This panel shows the percent and number of people in each ethnicity group, percent of Hispanic/Latina/e/o in each race group, and the number of people in each race group that either selected or did not select Hispanic/Latina/e/o ethnicity. Each person is only counted in one category per chart.



40% | 3,040 Hispanic/Latina/e/o
60% | 4,591 Not Hispanic/Latina/e/o



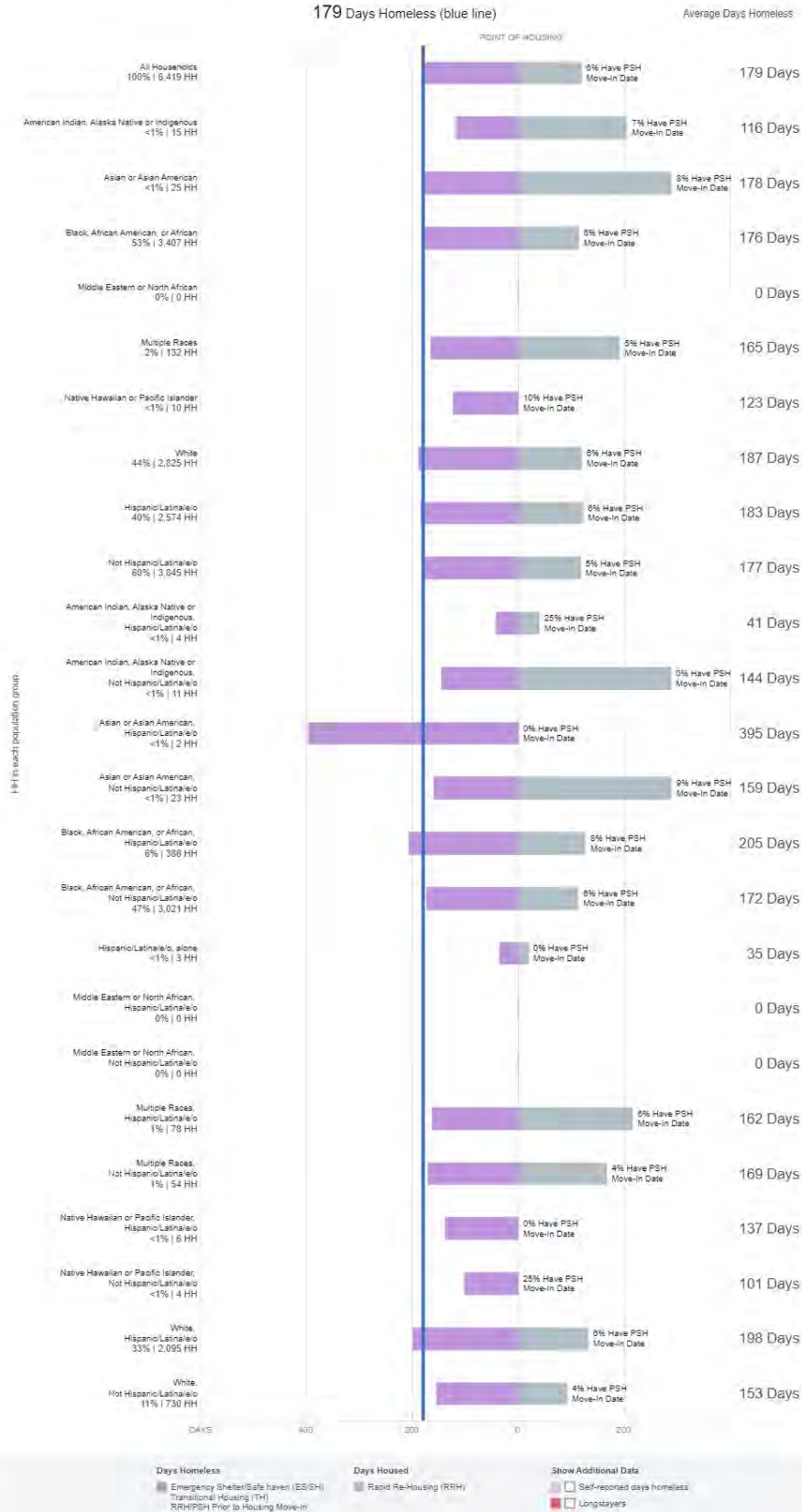
American Indian, Alaska Native, or Indigenous
Black, African American, or African
Middle Eastern or North African
White
Asian or Asian American
Hispanic/Latina/e/o, alone
Multiple Races
Native Hawaiian or Pacific Islander



Days Homeless by Race and Ethnicity

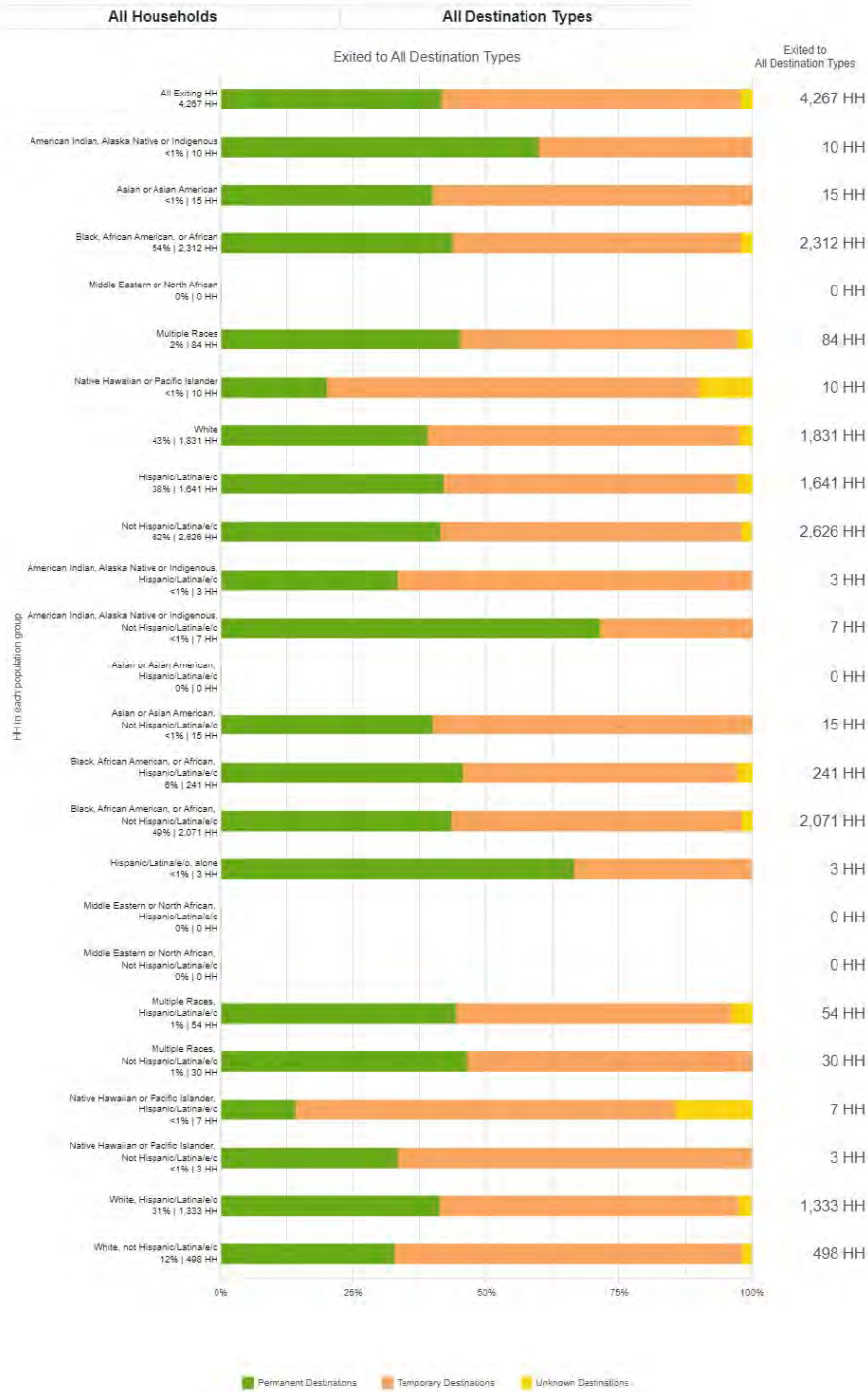
Percent and number of households in each race and ethnicity group and average cumulative days homeless for each group.

All Households



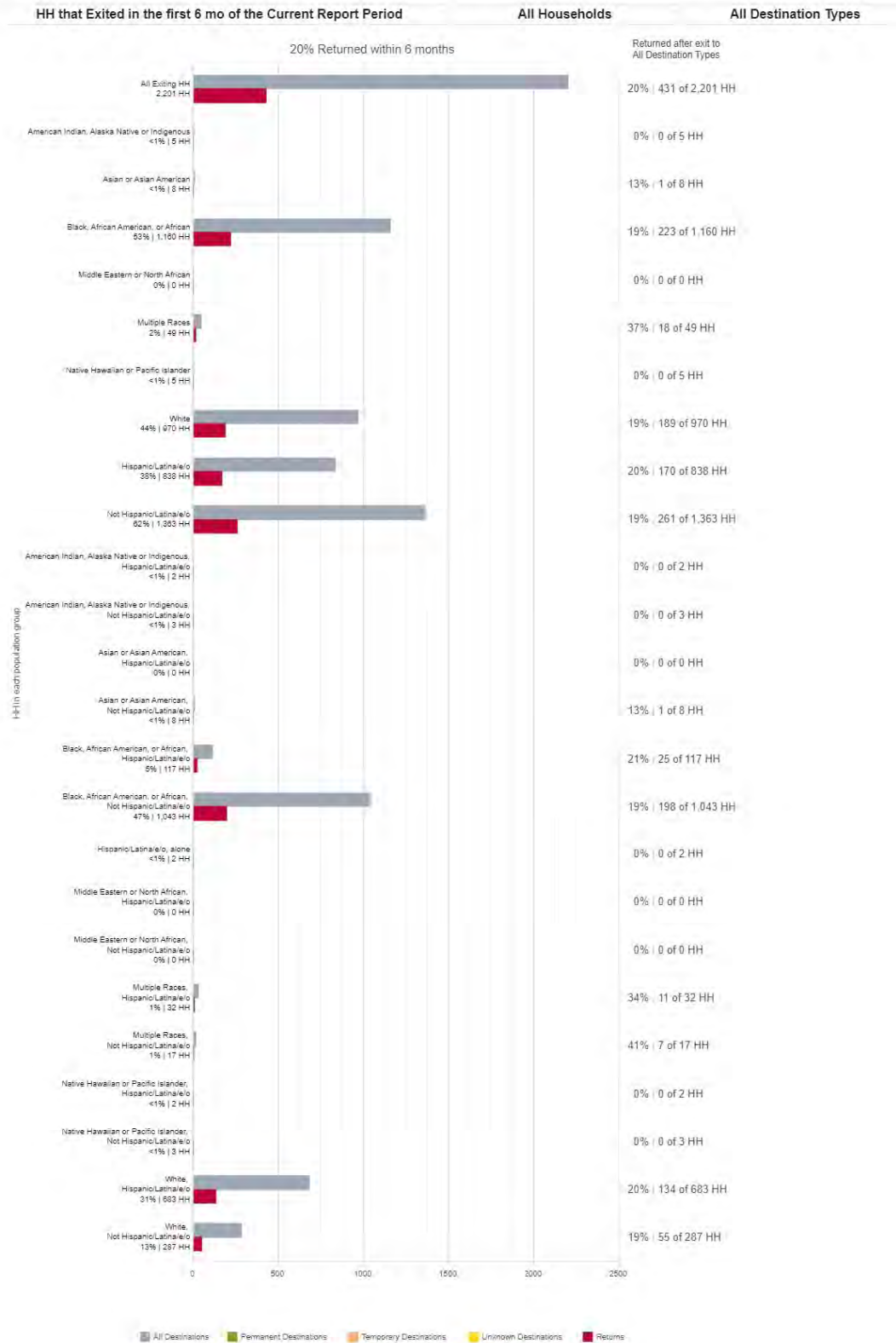
Exits by Race and Ethnicity

Percent and number of households in each race and ethnicity group, and percent and number of households in each group that exited to permanent, temporary, and unknown destinations.



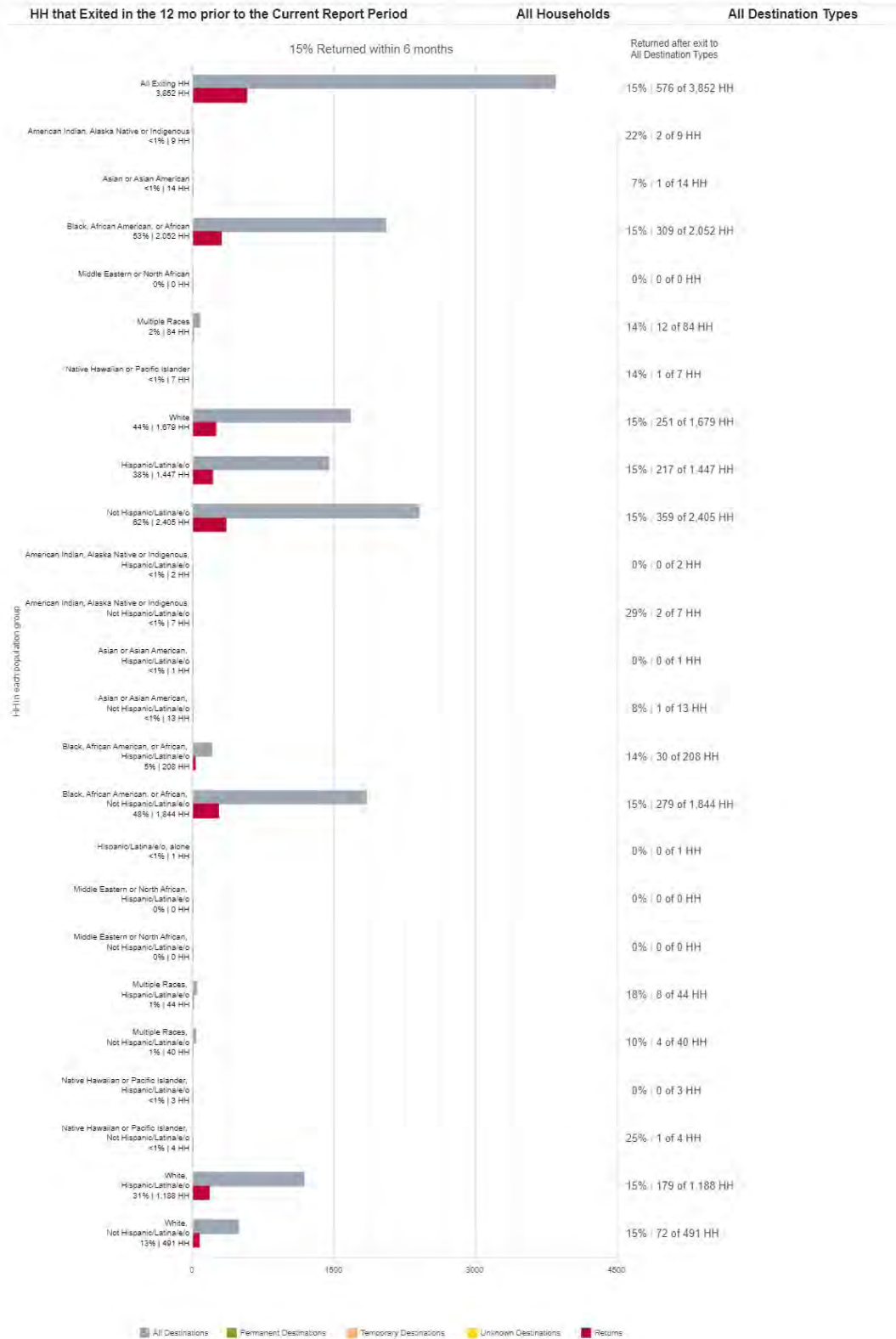
Returns by Race and Ethnicity

Percent and number of households in each race and ethnicity group that exited the homeless system, and percent and number of exiting households in each group who returned within six months. Results are shown for the exit cohort selected in the dropdown.



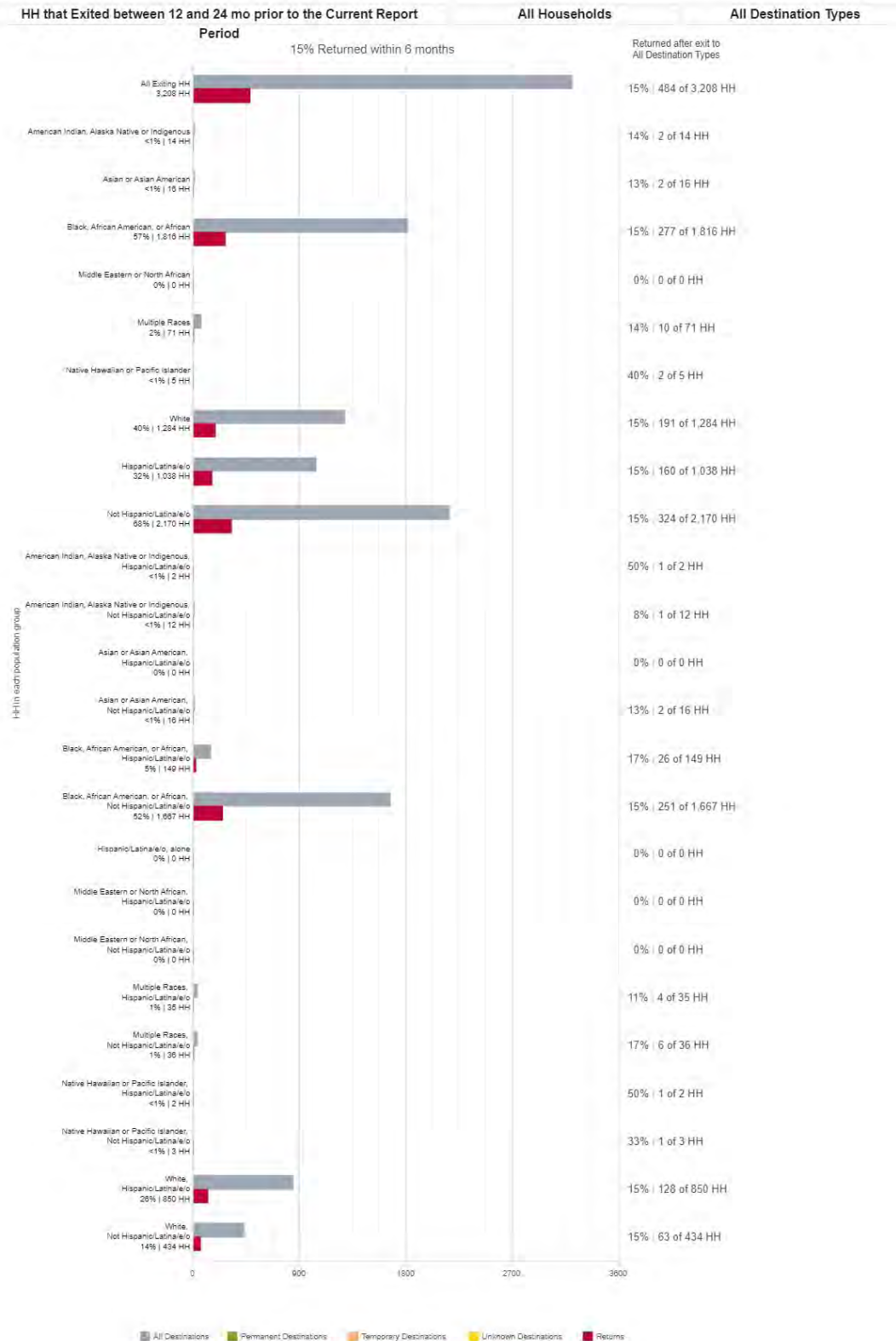
Returns by Race and Ethnicity

Percent and number of households in each race and ethnicity group that exited the homeless system, and percent and number of exiting households in each group who returned within six months. Results are shown for the exit cohort selected in the dropdown.



Returns by Race and Ethnicity

Percent and number of households in each race and ethnicity group that exited the homeless system, and percent and number of exiting households in each group who returned within six months. Results are shown for the exit cohort selected in the dropdown.



It is equally important for us to ensure people who identify as LGBTQ+, who often times are more vulnerable to trauma and disparate treatment, are receiving equitable services and outcomes. New Universal Data Elements in HMIS will allow us to better understand the pathways and population characteristics for persons who identify as no single gender, questioning gender and transgender. To ensure accuracy of data collection new HMIS training will be provided in 2024.

ALICE IN Miami-Dade County

ALICE is an acronym for Asset Limited, Income Constrained, Employed — households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. While conditions have improved for some households, many continue to struggle, especially as wages fail to keep pace with the rising cost of household essentials (housing, child-care, food, transportation, health care, and a basic smartphone plan). Households below the ALICE Threshold — ALICE households plus those in poverty — can't afford the essentials.

2021 Point-in-Time-Data

Population: 2,662,777 **Number of Households:** 963,477 (6% change from 2019)

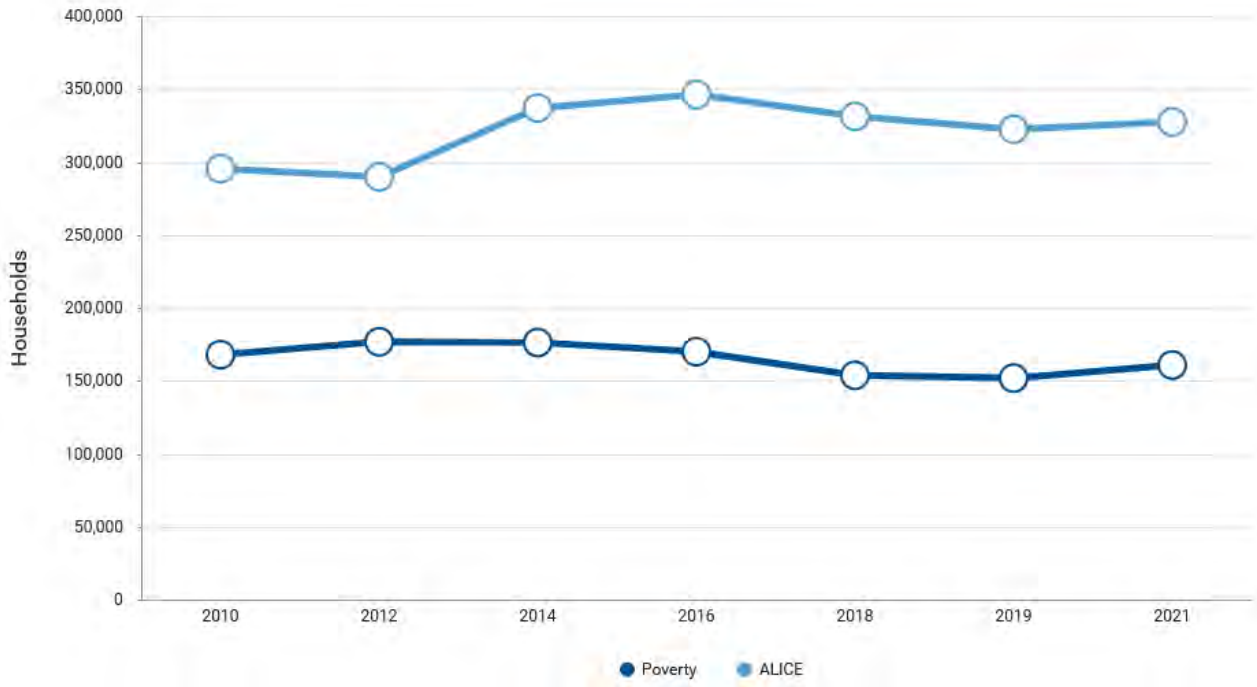
Median Household Income: \$59,044 (state average: \$63,062)

Labor Force Participation Rate: 63% (state average: 59%)

ALICE Households: 34% (state average 33%) **Households in Poverty:** 17% (state average 12%)

Financial Hardship Has Changed Over Time in Miami-Dade County

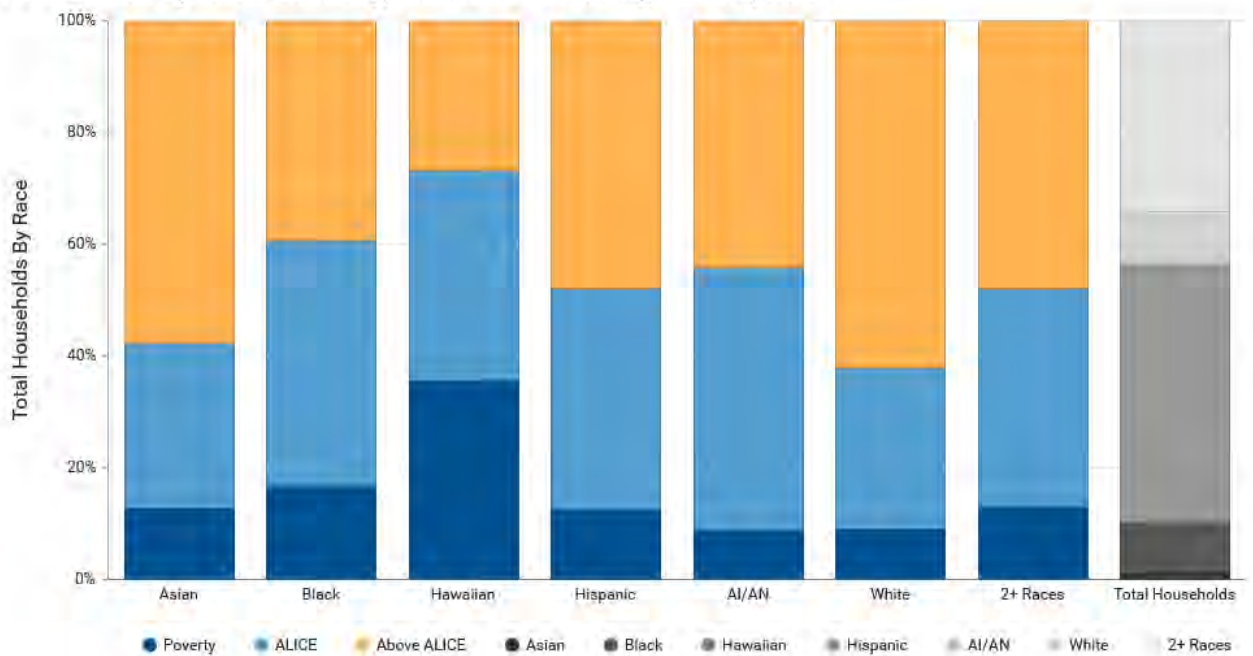
As circumstances change, households may find themselves below or above the ALICE Threshold at different times. While the COVID-19 pandemic brought employment shifts, health struggles, and school/business closures in 2021, it also spurred unprecedented public assistance through pandemic relief measures. In 2019, 474,194 households in Miami-Dade County were below the ALICE Threshold; by 2021 that number had changed to 488,180. Use the buttons below to switch between ALICE data over time by number and percentage.



Financial Hardship is Not Equally Distributed

By total number, groups with the largest population of households below the ALICE Threshold tend to also be in the largest demographic groups. However, when looking at the proportion of each group that is below the ALICE Threshold, it is clear that some groups are more likely to be ALICE than others.

Households by Race/Ethnicity, Miami-Dade County, Florida, 2021



There were also differences in financial hardship by household type and age of householder.

HOUSEHOLD TYPE		AGE OF HOUSEHOLDER
Group	% Below ALICE Threshold	
Single or Cohabiting (no children)	44%	
Married (with children)	32%	
Single-Female-Headed (with children)	74%	
Single-Male-Headed (with children)	62%	

HOUSEHOLD TYPE		AGE OF HOUSEHOLDER
Group	% Below ALICE Threshold	
Under 25	71%	
25 to 44 Years	45%	
45 to 64 Years	44%	
Seniors (65+)	67%	

Financial Hardship Varies by Location in Miami-Dade County

There is significant variation in the number of households who live below the ALICE Threshold within the county. Explore the map and table below to learn more. The map is shaded to show the percentage of households that are below the ALICE Threshold (poverty-level and ALICE households combined). The darker the blue, the higher the percentage.

Name	Total Households	% Below ALICE Threshold
Everglades CCD, Miami-Dade County, Florida	1837	18
Hialeah CCD, Miami-Dade County, Florida	117660	56
Homestead CCD, Miami-Dade County, Florida	36827	58
Kendale Lakes-Tamiami CCD, Miami-Dade County, Florida	121216	41
Kendall-Palmetto Bay CCD, Miami-Dade County, Florida	55337	35
Key Biscayne CCD, Miami-Dade County, Florida	4601	21
Miami Beach CCD, Miami-Dade County, Florida	61727	50
Miami CCD, Miami-Dade County, Florida	371376	57
Miami Gardens CCD, Miami-Dade County, Florida	32003	56
North Westside CCD, Miami-Dade County, Florida	52739	49
Princeton-Goulds CCD, Miami-Dade County, Florida	53685	50
South Westside CCD, Miami-Dade County, Florida	27343	44

Public Comment, Listening Session and Consumer Feedback

The CoC solicits additional feedback on gaps and needs through the Lived Experience Working Group, Youth Action Board, Homeless Formerly Homeless Forum, CoC Board meetings, committees and sub-committees and client satisfaction surveys posted as a QR code at social service offices, shelters and Project-Based Permanent Housing.

A recurring theme in all these discussions is a lack of affordable housing, including Extremely Low Income (ELI) Housing as well as Permanent Supportive Housing for persons with Special Needs. Without an adequate supply of housing options that are affordable, people remain in shelter longer and unsheltered persons cannot access crisis housing readily. Lack of transportation, health care, mental health care, and employment opportunities are also recurring themes.

HT - Customer Satisfaction Survey

December 16, 2023 9:11 PM EST

What is the name of the agency you are rating?

#	Field	Choice Count
1	Better Way of Miami Inc.	0.15% 2
3	Camillus Health Concern	0.23% 3
2	Camillus House Inc.	9.02% 118
4	Carrfour Supportive Housing	15.44% 202
5	Chapman Partnership Inc.	41.36% 541
6	Citrus Health Network Inc.	0.31% 4
8	City of Miami Beach (Homeless Outreach Program)	0.15% 2
7	City of Miami (Homeless Assistance Program) aka. Green Shirts	0.08% 1
9	Douglas Gardens CMHC	0.54% 7
10	Fellowship House	0.54% 7
17	Fundación Hermanos de la Calle	0.08% 1
11	Legal Services of Greater Miami Inc.	0.00% 0
13	Miami Rescue Mission	2.91% 38
18	New Hope Corps	0.00% 0

#	Field	Choice Count
14	New Horizons CMHC	1.68% 22
19	The Advocate Program, Inc.	1.53% 20
15	The Salvation Army	1.38% 18
12	The Sundari Foundation Inc. dba LOTUS HOUSE	24.54% 321
16	Volunteers of America	0.08% 1
		1308

Showing rows 1 - 20 of 20

Please evaluate EACH of the following statements and provide a response for EACH of...

#	Field	Strongly agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Strongly disagree		Total
1	I was informed of my rights and responsibilities, including the agency's grievance procedures	84.79%	1109	9.40%	123	2.52%	33	0.84%	11	2.45%	32	1308
2	I was provided with information about different support services that are available to me	81.57%	1067	11.01%	144	2.45%	32	1.07%	14	3.90%	51	1308
3	I was involved in making decisions about my service plan	83.03%	1086	8.87%	116	3.36%	44	1.61%	21	3.13%	41	1308
4	I was able to talk with staff when I needed to	82.80%	1083	10.09%	132	2.68%	35	1.30%	17	3.13%	41	1308

#	Field	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Total
5	The building and facilities are kept clean, safe and comfortable	70.34% 920	16.44% 215	6.57% 86	3.06% 40	3.59% 47	1308
6	My rights were acknowledged, respected and protected	80.96% 1059	9.79% 128	3.82% 50	1.76% 23	3.67% 48	1308
7	The staff cares about my wellbeing	80.50% 1053	10.02% 131	4.20% 55	1.68% 22	3.59% 47	1308
8	Program staff are knowledgeable about available resources that could help me	81.35% 1064	10.93% 143	3.13% 41	1.38% 18	3.21% 42	1308
9	I would recommend this program to others	82.42% 1078	8.18% 107	4.05% 53	1.07% 14	4.28% 56	1308

Showing rows 1 - 9 of 9

Please tell us in your own words, how we can improve the housing and services.

Be more helpful to women who are young and mentally disabled. I've been homeless for more than 5 years and they never kept their words. I was hospitalized 2-3 times for trying to kill myself and they still did nothing to help me after I left the hospital. I've only been going in circles all these years and now they are saying I'm not a priority for Permanent Housing.

Everything was great!

Not discharging people at 12:15 am with nowhere to go and not providing a reason for being discharged.

Clean up, Sanitize

Improve menu options/create a system that makes guest keep clean living spaces (like write ups if inspection fails too many times). More resources for 4th/5th floor activities.

I came in and my caseworker help me get out within a month of being here I am so grateful to have miss Jeanelle

I wish some people didn't snap and have a nasty attitude.

I was very happy and grateful for being here. and I feel safe and they met all my needs, God bless Lotus House and thank you for everything.

There is not enough program staff to accommodate the population adequately

I wasn't able to get a bed because each of my 4 family members are adults. My 21yr. old is mentally handicapped son couldn't register himself or be unsupervised. My family includes an elderly person that needs me to monitor their heart monitor. I was told we didn't qualify for a hotel voucher. Currently living in my car. Why is there no shelter for people like us?

My caseworker worked with me and help me to getting my own place I thank u so much

My experience was great, my case manager took her time to explain and walk me through the whole process she really got the the job bone. She told me during my assessment to follow her lead

Please tell us in your own words, how we can improve the housing and services.

I think to improve seeing that I live in Florida and everything has doubled mortgage rent insurance and when it comes to rent maybe if the program can pay half of the total rent that will help the person out because everything is high everything and when they're doubling everything it's like you still have to borrow to pay Paul but it does help but I think to help a little bit more if they can pay half of the total amount of the rent and also help with utilities like they do light bill and being that the water because I live in apartment the water is connected to the bills it will help out a lot if

I had one experience in the past that I felt a case manager did not have good intentions for my well being (help I needed at the moment) . However it was addressed (I felt need to speak out) and the help I needed, they did come through at a critical time I was experiencing. Overall this agency has done so much for me and I was very thankful for the help I received from them. They are : A Class Act. I never could have made it this far without the services they provided for me

1. La persona empleada que entrega los pampers tenia mala actitud y ponia mala cara cuando uno iba a pedir los pampers. Piden que mejore la forma de comuncarse con los clientes. 2. El servicio recibido de nuestra Case Manager Maria Elena Anderson fue excelente.

More client participation in their own program.

Everything was great and my case manger got me in a good are thanks

I'm thankful for my stay at Chapman Partnership

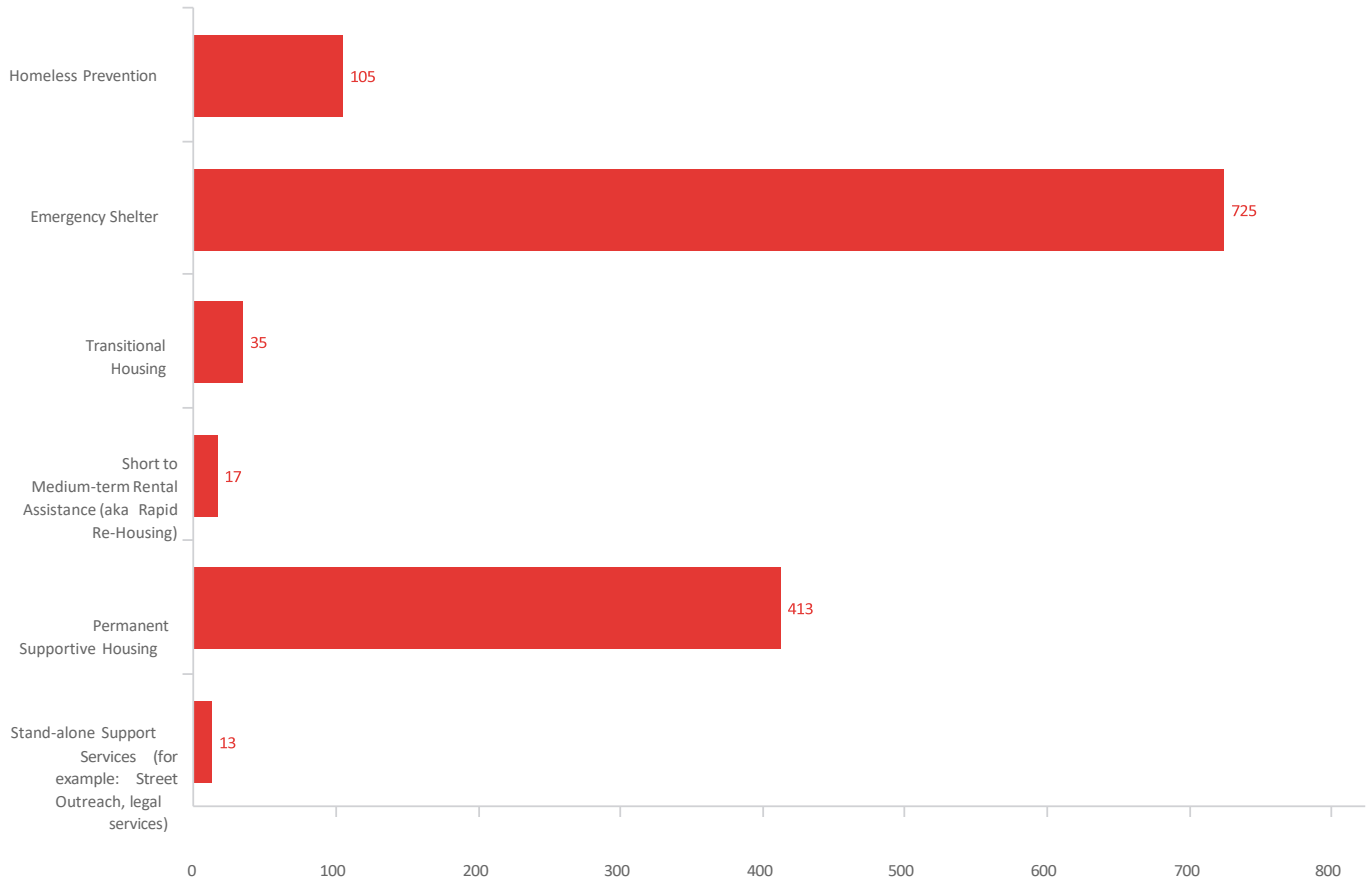
I recommended that staff is more on the look out in the family dorm areas for others who consume drugs and are under the influence, and also that staff improve cleanliness in the center.

Se debería seleccionar el dormitorio para la gente desente. Vigilar que no halla venta de y uso de drogas adentro.

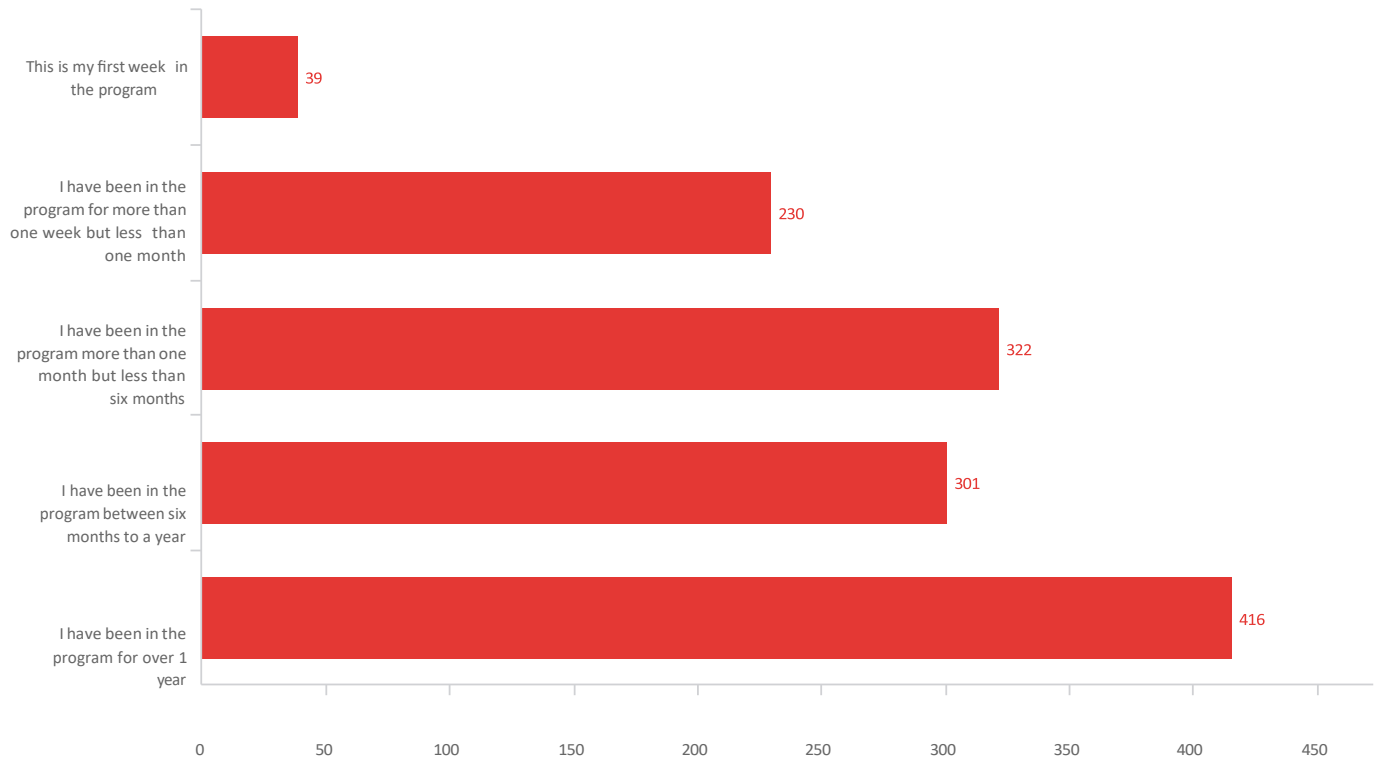
The only thing they care about is getting 75% of every one of our paychecks other than that they don't tell us about no other programs or anything else that's going on in here

My suggestion is that communication could be improved between departments.

What category best describes the current level of care you are receiving? (Select one)



How long have you been in the program you are rating (Select One)?



Background

For nearly 30 years, the Miami-Dade County Homeless Trust has overseen, planned, operated and coordinated housing and services for people experiencing and at risk of homelessness in Miami-Dade County. By successfully leveraging a first-in-the-nation dedicated source of funding, which has been effectively combined with state and federal resources, the Homeless Trust has created arguably the most dynamic and coordinated homeless system of care in the nation. The Homeless Trust has been recognized at every level of government for service excellence, deemed a “National Best-Practice Model” by the United States Department of Housing and Urban Development (USHUD) and most recently called a “model for the nation” by USHUD Secretary Marcia L. Fudge.

Under the Trust’s leadership, unsheltered homelessness has been reduced by nearly 90%. The Homeless Trust has *Effectively Ended Veteran Homelessness*, a designation recognized by the United States Interagency Council on Homelessness, United States Department of Housing and Urban Development and the United States Department of Veteran Affairs; created thousands of units of permanent and supportive housing exclusively for people experiencing homelessness, in partnership with public housing authorities, affordable housing developers and landlords; and most recently secured a 20% increase in federal grant awards to further combat unsheltered and youth homelessness.

Even so, the Homeless Trust continues to feel the impacts of Miami-Dade County’s affordable housing crisis and the lack of housing options. First time homelessness has skyrocketed. The continuing fallout from the COVID-19 pandemic, increased inflation, the closing of unsafe structures following the Surfside collapse and increased migrant inflow have further strained available resources. Some of those hit hardest are seniors on fixed incomes and disabled individuals who cannot bear the unreasonable rent increases that are becoming all too common.

In their wisdom, Chairman Oliver G. Gilbert, III and members of the Miami-Dade Board of County Commissioners, with unwavering support from Miami-Dade County Mayor Daniella Levine Cava, set aside resources to further combat homelessness. Other communities, with the understanding that homelessness is a countywide issue, have joined this effort. The Homeless Trust is now working aggressively to acquire and renovate properties to create new housing opportunities for persons experiencing homelessness, with a particular emphasis on seniors and the disabled. This effort is intended to improve the quality of life of all residents while further reducing unsheltered homelessness.

The Homeless Trust is grateful for the autonomy afforded by our Board over nearly three decades. We, in turn, continue to tirelessly work to respond effectively to districtwide issues and emergencies; focus on long-term, lasting solutions; and keep unsheltered numbers low. Urban communities around the nation have seen unprecedented increases in homelessness. The Homeless Trust is determined not to follow in the footsteps of those communities, and instead continue to set the standard for Continuums of Care nationwide. With your support, we will ensure the capacity and resources to connect individuals experiencing homelessness to permanent housing are in place. We thank the Mayor and the Board for their continued support and collective commitment as we effectively end homelessness in Miami-Dade County.

The Miami-Dade County Homeless Trust (Homeless Trust) serves as the coordinating entity for the provision of housing and services to individuals and families experiencing and at risk of homelessness throughout Miami-Dade County; serves as the "Collaborative Applicant" for the United States Department

of Housing and Urban Development's (U.S. HUD) Continuum of Care Program and the Florida Department of Children and Families Office on Homelessness; implements Miami-Dade County's Community Homeless Plan: Priority Home, which provides a framework for preventing and ending homelessness in Miami-Dade; administers the one percent Local Option Food and Beverage Tax in furtherance of the Plan; manages Miami-Dade County's Homeless Management Information System (HMIS), the local technology system used to collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness; provides administrative, contractual and policy formulation assistance related to homeless housing and services; and serves in an advisory capacity to the Board of County Commissioners on issues involving homelessness.

Eighty-five percent (85%) of Food and Beverage Tax proceeds are dedicated to homeless housing and services and leveraged with federal, state, local and other resources dedicated to providing housing and services for the homeless, including survivors of domestic violence. The Homeless Trust also provides administrative, contractual and policy formulation assistance related to homeless and domestic violence housing and services. Additionally, the Homeless Trust assists in coordinating and monitoring the construction and operations of domestic violence centers in Miami-Dade County, which are funded through the remaining 15 percent of the Food and Beverage Tax. The Domestic Violence Oversight Board (DVOB) serves in an advisory capacity to the Board of County Commissioners on all issues relating to or affecting domestic violence and separately submits an Annual Report to the Board through the Office of Community Advocacy.

Program Summary

As part of the Health and Society strategic area, the Homeless Trust funds and monitors homeless prevention services, temporary and permanent housing, and supportive services for the homeless, including homeless outreach. Each area is specifically designed to meet the unique needs of homeless individuals and families when they first enter the system and as their needs develop and evolve over time. This blend of housing and services comprises what is known as the homeless continuum of care (CoC).

Miami-Dade's CoC is a Housing First oriented continuum and aims to offer individuals and families experiencing homelessness access to housing based on the complexity or severity of their needs and without preconditions or service participation requirements.

The primary program components currently funded through the Homeless Trust are:

- **Permanent Housing**

Permanent Housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. The two types of permanent housing include Permanent Supportive Housing (PSH) and Rapid Re-housing. Permanent Supportive Housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. Rapid Re-housing (RRH) emphasizes housing search and relocation services and short-to-medium-

term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

- **Joint Transitional Housing and Permanent Housing-Rapid Rehousing**
A Joint Transitional Housing and Permanent Housing-Rapid Rehousing (Joint TH:PH-RRH) component project is a project type that includes two existing program components in a single project to serve individuals and families experiencing homelessness. It includes units supported by the transitional housing component and tenant-based rental assistance and services provided through the PH-RRH component to all program participants up to 24 months as needed by the program participants.
- **Supportive Services Only – Street Outreach**
The Supportive Services Only (SSO) program component allows recipients and subrecipients to provide services to individuals and families not residing in housing operated by the recipient. SSO recipients and subrecipients may use the funds to conduct outreach to sheltered and unsheltered homeless persons and families, link clients with housing or other necessary services, and provide ongoing support.
- **Emergency Shelter**
Temporary, crisis housing with comprehensive services that provide overnight accommodations for persons experiencing homelessness.
- **Safe Haven**
A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.
- **Homeless Prevention**
Homelessness prevention assistance for individuals and families at risk of homelessness, including housing relocation and stabilization services as well as short-to-medium-term rental assistance to prevent individuals and families from becoming homeless. Through this program component, persons at-risk maintain their existing housing or transition to new permanent housing.
- **Homeless Management Information System**
The Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The Homeless Trust is responsible for selecting an HMIS software solution that complies with US HUD's data collection, management, and reporting standards.

The Homeless Trust administers grants and oversees the operations and fiscal activities for more than 120 housing and services programs and is contracted with the following housing

and service providers for the program components referenced previously:

- Better Way of Miami
- Camillus House
- Carrfour Supportive Housing
- Chapman Partnership
- Citrus Health Network
- City of Miami
- City of Miami Beach
- Douglas Gardens Community Mental Health Center
- Educate Tomorrow
- Hermanos de la Calle
- Fellowship House
- Lotus House
- Miami-Dade Community Action and Human Services Department
- Miami Recovery Project
- Miami Rescue Mission
- Mia Casa, LLC
- New Hope CORPS
- New Horizons Community Mental Health Center
- The Advocate Program, Inc.
- The Salvation Army
- Volunteers of America

The Homeless Trust conducts two homeless censuses a year, in January and August. The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. The PIT is required by US HUD.

Housing Acquisition/Rehabilitation

Secured funding commitments to add and expedite the acquisition and renovation to facilitate no fewer than 550 permanent housing placements dedicated to dedicated to persons experiencing homelessness.

- \$1.75 million State of Florida Department of Children and Families
- \$5 million in HOME ARPA committed by Miami-Dade County
- \$20 million committed by Miami-Dade County
- \$15 million committed by City of Miami, which includes \$12.8M HOME-ARPA
- \$30,000 in recurring revenue from the City of North Miami Beach
- At least \$1M from the City of Miami Beach
- \$127,430 Miami Foundation

Projects are as follows:

- 1) Mia Casa – 12221 Harriet Tubman Highway, North Miami

Mia Casa is serving as a COVID-19 quarantine and isolation site for senior citizens 65 and over experiencing homelessness. More than 500 intakes have occurred over the past 2 ½ years. The Homeless Trust is finalizing the acquisition of this site, a former Assisted Living Facility, to serve as permanent housing for senior citizens. Currently, 97 seniors are at Mia Casa, but that number will increase to 120 once the sale is complete. The acquisition utilizes \$5 million in HOME Investments Partnership Program funding made available through Miami-Dade Public Housing and Community Development and a \$1.75 million special appropriation from the State of Florida. The site will be operated using local Food and Beverage proceeds dedicated to homelessness. As portions of this facility were built in the 1970's, \$3 million in capital funds is set aside to ensure the property is maintained appropriately.

2) Blue Village -- 18201 SW 12TH Street, Miami

The buyout of a deed restriction on a 114.8 acre parcel in west Miami-Dade was finalized with the General Services Administration, and improvements commenced on a 15-acre facility on the property to provide specialized housing and services for unsheltered single adult men with special needs, including persons with co-occurring disorders (mental illness and substance use disorders); tri-morbidity which includes co-occurring disorders with a chronic medical condition, and the reentry population. More than a decade ago, this facility served as a forensic facility for youth. A competitively selected design firm will help to re-envision the space to provide permanent housing for no fewer than 180 persons. Undeveloped land around the facility also presents an opportunity for future development.

New Hope CORPS, a CARF accredited, private nonprofit Community Behavioral Health Care Center was competitively selected to manage and operate the property. The organization has a proven track record of helping clients achieve successful recovery providing best practice services in the areas of substance abuse and mental health residential treatment, including intensive inpatient and outpatient services.

3) Undisclosed Site #2

The Homeless Trust is working to acquire a 105-room facility in south Miami-Dade capable of housing a minimum of 125 individuals. As part of a hotel to affordable housing conversion, kitchenettes are to be added to all guest rooms by the owner as part of a turn-key acquisition.

4) Undisclosed Site #3

A second hotel to housing conversion providing an estimated 125 units is contemplated. Final funding/financing is being secured. Hotel to housing conversions provide a means to quickly expand the supply of permanent affordable housing.

New Unit Development in the Pipeline

The Homeless Trust worked with area Public Housing Agencies, Florida Housing Finance Corporation and private developers set-aside 269 new units dedicated to persons experiencing homelessness.

	# OF UNITS BY PROJECT TYPE	AVAILABILITY DATE
RENTAL HOUSING VOUCHERS		
Housing Choice Vouchers – Housing Authority of the City of Miami Beach	25	10/01/22
Project Based Vouchers – Miami-Dade County Public Housing and Community Development	100	10/01/23
PRIVATE DEVELOPMENT - COMMITTED SET-ASIDE UNITS		
Tax Credit/HOME ARP Private Development	42	3 rd Qtr of 2024
State Housing Credit (LIHTC) Multi-Family LINK Units [ELI Special Needs Set-Aside] Residences at SoMi Parc (15 units; Q1 of 2024) Eleven44 (2 units; Q4 of 2024) Citadelle Village (5 units; Q4 of 2024) Cutler Manor II (10 units: Q1 of 2025) Liberty Square IV (14 units; Q4 of 2024) Northside Transit Village III (15 units; Q3 of 2023) Wynwood Works (15 units; Q3 2024) Residences at Dr. King Boulevard (12 units; October 1, 2022)	88	
State Housing Credit (LIHTC) Special Need Development	4	Q2 of 2024
Multi-Family Private Development	10	Q3 of 2023
TOTAL NEW UNITS DEDICATED TO PERSONS EXPERIENCING HOMELESSNESS IN COC PIPELINE (available between 10/01/22 and 03/31/2025)	269	

US HUD Continuum of Care Program Competition

The Homeless Trust was awarded approximately \$51,000,000 by the U.S. Department of Housing and Urban Development (US HUD) as part of its FY 2022 Continuum of Care (CoC) competition, including Special NOFO for Unsheltered Persons and Youth Homeless Demonstration Program

(YHDP). CoC grants provide funding for Access Points, Street Outreach, Homeless Management Information System, Transitional Housing, Rapid Re-Housing and Permanent Supportive Housing. Grants include supportive services to help individuals and families experiencing homelessness. Included in the most recent CoC award is funding for three (3) new projects totaling nearly \$2 million which will provide housing for an estimated 160 people. The Special NOFO award allowed us to create nine new projects include a youth access point, three (3) new specialized Street Outreach projects, four (4) new Permanent Housing projects and a joint component Transitional Housing and Rapid Re-housing project generating approximately \$7 million annually with 387 new units of housing. Through these NOFOs we were able to leverage Project Based Vouchers and Stability Vouchers. The YHDP provided an award of \$8.4 million over two years. Partners and programs for the YHDP will be identified in the Coordinated Community Plan being developed by stakeholders led by Youth and Young Adults with lived expertise.

In June 2022, US HUD Secretary Marcia Fudge visited Miami-Dade and toured the Homeless Trust's Homeless Assistance Center operated by Chapman Partnership. During a news conference immediately following, Secretary Fudge described Miami-Dade's Continuum of Care as a "model for the nation".

Local Food and Beverage Funding

The Homeless Trust issued a solicitation for Food and Beverage funded activities to house and serve persons experiencing and at-risk of homelessness. Among the items funded:

- 622 Emergency Shelter beds for single adults, families with minor children, and unaccompanied youth 18-24, including parenting youth
- Three (3) specialized outreach teams with expertise in substance use disorders, severe mental illness and engaging hard to serve individuals on the streets
- Dedicated staff to facilitating discharge planning for persons experiencing homelessness existing institutions, such as jail, hospitals, crisis units.
- Landlord recruitment and retention services
- Enhanced case management staffing for households experiencing and at-risk of homelessness to better serve unsheltered persons and customers calling the Homeless Helpline
- The Village of Bal Harbour also continued its commitment of \$50,000 annually to the Trust to support homeless housing and services.

State of Florida Funding

The State of Florida funded important initiatives for the Homeless Trust, including:

Brother Bill Bridge - \$562,000

Program providing rapid housing placement opportunities for hard to serve persons experiencing homelessness. Clients are placed by specialized outreach teams into safe, stable, single-site permanent housing. Service offerings and connections to services are

voluntary and client driven and those things that help to improve the health and well-being of the individuals. Services can include, but are not limited to, health and behavioral health care, basic living skills, cooking and budgeting.

Social Enterprise Academy - \$250,000

Local Support Grant to expand workforce development apprenticeships. The Social Enterprise Academy currently offers short-term (no more than 15 weeks), high quality training in in-demand industries with low worker supply and paying a living wage. Apprenticeships currently include construction, healthcare (Certified Nursing Assistant and Phlebotomy) and Information Technology. Funding will help transform a warehouse at the Trust's Homeless Assistance Center operated by Chapman Partnership.

Unified Funding Agreement (UFA) - \$1,401,284

The UFA creates three (3) rental assistance programs through TANF, ESG and the Challenge Grant providing Homeless Prevention and Rapid Re-housing with a recurring award of \$395,082.

- **Emergency Solutions Grant**

The Emergency Solutions Grant provides funding for emergency services to individuals and families who are homeless or facing homelessness. Funds are provided by the U.S. Department of Housing and Urban Development (U.S. HUD) to the State Office on Homelessness. The Homeless Trust receives \$200,000 in ESG from the State Office on Homelessness.

- **Challenge Grant**

The Challenge Grant is flexible dollars supporting local efforts to reduce homelessness. Funding is competitively solicited by Continuum of Care (CoC) Lead Agencies. The Homeless Trust receives \$148,500 in Challenge Grant funding which is leveraged with local Food and Beverage funding to provide case management for persons experiencing homelessness.

- **Temporary Assistance for Needy Families**

The TANF Grant provides funding for emergency services to individuals and families who are at risk of homeless. The Homeless Trust receives \$46,582 in TANF from the State Office on Homelessness.

This year we anticipate two increases to the Challenge Grant through the Challenge Plus Grant and Base Plus grants providing additional Homeless Prevention and Rapid Re-housing through a one-time award in excess of \$1 million dollars.

Housing Inventory Count

The Homeless Trust also maintains a Housing Inventory Count (HIC), which is a point-in-time inventory of provider programs within a Continuum of Care that provides beds and units dedicated to serve people experiencing homelessness. The HIC for 2023 was as

follows:

– Emergency Shelter	2,379
– Transitional Housing	466
– Safe Haven	20
– Rapid Rehousing	520
– Permanent Supportive Housing	4,897
– Other Permanent Housing	296
Total Housing Inventory:	8,578

Migrant Relocation and Support Services

The Homeless Trust worked with specialized outreach team Hermanos de la Calle to assist newly arriving migrants with relocation assistance and other services. From January-September 2022, 435 migrants experiencing homelessness, including 124 children were served. Nearly 300 persons were relocated to housing and supports. Countries of origin included Venezuela, Colombia, Brazil, Nicaragua, Cuba and others.

Lived Experiencing

Last year the Homeless Trust expanded on its efforts to collect feedback from people with lived experiences. In addition to the Homeless Formerly Homeless Forum, who appoints people with lived experienced to two board seats and the Youth Voice Action Council, the local Youth Advisory Board, the Trust created a Lived Experience Working Group so that people 25 and older, who have experienced homelessness can share their perspectives on how social, economic, and political situations affect homelessness, make recommendations on how to better serve persons who have or are experiencing homelessness, and review the priorities in the CoC’s Plan pertaining to persons experiencing homelessness with severe service needs – with the goal of improving the delivery of CoC housing and services.

Racial Equity Working Group

The Homeless Trust established a **Racial Equity Working Group** to better identify and address the needs of subpopulations who are disproportionately more likely to experience homelessness. The CoC gathered surveys, convened focus groups and commenced a four-part training series on equity, inclusion and diversity for both leadership and frontline staff.

Training

The Homeless Trust hosted and/or led a number of training opportunities for CoC providers, including:

- Critical Time Intervention (CTI) and Pre-CTI training to contracted outreach, shelter and permanent housing providers. CTI is a time limited evidenced-based practice that mobilizes support for vulnerable individuals during periods of transition, facilitating housing stability, community integration and continuity of care.

- Prevention, diversion and assessment training to improve the CoC’s Coordinated Entry System and better meet the unique needs of individuals and families at risk of and experiencing homelessness
- Social Security Administration Online Services
- Equal Access to Housing in HUD Programs Regardless to Sexual Orientation, Gender Identity or Marital Status
- Legal Services of Greater Miami New Tenants Rights’ Ordinances Training
- Florida Department of Children and Families Refugee Services
- Domestic Violence
- Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR)

This year the Trust acquired iSpring a Learning Management System that can be utilized by our subrecipients to complete CoC training on their own time.

Summary

Federal

Over the past year, the U.S. administration has taken major, unprecedented action to address homelessness head-on:

- Helped more than 424,000 exit or avoid homelessness or receive homeless services, and we surpassed our goal to rehouse more than 38,000 veterans experiencing homelessness.
- On track to build more apartments this year than any other on record, thanks in large part to the White House’s Housing Supply Action Plan.
- Invested nearly half a billion dollars to address unsheltered and rural homelessness and are working closely with mayors and governors to cut red tape that makes it hard for people to move off the streets and into homes.
- Improved Medicaid to let more states use waivers to pay for housing and wraparound supports (including mental health care and substance use treatment), and we made it easier for health providers to treat people where they are—in the streets, shelters, and encampments.
- Built the foundations for national eviction and homelessness prevention systems and provided more federal rental assistance in the last three years than in the previous 20 years.

Even in communities where homelessness is rising, it doesn’t mean they aren’t helping people exit homelessness. In many cases, the problem is that for every person who moves off the street and into a home, more than one loses a home and becomes homeless. The 2023 PIT data illustrates this, and until we close the doors to homelessness, we will not end it. That is why preventing homelessness is a priority for this administration and a major part of All In: The Federal Strategic Plan to Prevent and End Homelessness.

Miami-Dade County


Implementation measures and strategies are incorporated into the Homeless Trust Community Plan to End Homelessness: Priority Home, topline initiatives and priorities for the CoC include:

- Focus American Rescue Plan resources on further reducing homelessness

- Prioritize those experiencing chronic homelessness; those at risk for serious illness/death; seniors; youth; families; veterans; persons fleeing DV or human trafficking; persons with high utilization of other systems like the public hospital, CSU, jail/prison and foster care for new permanent housing
 - Focus on unsheltered persons and enhance specialized outreach with a focus on persons with disabilities
 - Partner with Entitlement Jurisdictions administering the Emergency Solutions Grant (ESG) and Community Action and Human Services Department to assist those at-risk of homelessness and prevent eviction
 - Acquire, rehab or construct properties designated for persons experiencing homelessness
 - Utilize Move-Up strategies to move on PSH clients no longer in need to intensive supports, freeing up PSH for the most acute chronically homeless households
- Increase Extremely Low Income and Affordable Housing
 - Increase partnerships with area Public Housing Agencies (4) to secure preference and set asides for special needs populations
 - Partner with Affordable Housing Developers/Owners through tax credit developments and other affordable housing opportunities
 - Enhance landlord relationships; develop a local landlord partner program/database; use incentives as available/needed
 - Coordinate and provide expedited advanced care housing options for persons who need assistance with activities of daily living
 - Increase coordination and capacity to better serve victims of Domestic Violence
 - Increase shelter capacity exclusive to victims of domestic violence
 - Enhance permanent housing opportunities dedicated to victims of domestic violence
 - Increase opportunities for clients to increase income/employment for persons experiencing homelessness enabling them to secure and retain permanent housing
 - Enhance partnerships with public/private employers, including on the job training and apprenticeship programs
 - Create educational and training platforms that combine critical life skill education with practical training to prepare individuals experiencing homelessness to re-enter the workforce within high-demand industries (workforce trades)
 - Enhance partnership with vocational training/education facilities and other job development partners (Miami Job Corps, CareerSource South Florida, Miami Community Ventures)
 - Expedite SOAR disability claims; ensure clients are systematically connected to mainstream benefits (public health care, Medicaid, SSI, TANF, substance abuse programs, etc.)
 - Develop guidelines to promote and support volunteerism and community service among people experiencing homelessness
 - Enhance year over year U.S. HUD System Performance Measures by 5%

- Utilize HUD Technical Assistance and Performance Evaluation Committee to further analyze system performance and outcomes, including project-level performance issues
 - Improve data quality (dedicated provider staffing; ongoing reviews; monthly mandatory meetings to troubleshoot issues and highlight changes/updates); host one-on-one meetings with agencies as needed
 - Work to coordinate and integrate data collection across systems (health, behavioral health, criminal justice, etc.)
-
- Further develop CoC plan and action steps to address racial equity, identify resources to support plan, conduct annual CoC racial disparity assessment and coordinate efforts with the Miami-Dade Office on Equity and Inclusion and other community-based efforts to address racial equity
 - Expand local Food & Beverage Tax in municipalities which currently do not participate (Miami Beach, Surfside, Bal Harbour)
 - Partner with other emergency and long-term recovery agencies to develop a comprehensive, communitywide approach to deal with unsafe structure condemnations which were prompted by the Surfside condominium collapse; consider additional legislation, policy and funding to ensure support for the displaced, and increase accountability on multifamily property owners

Jail diversion: the Miami model

Steve Leifman¹ and Tim Coffey^{2*} 

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The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP), located in Miami-Dade County, FL, was established in 2000 to divert individuals with serious mental illnesses (SMI; eg, schizophrenia, bipolar disorder, and major depression) or co-occurring SMI and substance use disorders away from the criminal justice system and into comprehensive community-based treatment and support services. The program operates two primary components: prebooking jail diversion consisting of Crisis Intervention Team (CIT) training for law enforcement officers and postbooking jail diversion serving individuals booked into the county jail and awaiting adjudication. In addition, the CMHP offers a variety of overlay services intended to: streamline screening and identification of program participants; develop evidence-based community reentry plans to ensure appropriate linkages to community-based treatment and support services; improve outcomes among individuals with histories of noncompliance with treatment; and expedite access to federal and state entitlement benefits. The CMHP provides an effective, cost-efficient solution to a community problem and works by eliminating gaps in services, and by forging productive and innovative relationships among all stakeholders who have an interest in the welfare and safety of one of our community's most vulnerable populations.

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Key words: criminal justice, mental health, jail diversion, crisis intervention team, courts.

The Problem

Every day, in every community in the United States, law enforcement agencies, courts, and correctional institutions are witness to a parade of misery brought on by untreated or under-treated mental illnesses. According to the most recent prevalence estimates, roughly 16.9% of jail detainees (14.5% of men and 31.0% of women) experience serious mental illnesses (SMI).¹ Considering that in 2018 law enforcement nationwide made an estimated 10.3 million arrests,² this suggests that more than 1.7 million involved people with SMIs. It is estimated that three-quarters of these individuals also experience co-occurring substance use disorders, which increases the likelihood of becoming involved in the justice system³ (National GAINS Center, 2005)⁴. On any given day, approximately 380 000 people with mental illnesses are incarcerated in jails and prisons across the United States.⁵ Considering that as of 2016 there were only about 20 000 beds in civil state psychiatric hospitals,⁶ this means that there are 19 times as many people with mental illnesses in

correctional facilities as there are in all civil state treatment facilities combined.

Although these national statistics are alarming, the problem is even more acute in Miami-Dade County, FL. The county jail currently serves as the largest psychiatric institution in Florida and contains as many beds serving inmates with mental illnesses as all state civil and forensic mental health hospitals combined. On any given day, approximately 2400 of the 4200 individuals housed in the county jail (57%) are classified as having some mental health treatment need.⁷ Based on a total per diem cost of \$265 per bed, the estimated cost to taxpayers is \$636 000 per day, or more than \$232 million per year. On average, people with mental illnesses remain incarcerated eight times longer than people without mental illnesses arrested for the exact same charge, at a cost seven times higher.⁸ With little treatment available, many individuals cycle through the system for the majority of their adult lives.

To illustrate the inefficient and costly consequences of the current system, researchers from the Florida Mental Health Institute at the University of South Florida examined arrest, incarceration, acute care, and inpatient service utilization rates among 97 individuals with SMIs participating in jail diversion programs in Miami-Dade

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TABLE 1. Miami-Dade County: Heavy User Data Analysis (n = 97).

Event	Total Events Over 5 Years	Average per Individual	Average per Diem Cost	Estimated Total Cost
Arrests	2172	22	–	–
Jail days	26 640	275	\$265	\$7 million
Baker Act initiations	710	8.6	–	–
Inpatient psychiatric days	7000	72	\$291	\$2 million
State hospital days	3200	33	\$331	\$1 million
Emergency room days	2600	27	\$2338	\$6 million
Total	39 440	407	–	\$16 million

County, FL.⁹ Individuals were selected for inclusion in the analysis based on their identification as frequent recidivists to the criminal justice system and acute care settings as defined by having been referred for diversion from jail to acute care crisis units on four or more occasions as the result of four or more discrete arrests. Total number of referrals for diversion services per individual ranged from 4 to 17, with an average of 7.1 referrals. Total number of lifetime bookings into the county jail ranged from 8 to 104, with an average of 36.6 bookings. As illustrated in Table 1, over a 5-year period, these individuals accounted for nearly 2200 arrests, 27 000 days in jail, and 13 000 days in crisis units, state hospitals, and emergency rooms, at a cost to taxpayers of roughly \$16 million.

The Solution

The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) was established 19 years ago to divert misdemeanor offenders with SMI, or co-occurring SMI and substance use disorders, away from the criminal justice system into community-based treatment and support services. Since that time, the program has expanded to serve defendants that have been arrested for less serious felonies and other charges as determined appropriate. The program operates two components: prebooking diversion consisting of Crisis Intervention Team (CIT) training for law enforcement officers and postbooking diversion serving individuals booked into the jail and awaiting adjudication. All participants are provided with individualized transition planning including linkages to community-based treatment and supports. Services available to program participants include supportive housing, supported employment, assertive community treatment, illness self-management and recovery (wellness recovery action planning), trauma services, and integrated treatment for co-occurring mental health and substance use disorders.

Short-term benefits include reduced numbers of defendants with SMI in the county jail, as well as more efficient and effective access to housing, treatment, and wrap-around services for individuals re-entering the community. This decreases the likelihood that individuals will re-offend and reappear in the criminal justice system, and increases the likelihood of successful mental health recovery. The long-term benefits include reduced demand for costly acute care services in jails, prisons, forensic mental health treatment facilities, emergency rooms, and other crisis settings; decreased crime and improved public safety; improved public health; decreased injuries to law enforcement officers, and people with mental illnesses; and decreased rates of chronic homelessness. Most importantly, the CHMP is helping to close the revolving door which results in the devastation of families and the community, the breakdown of the criminal justice system, wasteful government spending, and the shameful warehousing of some of our communities most vulnerable and neglected citizens.

Program Development

Initial support for the development of the CMHP was provided in 2000 through a grant from the *National GAINS Center*,¹ which enabled the court to convene a 2-day summit meeting of traditional and nontraditional stakeholders throughout the community. The purpose of the summit was to review the ways in which Miami-Dade County collectively responded to people with mental illnesses involved in the justice system. The GAINS Center provided technical assistance and helped the community map existing resources, identify gaps in services and service delivery, and develop a more integrated approach to coordinating care. Stakeholders included judges and court staff, law enforcement agencies and first responders, attorneys, mental health and substance abuse treatment providers, state and local social service agencies, consumers of mental health and substance abuse treatment services, and family members.

What was revealed was an embarrassingly dysfunctional system. Prior to the summit, it was readily apparent that people with mental illnesses were over-represented in the justice system. What was not readily apparent, however, was the degree to which stakeholders were unwittingly contributing to and perpetuating the problem. Many participants were shocked to find that a single person with mental illness was accessing the services of

¹ The National GAINS Center is a federally funded organization concerned with the collection and dissemination of information about the effective services for people with co-occurring mental health and substance use disorders in contact with the justice system. GAINS is an acronym, which stands for gathering information, assessing what works, interpreting/integrating facts, networking, and stimulating change. More information may be found at: <http://gainscenter.samhsa.gov/>.

almost everybody in the room including law enforcement, emergency medical services, mental health crisis units, emergency rooms, hospitals, homeless shelters, jails, and the courts. Furthermore, this was occurring over and over as individuals revolved between a criminal justice system that was never intended to handle overwhelming numbers of people with serious mental illnesses and a community mental health system that was ill-equipped to provide the necessary services to those most in need.

A common theme among summit participants was the frustration of repeatedly serving the same individuals with seemingly little that could be done to break the cycles of crises, homelessness, recidivism, and despair. Part of the problem was that stakeholders were largely disconnected from one another and no mechanisms were in place to coordinate resources or services. Everyone was so busy doing their jobs that no one was looking at the bigger picture to see the ways in which individual roles come together to impact the welfare of the system, and the individual, as a whole. The police were policing, the lawyers were lawyering, and the judges were judging. Treatment providers knew little about what went on when their clients were arrested and, because of barriers to accessing information and laws that prohibit reimbursement for services provided to people who are incarcerated, had little incentive to learn. For individuals who had no resources to pay for services (eg, insurance and Medicaid), crisis units, hospitals, and the jail were often the only options to receive care. Ironically, while many individuals could not access the most basic prevention and treatment services in the community, they were being provided the costliest levels of crisis and emergency care over and over again.

The degree of fragmentation in the community not only prevented the mental health and criminal justice systems from responding more effectively to people with mental illnesses, but also actually created increased opportunities for people to fall through the cracks. The conclusion of the summit became apparent that people with untreated serious mental illnesses are among the most expensive population in the community not because of their diagnoses, but because of the way the health care and justice systems treat them.

Using information generated from the summit meeting, program operations were initiated on a limited basis. Additional funding was secured from a local foundation to conduct a planning study of the mental health status and needs of individuals arrested and booked into the county jail, as well as the processes in place to link individuals to community-based services and supports. Information from this planning study was used to develop a more formal program design and to secure a federal grant in 2003, which enabled the CMHP to significantly expand its staffing and operations. At the conclusion of the federal grant period, continuation of funding for all positions was assumed by the county. Because of the early success of

the program and demonstrated outcomes, the CMHP was awarded another grant in 2007 by the State of Florida to further expand postbooking diversion operations to serve people charged with less serious felonies. In 2010, another state grant was awarded, which was used to establish a specialized unit to expedite access to federal entitlement benefits. A 2016 grant supported the creation of jail in-reach team to streamline identification and assessment of program participants and support evidence-based re-entry planning. Finally, in 2018, the state funded a demonstration project to allow the CMHP to examine the impact of changes to state law allowing criminal court judges presiding over misdemeanor cases to leverage treatment compliance by ordering outpatient treatment under the state's civil commitment laws.

Since its inception, the CMHP has received ongoing support from the Florida Department of Children and Families. In addition, since 2010, the CMHP has worked closely with Thriving Mind South Florida, which contracts with the state to administer non-Medicaid, mental health, and substance abuse treatment state funding for the uninsured and underinsured in Miami-Dade and Monroe Counties. Supplemented by additional federal, state and county grants and contracts as well as philanthropic support, Thriving Mind manages a safety net system of care for the treatment of mental health and substance use disorders which is indispensable to the success of the CMHP.

The CMHP's success and effectiveness depend on the commitment, consensus, and ongoing effort of stakeholders throughout the community. To this end, the courts are in a unique position to bring together stakeholders who otherwise may not have opportunities to engage in such problem-solving collaborations. In establishing the CMHP, a mental health committee was established within the courts. In addition, a local chapter of the statewide advocacy organization, *Florida Partners in Crisis*, was formed. Both of these bodies are chaired by the judiciary and provide a venue and opportunity for discussion of issues that cut across community lines. This has been particularly effective in resolving problems that arise from poor communication and cross-systems fragmentation. Staff for the CMHP are employed through a combination of the Administrative Office of the Courts, Thriving Mind South Florida, and Community Health of South Florida, a local treatment provider, and work closely with all stakeholders in the community. Funding for staff positions comes from county, state, and federal sources and consists of a mix of general revenue and grant funding.

CMHP Program Overview

Prebooking jail diversion

The CMHP has embraced and promoted the CIT training model developed in Memphis, Tennessee in the late

TABLE 2. City of Miami and Miami-Dade Police Departments Annual CIT Calls.

	2010	2011	2012	2013	2014	2015	2016	2017	2018 ^a	Total	Rate per 1000 CIT Calls
CIT calls	7779	9399	10 404	10 626	11 042	10 579	11 799	11 799	8045	91 472	–
Individuals transported to crisis	3307	4642	5527	3946	5155	7417	8303	8818	7898	55 013	601.4
Individuals diverted from jail	1940	3563	2118	1215	1871	1633	1694	1860	1622	17 516	191.5
Arrests made	4	45	27	9	24	10	19	11	3	152	1.7

^aCIT data were not collected by city of Miami in 2018. Information reported reflects calls responded to by Miami-Dade Police Department only.

1980s.¹⁰ Known as the *Memphis Model*, the purpose of CIT training is to set a standard of excellence for law enforcement officers with respect to the treatment of individuals with mental illnesses. CIT officers perform regular duty assignment as patrol officers, but are also trained to respond to calls involving mental health crises. Officers receive 40 hours of specialized training in psychiatric diagnoses, suicide intervention, substance abuse issues, behavioral de-escalation techniques, the role of the family in the care of a person with mental illness, mental health and substance abuse laws, and local resources for those in crisis.

The training is designed to educate and prepare officers to recognize the signs and symptoms of mental illnesses, and to respond more effectively and appropriately to individuals in crisis. Because police officers are often the first responders to mental health emergencies, it is essential that they know how mental illnesses can impact the behaviors and perceptions of individuals. CIT officers are skilled at de-escalating crises, while bringing an element of understanding and compassion to these difficult situations. When appropriate, individuals are assisted in accessing treatment in lieu of being arrested and taken to jail.

Because CIT programs are in operation in jurisdictions and municipalities countywide, and officers are called on to respond to a variety of situations ranging from relatively minor incidents to urgent crises, there is no single point of entry and no standard intervention provided. Rather, officers are trained to quickly assess situations and assist individuals in accessing a full array of crisis and noncrisis services and resources across the community. These include providing transportation to hospitals and crisis stabilization units in emergency situations, accessing the services of a mobile crisis team consisting of mental health professionals providing onsite assessment and referral services in the community, and providing informational resources to assist individuals in locating and accessing health and social services throughout the county.

The prebooking diversion program has demonstrated tremendous results. To date, the CMHP has provided CIT training to more than 7000 law enforcement officers from all 36 local municipalities in Miami-Dade County, as well

as Miami-Dade Public Schools and the Department of Corrections and Rehabilitation. Countywide, CIT officers are estimated to respond to nearly 20 000 mental health crisis calls per year. As indicated in Table 2, since 2010, CIT officers from the Miami-Dade Police Department and City of Miami Police Department have responded to 91 472 mental health crisis calls resulting in 17 516 diversions from jail, 55 013 individuals assisted in accessing community-based treatment, and just 152 arrests. Since 2008, the number of annual jail bookings has decreased from roughly 118 000 to 53 000 last year (see Figure 1). The average daily population in the county jail system has dropped from 7200 to 4200 inmates today (see Figure 2), and the county has closed one entire jail facility at a cost-savings to taxpayers of \$12 million per year.

Postbooking jail diversion

The CMHP was originally established to divert nonviolent misdemeanor defendants with SMI and possible co-occurring substance use disorders, from the criminal justice system into community-based treatment and support services. Since that time, the program has been expanded to serve defendants that have been arrested for less serious felonies and other charges as determined appropriate.

All defendants booked into the jail are screened for signs and symptoms of mental illnesses by correctional officers using an evidence-based screening tool. Additionally, defendants undergo medical screening by health care staff at the jail, which includes additional assessment of psychiatric functioning. Those who are identified as being in possible psychiatric distress are referred to corrections health services' psychiatric staff for more thorough evaluation.

In order to determine the appropriate level of treatment, support services and community supervision, the CMHP screens each program participant with regard to mental health and substance use treatment needs, as well as criminogenic risks factors. A two-page summary is developed that is used to develop an individualized transition plan aimed at reducing criminal justice recidivism and improved psychiatric outcomes, recovery, and community

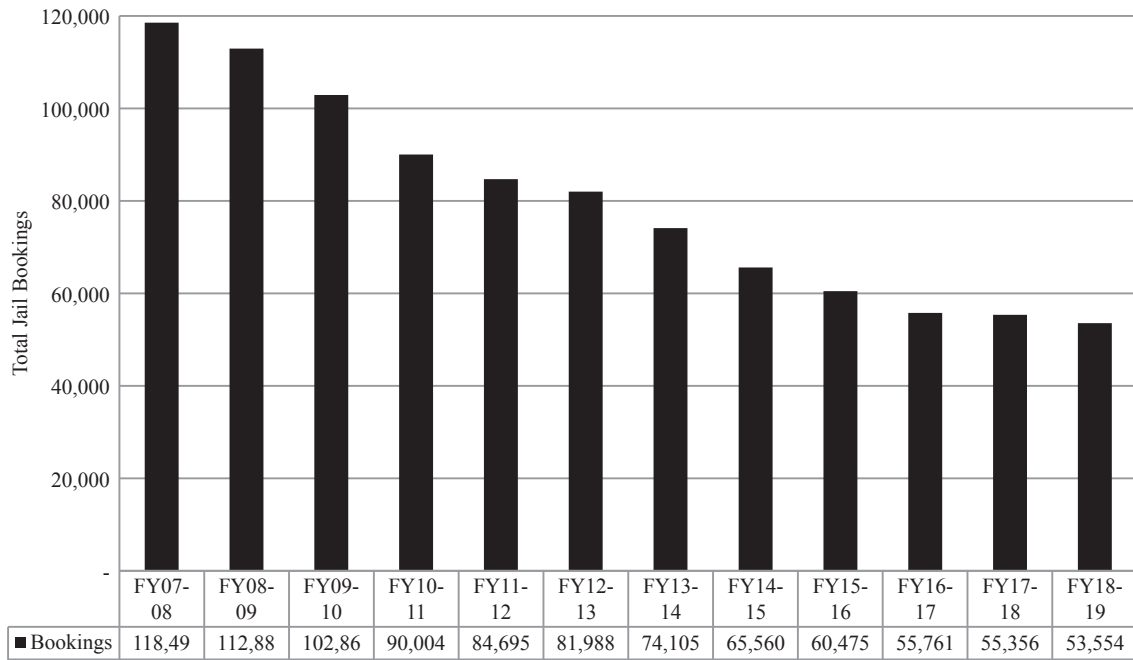


FIGURE 1. Annual county jail bookings FY2005-06 to FY2018-19.

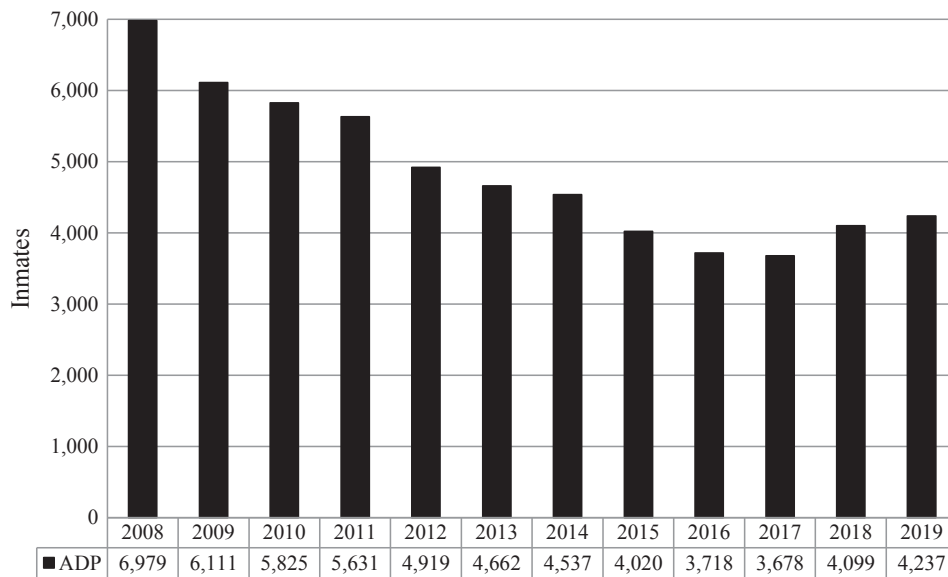


FIGURE 2. Average daily population (ADP) 2008-2019.

integration. The evidence-based screening tools include the Texas Christian University Drug Screen V¹¹ and the Ohio Risk Assessment: Community Supervision Tool.¹²

Upon stabilization, legal charges may be dismissed or modified in accordance with treatment engagement. Individuals who voluntarily agree to services are assisted with linkages to a comprehensive array of community-based treatment, support, and housing services that are essential for successful community re-entry and recovery outcomes. The CMHP utilizes the APIC Model to provide transition

planning for all program participants.¹³ This is a nationally recognized best practice model that provides a set of critical elements that improve outcomes for people with mental illnesses and co-occurring substance use disorders that are released from jails. CMHP staff *assess, plan, identify, and coordinate* transition plans that are individualized for each program participant. The goal is to support community living, reduce maladaptive behaviors, and decrease the chances that individuals will re-offend and reappear in the criminal justice system.

Misdemeanor jail diversion program

Individuals charged with misdemeanors who meet involuntary examination criteria are transferred from the jail to a community-based crisis stabilization unit as soon as possible. Upon stabilization, legal charges may be dismissed or modified in accordance with treatment engagement. Individuals who agree to services are assisted with linkages to a comprehensive array of community-based treatment, support, and housing services that are essential for successful community re-entry and recovery outcomes. Program participants are monitored by CMHP for up to 1 year following community re-entry to ensure ongoing linkage to necessary supports and services. The vast majority of participants (75%-80%) in the misdemeanor diversion program is homeless at the time of arrest and tends to be among the most severely psychiatrically impaired individuals served by the CMHP.

Felony jail diversion program

Participants in the felony jail diversion program are referred to the CMHP through a number of sources including the Public Defender's Office, the State Attorney's Office, private attorneys, judges, corrections health services, and family members. All participants must meet diagnostic and legal criteria.² At the time a person is accepted into the felony jail diversion program, the state attorney's office informs the court of the plea the defendant will be offered contingent upon successful program completion. Similar to the misdemeanor program, legal charges may be dismissed or modified based on treatment engagement. All program participants are assisted in accessing community-based services and supports, and their progress is monitored and reported back to the court by CMHP staff.

Jail diversion program outcomes

Recidivism rates among participants in the misdemeanor jail diversion program have decreased roughly from 75% to 20% annually. Individuals participating in the felony jail diversion program demonstrate reductions in jail bookings and jail days of more than 75%. Since 2008, total jail bookings and days spent in the county jail among felony jail diversion program participants decreased by 59% and 57%, respectively, resulting in a difference of approximately 31 000 fewer days in jail (nearly 84 years of jail bed days).

Recovery peer specialists

Embedded in both the misdemeanor and felony jail diversion programs, recovery peer specialists are individuals diagnosed with mental illnesses who work as members of the jail diversion team. Due to their life experience, they

are uniquely qualified to perform the functions of the position. The primary function of the recovery peer specialists is to assist jail diversion program participants with community re-entry and engagement in continuing treatment and services. This is accomplished by working with participants, caregivers, family members, and other sources of support to minimize barriers to treatment engagement, and to model and facilitate the development of adaptive coping skills and behaviors. Recovery peer specialists also serve as consultants and faculty to the CMHP's CIT training program.

Access to entitlement benefits

Stakeholders in the criminal justice and behavioral health communities consistently identify lack of access to public entitlement benefits such as supplemental security income (SSI), social security disability insurance (SSDI), and Medicaid as among the most significant and persistent barriers to successful community re-integration and recovery for individuals who experience serious mental illnesses and co-occurring substance use disorders. The majority of individuals served by the CMHP are not receiving any entitlement benefits at the time of program entry. As a result, many do not have the necessary resources to access adequate housing, treatment, or support services in the community.

In order to address this barrier and maximize limited resources, the CMHP developed an innovative plan to improve the ability to transition individuals from the criminal justice system to the community. Toward this goal, all participants in the program who are eligible to apply for Social Security benefits are provided with assistance utilizing a best practice model referred to as SSI/SSDI, Outreach, Access, and Recovery (SOAR).¹⁴ This is an approach that was developed as a federal technical assistance initiative to expedite access to social security entitlement benefits for individuals with mental illnesses who are homeless. Access to entitlement benefits is an essential element in successful recovery and community reintegration for many justice system involved individuals with serious mental illnesses. The immediate gains of obtaining SSI and/or SSDI for these people are clear: it provides a steady income and health care coverage which enables individuals to access basic needs including housing, food, medical care, and psychiatric treatment. This significantly reduces recidivism to the criminal justice system, prevents homelessness, and is an essential element in the process of recovery.

The CMHP has developed a strong collaborative relationship with the Social Security Administration in order to expedite and ensure approvals for entitlement benefits in the shortest time frame possible. All CMHP participants are screened for eligibility for federal entitlement benefits, with staff initiating applications as early as

² Legal criteria specify a current most serious charge of a third degree felony, with not more than three prior felony convictions.

possible utilizing the SOAR model. Current program data demonstrate that 78% of the individuals are approved on the initial application. By contrast, the national average across all disability groups for approval on initial application is 27%. In addition, the average time to approval for CMHP participants is approximately 40 days. This is a remarkable achievement compared to the ordinary approval process which typically takes between 9 and 12 months.

Forensic hospital diversion program

Since August 2009, the CMHP has overseen the implementation of the Miami-Dade Forensic Alternative Center (MD-FAC) to divert individuals with mental illnesses committed to the Florida Department of Children and Families from placement in state forensic hospitals to placement in community-based treatment and forensic services. Participants include individuals charged with second and third degree felonies that do not have significant histories of violent felony offenses and are not likely to face incarceration if convicted of their alleged offenses. Participants are adjudicated incompetent to proceed to trial or not guilty by reason of insanity. The community-based treatment provider operating services for the project is responsible for providing a full array of residential treatment and community re-entry services including crisis stabilization, competency restoration, development of community living skills, assistance with community re-entry, and community monitoring to ensure ongoing treatment following discharge. The treatment provider also assists individuals in accessing entitlement benefits and other means of economic self-sufficiency to ensure ongoing and timely access to services and supports after re-entering the community. Unlike individuals admitted to state hospitals, individuals served by MD-FAC are not returned to jail upon restoration of competency, thereby decreasing burdens on the jail and eliminating the possibility that a person may decompensate while in jail and require readmission to a state hospital. To date, the project has demonstrated more cost effective delivery of forensic mental health services, reduced burdens on the county jail in terms of housing and transporting defendants with forensic mental health needs, and more effective community re-entry and monitoring of individuals who, historically, have been at high risk for recidivism to the justice system and other acute care settings.

Individuals admitted to the MD-FAC program are identified as ready for discharge from forensic commitment an average of 52 days (35%) sooner than individuals who complete competency restoration services in forensic treatment facilities, and spend an average of 31 fewer days (18%) under forensic commitment. The average cost to provide services in the MD-FAC program is roughly

32% less expensive than services provided in state forensic treatment facilities.

Miami Center for Mental Health and Recovery

Since 2006, the CMHP has been working with stakeholders from Miami-Dade County, the State of Florida, and the community on a capital improvement project to develop a first of its kind mental health diversion and treatment facility which will expand the capacity to divert individuals from the county jail into a seamless continuum of comprehensive community-based treatment programs that leverage local, state, and federal resources. The purpose of the Miami Center for Mental Health and Recovery is to create a comprehensive and coordinated system of care for individuals with serious mental illnesses who are frequent and costly recidivists to the criminal justice system, homeless continuum of care, and acute care medical and mental health treatment systems.

The building—which encompasses approximately 181 000 square feet of space and capacity for 208 beds—will include a central receiving center, an integrated crisis stabilization unit and addiction receiving facility, various levels of residential treatment, day treatment and day activity programs, outpatient behavioral health and primary care treatment services, vocational rehabilitation and supportive employment services, and classroom/educational spaces. The facility will also include a courtroom and space for social service agencies, such as housing providers, legal services, and immigration services that will address the comprehensive needs of individuals served.

Capital funding for the project is provided through the county's general obligation bond program, with additional support provided by the Jackson Health System—Public Health Trust. To expedite completion of the facility and contain costs, Miami-Dade County, with the support of the state, transferred of the project to Thriving Mind South Florida for the purposes of providing oversight of the construction phase and eventual operations.

By housing a comprehensive array of services and supports in one location, and providing re-entry assistance upon discharge to the community, it is anticipated that many of the barriers and obstacles to navigating traditional community mental health and social services will be eliminated. The services planned for the facility will address critical treatment needs that have gone unmet in the past and reduce the likelihood of recidivism to the justice system, crisis settings, and homelessness in the future. Operation at the facility will begin in early 2021.

Conclusion

The CMHP has demonstrated substantial, cost-effective gains in the effort to reverse the criminalization of people with mental illnesses. The idea was not to create new

treatment services which may duplicate existing services in the community, but rather to create more efficient and effective linkages to these services. The Project works by eliminating gaps in services and by forging productive and innovative relationships among all stakeholders who have an interest in the welfare and safety of one of our community's most vulnerable populations.

The CMHP offers the promise of hope and recovery for individuals with SMI that have often been misunderstood and discriminated against. Once engaged in treatment and community support services, individuals have the opportunity to achieve successful recovery, community integration, and reduce their recidivism to jail.

The CMHP provides an effective and cost-efficient solution to a community problem. Program results demonstrate that individualized transition planning to access necessary community-based treatment and services upon release from jail will ensure successful community re-entry and recovery for individuals with mental illnesses, and possible co-occurring substance use disorders that are involved in the criminal justice system.

Disclosures

The authors declare no conflicts of interest.

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Outcomes of the Miami-Dade County Forensic Alternative Center:

A Diversion Program for Mentally Ill Offenders

Sana Qureshi¹, The Honorable Steven Leifman², Tim Coffey², Regina M. Carney¹

1) University of Miami, Department of Psychiatry and Behavioral Sciences; 2) Eleventh Judicial Circuit Court of Florida



SUMMARY:

125,000 people with serious mental illnesses are arrested and booked in Florida Jails annually. In fact, Miami-Dade County Jail system in Florida has been described as the "largest mental institution in the state" (Torrey, et al.).

Over 1500 individuals yearly are found incompetent to proceed and are committed to state hospitals for forensic services (Forensic Mental Health Fact Sheet). When these individuals no longer require forensic commitment, they are discharged from the state treatment facility and rebooked into jail until their court date. Discharge from jail usually occurs without adequate arrangements to meet their needs, and these individuals often return to confinement.

In order to provide an effective measure to reduce the traffic of mentally ill patients from state hospitals to jails, prevent these individuals from being reinstitutionalized, and lighten economic stress, a unique diversion program, Miami-Dade County Forensic Alternative Center (MD-FAC) was implemented in 2009. MD-FAC is an inpatient residential treatment unit providing psychiatric stabilization and competency restoration, with the ultimate goal of successfully reintegrating individuals into the community.

This aim of this study was to determine if MD-FAC was capable in minimizing recidivism rates in individuals admitted to the program, in a cost effective manner.

Participants in the MD-FAC program were found to have a shorter inpatient length of stay and lower recidivism rates after discharge from the MD-FAC residential unit, in comparison to those individuals who were treated at state forensic facilities. Furthermore, the cost of inpatient stay was significantly less at MD-FAC than state hospitals.

INTRODUCTION:

Miami-Dade County Jail houses approximately 1,200 individuals with serious mental illness. This represents approximately 17% of the total inmate population (Criminal Mental Health Project).

Incarcerated individuals with mental illness at Miami-Dade County Jail are often found to be victims of abuse, tend to refuse psychiatric medications, and severely decompensate (Hoff 1999).

The 9th floor, also known as the "Forgotten Floor," was the primary psychiatric unit of the Miami-Dade County Jail until it closed in December 2014.

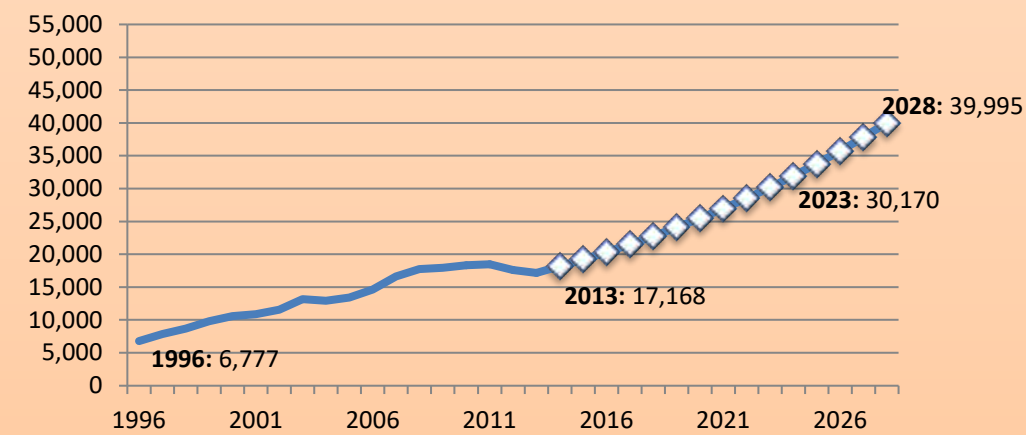
The link below demonstrates the inhumane conditions that lead to the decline of the mentally ill offender while incarcerated on the 9th floor.



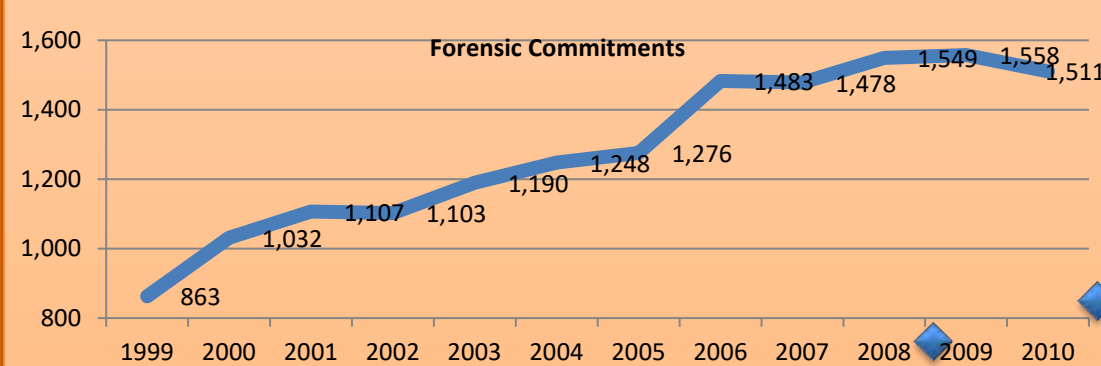
Scan the QR code above with your smart phone to see a short video depicting these conditions

The number of mentally ill persons in jails continues to grow. The number of inmates with mental illness in Florida Prisons will double by 2028.

Growth and Projected Growth of Inmates with Mental Illnesses in Florida Prisons: 1996-2028



The graph below documents the steady rise in the number of individuals forensically committed.



BACKGROUND:

PROGRAM DESCRIPTION

The Miami-Dade Forensic Alternative Center was started in August 2009 by the Eleventh Judicial Circuit of Florida and the Florida Department of Children and Families (DCF). Adults age 18 and older who have been found by the circuit court to be incompetent to proceed on a second or third degree felony, who do not have significant histories of violent felony offenses, and are not likely to face incarceration if convicted of their alleged offenses are eligible for admission into the program.

Upon admission to the program, individuals are placed in a sixteen bed, locked, inpatient residential treatment unit at Jackson Memorial Hospital and provided with daily competency restoration services. Treatment services also focus on illness management and community re-entry.

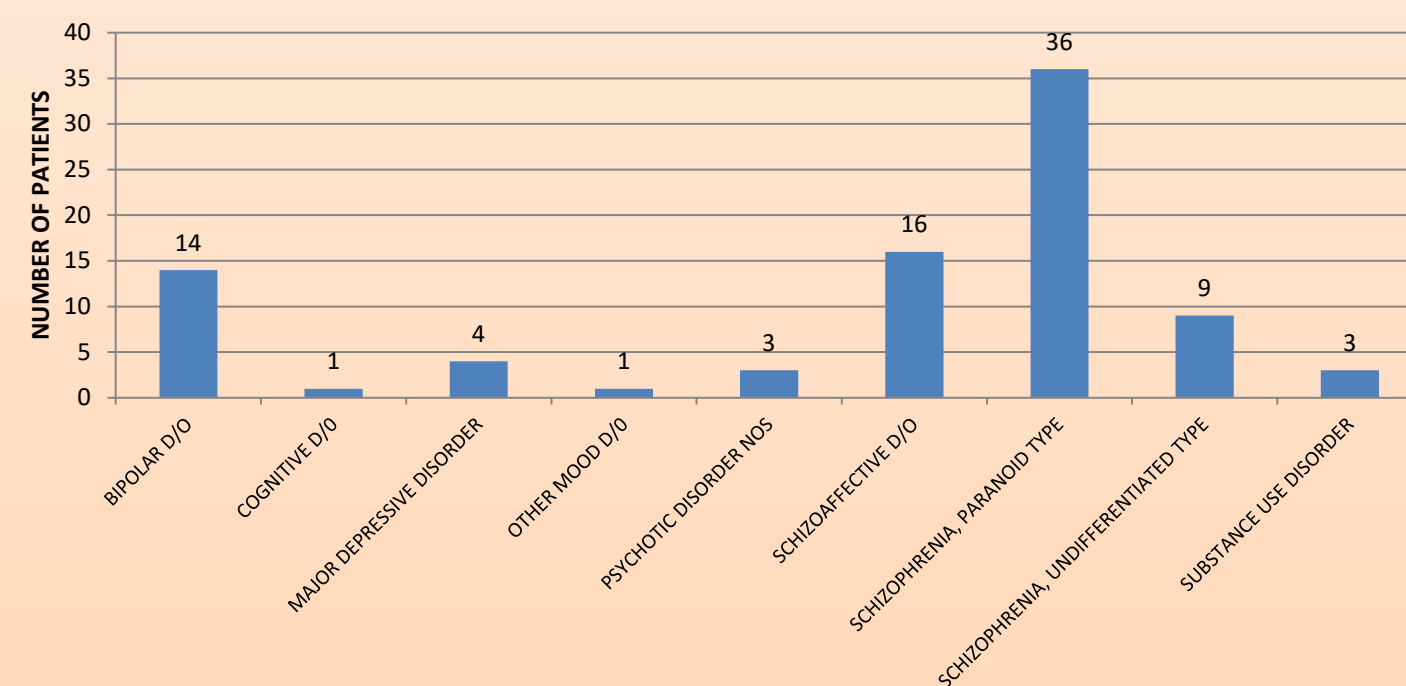
Once the individual's competency is restored or that person no longer meets criteria for continued forensic treatment, the individual is placed into the community. They are closely monitored for one year to ensure efficient and ongoing linkage to treatment and support services.

METHODS:

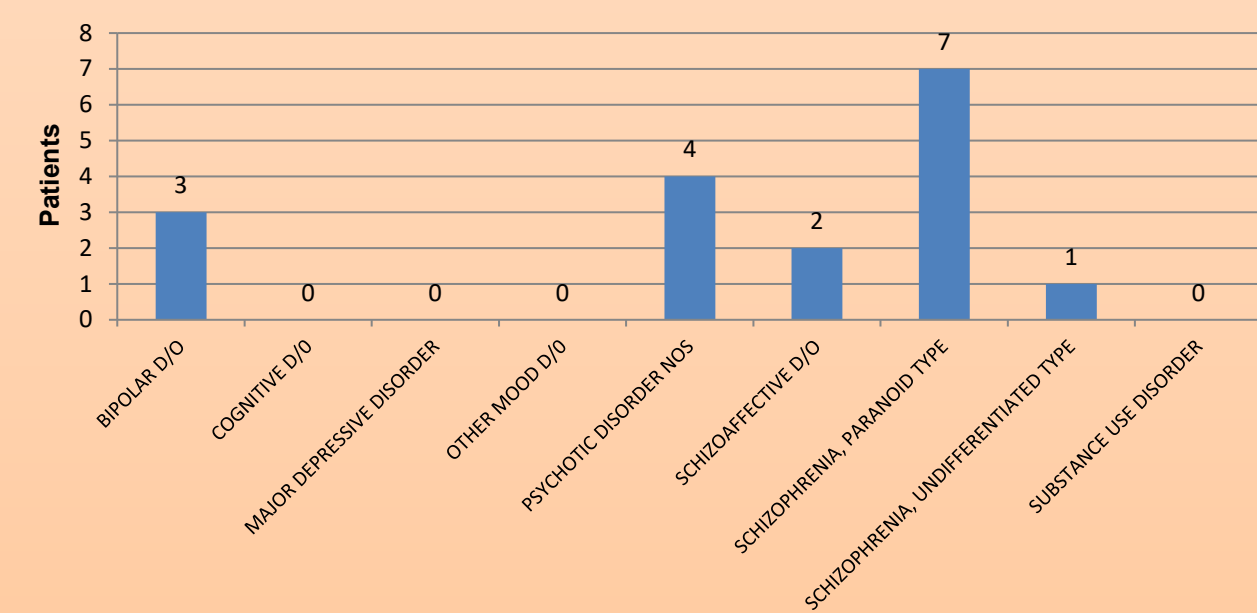
DATA

87 individuals were included in the analysis, comprising all patients treated at MD-FAC from 08/2011-12/2014 (allowing for 1 year of follow-up data on all individuals). A comparison group of 33 individuals committed to a state hospital was identified.

Diagnosis of MD-FAC Patients



Diagnosis of State Hospital Patients (missing for 16 individuals)



Demographic Factors of MD-FAC and State Hospital Groups

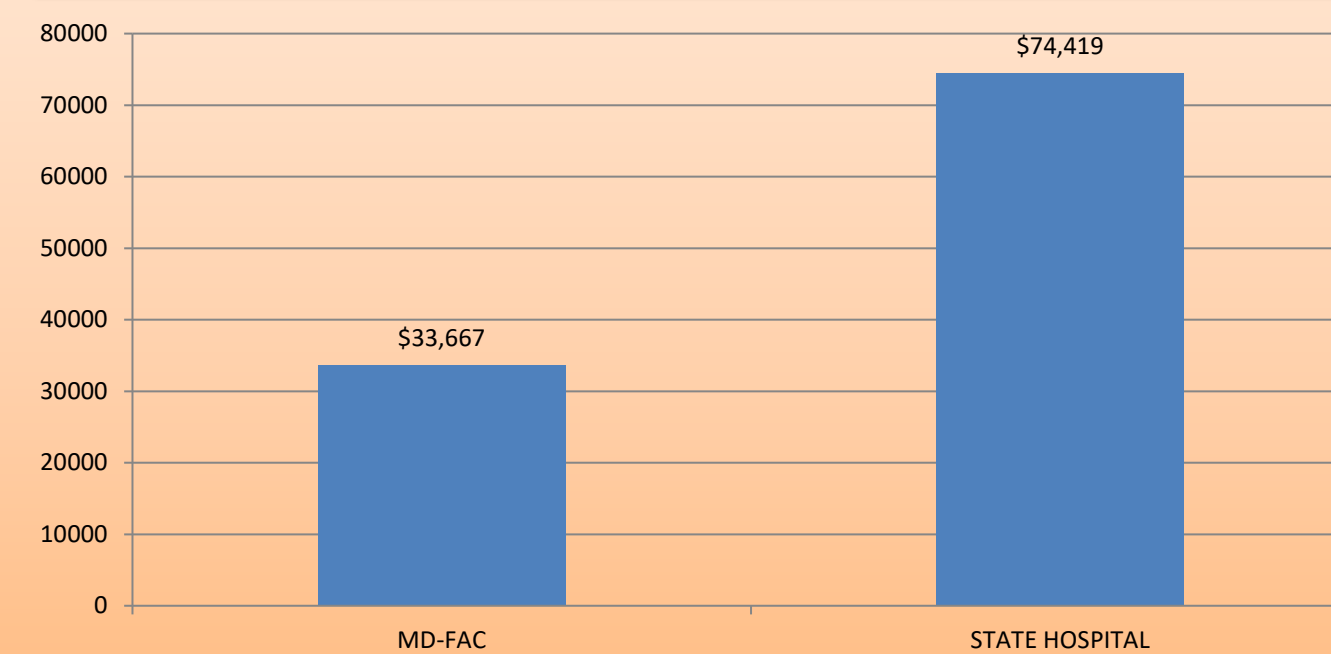
	MD-FAC (n=87)	State Hospital (n=33)
Age (average)	37.7	33.0
Gender	M: 69% F: 31%	M: 79% F: 21%
Race	White: 41% Black: 59%	White: 49% Black: 51%
Ethnicity	Hispanic: 34% Non-Hispanic: 66%	Hispanic: 42% Non-Hispanic: 58%

Comparison criteria for outcomes were:

- Costs per inpatient admission to MD-FAC and state hospitals
- Recidivism rates (Jail bookings for committing new offenses, sanctions, warrants, and violations)
- The time patients spent in jail the year following discharge
- Hospital length of stay

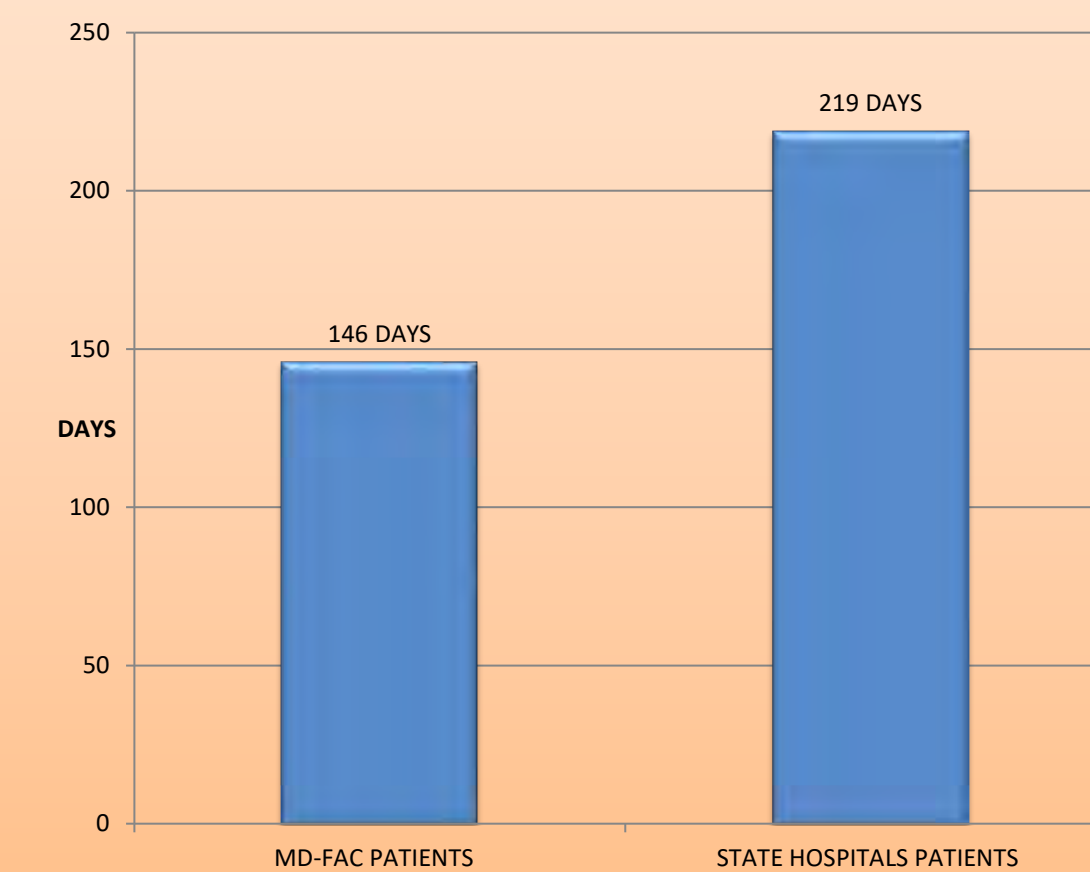
RESULTS:

COST PER INPATIENT ADMISSION



RESULTS:

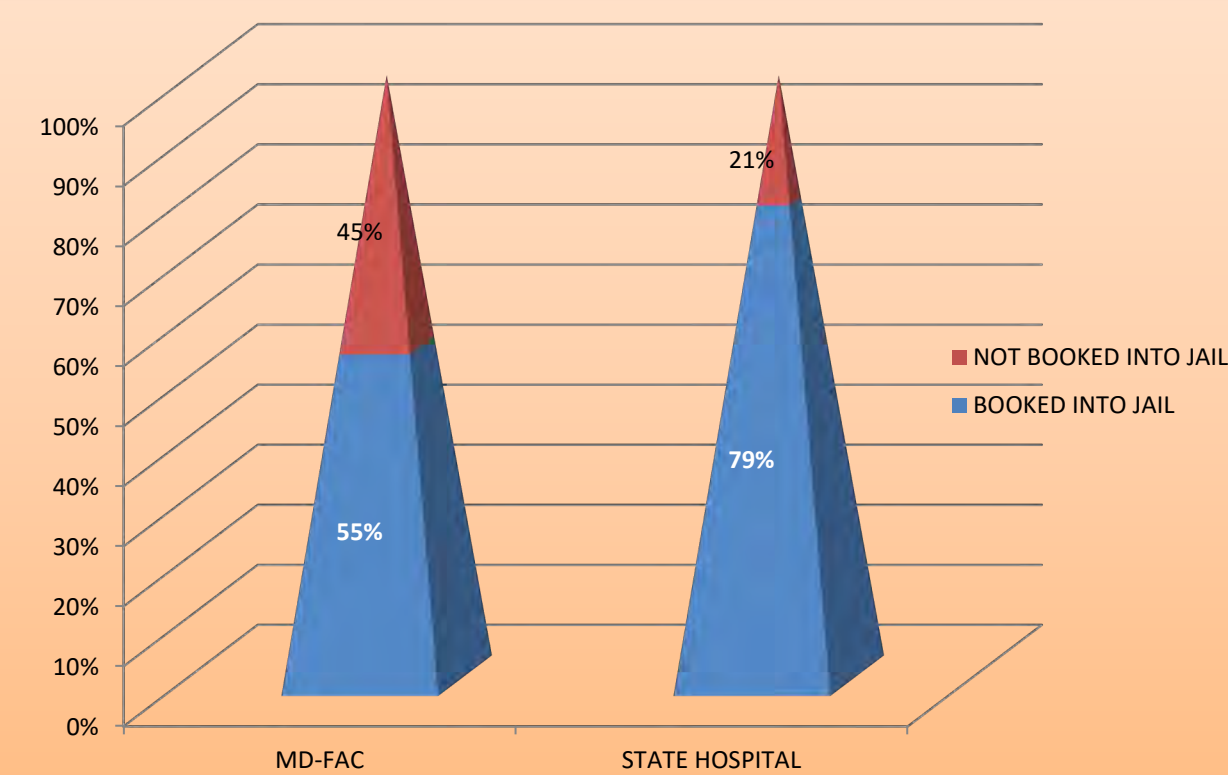
AVERAGE LENGTH OF INPATIENT STAY



RESULTS:

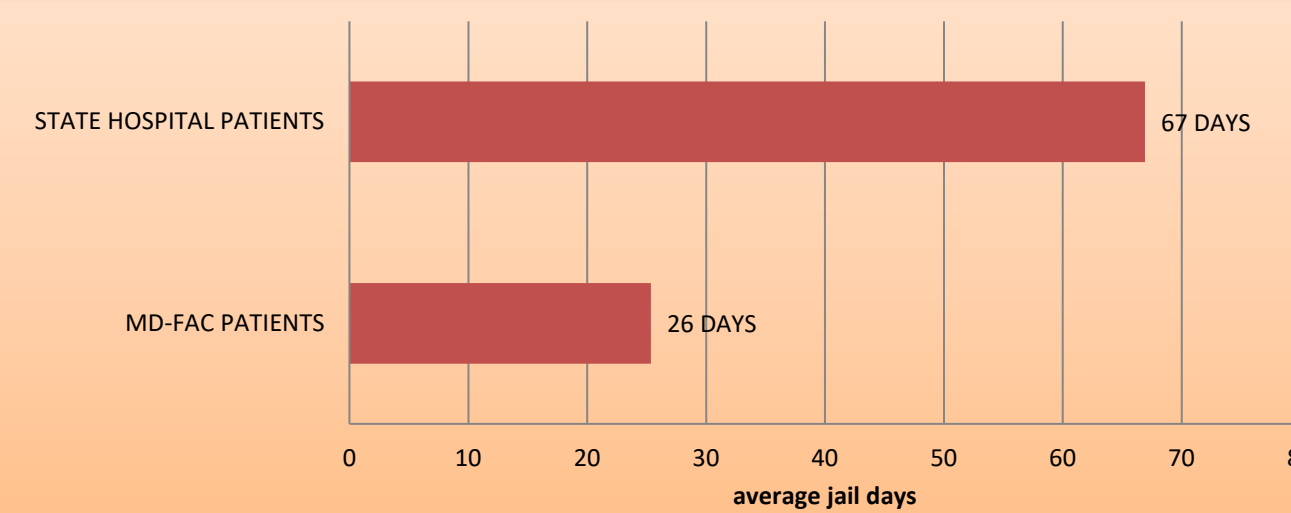
RECIDIVISM

JAIL BOOKINGS THE YEAR FOLLOWING DISCHARGE



RESULTS:

TIME SPENT IN JAIL THE YEAR FOLLOWING DISCHARGE



CONCLUSIONS

- Patient populations were comparable in demographic factors.
- Patients admitted to MD-FAC were found to have lower recidivism rates in comparison with those admitted to a state hospital.
- An admission to MD-FAC doubled the chances that the patient would not return to jail in the year following discharge.
- The amount of days an MD-FAC patient spent in jail the year following discharge was 2/3 less than state hospital patients.
- The average length of stay at MD-FAC inpatient unit was 1/3 less than the length of stay at a state hospital.
- The cost for inpatient admission to MD-FAC was 1/2 the cost of inpatient admission to a state hospital.

A patient admitted to MD-FAC had double the chances of staying out of jail the year following discharge, at half the cost and 2/3 the length of inpatient stay in comparison to a patient admitted to a state hospital.

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“ Miami Model” Workshop: Lessons for Salt Lake County

High Utilizer Working Group
April 18, 2022

April 11-12 Workshop

- Convened by the National Center for State Courts
- Broad stakeholder engagement from SLC + SLCo + HMHI

SLCPD	Capt. Derek Diamond
SLCPD's Community Connections Team	Amelia Hilbert
Salt Lake City Justice Court	Judge Landau
DA	Marc Mathis
LDA - Social Services Division	Kristina Swickard
Criminal Justice Services	Kele Griffone
Huntsman Mental Health Institute	Kevin Curtis
SLCo Mayor's Office of Criminal Justice Initiatives	Jojo Liu

What is the “Miami Model?” : Characteristics

- High level of interagency **coordination** re: homeless and mentally ill
 - Coordination within community mental health system
 - Coordination between courts and mental health system
 - Criminal and civil legal processes align with treatment service framework
- Emphasis on **diversion** to avoid criminal records
- Recognition that coordinated **case management and peer support** is necessary to navigate and succeed in treatment/ supportive services.
- **Expansive criminal court jurisdiction (for relatively few cases)** can extend to issues regarding involuntary holds for assessment and civil commitment

What is the “Miami Model” - Components

- Heavy emphasis on law enforcement CIT-Led diversion to services
- Post Booking Diversion
 - 11th Judicial Criminal Mental Health Project
 - Case Coordination / monitors treatment
 - Peer Specialists
- Assisted outpatient treatment
- Miami Center for Mental Health and Recovery
- Alternatives to competency restoration



Jail bookings for low level offenses associated with homelessness

Miami Dade County	Salt Lake County
Pop: 2.7 Million	Pop: 1.2 million
Annual “homeless” bookings Less than 50 in 2021.	Annual “homeless” ** bookings: 2019: 3,356 2020: 1,896 2021: 1,578

** “homeless” bookings here include only new charge bookings where the ONLY charge is either public intoxication, criminal trespass or simple drug possession.

Applying takeaways

- Start with system mapping
- Focus on coordination, leveraging existing resources
- Design the court process around the resource framework, not the other way around

Next Steps

- Mapping
 - Step 1: Intercept 0- law enforcement diversion
 - Workgroup ????
- HMHI + SLCPD Pilot
- Interagency care coordination platform

Miami Model Follow Up

December 15, 2022

Agenda

Miami Overview + Meeting Goals

Observations from Miami

- Sequential Intercept Model

Cooperative Agreement Synopsis

Receiving Center Update

Upcoming Legislative Session

Other Items from Group

Wrap-Up & Action Items

Mayor Mendenhall

Group

Andrew Johnston

Erin Litvack

Andrew Johnston

Group

Mayor Mendenhall

Miami-Dade County Cooperative Agreement

- Law Enforcement Agrees to transport individuals with non-criminal or minor criminal offences to a "Baker Act receiving facility" for examination
- Corrections Health Services QMHP evaluates individual within 24 hrs.
- May execute a Professional Certificate for involuntary examination
- Corrections Health Services send Professional Certificate & contact information on the Receiving Facility who will do the evaluation to:
 - Public Defenders office (or other defense counsel),
 - State Attorney's Office,
 - Mental Health Administrator's Office

Miami-Dade County Cooperative Agreement

- Corrections Health Services send Professional Certificate & contact information on the Receiving Facility who will send the evaluation to:
 - Public Defenders office (or other defense counsel),
 - State Attorney's Office, &
 - Mental Health Administrator's Office

Miami-Dade County Cooperative Agreement

- Mental Health Administrator's Office:
 - Calendar's the case for the next working day in court for an Order of Transport to the receiving facility
 - Provides notice to the State and Defense for their notice and any objections
 - Sends Transportation Order to the Corrections Unit

Miami-Dade County Cooperative Agreement

- Baker Act receiving facility is responsible for performing an involuntary commitment evaluation
 - If they meet criteria, receiving facility provides documentation (a variety of items) to Assistant State Attorney
 - If they do not meet criteria, but still desire treatment services, the receiving center prepares aftercare report and referrals for services prior to discharge. They also provide information and plan to Mental Health Administrator's Office, Public Defender, State Attorney and coordinates with the court on new court date and transport them directly to courtroom.
 - If they do not meet criteria and do not want services, will explain offer of services and refusal in aftercare report.

Miami-Dade County Cooperative Agreement

- Upon returning the individual to the Jail Division, the County Court shall consider the disposition and, when appropriate, seek to resolve the charges
- The Florida Department of Children and Families provides a continuum of mental health services including case management for:
 - Individuals in Baker Act facility
 - Individuals with a DSM major mental disorder diagnosis
 - Individuals who are eligible for Medicaid

Those services are contingent upon State Legislative resource support

Miami-Dade County Cooperative Agreement

- Miami Police Departments agree to implement a "Memphis style" Crisis Intervention Team program
- All signees of Agreement will support implementation of CIT
- Multi-Agency Task Force representing Agreeing Parties will meet monthly to monitor efforts and make adjustments as needed

Agreement Signees:

- Florida Dept of Children & Families
- Miami-Dade County 11th Circuit Court
- DOC
- State Attorney
- Public Defenders
- Police Departments
- JMH Public Health Trust
- 7 Community Health Center Providers

Sequential Intercept System Mapping

- Policy Research Associates (PRA)
 - Travis Parker & Steven Sepowski
- Zoom Meeting Options:
 - Thursday January 5th 11-12am (MT)
 - or
 - Monday January 9th 12-1pm (MT)

Appendix C

Engagement Report

EXPERIENCE INTERVIEWS REPORT

EXECUTIVE SUMMARY

Salt Lake City is at a pivotal moment in addressing the intersection of homelessness, public safety, and criminal justice. These interviews, guided by Mayor Erin Mendenhall's leadership, bring together voices from across the community to identify challenges, gaps, and opportunities for meaningful change. This report synthesizes insights of legislators, nonprofit leaders, business owners, service providers, individuals with lived experience, and community advocates, into actionable recommendations to create a safer, more compassionate, and equitable city.

At the heart of these conversations is a shared recognition of the urgent need for housing as the foundation for addressing homelessness and public safety. As one respondent poignantly stated, *“If they don't have a safe place to return home to, then it feels a bit like continuing to put a Band-Aid on the issue.”* While temporary solutions like shelters and outreach programs provide relief, stakeholders emphasized that long-term investments in affordable housing and wraparound services are critical for breaking the cycle of homelessness. Advice on how to improve our conversations was to “respond in a trauma-informed way, focus on creating a safe space, actively listen without judgment, approach others with empathy and a recognition that past trauma may be impacting their current response.

Participants also highlighted the significant gaps in mental health and addiction services. An interviewee observed, “This is not an individual issue, it’s a community issue, so how as a community can we continue to give these individuals the resources they need to come out of homelessness?”. Many expressed frustration that law enforcement is often the default responder to crises that require specialized care. Expanding crisis response teams with mental health professionals was widely seen as a necessary step toward improving outcomes for vulnerable individuals while reducing strain on law enforcement.

Interviewees were thankful for the opportunity to share their opinions and experiences and are generally very appreciative of the work Salt Lake City is doing to support the community.

KEY BARRIERS IDENTIFIED

- **Housing Gaps:** Utah lacks sufficient affordable and supportive housing options, leaving many with no choice but to seek refuge in public spaces and shelters.
- **Inadequate Support Services:** Limited availability of mental health care, substance use treatment, and wraparound services prevents individuals from achieving stability.

- **System Fragmentation:** Poor coordination among law enforcement, service providers, judiciary systems, and government agencies creates inefficiencies and allows vulnerable individuals to fall through the cracks.
- **Public Safety Concerns:** Balancing the needs of individuals experiencing homelessness with the safety and usability of public spaces remains a significant challenge.
- **Stigma and Misunderstanding:** Negative perceptions about homelessness undermine public support for humane and effective solutions.

RECOMMENDED ACTIONS

- **Expand Housing Solutions:** Increase the availability of deeply affordable housing and low-barrier shelters. Increase support for "Housing First" models with integrated support services to ensure long-term stability for individuals transitioning out of homelessness.
- **Enhance Service Accessibility:** Invest in trauma-informed mental health and addiction treatment services, along with accessible crisis intervention programs, to address root causes effectively.
- **Strengthen Coordination:** Build upon current stakeholder meetings. Develop centralized systems for managing shelter availability and tracking service delivery. Create cross system communications to identify high utilizers and those in the judiciary system. Foster collaboration among city, state, and regional stakeholders to address systemic gaps.
- **Foster Community Education:** Launch public education campaigns to reduce stigma, encourage community involvement, and promote understanding of the complexities of homelessness.
- **Ensure Balanced Enforcement:** With a focus on public safety, continue build up diversified response.
- **Increase Shelter:** Increase number of shelter beds by building more shelters. Expand the types of shelters to meet different needs, including additional low barrier shelters.

By addressing these barriers with targeted solutions, Salt Lake City can better support individuals experiencing homelessness, ensuring they have access to safe, reliable shelter and a pathway out of homelessness. This multifaceted approach will not only reduce homelessness but also create a stronger, more compassionate community.

CONCLUSION

Addressing homelessness, addiction, and criminal justice challenges demands a compassionate, coordinated, and multifaceted approach. Salt Lake City has demonstrated leadership in fostering partnerships, advocating for resources, and prioritizing immediate and long-term solutions. However, true progress requires sustained

regional collaboration to identify and share responsibilities, and ensure comprehensive support for all.

By integrating mental health services, flexible housing solutions, and accountability for both systems and service providers, we can create pathways that restore dignity and stability for individuals while addressing public safety concerns. This is not a challenge that can be resolved overnight, but through collective effort—uniting government, service providers, and the community—we can build a fair, equitable, and lasting framework that uplifts people and strengthens our society.

EXPERIENCE INTERVIEWS SUMMARY

Incorporating these additional perspectives into the analysis of homelessness, crime, and public safety in Salt Lake City reveals a complex interplay between enforcement, resource limitations, and systemic gaps. While enforcement is necessary, it must be complemented by adequate support systems, including housing, mental health care, and substance abuse treatment. The State has a critical role in providing funding and supporting systemic integration, especially when it comes to prevention, rehabilitation, and jail capacity. The City's efforts, such as expanding homeless courts and integrating social workers into law enforcement teams, are promising but need to be part of a larger, more coordinated effort involving local, County, and State agencies. The ultimate goal is to create a balanced approach that addresses both the immediate concerns of public safety and the long-term needs of individuals experiencing homelessness.

KEY THEMES

Throughout the interview process, common themes appeared regardless of question. Interviewees used their own personal experiences, knowledge, and perspectives to highlight their concerns, thoughts, and ideas on how to best address homelessness.

Resource Limitations: Currently, the majority of services needed to assist those experiencing homelessness are at or over capacity. This includes shelters turning people away, mental health services having waitlists of over two years, full drug detox centers, and the County jail being so full they have to use Over Crowding Release, which releases people who were booked in the jail for small crimes. Resource limitation also includes the limited inventory of affordable housing. Even if someone is ready to be housed, gone through treatment, if there's no place for them to go, they will be back on the streets.

Barriers to Access: Outside of resources being full, interviewees mentioned that people chose to not access shelters because of: pets, partners, cleanliness of shelter, shelter rules, drug use in shelter, previous trauma and anxiety from shelters. There are also high barriers to some services like needing identification or health insurance to access. With resources so dispersed, if someone gets turned away from a full shelter, the next shelter could be miles away without access to transit.

Public Safety: Increased police presence throughout Downtown Salt Lake City and placed in Resource Centers was commended as an effective tactic to deter crime and develop relationships with resource providers. While Salt Lake Police are constantly working to increase their visibility in all communities, some interviewees mentioned the need for harsher policing. Others were concerned with a police first mentality, and expressed desire for non-police options for more diversion opportunities.

Judicial Process: Working with the courts is a constant theme throughout interviews of how to best get people out of the homelessness cycle. Many interviewees commended the specialty courts such as kayak court and drug court in meeting people where they're at.

Coordination Between Entities: The current siloed approach across the many agencies, including law enforcement, the courts, healthcare, social services, and the public agencies hinders efforts to effectively address homelessness particularly between individuals cycling between shelters, streets, and the criminal justice system. The absence of integration across these systems means individuals often fall through the cracks.

Diversified Response: Integration of social workers within law enforcement has been introduced to SLCPD with great success. Interviewees highlighted the compassionate approach social workers bring and how the police should not be the default group to address homelessness issues. There are other teams like the Downtown Ambassadors and Park Rangers which provide different faces to addressing homeless people camping in public spaces. There are also teams like the Community Health Access Team (CHAT) team which work with EMTs to help with calls that are mental health, substance use, or social service related. Case workers assisting individuals was emphasized by

Role of the City, County, and State: The State, County, and City all occupy different responsibilities when addressing homelessness. Interviewees mentioned that lack of clarity between each entity's role and that there is a perception that the City is filling an outsized role. The City is also taking on the brunt of the costs when it comes to taking care of homelessness, whether it's police, clean up, or providing additional resources to the service providers.

Public Engagement: There is a lack of public awareness on how the City is currently handling homelessness. Not knowing what the City is doing leads to a public mentality of the City is not doing enough. Engaging the public on why the City is taking these actions and how they can best help their homeless neighbors, for example helping the public know who to call when they see someone in crisis versus if someone is camping on their park strip.

HEARD RECOMMENDATIONS

While the City may not have control over all of these recommendations, they were mentioned by multiple interviewees, it would be an oversight to not mention them.

Funding: All levels of support for people experiencing homelessness need additional funding.

- Shelters: increase the number of beds in current shelters. Use funding to build new low barrier shelters and other shelter types for different needs. Some lived

experience interviewees mentioned wanting more thorough searches before entering a shelter. Most lived experience interviewees mentioned the need for more beds, with an emphasis of ADA access.

- **Mental Health Services:** With the Huntsman Center going online this year, the number of mental health beds will increase but it will still not meet the current need for mental health support.
- **Drug Treatment Services:** detox centers are full, providing more beds to help people get treatment for their addiction would be lifesaving.
- **Public Safety:** Increase the number of police to work around shelters and in hot spots would help with crime mitigation. Greater investment into diversified response, like the CHAT team to provide a non-police response to assist with mental health issues. This could include additional lighting in hot spots, more cameras to free up police to address more serious matters.

Affordable Housing: A long term focus on deeply affordable housing. People cannot get off the streets if there is nowhere to go. Increasing the units that people can afford on a fixed income will get people out of the cycle of homelessness. Housing is one of the biggest issues across the nation, rents have skyrocketed in Salt Lake City. There also needs to be a variety of deeply affordable housing available.

Breaking Down Silos: Promote stronger partnerships among all agencies (healthcare, mental health, law enforcement, nonprofits, and government agencies) to share resources, address service gaps, and generally be aware of what work is being done. Then a unified, systemic approach to addressing homelessness can be created. This could be expanding current cross agency meetings, creating a shared database to identify high service users, or creating opportunities to collaborate on efforts. Other coordinated ways to provide support could be job training and better connecting to resources.

Public Engagement: Public education on the reality of homelessness, available resources, and the importance of compassionate solutions could help reduce the tension between business owners, residents, and people experiencing homelessness. The public should also be aware of the roles the City, County, and State play in homeless mitigation so when they need to contact services, they know the appropriate avenue. This can also assist in improving the public's perception of homelessness in Utah. Lived experience interviewees expressed the desire to be treated with respect, and that they are still apart of the community.

INTERVIEW METHODOLOGY

Interviews were conducted either in person or online via Microsoft Teams, ensuring flexibility for participants. Sessions were recorded and transcribed but used solely to

enhance note-taking accuracy and were deleted once notes were finalized. Key personally identifiable information (PII) was removed from all notes to protect participant confidentiality. Anonymized notes are securely stored and inputted into the ArcGIS Survey123 platform.

The interview period ran from December 30, 2024, to January 13, 2025.

Structured Roles and Responsibilities

To maintain efficiency and ensure high-quality data collection, the majority of interviews involved two facilitators:

1. **Interviewer:** Led the session, asked questions, and engaged participants.
2. **Notetaker:** Captured key points, ensured accuracy, and inputted notes into the Survey123 post-interview.

Participant Experience and the Commitment to Confidentiality and Respect

Participants were informed that the study focuses on understanding how policing practices and homelessness services impacted daily life, organizational operations, and the overall sense of safety in Salt Lake City. A mandatory disclaimer reassured participants of their confidentiality, explained the purpose of recording and how their feedback will inform the report.

Questions were asked as verbatim as possible to ensure consistency, and the interview concludes with a thank-you and a promise to share the final report once public.

This process reflected the City's commitment to respecting participant input and ensuring their voices are heard without attribution in the final analysis.

Why These Interviews Matter

These interviews were crucial in identifying challenges, gaps, and opportunities in homelessness and public safety. By engaging stakeholders thoughtfully, Salt Lake City showed its commitment to building a safer, more equitable community. Most participants expressed gratitude for the opportunity to share their ideas, and ongoing communication is recommended to continue this collaboration.

Data Analysis

The City utilized both ChatGPT and human analysis to identify key themes, resources, and recommendations from the dataset. All final recommendations were reviewed and approved by Salt Lake City staff to ensure accuracy and compliance with the City's Generative AI Use Policy.

Participant Overview

Salt Lake City engaged a wide range of stakeholders to gather valuable insights on challenges, gaps, and opportunities within local law enforcement, criminal justice, and homelessness services. Participants included State legislators, community members, business leaders, outreach teams, and service providers—each contributing unique perspectives and experiences to this comprehensive analysis.

A total of **52 interviews** were conducted, representing voices from the following groups:

1. Policy Makers: 19 participants
2. Business and Community Organizations: 5 participants
3. Community Outreach: 2 participants
4. Emergency and Shelter Services: 3 participants
5. Healthcare and Crisis Services: 3 participants
6. Justice and Legal Services: 3 participants
7. Law Enforcement and Public Safety: 6 participants
8. Transportation and Compliance: 2 participants
9. Individuals with Lived Experience: 5 participants
10. Utah Homeless Services Board: 3 participants

Despite proactive outreach, some residents, businesses, individuals experiencing homelessness, and other stakeholders were unavailable for interviews. This underscores the importance of continued engagement to amplify diverse voices in future efforts.

Highlighting Lived Experience Perspective:

The City interviewed 5 individuals experiencing homelessness, either sheltered or unsheltered. Their unique perspectives are woven throughout the report to ensure their voices are represented. We attempted to interview multiple individuals through direct outreach and during a resource fair.

Interview Questions

These questions were selected to showcase the variety of experience and knowledge of our interviewees. They also gave opportunities to talk about specific policies, programs, locations, and processes that currently impact homelessness in Salt Lake City. Questions were grouped under topics specifically mentioned in the State's request for this report.

Addressing Visible Public Safety and Homelessness Issues

1. **Current Actions:** What specific actions do you think the City is currently taking to address public safety and homelessness issues, particularly in public spaces like parks?

2. **Improvements:** What specific actions or strategies do you believe the City should be doing?

Identifying Additional Resources

3. **Resource Needs:** What resources are needed to effectively address public safety and homelessness issues in Salt Lake City?

Recommendations Beyond the City's Role

4. **External Solutions:** Are there solutions or actions that you believe can be taken to improve the criminal justice system for those experiencing homelessness?
5. **Collaboration:** How can the City collaborate with other organizations or entities to support these solutions?

Access to Shelter

6. **Shelter Access:** In your opinion, what are the current barriers preventing individuals experiencing homelessness from accessing shelter?
 - A. **Improvements:** What steps could the City take to ensure everyone has access to shelter?

Respect for All

7. **Respectful Treatment:** How well do you think the City is currently doing in ensuring respectful treatment of all people, including those experiencing homelessness, residents, visitors, and business owners?
 - A. **Feedback:** What additional measures or approaches could the City implement to foster respect among all groups in public spaces?

Safe, Clean, and Welcoming Public Spaces

8. **Public Space Quality:** What specific improvements could be made to ensure public spaces are safe, clean, and welcoming to all people?
 - A. **Key Areas:** Are there particular areas in the City where you feel these goals are most needed or challenging to achieve?

Accountability for Actions

9. **Accountability:** How do you think the City should balance accountability for criminal actions with providing support to those in need?
 - A. **Policy Effectiveness:** Are there current practices regarding accountability that you believe are particularly effective or need adjustment?

COMMON THEMES BY QUESTION

Themes are similar between questions. It was common during interviews for interviewees to repeat key messages when responding to different questions. Some questions received divergent answers that are in direct conflict with each other. These conflicts may be found in the common themes below.

Question #1: Current Actions: What specific actions do you think the City is currently taking to address public safety and homelessness issues, particularly in public spaces like parks?

Policing in Public Spaces: Many stakeholders feel that a visible police presence, particularly in parks and public spaces, improves the sense of safety for residents and families. Salt Lake City Police have increased officer presence Downtown and added officers at HRCs.

- However, concerns persist about over-policing or perceived biases, with enforcement often focusing on relocating individuals experiencing homelessness rather than addressing their needs. Stakeholders also highlight inconsistent enforcement, which stems from limited jail space, shelter beds, and other resources.

Outreach and Service Provision: Initiatives like outreach teams, Park Rangers, and Downtown Ambassadors are valued for connecting individuals experiencing homelessness with services and offering alternatives to traditional law enforcement. Sustained follow-up and consistent service delivery are critical for effective outcomes.

- Stakeholders stress the importance of up-to-date resource reporting, such as accurate shelter bed counts or detox facility availability, to ensure services meet demand.

Resource Allocation: Stakeholders emphasize the need for increased funding to address homelessness effectively, including investments in shelters, mental health services, law enforcement, and affordable housing.

- Salt Lake City bears a disproportionate financial burden in providing homelessness services, prompting calls for a more equitable distribution of resources statewide.

Compassionate and Trauma-Informed Approaches: Stakeholders advocate for solutions that prioritize dignity, care, and understanding over criminalization when addressing homelessness. Programs like "Familiar Faces," which connect high-visibility individuals with consistent judges, prosecutors, defenders, and caseworkers, increase accountability and facilitate remediation. Having police and other City employees with a trauma informed approach also creates healthier interactions with homeless individuals and public entities.

Affordable Housing and Long-Term Solutions: A lack of accessible, affordable housing is widely recognized as a root cause of homelessness. Stakeholders stress the need for systemic, long-term solutions to address housing shortages and ensure sustainability beyond immediate interventions. The Housing First approach is a recurring recommendation, with a focus on ensuring stable housing before addressing other challenges like mental health or addiction.

Collaboration and Community Engagement: Stakeholders call for ongoing dialogue and collaboration among City officials, law enforcement, service providers, and community members to ensure transparency and balanced solutions. Sharing data and knowledge among stakeholders is seen as an opportunity to improve outcomes and foster trust.

Lived Experience Perspective: While some appreciated support services like ID vouchers, food, clothing, and bus passes—viewing these efforts favorably compared to other cities, there was limited awareness of public safety initiatives, with Code Blue being the only program mentioned. Practical issues such as the lack of trash cans and unsafe conditions in public areas, including sidewalks near the Weigand Center, were frequently cited. These barriers left participants feeling unsupported and vulnerable in public spaces. Participants described experiences of criminalization, noting that incarceration does not address underlying issues, reflecting a need for trauma-informed, empathetic interventions.

Quotes:

- “Downtown Ambassadors, having people with those express purposes of helping visitors, people in the City, the unsheltered, anyone that is in Salt Lake City and connecting them with what they need. That is an important boots on the ground way to understand what people are asking for, what people need, where the issues are.”
- “The City has a lot of different teams like park rangers. SLCPD does crime hotspots to try to divert people from being in the area or trying to commit crimes in the area. The City contracts with the Volunteers of America (VOA) outreach team to do outreach in different areas with a lot of activity and safety concerns. Usually, VOA will reach out to the SLCPD social work team that they, for safety reasons, won't be doing outreach. Then SLCPD social workers will go out to the area with unit detectives on our unit. SLCPD social workers do a lot of outreach in parks.”

Question #2: Improvements: What specific actions or strategies do you believe the City should be doing?

Public Perception of Safety: Many interviewees expressed concerns about the safety of Salt Lake City's parks and Library Square. Despite some efforts, such as the presence of Downtown Ambassadors and Park Rangers, there is a call for increased police visibility and action to ensure that people feel safe. Some individuals feel that crime is more prevalent in

Salt Lake City compared to other places, particularly in areas with visible homelessness, such as Liberty Park and Jordan River Parkway. The desire for more police presence—specifically, additional officers Downtown—reflects concerns about safety and perceptions of inaction.

Integration of Social Workers: There are also positive sentiments about the integration of social workers with law enforcement, as it brings a compassionate element to enforcement actions. However, some people question the effectiveness of these teams and the coordination with other City services, indicating that while the integration is a step forward, more needs to be done to ensure effective support for people in crisis. There is a critical need for additional social workers in all service areas.

Resource Limitations: The system is facing significant resource shortages, particularly in the areas of mental health stabilization, housing, and treatment facilities. While efforts like tiny home villages and micro-shelters are a positive step, there is a need for more comprehensive support systems. In particular, there is a recognition that individuals with severe mental health issues often cycle back into homelessness due to the lack of long-term care and wraparound services.

Jail Capacity and System Limitations: Low-level offenders get released due to lack of jail space. This leads to an overburdened system and a revolving door for individuals who should be incarcerated. Without enough capacity to detain those who commit petty crimes, the system fails to deter criminal behavior effectively.

Specialty Court: There is support for expanding specialty courts (e.g., drug court, kayak court, mental health court, resource fair court) that meets individuals where they are at. However, there is an underlying concern that while criminalizing homelessness through legal actions like citations might seem effective in the short term, it doesn't provide a long-term solution. Expanding services that focus on rehabilitation and housing stability, such as Miami's systemic integration approach, could improve outcomes. These reforms must work hand-in-hand with efforts to prevent homelessness and address underlying mental health and substance abuse challenges.

Public Safety vs. Compassion: Feedback included conflicting perspectives on how tough law enforcement should be on homelessness-related crimes. Some voices advocate for a tough-on-crime approach, arguing that harsher enforcement is necessary to restore safety and order. Others emphasized the importance of balancing enforcement with compassion, particularly through better coordination with social workers and mental health professionals.

City Expectations: Respondents identified a general sentiment Salt Lake City was being asked to solve problems outside of its control and other levels of government are best equipped to work on these issues. Many acknowledged that homelessness is a nationwide issue, not isolated to Utah, and the City is doing the best it can with the resources offered.

Coordination Gaps: There was a recurring theme of fragmented communication and coordination across agencies, including law enforcement, the courts, and social services. This siloed approach hinders efforts to effectively address homelessness, particularly for individuals cycling between shelters, the streets, and the criminal justice system. The absence of integration across these systems means that individuals often fall through the cracks, particularly when mental health issues are not adequately addressed. Interviewees called for breaking down these barriers and improving coordination between law enforcement, the courts, the jails, the hospital, and service providers.

Lived Experience Perspective: Participants emphasized the need for practical improvements to support individuals experiencing homelessness. Suggestions included more thorough searches upon entering shelters and increasing access to bathrooms, especially during winter, and trash cans to maintain cleanliness in camps. Some called for greater police presence to prevent violence around camps. One participant noted they themselves were afraid to use a public restroom in a park. Dissatisfaction with prolonged shelter stays and insufficient action from the City, County, and State was also mentioned.

Quote:

“Participating in regular meetings with SLCPD, creating regular checking to understand what resource issues we’re seeing. What’s going on at different points of contact people have. Better understanding is what’s important. Having particularly regular, check ins to put on calendar and plan around is important. Recognize everyone is busy and predictability for check ins is key. Those meetings are very insightful in understanding what everyone is doing, resource constraints and how those constraints impact other agencies. Good example of type of collaboration so we can understand what everyone can and can’t do. Like asking the jail to do something they don’t have the resources to do is a waste of time”

Question #3: Resource Needs: What resources are needed to effectively address public safety and homelessness issues in Salt Lake City?

Housing and Wrap-Around Services: There was a strong emphasis on the need for both immediate shelter and long-term housing solutions. However, housing alone is not seen as sufficient. Wrap-around services, including mental health support, substance abuse treatment, and job training, are needed to prevent people from failing once housed.

Mental Health Crisis Management: The system was mentioned as insufficient to handle the mental health crisis facing many individuals in homelessness. Stakeholders advocated for better mental health resources, including expanding ACT teams, and improving mental health crisis responses. The long waitlists for mental health treatment are a significant challenge.

Addressing Substance Abuse: There was recognition that substance abuse is often intertwined with homelessness. Efforts to address both mental health and addiction issues are considered key to making a lasting impact.

Non-Enforcement Public Safety Responses: There's support for alternative responses to public safety concerns, especially in managing homelessness. Non-armed outreach workers and ACT (Assertive Community Treatment) teams are suggested as more effective means to address mental health and addiction issues among the homeless population.

Court Access: Courts only operate from 8-5, while crimes happen 24/7. Someone can go to jail, be released, and it could take them 2-3 months before they go in front of a judge. If homeless individuals have any barriers to accessing legal services and going to court, they will not show up, leading to warrants.

Issues with Recidivism: The criminal justice system was criticized for its inability to deter repeat offenses among homeless individuals, especially those with mental health or substance abuse issues. Cases where individuals were arrested and released without significant consequences point to systemic flaws in handling these situations.

Barriers to Accessing Shelter: Issues were raised with the shelter system itself, such as rules that prevent couples or pet owners from accessing shelter, which may push individuals away from seeking help. Some flexibility in shelter rules could address these barriers.

Shelter Capacity: Shelter capacity is a recurring issue, with shelters often operating at full capacity. This creates an urgent need for more shelter space, particularly when cold weather conditions push up demand.

Increased Law Enforcement Footprint: A significant increase in law enforcement presence, especially in public spaces like parks, is advocated. This is seen as essential for tackling both crime and perceptions of lawlessness. While some stakeholders note the shock or concern that might arise from increased policing and the adverse effects it may have on individuals who have had bad experiences with law enforcement.

Public Safety Technology: Cameras, such as speed cameras, could be leveraged to free up patrol officers for other tasks. This would be an effort to make law enforcement more efficient while enhancing public safety in critical areas.

State Funding and Support: There was frustration that Salt Lake City is forced to shoulder a disproportionate amount of the financial burden for homelessness and related services. The State is urged to fully fund services that it is responsible for, especially around mental health and homelessness resources. Greater collaboration between the City and State was mentioned as crucial to the effective management of homeless resources.

Lived Experience Perspective: Participants highlighted the need for increased housing availability and reduced waitlists as key priorities to address homelessness in Salt Lake City. Employment support, including job training, schooling, and opportunities for gradual work trials, was also emphasized as a pathway for self-improvement. While some acknowledged existing resources, they noted that barriers such as reluctance to engage or difficulty navigating systems hinder progress for many individuals.

Quote:

“There’s no policy question where more resources don’t help. When we are able to connect people to social workers, mental health treatment, outcomes are generally better.”

Question #4: External Solutions: Are there solutions or actions that you believe can be taken to improve the criminal justice system for those experiencing homelessness?

Diversion from the Criminal Justice System: Mental health and addiction issues need to be addressed outside the criminal justice system.

Other Resources: Law enforcement alone isn’t enough to address homelessness and mental health issues. The lack of investment in housing and treatment exacerbates these problems.

Court Involvement: Mental health and addiction services should be integral to the criminal justice process. Enforcement alone is not effective, especially for repeat offenders.

Accountability: Strong support for holding individuals accountable, especially repeat offenders. However, frustration arises when there’s no space in jails or shelters, weakening accountability.

Need for Systemic Investment: Significant investment is required in mental health, addiction treatment, and housing to reduce the burden on cities like Salt Lake City.

Alternative Housing and Recovery Solutions: Expanding housing options and recovery programs is crucial for individuals with mental health and substance abuse challenges.

Gaps in Services and Capacity: Day shelters, substance abuse treatment, and mental health services are in short supply, hindering individuals from accessing necessary care.

Capacity Issues: Jails, shelters, and treatment programs lack capacity, preventing proper treatment and rehabilitation, and weakening accountability.

Police Interactions: Police interactions with the homeless population often result in criminalization rather than resolution of underlying issues.

Fragmentation: The justice and treatment systems are fragmented, with insufficient mental health beds and scattered housing options.

Lived Experience Perspective: Participants expressed a range of perspectives on the criminal justice system's role in addressing homelessness. Some were not directly involved in the system, while others shared concerns about harsh consequences, such as fines for littering without proper infrastructure. There were calls for more compassionate interactions with law enforcement, with some wishing for police to engage in conversations that acknowledge humanity and potential for change in those experiencing homelessness. A few noted positive experiences in jail, where police provided options for resolving issues, suggesting that supportive, non-punitive approaches may be effective.

Quote:

“We need to fund the idea of having a justice and accountability center. We need to have this step-down plan so individuals that are going in and out of the criminal justice system to street homelessness or other types of things there's a way for them to connect with services that pertain to what they're in need of. We need more emergency shelter beds for our public safety officers to be able to take people to, should they want to go to them, because of course it's all about personal choice.”

“The biggest issue is we need something besides jail for people with drug and mental health issues who are committing petty crimes.”

Question #5: Collaboration: How can the City collaborate with other organizations or entities to support these solutions?

Collaboration Across Sectors: A significant emphasis is placed on collaboration between law enforcement, mental health professionals, housing providers, and community organizations. Stakeholders must work together to address homelessness and related challenges. Regular, structured meetings and consistent communication are essential for effective implementation and adaptation to emerging challenges.

State and Local Leadership: State involvement and leadership in addressing homelessness and addiction are critical. Salt Lake City is recognized for its efforts in convening partnerships and advocating for more housing funding, but concerns remain about other cities not sharing enough responsibility.

Regional Solutions: Homelessness and addiction are regional issues that require a coordinated, multi-city approach. The movement of individuals between cities without

proper support exacerbates the problem. A regional response that integrates policing and service delivery is essential for addressing these challenges comprehensively.

Integrated Case Management: Coordinated case management is vital, particularly for those experiencing homelessness with mental health or substance use disorders. This includes a personalized, supportive approach with involvement from social workers, mental health professionals, and caseworkers throughout recovery or stabilization stages.

Mental Health and Addiction Services: There is a critical need for more mental health and addiction services, especially for individuals experiencing homelessness. Immediate intervention and longer-term care are essential to address the behavioral health needs that complicate service engagement.

Housing and Resource Allocation: Housing remains a central issue, with calls for more flexible housing options, such as micro-shelters and transitional housing. Respondents also highlighted the importance of ensuring resources, including State and federal funding, are used efficiently. Service providers are under pressure due to inconsistent funding, which impacts the sustainability of services.

Accountability and Consequences: While collaboration is key, accountability is also emphasized. Diversion programs should be expanded to prevent individuals from entering the criminal justice system for low-level offenses related to homelessness or mental health crises. Clear standards of success are needed to measure progress, and service providers should be held accountable for delivering measurable results.

Lived Experience Perspective: Participants expressed varied opinions on potential collaborations, with some acknowledging existing efforts like shelters and Code Blue as helpful. However, many emphasized the need for greater partnerships with case management groups, praising their role in connecting individuals to available resources. There were also calls to expanded collaborations with churches to provide additional services. Additionally, helping individuals transition back into the workforce was seen as crucial to breaking the cycle of long-term shelter stays.

Quotes:

- “Because the City is part of a larger ecosystem, there are things that the City does not control in that space, including the number of services that are available from the County, and the justice process in terms of whether or not there’s jail capacity to be able to take criminals in or if they’re just released onto the street like an hour and a half later.”
- “City and state need to really coordinate heavily. State is SO enforcement focused on the front end, but without the back end of support, you can’t do it all. They need to help make jail space, rehab centers, different facilities, so we can do full enforcement.”

Question #6: Shelter Access: In your opinion, what are the current barriers preventing individuals experiencing homelessness from accessing shelter?

Lack of Shelter Capacity: Shelter beds are often full, particularly during winter months, leading individuals to be turned away or forced to remain on the streets. There is also a need for diverse shelter options, such as those allowing pets, couples, or individuals with mental health challenges.

Barriers to Shelter Access: Many individuals face logistical obstacles, such as limited intake hours, lottery systems, and strict shelter rules. These can prevent individuals with mental health or substance use disorders from entering shelters. The demand for low-barrier shelters, which allow people to access services without being excluded for non-compliance, is evident. Safety concerns within shelters, especially for women, children, and those with mental health issues, are significant. Fears of theft, assault, and exposure to further trauma discourage shelter entry. Trauma-informed care and a variety of shelter options are necessary to improve shelter access and services.

Coordination and Communication Challenges: A lack of coordination between shelters, hospitals, and outreach teams creates confusion for individuals transitioning from jail or healthcare to shelter. When an individual is released from the hospital or jail, they are released at odd hours when the shelters are already full, so they end up back on the streets. Bed availability and service options need to be better communicated and centralized to avoid fragmented support.

Need for More Housing Options: Affordable housing is in short supply, and a variety of housing models are needed to accommodate diverse populations. Housing solutions must also include supportive services to address the root causes of homelessness and assist individuals in maintaining housing long-term.

Stigma and Misunderstanding of Homelessness: There is a pervasive stigma around homelessness, often overlooking the complex needs of individuals, including mental health, addiction, and trauma. Many individuals avoid shelters due to mistrust and fear of losing their belongings or autonomy.

Mental Health and Substance Use: Untreated mental health conditions and substance use are major barriers to accessing shelter and services. There is a need for more specialized services, including crisis intervention and trauma-informed care.

Bureaucracy and Red Tape: Many individuals experience frustration with the bureaucratic process, being bounced between services without finding the help they need, leading to red tape fatigue and mistrust in the system.

Lived Experience Perspective: Participants identified several barriers to accessing shelter, primarily the lack of available beds and strict rules that may be challenging for

individuals dealing with mental health issues or substance use. The limited availability of space means that when someone is turned away, there are few alternatives. Other concerns included negative environments, such as fights and substance use within shelters, as well as issues like bugs. However, some noted that the structure and control offered by shelters can be beneficial for individuals seeking stability.

Quotes:

- “We clearly don’t have enough shelter beds. Can’t get people into shelter space, not enough immediate access. Micro shelters great but you can’t get into them because they’re full. Homelessness is a state and national problem, without appropriate funding to build affordable housing, and that can look different for different people. If someone has mental health issues they need group homes, but also people who could be successful in 1-2 bedroom or a smaller type housing structure and be successful in changing the barriers they have.”
- “No beds number one. That is a huge barrier. If law enforcement and street outreach are out there trying to connect with people and there are no beds, then we have a problem. Second, we don’t have a way to determine which shelter to send people to. People with ADA needs for example. Or we have so many clients where people were released from the hospital, and we didn’t know they were coming. And the shelter isn’t accessible, and they aren’t able to get to a cot that is downstairs. It’s not the shelter’s fault they are at capacity. But now we are taking the most vulnerable clients and putting them back on the streets. We should always have open beds for those types of situations. There's not a good collaboration between all the hospitals in the area and on what they should be doing with somebody who's homeless when they release them from the hospital.”

Question #6A: Improvements: What steps could the City take to ensure everyone has access to shelter?

Lack of Permanent Housing: There is a strong sentiment that permanent supportive housing should be prioritized over temporary shelters. Many respondents emphasize that once individuals have secure housing, they are more likely to succeed and remain stable.

Challenges with Shelter Capacity: Shelter providers are consistently at capacity, and the need for more shelter spaces is urgent. Shelters often reach their limit, and many clients have been stuck in shelters for extended periods with no clear path to permanent housing.

Need for Diversified Shelter Options: A recurring theme is the need for different types of shelters to accommodate various needs. There is a call for low-barrier shelters as well as higher-structured shelters for people who require more intensive support.

Non-Congregate Shelters: Many respondents specifically advocated for non-congregate shelters that provide more privacy, particularly for those with mental health challenges, PTSD, or substance abuse issues. Congregate settings can be agitating for these individuals, and non-congregate options may be better suited to their needs.

Resource Coordination and Accessibility: There is a need for better coordination of available resources, such as housing options and services including transportation to shelters. With resources and shelters being dispersed accessing them is a major challenge, especially for people who are far from available shelters.

Economic Barriers and Affordable Housing: Housing costs are a significant barrier, as many individuals experiencing homelessness or housing instability simply cannot afford rent. Rent prices in the City are considered unaffordable, and there is a growing concern that homelessness is becoming more prevalent, especially among people who are employed but still cannot afford housing.

Communication and Outreach: Providing clear, accessible information about available shelter spaces, as well as fostering outreach efforts (e.g., flyers, caseworkers, social workers), can help connect people with services.

State and Regional Support: Many respondents feel that the City cannot solve the homelessness crisis alone. There is a need for stronger support from the State and other municipalities. Some also pointed to the idea of a regional approach, where other cities share in the responsibility for homelessness in Salt Lake City.

Enforcement and Safety Concerns: Some individuals expressed concern over safety and the enforcement of rules inside shelters. They noted that some shelters struggle with enforcing regulations, which affects the overall safety and functioning of the facilities.

Public Perception: There is a perception among some members of the public that the City has not done enough to address homelessness, leading to frustration and a sense that there is a lack of accountability.

NIMBYism: Resistance from some areas of the City to having shelters or affordable housing options in their neighborhoods is a significant challenge to building more resources.

Lived Experience Perspective: Participants emphasized the need for increased shelter capacity, including more beds, to ensure that everyone can access shelter. They also suggested offering shelter access at any time, especially during emergencies, and addressing specific needs such as wheelchair access for individuals with mobility challenges. Additionally, there were calls for supporting individuals in finding employment to help them transition out of shelters more quickly.

Quotes:

- “You would have to build more shelter space if you want everyone to have more access to shelter. My personal belief is to build more housing and not more shelter because you can keep building more and more shelter. But is that what we want people to do? To live permanently in shelter?”

Question #7: Respectful Treatment: How well do you think the City is currently doing in ensuring respectful treatment of all people, including those experiencing homelessness, residents, visitors, and business owners?

Resource Limitations: A common theme is the recognition that Salt Lake City is doing what it can with limited resources. Many feel that while the City is making a concerted effort to address the issues surrounding homelessness, resources are finite, meaning that there will always be limitations in terms of the number of shelter beds, services, and personnel available.

Appreciation for the Mayor’s Efforts: The Mayor is generally seen as doing the best she can with the available resources. However, there is an understanding that without more resources, there is only so much she can do to address homelessness and its related challenges.

City’s Efforts in Addressing Homelessness: There is recognition that Salt Lake City has made significant improvements in how it treats people experiencing homelessness, particularly in recent years. Respondents have noted better collaboration among service providers and more proactive approaches, such as sending in service providers before camps are mitigated. There’s also appreciation for targeted abatements and mitigation strategies.

- Despite the progress, respondents feel that the system is not perfect. Shelter availability is still limited, and there’s frustration about the need to regularly move individuals from camps. However, respondents understand the City’s resource limitations and express concern about the ongoing balance between addressing public safety and treating individuals humanely.

Challenges for Businesses: Business owners are expressing dissatisfaction with the state of public safety, feeling that their businesses are suffering due to homeless encampments and associated issues, such as the need to hire private security. Citing incidents of camping in park strips and the difficulty of dealing with homelessness in commercial areas is a hardship for businesses.

Police Engagement: The Salt Lake City Police Department (SLCPD) is praised for being respectful and proactive when engaging with individuals experiencing homelessness. There is an acknowledgment of their efforts to offer choices and use available tools to best address the issues. Some respondents feel that the police do a good job maintaining safety while ensuring that individuals are treated respectfully.

Concerns about Public Safety: While the police are seen as doing well, there are still concerns about the broader impacts of homelessness on public safety and the cleanliness of public spaces. The need for public spaces to remain sanitary and safe is mentioned, with the recognition that finding solutions while addressing these needs is complex.

Lived Experience Perspective: Participants expressed mixed views on the City's efforts to ensure respectful treatment of people experiencing homelessness. Some felt disrespected, citing harsh treatment by law enforcement and incidents such as belongings being discarded without notice during abatements. Others noted that they felt treated respectfully. There were suggestions for greater collaboration between the City, police, and community organizations, such as churches, to foster better communication and support.

Quotes:

- "I think the City is doing a lot of good things because you have leadership in place that wants to do lots of good things. SLC has an incredibly socially conscious Mayor, same for Council as well."
- "I think the police are doing a great job of engaging the unsheltered population. Contrary to what some of the provider community thinks. As I've gone out with officers and spoken with them and seen them in action, I think they're doing a really good job of engaging the population. They are particularly effective when they have a social worker teamed up with them and they're engaging the population."

Question #7A: Feedback: What additional measures or approaches could the City implement to foster respect among all groups in public spaces?

Balancing Needs: Parks and business areas are becoming focal points for tensions between the unsheltered community and other residents, with some feeling that homelessness should not dominate certain spaces. Many participants highlight the challenges of balancing the needs of individuals experiencing homelessness with the safety and well-being of other community members and businesses.

Community Engagement and Education: Respondents suggest that the City's communication about its efforts to address homelessness needs improvement. Public education on the reality of homelessness, available resources, and the importance of

compassionate solutions could help reduce the animosity between business owners, residents, and people experiencing homelessness.

- There is support for public forums or town halls, where business owners and residents can express their concerns and listen to the perspectives of people experiencing homelessness. This could foster mutual understanding and respect.

Enforcement and Policing: There is a desire for increased enforcement in certain high-crime areas, such as the North Temple/Fair Park area, where criminal activity is prevalent, and specific issues like loitering and drug use are mentioned.

- Several respondents expressed concerns about how police interactions with people experiencing homelessness can lack compassion, noting the need for de-escalation training and trauma-informed care.

Sanctioned Camping: There is an understanding that unsanctioned camping is problematic, and some believe sanctioned camping could provide a safer and more manageable alternative.

Support Systems and Services: Several respondents emphasize the importance of investing in social services, such as behavioral health, crisis response systems, and outreach programs like Familiar Faces to help individuals transition out of homelessness.

Greater Coordination: There is a call for greater coordination between police and social service teams, with an emphasis on the role of social workers in managing non-criminal issues such as homelessness, leaving police to handle more criminal matters.

Economic Considerations and Business Impact: Business owners and community members express concerns about the negative impact of homelessness on their operations, particularly with loitering, drug use, and criminal activities near their establishments. The economic burden on businesses, especially when they resort to hiring private security, is highlighted, along with the need for programs or other support mechanisms to assist those affected by the crisis.

Lived Experience Perspective: Participants mentioned a desire for respect from police officers and wider community. One mentioned including more input from people experiencing homelessness to have a better discussion around respect.

Quotes:

- “We want to be part of the community like everyone else.”
- “We need bathrooms. Even if you take the homeless population out of it entirely, if you are a mom with a potty-training toddler and you have to walk 20 minutes back to your house to use the bathroom, that is not a safe or convenient space for you. And

with the elderly, who might be incontinent, or even people who are sick like normal regular people, they need bathrooms. And the homeless need bathrooms.”

Question #8: Public Space Quality: What specific improvements could be made to ensure public spaces are safe, clean, and welcoming to all people?

Safety and Cleanliness: Maintaining clean, safe public spaces is a priority. Regular cleaning, addressing hazardous conditions like drug use and littering, and providing adequate facilities like trash cans and restrooms were recurrent themes.

Physical Maintenance: The importance of lighting, signage, and public safety infrastructure, such as emergency phone stations or Park Rangers, is stressed to promote both perceived and actual safety in public spaces.

Resource Allocation and Long-term Solutions: There is a call for a more comprehensive and long-term approach, recognizing that simply moving homeless individuals or increasing law enforcement presence will not resolve the root causes. Many suggest focusing on the availability of mental health services, substance abuse treatment, and affordable housing as essential for addressing homelessness.

Reactive Proposals: Respondents express frustration that solutions seem too reactive and not adequately resourced to address the scale of the crisis. They mentioned a focus on short term solutions to get data fast, not utilizing best practices and a lack of looking long term currently.

Presence and Engagement: Ensuring visible and consistent presence of City employees and law enforcement to enhance safety and cleanliness is a major theme. For example, the effectiveness of UTA employees being trained to report issues and having the ability to reach the appropriate authorities has been highlighted.

Supportive Solutions for Homelessness: Several responses call for compassionate, community-based solutions to homelessness, such as involving peer support specialists, employing individuals with lived experience to assist in clean-ups, and providing designated spaces for those without permanent housing.

Available Treatment: The importance of mental health and substance abuse treatment is also emphasized, with a clear call for expanded services to support people before they are able to transition to stable housing.

Collaboration: Collaboration across various City departments, such as parks, law enforcement, and community organizations, was frequently mentioned as vital. Several respondents highlighted positive examples where cross-departmental efforts had improved public spaces.

Community Involvement: Community engagement is also seen as crucial—whether through events, park clean-ups, or activating areas through activities to prevent them from becoming hotspots for undesirable behaviors.

Public Perception and Optics: Perception of safety and cleanliness significantly impacts people's willingness to engage with public spaces. Many respondents stressed that visible efforts to improve safety, such as Park Rangers, law enforcement presence, or cleanliness initiatives, could shift the perception of areas that are currently avoided due to safety concerns.

Lived Experience Perspective: Participants highlighted the need for more bathrooms and trash cans. They also mentioned general cleanliness of areas and the need to for people generally to clean up.

Quotes:

- “Long term investment and multilayered approach from government. Police moving people all day won’t solve the problem, they need support from higher levels of government to ensure other systems are working.”

Question #8A: Key Areas: Are there particular areas in the City where you feel these goals are most needed or challenging to achieve?

High-Vulnerability Areas for Criminal Activity and Homelessness: Areas like Ballpark, North Temple/Fair Park, Pioneer Park, Liberty Park and Jordan River Parkway are repeatedly cited as locations with high levels of criminal activity and homelessness, creating significant challenges for residents, businesses, and public safety.

Concerns About Visibility and Safety: There is a strong sentiment about the visibility of homelessness, particularly in popular public spaces like parks, trails, and near shelters. People feel uncomfortable with the presence of homeless individuals in areas where families typically visit.

Service Capacity: Enforcement alone is not seen as an effective solution. Many respondents highlight the need for increased capacity for services (e.g., shelters, mental health support, addiction services) alongside enforcement to address the root causes of homelessness.

Challenges of Enforcement: It’s noted that increased enforcement in some areas, like North Temple and Jordan River, has led to the displacement of individuals, which only shifts the problem to other neighborhoods without providing lasting solutions.

Impact on Vulnerable Communities: Many respondents emphasize that lower-income areas, particularly the west side of the City, bear the brunt of these issues. Communities

like Rose Park and areas around State Street feel particularly affected, with some residents experiencing frustration over the visible presence of homelessness in their neighborhoods.

Sanctioned Camping: There's growing consensus around the need for sanctioned camping areas to manage homelessness in a more organized and compassionate manner, particularly in areas with high concentrations of individuals experiencing homelessness.

Need for Strategic, Compassionate Solutions: There is also support for programs like the Downtown Ambassador program and increased outreach, showing that engaging with communities and offering services proactively could alleviate some of the visible challenges.

Lived Experience Perspective: Some participants specifically mentioned Downtown, around the Weigand Resource Center, and parks. Others highlighted that people have nowhere to go, and that anywhere this could happen.

Quotes:

- “I’m thinking of Library Square. It’s a huge problem for the City. It has to be made to feel safer and can’t be a congregating place. This is a line you shouldn’t cross—where public spaces are a place that drugs are shared and a woman would feel unsafe walking through there alone.”

Question #9: Accountability: How do you think the City should balance accountability for criminal actions with providing support to those in need?

Enforcement Alone Isn't Enough: There's recognition that police enforcement alone isn't sufficient to address underlying issues such as mental health, addiction, and homelessness. Some participants argue for the need to couple law enforcement with support systems like peer mentors, mental health treatment, and addiction recovery resources. This indicates a broader, more nuanced approach to public safety where criminal justice is one part of a multifaceted solution.

Medications and Treatment Access: A strong point is the need for greater access to mental health services and other resources. Participants argue that the City's responsibility extends beyond law enforcement to ensuring that adequate treatment and recovery options are available. People in recovery or those recently released from jail face barriers to accessing treatment, and this lack of access can result in setbacks in their recovery process.

Support vs. Punishment: There’s a clear preference for restorative justice and rehabilitation over punitive measures. While there is acknowledgment that some individuals pose a danger to the public, the data indicates that most individuals need

access to support services rather than harsher punishment. This speaks to the idea that criminal behavior related to mental illness or addiction can be addressed more effectively through treatment than through punishment alone.

Choice and Engagement with Services: The importance of choice in engaging with services is emphasized, with some participants noting that individuals must choose to seek help. However, if someone refuses services, enforcement becomes the default option. This illustrates the tension between offering voluntary services and ensuring accountability. While services are available, the system's success often hinges on whether individuals choose to engage with them.

Community Support and Restorative Justice: There's a belief that most people want to be productive members of society, but barriers such as mental health, addiction, and financial instability often prevent them from doing so. Restorative justice and rehabilitation efforts, particularly for non-violent offenders, are seen as vital to creating an environment where individuals can recover and reintegrate into society.

Emphasis on Responsibility: Several individuals emphasized the importance of holding bad behavior accountable, even if treatment or off-ramps are available. This suggests a belief in responsibility and consequences, especially for those engaging in harmful or criminal behavior. Some feel that accountability should be enforced regardless of the availability of mental health treatment or other forms of support.

Criminal vs. Non-Criminal Actions: There is a distinction made between criminal actions, such as selling drugs or violent offenses, and non-criminal actions, such as trying to stay safe or sheltered on the streets. The data shows some ambiguity about the role of enforcement when non-criminal behavior is involved. While some participants acknowledge that enforcement is necessary for serious criminal offenses (e.g., drug dealing), others suggest that homelessness or certain survival behaviors shouldn't automatically be criminalized.

State-Level Accountability: Several voices called for State-level involvement to help guide the City in handling complex issues, such as mental health and homelessness.

Collaboration for Solutions: Some participants call for deeper collaboration across public safety entities, including law enforcement, mental health services, and community organizations, to address the root causes of issues like addiction and criminal behavior. There is also mention of targeting larger issues, such as drug cartels, if the State provides additional support. This reflects a call for comprehensive strategies that go beyond local enforcement.

Lived Experience Perspective: Participants had mixed perspectives on policing. Some said they've seen police be patient with people while others said the police treat all

homeless people the same and treat them like criminals, being too punitive in their charging. One said that bad people should go to jail.

Quotes:

- “If we have to lean into more of a police presence and more ticketing/arresting, then it doesn’t end with that. We need to get peer mentors, access to medication assisted treatment, mental health treatment, etc. as well as expungement. People getting medically assisted treatment have to show up at the clinic every day to get the treatment, but people in recovery, coming out of jail, trying to get/hold a job, can’t possibly also get there every day. They fall off the wagon.”

Question #9A: Policy Effectiveness: Are there current practices regarding accountability that you believe are particularly effective or need adjustment?

Accountability in the Context of Homelessness: There is a consensus that homelessness is a complex issue that doesn't have a one-size-fits-all solution. Many respondents emphasize the need for understanding the underlying causes (mental health, addiction, trauma, etc.) rather than categorizing individuals as homeless. The idea of shifting the conversation from a blanket label to a more nuanced understanding is common.

- Some respondents feel that simply enforcing laws without addressing root causes doesn't create real accountability or long-term solutions. They highlight that consequences for violations often don't lead to meaningful change or improvement, especially in a system with limited resources.

Collaboration Across Agencies: A significant number of responses focus on the importance of collaboration between various service providers (healthcare, mental health, law enforcement, nonprofits, and government agencies). It’s widely recognized that silos hinder progress, and a coordinated, multi-agency approach is key to addressing the needs of individuals, especially those experiencing homelessness.

- Some responses advocate for more formal agreements (e.g., MOUs) to ensure that agencies share information and resources efficiently, though concerns about privacy laws (e.g., HIPAA) must be carefully navigated.

Critical Leadership: Leadership at both the City and State levels is mentioned as a critical factor in driving change. While there’s recognition that leadership can help improve practices, there's also frustration with the slow pace of change and the lack of resources (such as jail capacity, social services, etc.).

Systemic Challenges: Several respondents mention that accountability should be shared by all parties involved, including law enforcement, service providers, and City/State leaders. There's a sense that accountability must be clear, but also tailored to each individual's circumstances (i.e., understanding why someone violates an ordinance is important).

Trauma-Informed Care: Many responses advocate for trauma-informed care, especially when dealing with populations that have experienced significant trauma, mental health issues, or addiction. There is an emphasis on not only holding people accountable but doing so in a way that recognizes their individual circumstances and provides a path to healing and reintegration.

Compassionate Approaches: The need for specialized courts (e.g., mental health courts, homeless courts, and veterans courts) is also frequently mentioned, with respondents citing positive outcomes from these types of interventions.

Lack of Resources: A common theme is the lack of sufficient resources—whether it's in terms of jail capacity, social workers, mental health services, or housing solutions. Several responses mention that the City's efforts will only be as effective as the resources available to support them.

Capacity Limitations: The limited availability of services (e.g., only a small number of individuals being able to access evidence-based programs) and delays in providing those services are also cited as barriers to meaningful change.

The Role of Police and Law Enforcement: There is mixed sentiment about law enforcement's role in addressing homelessness and other low-level offenses. While some advocate for more accountability and enforcement, others emphasize that a shift toward a non-policing, social service-oriented approach might be more effective. The idea of a cultural shift within the police department toward more humane and understanding treatment of homeless individuals is also mentioned as necessary for progress.

Desire for Long-Term Solutions: Respondents highlight the need for long-term, sustainable solutions that go beyond short-term fixes or reactive measures. Many recognize the importance of housing and mental health services but stress that the lack of permanent housing and the ability to transition individuals into stable lives remains a significant gap in the system.

Lived Experience Perspective: Participants did not have many thoughts on policy. Only one participant had anything to say, which said police officers are patient and they're holding people accountable when called to the shelter.

Quotes:

- “I didn’t get better until I became accountable, but everyone has their part in accountability. The Mayor’s Office, The City. The police. We need to realize our part in that accountability. Then the person learns to be accountable. Everyone needs to be accountable and not put the bad part or failed parts on the client.”
- “Make sure when we’re working with these individuals, we’re looking at a trauma informed lens. These individuals have something in their background that helps them understand why they are where they are. We need to look at best practice and look at if there’s clinical expertise, what that expert is saying is good, We’re not doing a great job looking to experts and then follow their guidance. We’re having an overarching consequence/response. Especially for high utilizers.”

EXPERIENCE NARRATIVES BY PERSPECTIVE AND PROCESS

Below are detailed narratives for **Individual Experiencing Homelessness, Front Line Police Officer, Impacted Constituent, Case Manager/Outreach Worker, Judicial** organized by **General, Community and Prevention, Law Enforcement, Jail and Hearings, Court Proceedings, and Re-Entry**, with experiences tailored to each perspective. The reframing highlights system-specific challenges and opportunities for improvement.

PERSON EXPERIENCING HOMELESSNESS

GENERAL EXPERIENCE

People experiencing homelessness often encounter systemic barriers, including limited access to shelters, treatment programs, and inconsistent support. The lack of affordable housing, mental health services, and substance abuse treatment forces many to navigate a fragmented and overburdened system, often leaving them feeling unsupported and vulnerable.

QUOTES

- “Just because someone has dirty clothes, don't say yuck, there is a person there. Wanting to be part of the community like everyone else.”
- “You would have to build more shelter space if you want everyone to have more access to shelter. My personal belief is to build more housing and not more shelter because you can keep building more and more shelter. But is that what we want people to do? To live permanently in shelter?”
- “Everyone has a right to access public space, sometimes people who aren't homeless think that homeless people shouldn't be there.”
- “We really need more housing options for people with criminal histories. The only places that are accepting applicants with that history are places that are perpetuating intergenerational poverty and crime.”
- “I think the very first thing they should do is have a non-police group of people to interact with the homeless population. The HEART Team does some of this.”

COMMUNITY AND PREVENTION EXPERIENCE

- Access to prevention services is hindered by systemic barriers like identification requirements, mistrust of law enforcement, and limited availability of resources.
- Diversion programs provide alternatives to criminalization but are difficult to navigate without transportation or caseworker support.
- Outreach efforts, such as CHAT teams and Downtown Ambassadors, are helpful but cannot fully address the scale of need.

LAW ENFORCEMENT EXPERIENCE

- Police interactions range from compassionate to punitive. Many individuals feel criminalized for survival behaviors like sleeping outdoors.
- Diversified response teams, such as those with social workers, are appreciated but not widely available.
- Encounters with law enforcement often lead to displacement rather than meaningful solutions.
- Some individuals report positive, respectful interactions with law enforcement.

JAIL AND HEARINGS EXPERIENCE

- Detention often disrupts any progress made in accessing services, leaving individuals without belongings or support upon release.
- The crowded jail system frequently releases individuals early, creating uncertainty and a lack of follow-up care.
- Hearing schedules are confusing and often delayed, causing individuals to disengage from the system.

COURT PROCEEDINGS EXPERIENCE

- Navigating the judicial system is overwhelming and often feels punitive. Specialty courts like drug or mental health court are beneficial but not always accessible.
- Missed court dates due to logistical challenges (e.g., lack of transportation) result in warrants, increasing instability.
- The focus on program compliance without housing or adequate support makes it difficult to meet requirements.

RE-ENTRY EXPERIENCE

- Re-entering the community after jail or hospitalization is challenging without housing, shelter, transportation, or consistent follow-up services.
- Case managers are often overburdened, leaving some individuals to navigate complex systems alone.
- The lack of affordable housing options forces many individuals back to the streets, perpetuating the cycle of homelessness.

FRONTLINE POLICE OFFICER

GENERAL EXPERIENCE

Police officers are at the frontline of addressing homelessness and public safety. Balancing enforcement with compassion is challenging, especially when resources are insufficient to meet the needs of unsheltered individuals. Collaborative efforts with social workers and homeless resource centers show promise, but systemic gaps persist.

QUOTES

- “There has been a lot of very positive interactions with police. They help with enforcement of various issues that can go on around facilities, like drugs, human trafficking, loitering, vandalism. These facilities can sometimes attract this, and shelter staff are unable to enforce anything that's outside of the private property.”
- “If you could add twenty officers downtown, I believe that would appease the business community, the legislature, and the public.”
- “We need to go back to being tough on crime. Think that we need to get the politicians out of public safety. We need public safety to run public safety.”
- “Jail isn't the place to fix homelessness issues, it's the wrong place for mental health issues or drug issues, especially for people resistant to going to shelter.”
- “All SLCPD can do is arrest. The accountability measures are the responsibility of the rest of the system.”

COMMUNITY AND PREVENTION EXPERIENCE

- Officers often rely on diversion programs to address homelessness-related issues but face challenges when resources like shelter beds or treatment options are unavailable.
- Collaboration with outreach teams is effective but limited by the scale of the homelessness crisis.
- Officers encounter resistance from individuals who mistrust law enforcement or fear criminalization.
- Difficulty coordinating with homeless resource centers due to client confidentiality.

LAW ENFORCEMENT EXPERIENCE

- Balancing public safety with compassion is a daily challenge, especially when interacting with individuals in crisis.
- Diversified response models, such as social worker collaborations, improve outcomes but are not universally available.
- Resource limitations, such as the lack of mental health beds or detox facilities, constrain officers' ability to help.

JAIL AND HEARINGS EXPERIENCE

- Arresting individuals for low-level offenses feels counterproductive when they are quickly released due to jail overcrowding.
- Officers are often called upon to enforce specific ordinances but lack the resources to enforce compliance.
- The pretrial process is seen as inconsistent, with individuals detained or released based on jail capacity rather than risk assessment.

COURT PROCEEDINGS EXPERIENCE

- Police provide critical evidence and testimony for judicial processes but are frustrated by the system's inability to address root causes.

- Repeat offenders often cycle through the courts without meaningful consequences, undermining officers' efforts.
- Specialty courts are seen as valuable but reliant on systemic support that is often insufficient.

RE-ENTRY EXPERIENCE

- Officers often encounter the same individuals after release, highlighting systemic gaps in re-entry support.
- The lack of coordination between law enforcement and case management teams results in missed opportunities for intervention.
- Without affordable housing or follow-up services, individuals frequently return to the same circumstances that led to their initial arrest.

IMPACTED CONSITUENT

GENERAL EXPERIENCE

Residents and business owners are often frustrated by the visibility of homelessness and its impact on public spaces, safety, and economic activity. While there is support for compassionate solutions, many constituents feel that current efforts are inadequate or poorly communicated.

QUOTES

- “We need to work to try and stop cycle, there’s no room in jail anyway, they’re going to get released.”
- “I see plenty of people who are not living in homes and are in our parks which I get makes people feel unsafe, but at the same time we can't offer them another solution when there isn't capacity in the shelter system.”
- “Communication, helping people understand why creating a city that's inviting and welcoming is going to mean that it doesn't always look like the ways that we want and helping people to be better educated.”
- “We need to stop pretending we can rehabilitate everyone. We can’t, and we need a solution for them, too.”
- “Not a City problem it’s a national problem. Can’t pick up a newspaper and not see that homelessness has increased everywhere. State problem. People come to Salt Lake City for services offered. We clearly don’t have enough shelter beds.”
- “Something as simple as providing more garbage cans could help.”

COMMUNITY AND PREVENTION EXPERIENCE

- Residents and businesses support diversion and prevention efforts but expect greater transparency about effectiveness.
- Homeless encampments near public spaces and businesses create concerns about safety, cleanliness, and economic impact.

- Constituents feel the City needs to expand prevention programs while addressing visible issues like loitering and trash.

LAW ENFORCEMENT EXPERIENCE

- Some constituents appreciate visible police presence but express mixed feelings about enforcement strategies for homelessness-related issues.
- Many residents support diversified response models, such as Downtown Ambassadors and Park Rangers, but want to see results in reducing crime and improving public safety.
- Businesses are particularly concerned about the impact of loitering and other visible issues on their operations.

JAIL AND HEARINGS EXPERIENCE

- Community members expect detention to deter crime but see its effectiveness undermined by overcrowding and early releases.
- Repeat offenses among individuals released from jail raise concerns about public safety and accountability.

COURT PROCEEDINGS EXPERIENCE

- Constituents view the court system as too lenient, particularly when offenders are released without addressing underlying issues.
- There is limited understanding of the role of specialty courts, leading to skepticism about their impact.

RE-ENTRY EXPERIENCE

- Community members expect treatment programs to reduce recidivism but are often unaware of their existence or outcomes.
- The lack of affordable housing and job opportunities for individuals re-entering the community contributes to public frustration.
- Constituents support increased investment in services but want assurances of accountability and measurable results.

CASE MANAGER/OUTREACH WORKER

GENERAL EXPERIENCE

Case workers and outreach teams serve as critical connectors between individuals and services but face overwhelming demand and limited resources. The lack of coordination and funding across systems creates barriers to effective service delivery.

QUOTES

- “People also need food; it seems so basic, but it is real. We have clients come in everyday who haven’t eaten in days. We should focus on meeting basic needs; people do not think right without their needs met.”

- “Don’t really have a space for those with chronic mental health issues. This will solve homelessness.”
- “Homeless services are doing the Lord's work, working furiously to get people out of homelessness. And I worry that kind of housing policy, landlord policy, and economic policy, we are creating homeless people faster than we are housing currently homeless people.”
- “It's frustrating that we are saying that the scattered site system isn't working when we haven't funded it.”
- “We all need to do a better job at connecting all the different pieces of people who are trying to do things about homelessness in their silo. If we’re able to communicate with one another we’re going to arrive at better outcomes.”
- “City and State need to really coordinate heavily. State is SO enforcement focused on the front end, but without the back end of support, you can’t do it all. They need to help make jail space, rehab centers, different facilities, so we can do full enforcement.”
- “There’s no policy question where more resources don’t help. When we are able to connect people to social workers, mental health treatment, outcomes are generally better.”
- “How can we be proactive and prevent homelessness and illegal drug use on the streets. State needs to provide more resources.”

COMMUNITY AND PREVENTION EXPERIENCE

- Case workers provide connection to resources, but often due to services being overcapacity, they cannot appropriately serve their clients.
- Coordinating with law enforcement and shelters is effective but often hindered by siloed information and fragmented systems.
- Prevention efforts are seen as the most cost-effective solution but require greater investment and systemic integration.

LAW ENFORCEMENT EXPERIENCE

- Collaboration with police is crucial but limited by staffing shortages and inconsistent training on trauma-informed care.
- Diversified response models, such as the CHAT team, are effective but need to be scaled to meet demand.
- Outreach teams often mediate between law enforcement and individuals in crisis, bridging critical gaps.

JAIL AND HEARINGS EXPERIENCE

- Case workers frequently re-engage clients after release but face challenges when individuals are released without notice or support.

- The lack of coordination between jails and community services creates gaps in care and continuity.
- Detention disrupts progress for individuals already connected to services, requiring additional outreach and resources.

COURT PROCEEDINGS EXPERIENCE

- Outreach teams play a key role in supporting individuals through court-ordered programs but struggle with gaps in post-sentencing resources.
- Specialty courts are valuable but rely on case workers to provide follow-up support, which is often underfunded.
- The judicial process can be overwhelming for clients, requiring additional effort from case workers to ensure understanding and compliance.

RE-ENTRY EXPERIENCE

- Re-entry programs are essential but underfunded, leaving many individuals without adequate support upon release.
- Case workers struggle to find stable housing or employment opportunities for clients, perpetuating the cycle of homelessness.
- Greater coordination between jails, courts, and community services is needed to ensure successful re-entry.

JUDICIAL

GENERAL EXPERIENCE

The judiciary plays a vital role in balancing public safety with rehabilitation. Specialty courts offer tailored solutions, but systemic resource limitations and coordination gaps hinder their effectiveness.

QUOTES

- “The biggest issue is we need something besides jail for people with drug and mental health issues who are committing petty crimes.”
- “Homeless people don't respect municipal boundaries, so we need at least a statewide or regional approach to policing. Regional problems need regional solutions.”
- “The purpose of incarceration is deterrent, but with this particular population it's not going to give us the results we want. If an individual gets the maximum, you're just giving the community a reprieve. However, the outcome must be tied to some service.”
- “The idea that they're not enforcing violations of the law that we associate with homelessness does not resonate with my experience from what we see at the courts.”
- “End services are missing, like day shelters. For those missing services, it's hard to punish someone when all the shelters are full.”

- “I hate the narrative that jail is the place for getting care and recovery, because we aren’t actually providing that. If we are going to further involve the criminal justice system with this population, we need to balance it with more expungement opportunities.”
- “The way things are done here (Utah) is get them in jail and get them out of sight.”
- “If the goal is to get people off street and give them a charge for camping, then there should be a mechanism set up to give them housing rather than going through the court process.”

COMMUNITY AND PREVENTION EXPERIENCE

- Judges see external prevention efforts as critical to reducing caseloads but recognize systemic barriers that limit their effectiveness.
- The judiciary relies on supportive resources to address root causes but many of those resources are limited.
- Prevention programs require sustained funding and support from local and state governments.

LAW ENFORCEMENT EXPERIENCE

- Judges value law enforcement collaboration but recognize the need for more diversified response models to address homelessness and mental health issues.
- The judiciary depends on police to enforce court orders but sees inconsistencies due to resource limitations.
- Enhanced coordination between law enforcement and the courts is essential for addressing systemic challenges.

JAIL AND HEARINGS EXPERIENCE

- Pretrial detention decisions are constrained by overcrowding, forcing judges to make difficult trade-offs between safety and equity.
- Early releases undermine judicial efforts to hold individuals accountable, creating frustration within the system.
- The lack of follow-up services for individuals released from detention highlights systemic gaps that judges cannot address alone.

COURT PROCEEDINGS EXPERIENCE

- Specialty courts provide accessible solutions but are limited by resource shortages and gaps in systemic coordination.
- Judges face challenges in balancing accountability with rehabilitation, particularly when resources are insufficient.
- The judicial system plays a key role in diversion and prevention but depends on external service providers for implementation.

RE-ENTRY EXPERIENCE

- Judges emphasize the importance of re-entry programs in reducing recidivism but note significant gaps in funding and coordination.
- The lack of affordable housing and employment creates a risk for individuals to re-enter the homelessness cycle which limits judicial effectiveness.
- Greater collaboration with case workers and community services is needed to ensure successful reintegration and compliance with court-ordered programs.

Salt Lake City Employee Survey

On December 31, 2024, the City invited employees who interact with our community in the field and who may be considered our front line to complete a short survey to identify the public safety barriers and solutions. One-hundred seventy-nine of employees responded to the survey from work groups that included the Police Department, Police Department, Public Lands, and 911 Dispatch. The goal of the survey was to hear from employees about their personal experiences and perspectives, and to incorporate that feedback into the Public Safety Plan.

Summary of Specific Issues Affecting Public Safety From the Perspective of Front Line and Field Employees of Salt Lake City Corporation.

Homelessness-Related Challenges

- 1. Illegal Camping and Trash Accumulation:**
 - Persistent camping in parks (specifically the largest parks in the City – Sugarhouse, Fairmount, Pioneer, Liberty Park, Jordan River Trail, etc.) despite abatement efforts.
 - Trash, drug paraphernalia, and human waste left behind require extensive cleanup efforts, consuming significant staff time.
- 2. Property Handling:**
 - Officers face logistical challenges managing and storing personal property of homeless individuals during arrests, leading to delays and disincentives to address infractions.
- 3. Recurring Issues Without Resolution:**
 - Homeless people often move “down the road” after being told to move, creating a repetitive cycle with no long-term solution.
 - Temporary solutions like abatements displace the problem rather than solving it.
- 4. Impact on Public Spaces:**
 - Parks and public areas are perceived as unsafe due to visible homelessness, open drug use, and associated crimes, deterring community use.

Justice System Inefficiencies

- 1. Quick Jail Releases:**
 - Offenders are often released within hours, even for serious crimes, undermining our enforcement efforts.
 - Habitual offenders face minimal consequences, contributing to repeated criminal activity.
- 2. Judicial and Prosecutorial Challenges:**

- Judges and prosecutors dismiss charges or fail to prosecute repeat offenders, reducing accountability.
 - Resource-resistant homeless individuals are rarely subject to meaningful interventions or consequences.
- 3. Lack of Deterrence:**
- Criminals are emboldened by the lack of penalties, with some openly admitting they do not fear jail or police intervention.

Administrative and Policy Issues

- 1. Time-Consuming Procedures:**
- Extensive reporting requirements and property handling policies delay officers from returning to patrol or other duties.
- 2. Ineffective Hot Spot Policies:**
- Mandatory hot spot checks, often unrelated to actual call volumes, are seen as ineffective and demoralizing, offering no long-term solutions to crime reduction.
- 3. Conflicting Directives:**
- Officers and Firefighter CHAT report confusion and frustration due to inconsistent or contradictory policies from leadership.

Resource Constraints

- 1. Mental Health and Addiction Resources:**
- Inadequate mental health care and addiction treatment options leave vulnerable populations without meaningful support.
 - Hospitals release individuals under "pink sheets" (involuntary holds) within hours, returning them to the streets.
- 2. Insufficient Staffing and Equipment:**
- Chronic officer shortages hinder proactive policing and response times.
- 3. Overburdened Shelters and Housing:**
- Shelters lack sufficient capacity to meet demand, leaving many homeless individuals with no alternative but the streets.

Officer Morale and Retention

- 1. Burnout and Job Dissatisfaction:**
- Officers, and some Firefighters, expressed feeling unsupported by leadership and overwhelmed by the volume of homelessness-related calls.
 - Repeated exposure to traumatic incidents and resource-intensive situations negatively impacts mental health.

2. **Retention Challenges:**
 - Wages, perception of insufficient training opportunities, and lack of career advancement discourage long-term commitment to the department.
3. **Perceived Lack of Support:**
 - Officers report feeling demoralized by leadership's perceived lack of backing in enforcing laws and addressing systemic issues.

I. **Summary of Specific Challenges and Barriers**

Leadership and Administrative Disconnect

1. **Communication Breakdown:**
 - Respondents expressed concerns and suggestions rarely reach decision-makers, creating a top-down, disconnected hierarchy.
 - Lack of transparency and feedback on decisions.
2. **Perceived Focus on Image Over Substance:**
 - Respondents feel the PD and City administration prioritize public relations and appearances rather than addressing operational challenges.

Operational Barriers

1. **Justice System Inefficiencies:**
 - Habitual offenders are quickly released due to lack of jail space, minimal prosecution, and lenient judicial policies.
 - No meaningful accountability for repeated crimes, including property crimes and violent offenses.
 - Frequent "catch and release" undermines enforcement efforts and demoralizes officers.
2. **Policy Constraints:**
 - Administrative policies leading to decreased efficiency and officer burnout.
 - A perceived 'non-enforcement' policy for minor infractions contribute to a perception of lawlessness.

Homelessness and Public Disorder

1. **Lack of Accountability for Homeless Individuals:**
 - Supposed 'minimal' consequences for illegal camping, property crimes, and drug use.

- Resource-resistant individuals exploit systemic gaps, returning to problematic behaviors after short interventions.
2. **Insufficient Shelter and Services:**
 - Chronic lack of shelter space, especially during winter.
 - Few mental health facilities or addiction treatment centers capable of addressing the scale of need.

Morale and Retention

1. **Fear and Hesitation:**
 - Officers fear becoming scapegoats in politically sensitive situations.
 - Perceived lack of support from leadership during scrutiny or disciplinary actions.
2. **Burnout and Job Dissatisfaction:**
 - Overburdened workload with no clear solutions or operational improvements.
3. **Retention and Recruitment Challenges:**
 - Reduced standards for new police and firefighter recruits, leading to quality concerns.
 - Experienced workers leaving due to poor morale and lack of confidence in department leadership.

Specific Policy and Legal Constraints

1. **Weak Ordinances:**
 - Camping ordinance fails to address excessive personal property or loitering, limiting enforcement options.
 - Legal ambiguity on minor crimes creates confusion and undermines enforcement.
2. **Prosecution and Judicial Challenges:**
 - Declination from D.A.'s Office and the limited consequences for misdemeanors discourage proactive policing.
 - Prosecutorial focus perceived as disproportionately targeting officers' behavior while neglecting broader crime issues.
3. **Limited Accountability for External Agencies:**
 - NGOs and service providers face no accountability for outcomes, reducing their effectiveness in combating homelessness and addiction.

II. Specific Recommendations for Improving Public Order

1. Policy and Enforcement Enhancements

- Aggressively prosecute and jail repeat offenders to deter criminal behavior.
 - Address low-level crimes using the "Broken Windows" approach to reduce larger public safety issues.
 - Support proactive policing with fewer administrative restrictions.
 - Hold judges, prosecutors, and the DA accountable for decisions that undermine public safety (“share with the media!”)
 - Use specific locations or designated camping grounds to centralize homelessness and associated issues.
- 2. Homelessness and Addiction Interventions**
- Create and build a state-supported facility with strict curfews, mandatory skills training, and addiction treatment.
 - Increase shelter options, including facilities that accept pets and provide medical/mental health care 24/7.
 - Develop a comprehensive network for addiction recovery and dual-diagnosis mental health treatment.
 - Consolidate and evaluate the effectiveness of social services and NGOs addressing homelessness.
 - Introduce mandatory long-term rehabilitation programs for drug addiction and mental health issues.
- 3. Administrative and Leadership Improvements**
- Address ineffective leadership at all levels from patrol sergeants to administration.
 - Require all ranks, including senior administration, to participate regularly in patrol work to maintain practical understanding and foster communication.
 - Incentivize officer retention through better compensation, benefits, and recognition of performance.
- 4. Resource Allocation and Staffing**
- Hire more officers, especially for patrol roles, to improve response times and enable proactive enforcement.
 - (Re)-Establish specialized units, such as park police or drug task forces, to focus on specific community issues.
 - Do something with jail facilities and staffing to hold offenders longer and reduce recidivism.
- 5. Public and Community Collaboration**
- Increase public education on the roles and limits of police, dispatch, fire and other emergency services.
 - Develop multilingual resources to inform the community about laws, resources, and public safety.
 - Create an enforcement model for park rangers, allowing ticketing or other actionable measures for ordinance violations.
- 6. Operational Efficiency**
- Improve reporting processes to free up officer time for fieldwork.

- Centralize resources for homelessness, like a 24/7 hub with transportation and services.
- 7. Infrastructure and Equipment**
 - This was a common request from Salt Lake City Fire respondents:
 1. Enhance road safety through better maintenance of road markings and the removal of obstructive infrastructure.
 - Invest in modern police and fire equipment and streamline fleet maintenance.
- 8. Behavioral Accountability**
 - Mandate participation in community service or work programs for offenders to contribute to city maintenance.
 - Reduce leniency toward drug use by limiting safety nets like needle exchanges and enforcing stricter drug laws.
- 9. Long-term Systemic Change**
 - Push for state and federal support in addressing homelessness and addiction.
 - Advocate for mixed affordable housing and long-term care facilities for mental health and addiction recovery.
 - Shift toward holding all individuals accountable for their actions, regardless of socioeconomic status.

III. Other Observations

Addressing Homelessness

- 1. Accountability and Enforcement:**
 - Many people experiencing homelessness actively choose this lifestyle, rejecting shelters due to restrictions like bans on drug and alcohol use. These people should not be allowed to inhabit public parks indefinitely. Strict enforcement of laws related to camping, drug use, and property destruction is essential.
 - Proposed solutions include designated camping areas with rules or programs to relocate individuals after repeated infractions.
- 2. Balancing Support and Accountability:**
 - Provide immediate access to affordable housing and comprehensive social services.
 - Recognize that homelessness cannot be solved by policing and funding alone—behavioral and criminal justice accountability is crucial. Repeated offenses should lead to mandatory treatment or penalties.
- 3. Coordination with Other Agencies:**
 - Require shelters to have 24-hour medical staff and non-emergency transport capabilities to reduce reliance on emergency services.

- Advocate for state and federal funding to handle the disproportionate burden of shelters in Salt Lake City, similar to South Salt Lake’s funding model.
- 4. Policy and Strategy Shifts:**
- Move away from replicating policies proven ineffective in other states. Focus on tailored, data-driven strategies unique to Salt Lake City’s needs.
 - Collaborate with community organizations like The Other Side Academy for insights into addressing addiction and crime effectively.

Crime Reduction Strategies

- 1. Increased Patrol Presence:**
- Expand patrol staffing to deter crime through visible law enforcement, as proven during major events like the Winter Olympics.
 - Address staffing shortages with better recruitment incentives, pay increases, and improved working conditions.
- 2. Reassessing Policing Tactics:**
- Discontinue ineffective “hotspot policing” that leaves officers vulnerable and instead focus on addressing calls for service with data-driven responses.
 - Enhance inter-agency collaboration to build trust and streamline operations across police and fire departments.
- 3. Criminal Justice Reform:**
- Improve prosecution processes to prevent frequent dismissals and ensure consistent penalties for crimes, especially drug-related offenses.
 - Advocate for more jail space, rehabilitation programs, and robust probation and parole systems.

Leadership and Morale

- 1. Leadership Changes:**
- Many respondents across all public safety surveyed expressed frustration with citing poor communication, punitive actions, and a lack of transparency. Calls for a leadership overhaul at both the city and departmental levels are common.
 - Respondents said leaders should actively engage with officers through field participation and direct communication to rebuild trust and morale.
- 2. Recognition and Public Support:**

- Publicly highlight the positive contributions of first responders and hold other agencies accountable for systemic failures. “Don’t be afraid to show our body worn camera footage. That’s how you recruit!”
- Build morale by ensuring employees feel valued through improved benefits, equipment, and training opportunities.

3. Feedback and Involvement:

- Empower employees by including their input in policy decisions. Frontline perspectives are invaluable for crafting effective strategies.

Appendix D

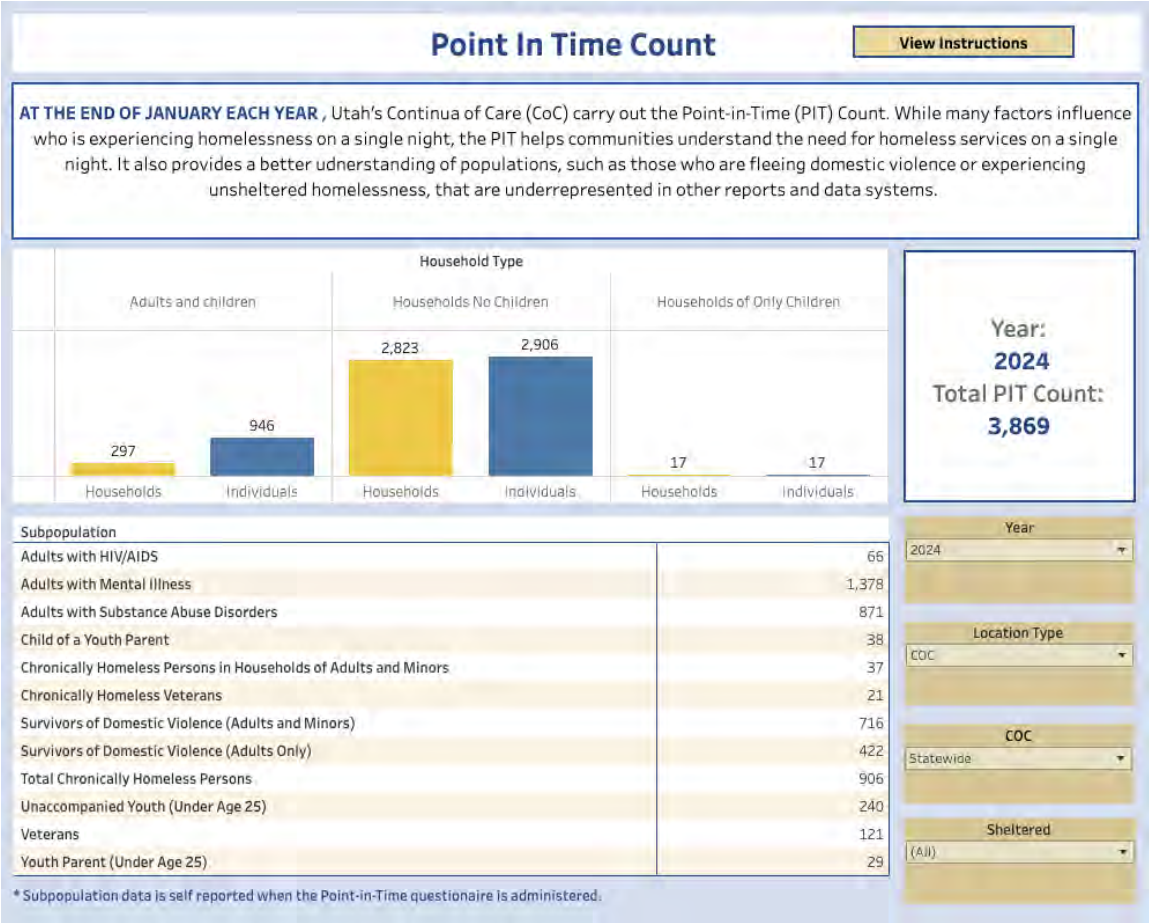
Empirical Data and Analysis

Empirical Data and Analysis

The City’s Public Safety Plan refers some of the data collected through the following data analysis, which includes data related to homelessness, public safety, the jail, and courts.

Homelessness Data

The Point-in-Time Count (PIT) part of the Homelessness Annual Report Dashboard shows overall counts and details about the population experiencing homelessness. The dashboard shows that in 2024, there were 3,869 individuals counted as homeless during the point in time count that year and the most frequently reported subpopulation includes adults with mental illness.



While viewing the dashboard, there are options to toggle between different years to see the PIT count and to toggle between different parts of the state. For the analysis below, data was collected for the “statewide” area and the “Salt Lake County” area and is shown in the table below. Between 2022 and 2024, the Homelessness Annual Report Dashboard displays Point in Time Counts indicating that homelessness increased across the state by 313 individuals. 309 of them were counted in Salt Lake County.

		2022	2023	2024	% Change 2022-2024	# Change 2022-2024
All	Statewide	3,556	3,687	3,869	8.80%	313
	Salt Lake County	2,095	2,297	2,404	14.75%	309
Unsheltered	Statewide	872	980	1,008	15.60%	136
	Salt Lake County	281	435	413	46.98%	132
Sheltered	Statewide	2,684	2,707	2,861	6.59%	177
	Salt Lake County	1,814	1,862	1,991	9.76%	177

Statewide, 86.86% of beds are shown as utilized in 2024.

Housing Inventory Count View Instructions

ON THE SAME NIGHT AS THE PIT COUNT AT THE END OF JANUARY EACH YEAR, Utah's Continua of Care (COC's) carry out the Housing Inventory Count (HIC). The HIC compares the number of individuals and families staying in various homeless services projects on a specific night to the available beds in those projects. It also provides information on the number of beds dedicated to specific subpopulations, such as veterans, survivors of domestic violence (DV), individuals with HIV or AIDS, and youth. By conducting the HIC, communities can assess the capacity of their homeless service system and determine how effectively those resources are being utilized.

Average Statewide Bed Utilization: 86.86%

Location Type
COC

COC
Statewide

Year
2024

Emergency Shelter Bed Utilization

Year-Round Beds	76.28%
Year-Round Overflow	68.50%
Winter Overflow	94.37%

Bed Utilization Rate

Emergency Shelter	<div style="width: 79.33%; height: 10px; background-color: #28a745;"></div>	79.33%
Other Permanent Housing	<div style="width: 98.52%; height: 10px; background-color: #17a2b8;"></div>	98.52%
Permanent Supportive Housing	<div style="width: 88.58%; height: 10px; background-color: #20c997;"></div>	88.58%
Rapid Rehousing	<div style="width: 100.00%; height: 10px; background-color: #ffc107;"></div>	100.00%
Transitional Housing	<div style="width: 72.88%; height: 10px; background-color: #6c757d;"></div>	72.88%

Project Type	DV Beds Utilized	DV Beds Total	Youth Beds Utilized	Youth Beds Total	Veteran Beds Utilized	Veteran Beds Total	HIV Beds Utilized	HIV Beds Total
Emergency Shelter Total	267	578	64	126	0	0	0	0
Permanent Supportive Housing	0	0	11	11	675	851	99	113
Other Permanent Housing	0	0	0	0	0	0	0	0
Transitional Housing	270	349	18	24	62	92	0	0
Rapid Rehousing	220	220	31	31	180	180	0	0

In Salt Lake County, 90.57% of beds are shown as utilized in 2024.



In 2023, data from the Utah Homeless Management Information System (HMIS) indicated, and the 2023 Point in Time Count (PIT) confirmed, that Utah saw about a 10% increase in individuals experiencing homelessness for the first time. Notably, the sharpest increase in Utah's homeless population from 2022 to 2023 was seen in adults with mental illness, which increased by over 500 individuals with a total of 1,500 individuals counted. In Salt Lake County, the unsheltered count increased from 88 to 265.

Homelessness in adults with substance abuse disorders in Utah rose by 3754 individuals between 2022 and 2023, with 338 counted as unsheltered. In Salt Lake County, the population with substance abuse disorders grew by an additional 295 individuals added to this subpopulation between 2022 and 2023, bringing the total population to 692 individuals. In Salt Lake County, the unsheltered population grew at a similar rate with 146 individuals counted as unsheltered.

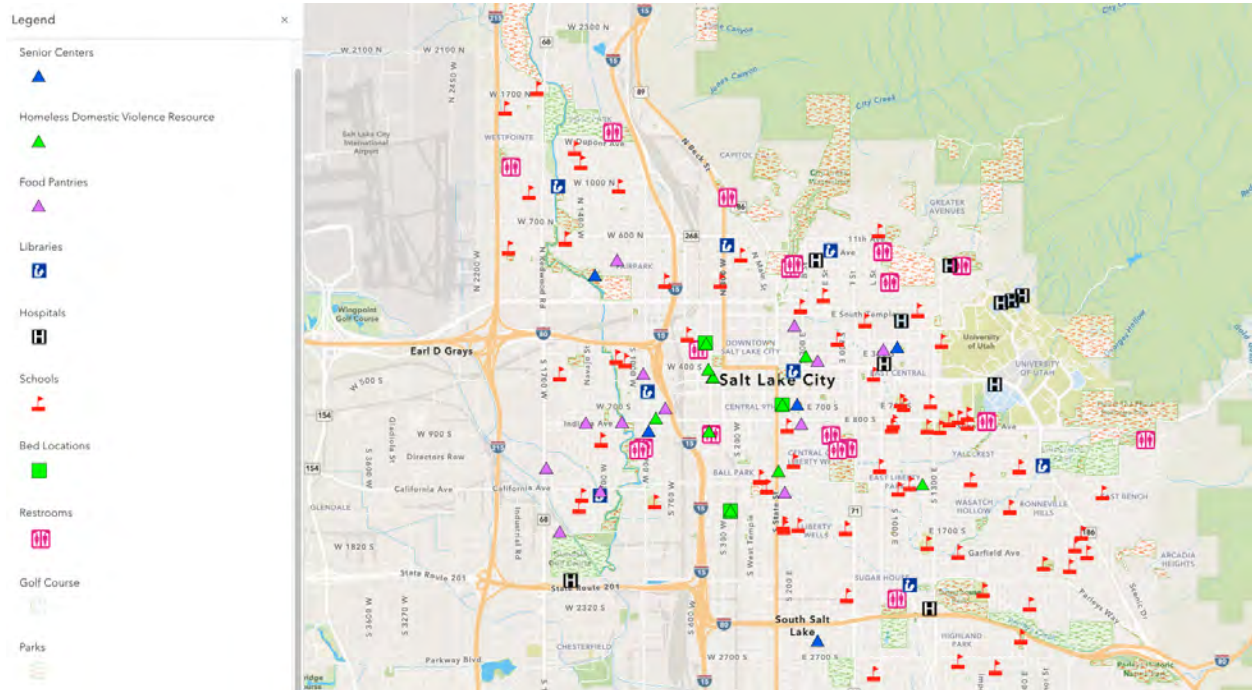
Chronic homelessness also showed an increase in over 200 individuals statewide between 2022 and 2023, which led to the total count of this subpopulation exceeding 1,000 individuals, 361 of whom were counted as unsheltered. In Salt Lake County this subpopulation increased from 567 to 753, an increase of 186 chronically unsheltered individuals.ⁱⁱ

**In some instances, the totals in the charts that follow from the 2023 Annual Data Report on Homelessness do not accurately sum the totals for the subpopulation. The numbers above include the sum sheltered and unsheltered populations to count the total.*

State of Utah Subpopulation	Number of Persons							
	Sheltered		Unsheltered		Total in Subpopulation		Subpopulation as Percentage of Total Individuals Counted	
	2022	2023	2022	2023	2022	2023	2022	2023
Survivors of Domestic Violence (Adults and Minors)	663	694	64	98	727	792	20.4%	21.5%
Survivors of Domestic Violence (Adults Only)	357	388	64	96	421	484	11.8%	13.1%
Adults with HIV/AIDS	33	44	11	12	44	56	1.2%	1.5%
Adults with Substance Abuse Disorders	401	610	172	338	573	947	16.1%	25.7%
Adults with Mental Illness	758	1003	221	499	979	1500	27.5%	40.7%
Veterans	116	152	39	29	155	181	4.4%	4.9%
Chronically Homeless Veterans	20	23	9	6	29	29	0.8%	0.8%
Chronically Homeless Persons in Households of Adults and Minors	61	65	9	8	70	73	2.0%	2.0%
Total Chronically Homeless Persons	564	643	228	361	792	1004	22.3%	27.2%
Unaccompanied Youth (Under Age 25)	144	131	46	66	190	197	5.3%	5.3%
Youth Parent (Under Age 25)	26	14	1	2	27	16	0.8%	0.4%
Child of a Youth Parent	35	19	1	2	36	21	1.0%	0.6%

Salt Lake Valley Coalition to End Homelessness CoC and LHC Subpopulation	Number of Persons							
	Sheltered		Unsheltered		Total in Subpopulation		Subpopulation as Percentage of Total Individuals Counted	
	2022	2023	2022	2023	2022	2023	2022	2023
Survivors of Domestic Violence (Adults and Minors)	298	321	29	59	327	380	15.6%	16.5%
Survivors of Domestic Violence (Adults Only)	166	195	29	58	195	253	9.3%	11.0%
Adults with HIV/AIDS	29	35	4	10	33	45	1.6%	2.0%
Adults with Substance Abuse Disorders	329	478	68	214	397	692	18.9%	30.1%
Adults with Mental Illness	582	762	88	265	670	1027	32.0%	44.7%
Veterans	95	124	16	7	111	131	5.3%	5.7%
Chronically Homeless Veterans	17	22	6	3	23	25	1.1%	1.1%
Chronically Homeless Persons in Households of Adults and Minors	34	51	0	8	34	59	1.6%	2.6%
Total Chronically Homeless Persons	468	525	99	228	567	753	27.1%	32.8%
Unaccompanied Youth (Under Age 25)	95	79	15	33	110	112	5.3%	4.9%
Youth Parent (Under Age 25)	18	7	1	2	19	9	0.9%	0.4%
Child of a Youth Parent	22	11	1	2	23	13	1.1%	0.6%

Some of the resources within Salt Lake City that support individuals experiencing homelessness are shown below. Even within Salt Lake City, many of the resources such as bed locations are concentrated in the downtown area and extending into the Granary and over to the west side of I-80.



Crime Related Data

Data from the Salt Lake City Police Department (SLCPD) is collected at three junctions that are called: calls and on-views, crimes or offenses, and arrests.

Calls and on-views include calls to 9-1-1 and non-emergency calls (801-799-3000). Community-initiated incidents refer to these calls for service. Police officer-initiated activity is also considered proactive policing efforts or “on-views.”

Crimes or offenses are outlined under Utah law as an act or omission that is prohibited by law and punishable by a government-imposed penalty, such as a fine, imprisonment, or other sanction, or both. Crimes are generally broken down into two categories, felonies and misdemeanors. Utah Code Title 76 provides the framework for defining and classifying crimes and their applicable penalties.

Arrests include incidents where a police officer determines there is enough evidence, supported by law, to issue a citation or arrest. The level of offense can determine whether a citation or custodial arrest is appropriate.

Each of these junctions are represented in the data that follows from SLCPD, and at each junction, the number of incidents typically declines. So, for example, the number of arrests in a given year is lower than the number of crimes or offenses, and the number of crimes or offenses is lower than the number of calls and on views. The following analysis looks at each junction separately to illustrate the change over time for each, since this best illustrates where the system is most impacted.

Salt Lake City Police Data | 2024

Police data type	2024
Calls + On-views	230,260
Property + Violent crimes	12,782
Jail bookings + Misdemeanor citations	13,947

This section also looks at the demographics of offenders and staffing of the Police Department.

Calls and On Views

Community-initiated calls for service related to homelessness rose 13% between 2022 and 2024. Officer-initiated incidents, or on-view activity, related to homelessness, including initiatives like hot spots and law enforcement directed operations, rose 115% between 2022 and 2024.

Citywide incidents related to homelessness | 2022-2024

Incident type	2022	2023	2024	2022 - 2024 % change	2023 - 2024 % change
Community-initiated	38,536	40,609	43,559	+ 13%	+ 7%
Police-initiated	14,481	23,131	31,094	+ 115%	+ 34%

The SLCPD ended 2024 with a 50% increase in proactive policing when compared to the three-year average and handled over 8,400 calls related to transient activity.

Citywide incidents | 2021-2024

Incident type	2021	2022	2023	2024	2022-2024 % change	3-Year Avg	3 Yr Avg - 2024 % change
Community-initiated incidents (calls)	127,101	134,267	134,064	139,000	+ 3.5%	131,811	+ 5.5%
Police-initiated incidents	44,556	55,213	81,903	91,260	+ 65.3%	60,557	+ 50.7%

Citywide community-initiated incidents related to “Transient activity” | 2021-2024

Incident type	2021	2022	2023	2024
Community-initiated: Transient activity	5,195	6,409	7,456	8,979

Crimes or Offenses

In 2024, Salt Lake City experienced a 5% overall crime reduction when compared to 2023. Both violent and property crime decreased about 5% and 16%, respectively, when compared to the three-year average.

	2021	2022	2023	2024	2023 - 2024 % change	3-Year Avg	3 Yr Avg - 2024 % change
Violent	1,778	1,755	1,587	1,620	+2.1%	1,707	-5.1%
Property	14,636	13,426	11,918	11,162	-6.3%	13,327	-16.2%
Overall crime	16,414	15,181	13,505	12,782	-5.4%	15,033	-15.0%

Arrests

Arrests and citations have also risen, with a total of 8,508 jail bookings¹—the highest since 2017— and nearly 5,500 misdemeanor citations issued citywide.

Jail bookings and misdemeanor citations | 2022-2024

Arrest type	2022	2023	2024	2022 - 2024 % change	2023 - 2024 % change
Jail bookings	6,666	7,753	8,508	+ 28%	+ 10%
Misdemeanor citations	2,718	3,823	5,454	+ 101%	+ 43%
Total	9,376	11,563	13,947	+ 49%	+ 21%

From 2022 to 2024, one-third of SLCPD arrestees are repeat arrestees. These individuals, which represent about 5,500 individual people, average 4.4 arrests each within those three years. Looking at 2024 specifically, the SLCPD identified its top 25 most frequently booked individuals. These 25 people accounted for 292 individual jail bookings, with each person averaging about 12 jail bookings. The range of repeated jail bookings spanned from four to 29, with nine jail bookings being the most frequent. It is estimated that these 25 most frequent repeated bookings equates to officers spending nearly seven work weeks simply booking these repeat offenders.

Arrestees and repeat arrestees | 2022-2024

Includes jail bookings and misdemeanor citations

	2022-2024			2024 only		
	Unique individuals	Average arrests	Max # of arrests	Unique individuals	Average arrests	Max # of arrests
One-time arrestee	10,807	1.0		5,135	1.0	
Repeat arrestee	5,526	4.4	54	2,398	3.7	32
Total	16,333	2.1		7,533	1.9	

In 2024, SLCPD arrested - which includes custodial bookings and issuing citations - 13,947 suspects, which is a 49% increase from 2022. In 2024, around 60% of the arrest types were jail bookings and the other 40% were misdemeanor citations. Misdemeanor citations doubled between 2022 and 2024.

Jail bookings and misdemeanor citations | 2022-2024

Arrest type	2022	2023	2024	2022 - 2024 % change	2023 - 2024 % change
Jail bookings	6,666	7,753	8,508	+ 28%	+ 10%
Misdemeanor citations	2,718	3,823	5,454	+ 101%	+ 43%
Total	9,376	11,563	13,947	+ 49%	+ 21%

¹ Note: The number of jail bookings as reported by the SLCPD may vary depending on the time the report was pulled. SLCPD jail booking data is often delayed about 14-business days so the total jail booking number may vary.

Of these jail bookings and misdemeanor citations, specific arrests were occurring at higher rates than others. These types of arrests included drugs, trespassing, and camping. Over 4,200 arrests included a drug-related charge in 2024, which is an increase of 117% between 2022 and 2024. Over 3,000 trespassing arrests also occurred in 2024. This is an increase of 122% from 2022 and 2024. Camping arrests also increased significantly, with 65 camping related arrests in 2022, 209 in 2023, and more than doubling to 498 in 2024.

Citywide arrests for charges related to camping, trespassing, and drugs | 2022-2024

Includes jail bookings and misdemeanor citations; excludes warrants

Charges	2022	2023	2024	2022 - 2024 % change	2023 - 2024 % change
Camping	65	209	498	+ 666%	+ 138%
Trespassing	1,368	2,162	3,031	+ 122%	+ 40%
Drugs	1,958	3,019	4,258	+ 117%	+ 41%

Demographics

The typical arrestee is a white male around 36 years old, and of the top five arresting agencies for the metro jail, SLCPD has an arrestee population that is almost 50% unhoused. Compared to 13-17% for the other four agencies as of January 3, 2025.

Salt Lake County metro jail arrestee housing status | January 3, 2025

Top five arresting agencies, according to the Salt Lake County's Dashboard with Jail Dataⁱⁱⁱ

Agency	Unhoused	Housed
Salt Lake City PD	48%	52%
SLCO Sheriff	13%	87%
West Valley PD	14%	86%
Unified PD	14%	86%
AP&P	17%	84%

Arrestee demographics | 2022-2024

Includes jail bookings and misdemeanor citations

Race	
White	78.2%
Black	10.6%
Asian	5.2%
Native American	3.5%
Unknown	2.4%
Other	0.01%

Age groupings	
17 or younger	2.9%
18-24	14.7%
25-34	29.7%
35-44	26.9%
45-54	14.9%
55-64	8.2%
65 or older	2.8%
Unknown	0.01%
Median age	36

Sex	
Female	29.5%
Male	70.3%
Other	0.2%

Citywide incidents related to homelessness | 2022-2024

Incident type	2022	2023	2024	2022 - 2024 % change	2023 - 2024 % change
Community-initiated	38,536	40,609	43,559	+ 13%	+ 7%
Police-initiated	14,481	23,131	31,094	+ 115%	+ 34%

Funded sworn positions grew 3.5% between 2022 and 2024, keeping pace with an increase in calls for service from the community. However, proactive policing efforts, including hot spots, problem areas, and mitigation work, grew over 65%. More officers are needed to ensure effective proactive policing strategies.

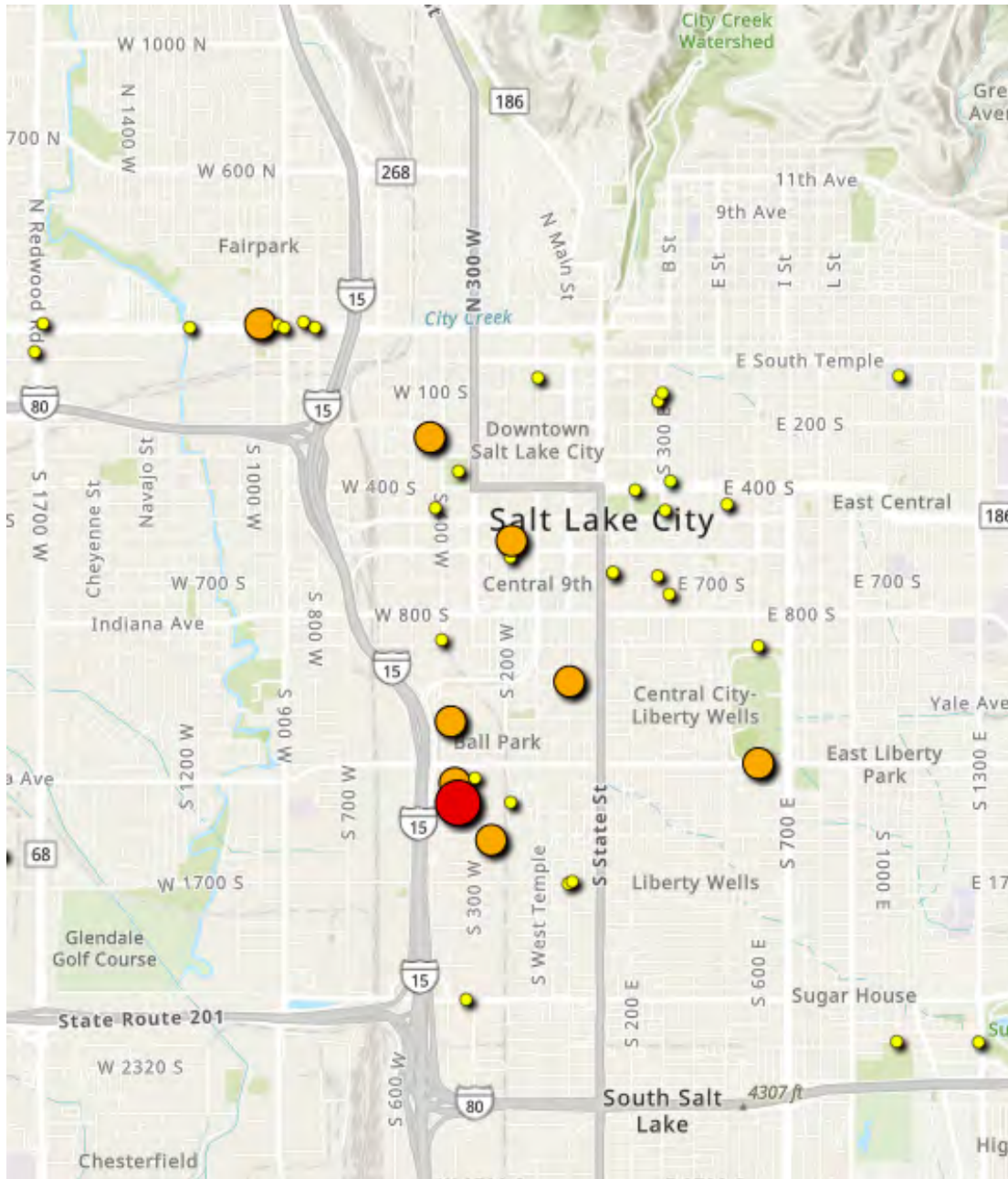
		2022	2023	2024	2022-2024 % change
Workforce	Max funded sworn positions	597	608	618	+ 3.5%
Workload	Community-initiated incidents (calls)	134,267	134,064	139,000	+ 3.5%
	Police-initiated incidents (on-views)	55,213	81,903	91,260	+ 65.3%

Activity across the City changes over time, as is shown in the arrest heat maps that follow. Looking across multiple years, it's clear that arrest locations are more dispersed in the summer.

Heat Map of Arrests by Quarter in 2024



SLCPD's Top Enforcement Locations



Jail Related Data

SLCPD accounts for 29% of all jail bookings into the Salt Lake County Metro Jail. The next highest contributors, the Sheriff's Office and West Valley City Police Department, account for 12% and 11% of bookings, respectively. The average number of prior bookings for people currently in jail is seven prior bookings. Assault is the most likely offense for individuals currently in the jail, with 16% of individuals with this charge. Drugs and assault follow, both with about 14% of offenders having this charge.



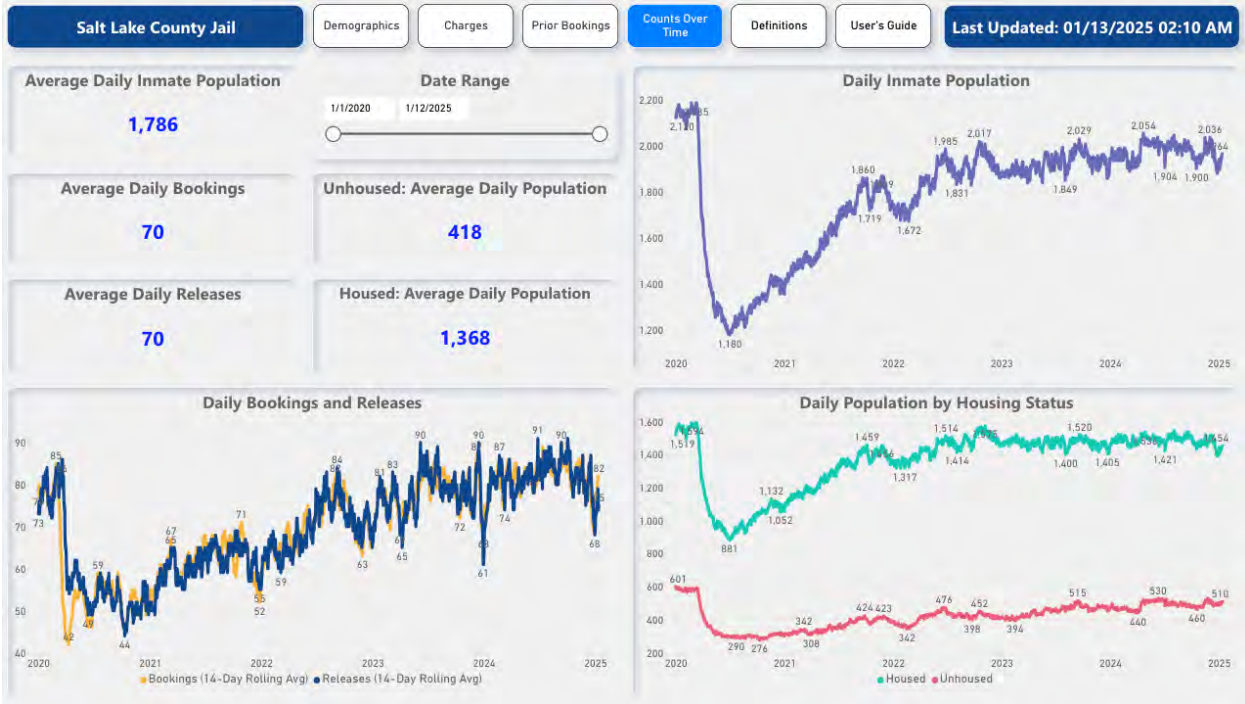
Examining SLCPD’s jail bookings more closely, the data shows 47% of all SLCPD bookings involve individuals who self-reported as being “unhoused.” On average, SLCPD’s jail bookings have individuals with 10 prior bookings, which is three more than the overall average. SLCPD bookings are also more likely to have drug related charges, showing 22% of bookings with this type of crime. The second most likely charge from SLCPD is assault, with 16%.



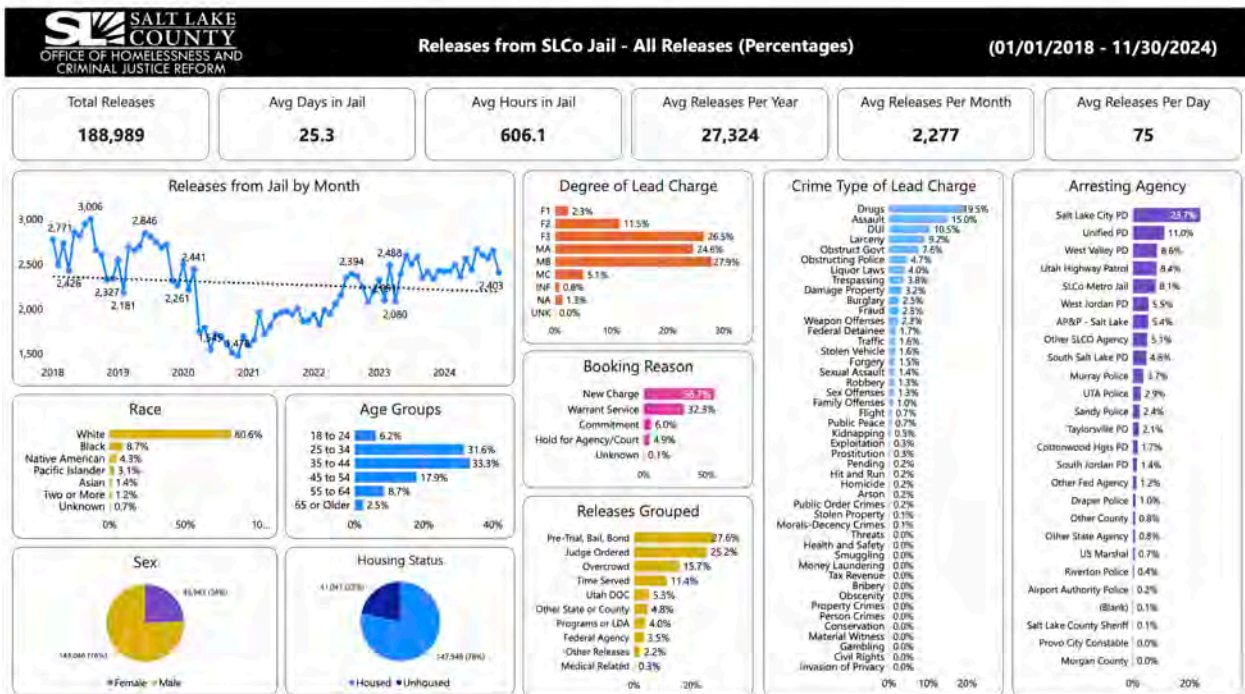
Looking at prior bookings for current inmates, it is most likely for current inmates to have been previously charged with a drug related crime (27%). Of those with prior bookings for drug charges, they are more likely to have six or more charges than the average inmate.



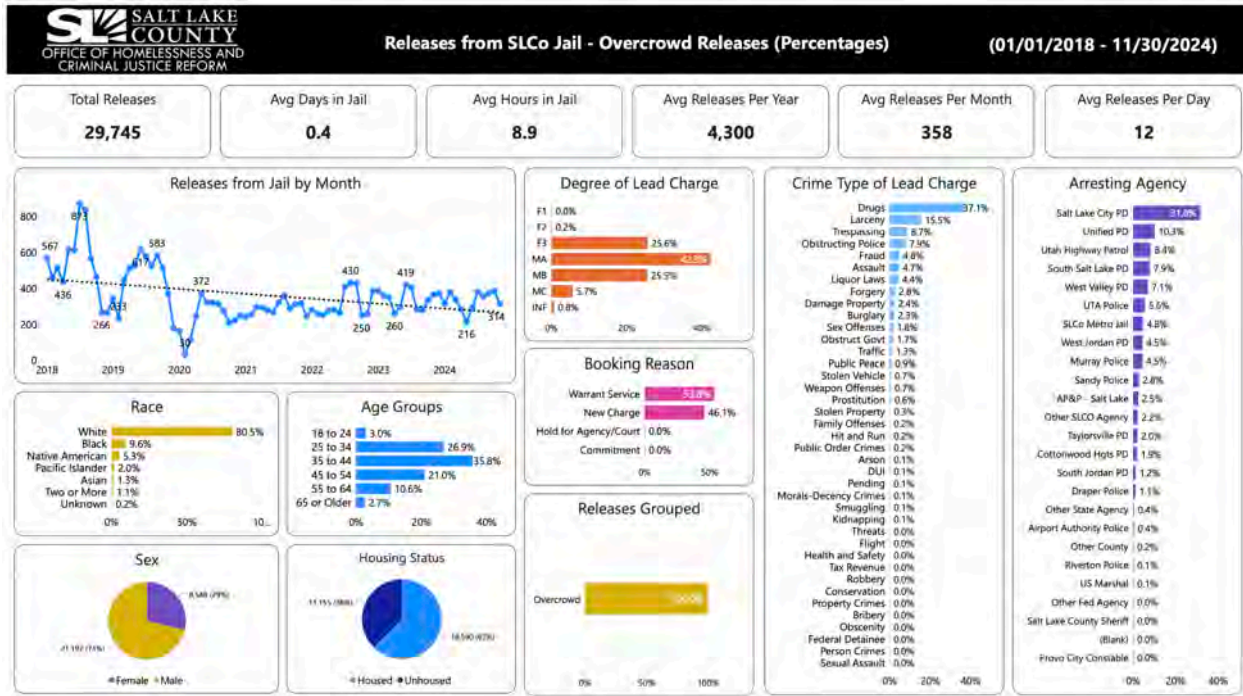
The County jail has maintained an average daily inmate population of 1,786 over the past five years while also averaging 70 daily bookings and 70 releases per day. It is typical for the average adult in custody to spend about 25 days in jail before being released. Countywide, over the past 10 years, the average person booked into the jail has been booked seven times prior.



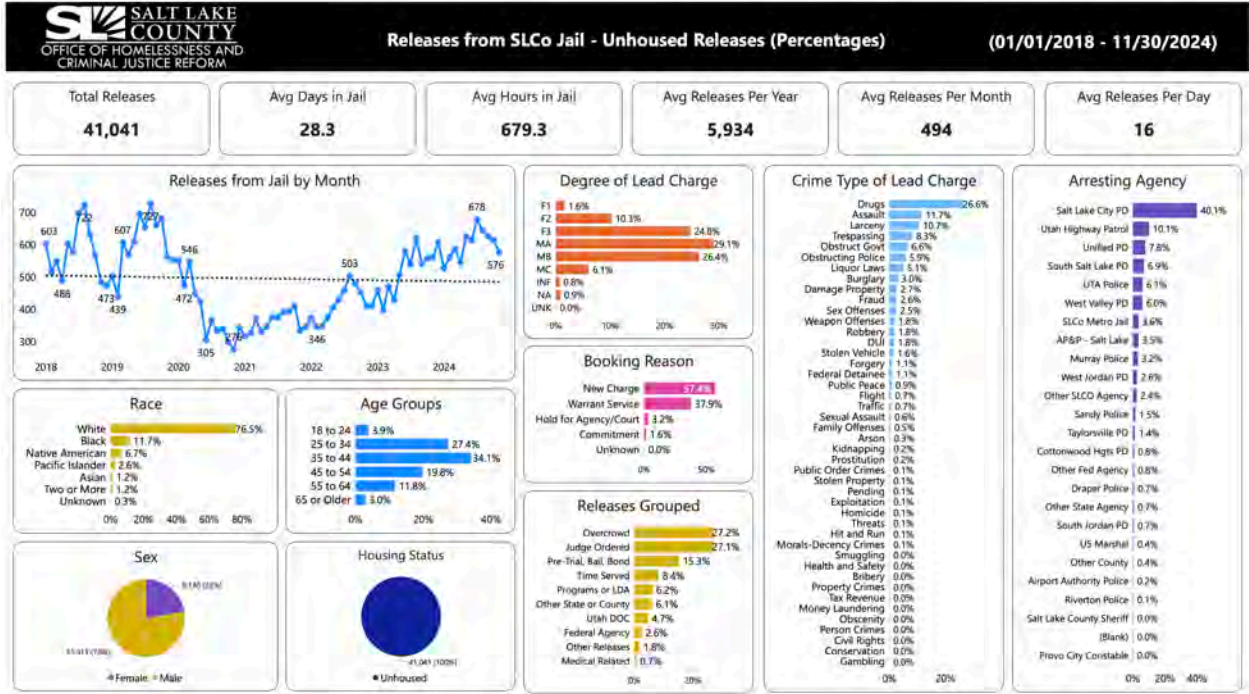
The County Jail created an additional dashboard for the purpose of this analysis, where overcrowding is analyzed between 01-2018 and 11-2024. This data indicates that between the study time period, there were 75 average releases per day, with 23.7% of the releases having been arrested by SLCPD, and 15.7% of releases from the jail due to overcrowding. On average, individuals have spent 25.3 days in jail. The most likely offense for those released are drug charges (19.5%) and assault charges (15%).



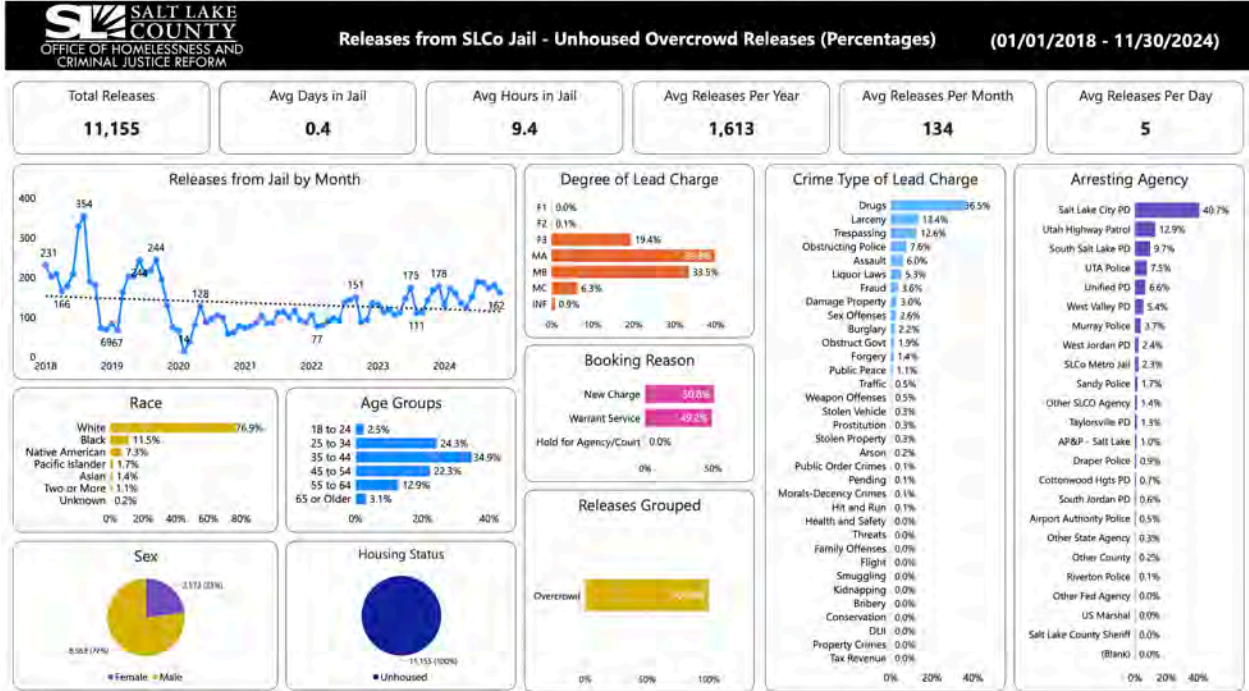
With the same dataset, filtered down to only look at releases due to overcrowding, there are an average of 12 releases per day. 31.8% of the overcrowding releases were arrested by SLCPD and individuals spend an average of 8.9 hours in jail. The most likely offense for those released are drug charges (37.1%) and larceny charges (15.5%).



Next, the data is filtered down to only look at releases of the unhoused population which was 22% of the total released population. This population has an average of 16 releases per day, and 40.1% of these releases were arrested by SLCPD. These individuals spend an average of 28.3 days in jail. The most likely offense for those released are drug charges (26.6%), assault charges (11.7%), and larceny charges (10.7%).



Filtered down to only look at releases of the unhoused population related to overcrowding, which is a total of 11,155 individuals in the analysis time frame. This population has an average of 5 releases per day, and 40.7% of these releases were arrested by SLCPD. These individuals spend an average of 9.4 hours in jail. The most likely offense for those released are drug charges (36.5%), larceny charges (13.4%), and trespassing (12.6%).



Courts Related Data

Each individual's situation is unique and complex when they enter the court system, which makes it challenging to draw insights or broad conclusions in such a short period of time through this plan. Further study is recommended for this part of the system. To assure future insights are not oversimplified, interviews and a more thorough understanding of the court process (including both the Justice Court and District Court) is needed to complement any data analysis.

Salt Lake City Justice Court Charge Disposition | 2020-2024

Source: Courts; not specific to SLCPD cases

		Charges				
		TRESPASSING	POSSESSION/USE OF ILLEGAL SUBSTANCE	CAMPING	OTHER	
Disposition	Guilty	94	1410	41	482	
	Bail Forfeiture	13	0	0	7	
	Dismissed (w/o prej)	37	841	80	369	
	Dismissed w/ Prejudi	116	2454	146	926	
	Diversion	0	10	0	1	
	Guilty - Bench	0	6	6	10	
	Guilty - Jury	0	3	0	4	
	Guilty Plea	4	84	0	34	
	No Contest	0	40	1	31	
	Not Guilty - Bench	0	6	2	5	
	Not Guilty - Jury	0	3	0	4	
	Plea in abey dom	0	0	0	1	
	Plea in abeyance	7	147	11	64	
	Set Aside	0	13	1	4	
	Transfer-Juvenile Ct	0	1	0	0	
	Pending Disposition	224	2559	450	1009	
	Total	495	7577	738	2951	

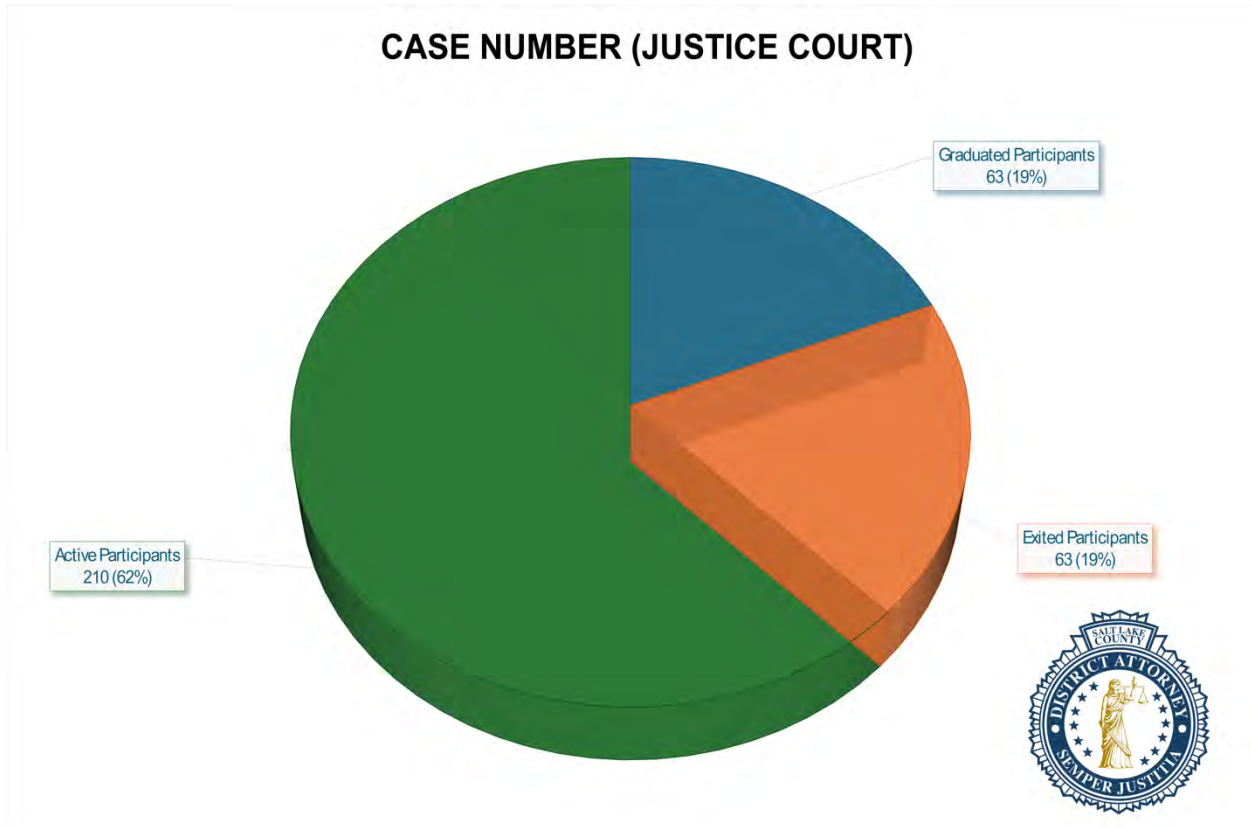
Salt Lake District Court Charge Disposition | 2020-2024

Source: Courts; not specific to SLCPD cases

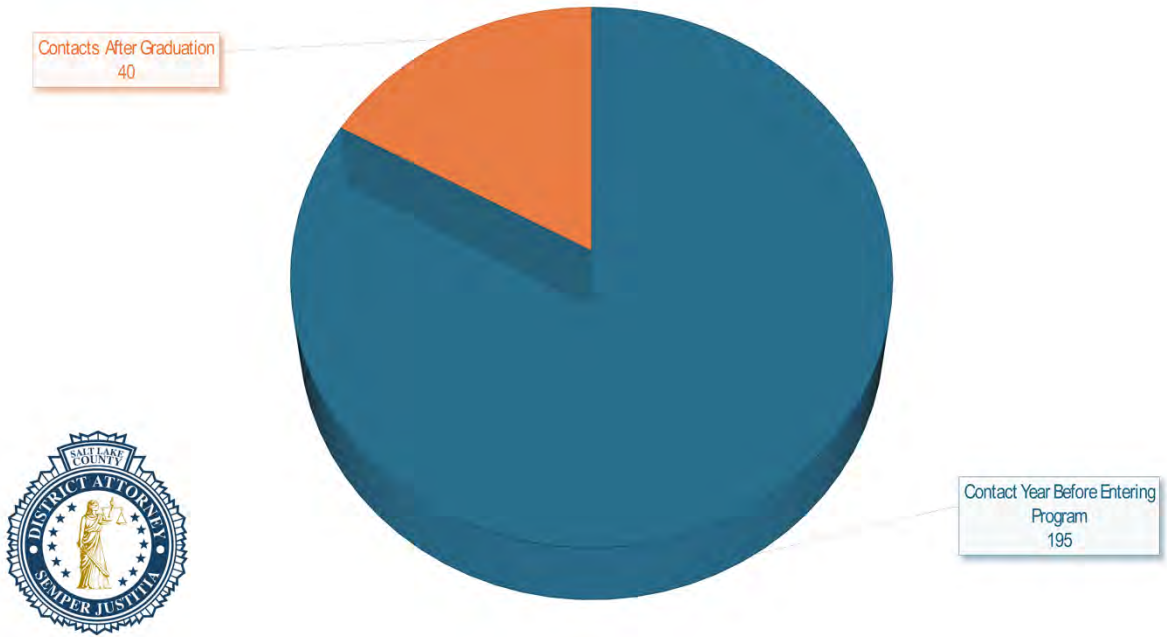
		Charges				
		TRESPASSING	POSSESSION/USE OF ILLEGAL SUBSTANCE	CAMPING	OTHER	
Disposition	Guilty - Mental Ill	0	0	0	1	
	Deceased	0	102	0	12	
	Declined Prosecution	0	1	0	0	
	Deferred Traffic Pro	0	2	0	0	
	Dismissed (w/o prej)	0	3015	1	608	
	Dismissed w/ Prejudi	0	20447	0	3493	
	Diversion	0	2	0	1	
	Guilty	1	6022	0	1230	
	Guilty - Bench	0	3	0	1	
	Guilty - Jury	0	9	0	10	
	Guilty - Mental Cond	0	0	0	2	
	No Contest	0	61	0	29	
	Not Guilty - Bench	0	0	0	1	
	Not Guilty - Jury	0	1	0	0	
	Plea in abey dom	0	0	0	1	
	Plea in abeyance	0	637	0	91	
	Remanded	1	25	1	9	
	Pending Disposition	0	8100	5	1119	
	Total	2	38427	7	6608	

Familiar Faces

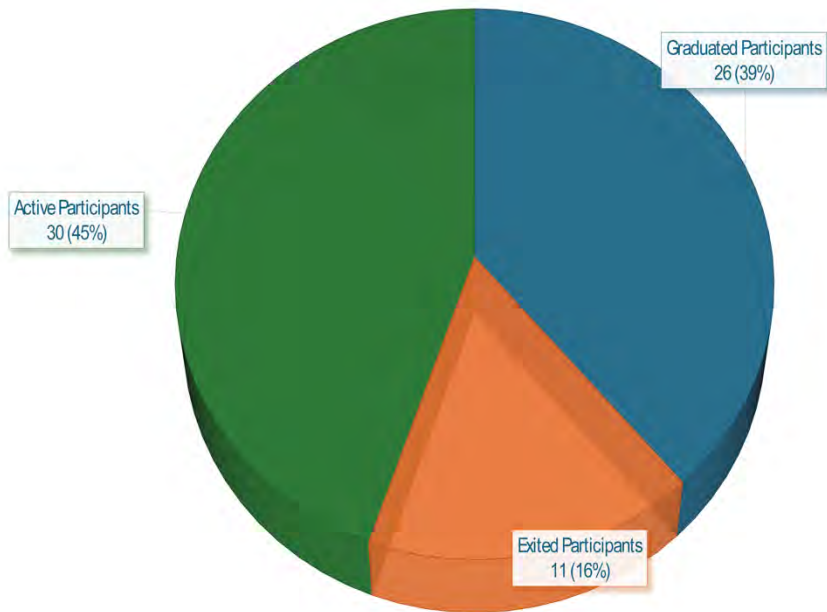
Familiar Faces is a community court that seeks to divert those experiencing homelessness, have multiple low-level offenses, and have frequent contact with law enforcement and the court system from the criminal justice system. It is geared toward non-violent offenders who need additional support to resolve their legal issues. By providing weekly accountability goals, the court can help ensure that these individuals break their cycle of repeat offenses. The chart below illustrates the total number of participants since the program’s inception in 2022. “Graduated” indicates people who have met all of their obligations; “Exited” indicates people who have not completed the program.



CONTACT WITH POLICE AS SUSPECT



FAMILIAR FACES COURT PARTICIPANTS



ⁱ Homelessness Annual Report Dashboard <https://jobs.utah.gov/homelessness/hard.html>

ⁱⁱ 2023 Annual Data Report on Homelessness,
<https://jobs.utah.gov/homelessness/homelessnessreport.pdf#page=17&zoom=100,0,0>

ⁱⁱⁱ Salt Lake County [Jail] Dashboard <https://www.saltlakecounty.gov/sheriff/corrections/jail/>



Appendix E

Law Enforcement Actions & Recommendations Materials

SLCPD 2024 LAW ENFORCEMENT HIGHLIGHTS






Liberty Bike Squad

-  Felony arrests: **139**
-  Cash seized: **\$55,414**


Pioneer Bike Squad

-  Felony arrests: **96**
-  Firearms seized: **8**
-  Occupied stolen vehicles: **15**
-  Cash seized: **\$14,129**
-  Fentanyl pills seized: **8,275**

Central Bike Squad (CBU)

-  Felony arrests: **127**
-  Firearms seized: **9**
-  Fentanyl pills seized: **1,866**


Robbery Violent Crime Squad

-  The squad investigated approximately **1,915** cases of violent crime during 2024. To include all manners of aggravated assault, robbery, kidnapping, possession of illegal weapons, extortion, home invasions, car jackings, and obstruction cases.



Special Operations Division

-  Arrests: **401**
-  Firearms seized: **155**
-  Money seized: **\$178,736**
-  Fentanyl pills seized: **184,262**
-  SWAT operations: **104**


Staffing

-  The SLCPD hired **65** new sworn officers.

Fatal traffic crashes

-  Fatal crashes: **11**
-  Confirmed DUI-related: **3**

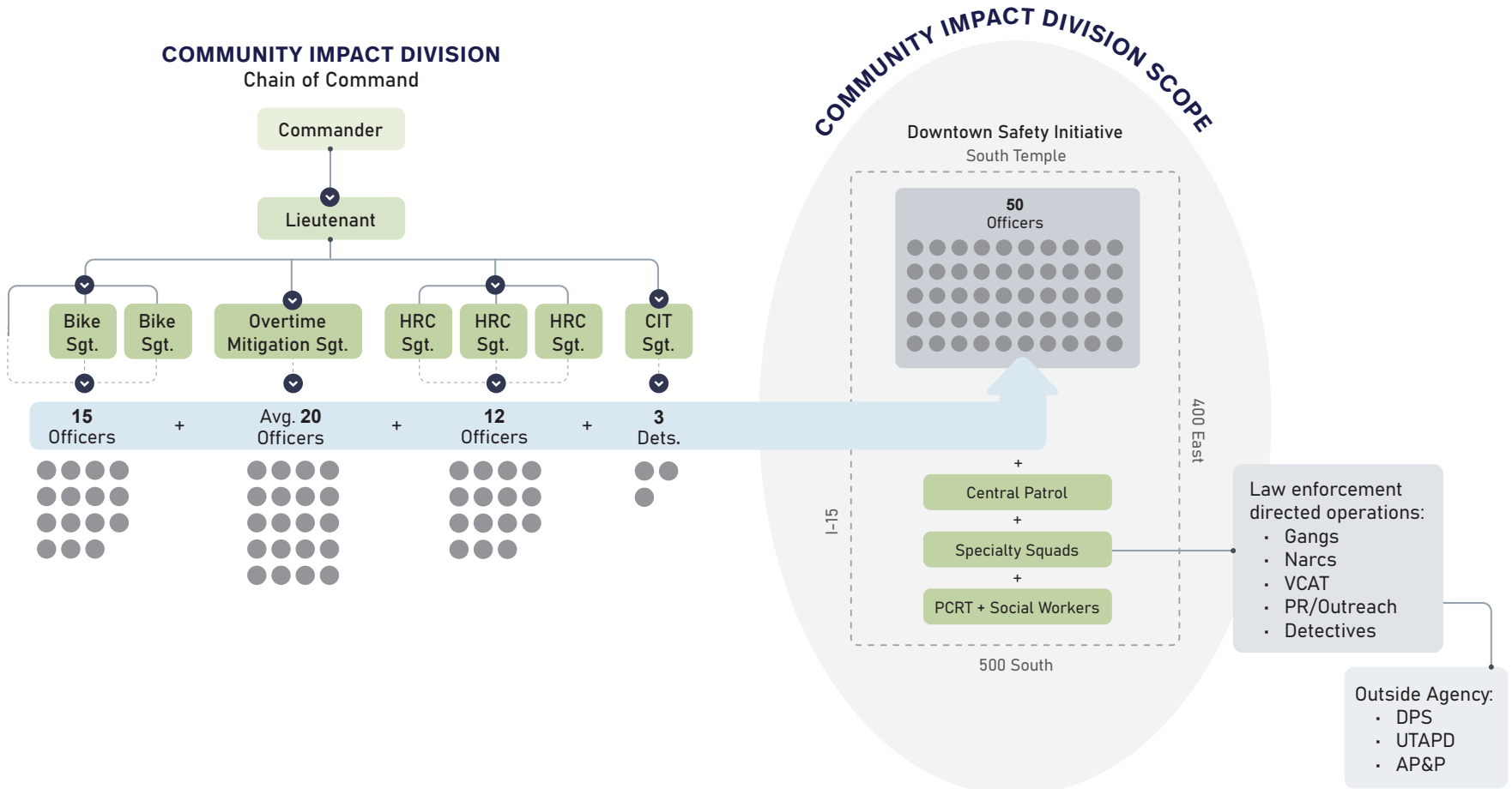
Project Safe Neighborhoods

-  SLCPD screened **50** cases with the U.S. Attorney's Office

COMMUNITY IMPACT DIVISION



The focus of the Community Impact Division will be to reduce crime, promote livability, and build community relations.



BACKGROUND:

The Salt Lake City Police Department (SLCPD) is launching the Community Impact Division (CID) to address urgent and ongoing challenges such as illegal camping, drug activity, and public nuisance crimes, which impact public safety and the perception of safety across high-priority areas, including the downtown core, commuter corridors, and parks like the Jordan River Trail. The CID will focus on reducing crime, improving and sustaining livability, and strengthening community relationships through a proactive, highly visible, and community-focused policing approach.



KEY PERFORMANCE INDICATORS:

Crime Reduction:



Targeting criminal activities with enhanced enforcement and rapid response in high-impact areas.

Improving Livability:



Addressing public nuisances and illegal activities to enhance safety and quality of life. Reaffirming the City and Department's stance not to allow new encampments from being established.

Strengthening Community Engagement:



Building trust through highly visible and accessible community-oriented policing practices, such as dedicated foot and bike patrols.

DATA:

The CID will track measurable outcomes such as calls for service, crime reduction, foot and bike patrol hours, arrests, citations, and community engagement efforts, such as business contact and community-oriented policing projects.

STRUCTURE:

Unified Command:



CID consolidates specialized units, including bike squads, Homeless Resource Center (HRC) squads, Crisis Intervention Team (CIT), and Mitigation overtime officers, under one command structure for greater efficiency and mission integrity.

Citywide Scope:



While CID has jurisdiction across the city, it prioritizes downtown business districts, commuter corridors, parks, and other high-priority areas.

Enhanced Bike Patrols:



Restructured bike squads will engage in community-orientated policing and proactively address issues, promoting trust and reducing crime escalation.

Introduction:

The impact of drugs plagues every community across Utah and our nation. Unfortunately, Salt Lake City is no exception. The Salt Lake City Police Department (SLCPD) is committed to confronting the illegal drug crisis. In response, the SLCPD has worked to combat this in recent years, as evidenced by the following:

- More than 30,000 charges¹ issued for the use or possession of drug paraphernalia from 2018 to 2024.
- More than 14,000 charges issued for the possession or use of controlled substances from 2018 to 2024.
- More than 7,200 drug charges issued in 2024 alone, demonstrating our efforts to combat illegal drug activity.
- Drug-related offenses remaining the most common charge type for offenders booked into the Salt Lake County Metro Jail by SLCPD, according to Salt Lake County Jail independent data.
- Consistently partnering with law enforcement agencies at the county, state, and federal levels to address this ongoing crisis.

To protect the safety and well-being of our community, SLCPD will escalate our ongoing fight against drugs by aggressively holding offenders accountable **and enhancing apprehension efforts**, following the broader goals of this plan:

Reduce Drug Activity in Key Areas:

The fight against drugs is not just a priority; it is an obligation that the SLCPD takes seriously. Drug use and trafficking leave no neighborhood unharmed. SLCPD's drug reduction efforts will span the entire city. But we also know there are key hotspots where people are illegally using, possessing, or distributing narcotics that must be challenged head-on.

Action: Deploy a concentrated focus on areas such as Downtown, Ballpark, and the Jordan River Trail.

- Outcome: Hold offenders accountable and dismantle drug networks.
- Outcome: Safeguard every corner of Salt Lake City from the blight of illegal narcotics.

Dismantle Narcotics Distribution:

The Violent Criminal Apprehension Team (VCAT) is a specialized unit within the SLCPD tasked with combating violent crime by identifying and apprehending violent criminals and fugitives. To amplify efforts against those who distribute narcotics, SLCPD will utilize the VCAT to form a cohesive and robust law enforcement-directed response to drug and firearm offenses.

Action: Deploy VCAT to aggressively target and disrupt the spread of narcotics and firearms in our City.

- Outcome: Enhance the work of the SLCPD's Special Investigations Unit (SIU).

Action: Utilize VCAT and SIU to perform undercover and proactive operations and work with the United States Attorney's Office and the Salt Lake County District Attorney's Office.

- Outcome: Ensure offenders are found and fully prosecuted and sentenced accordingly.

Action: Partner with the U.S. Drug Enforcement Administration's (DEA) Salt Lake Metro Drug Task Force. This collaboration allows SLCPD to leverage the DEA's extensive resources and authority.

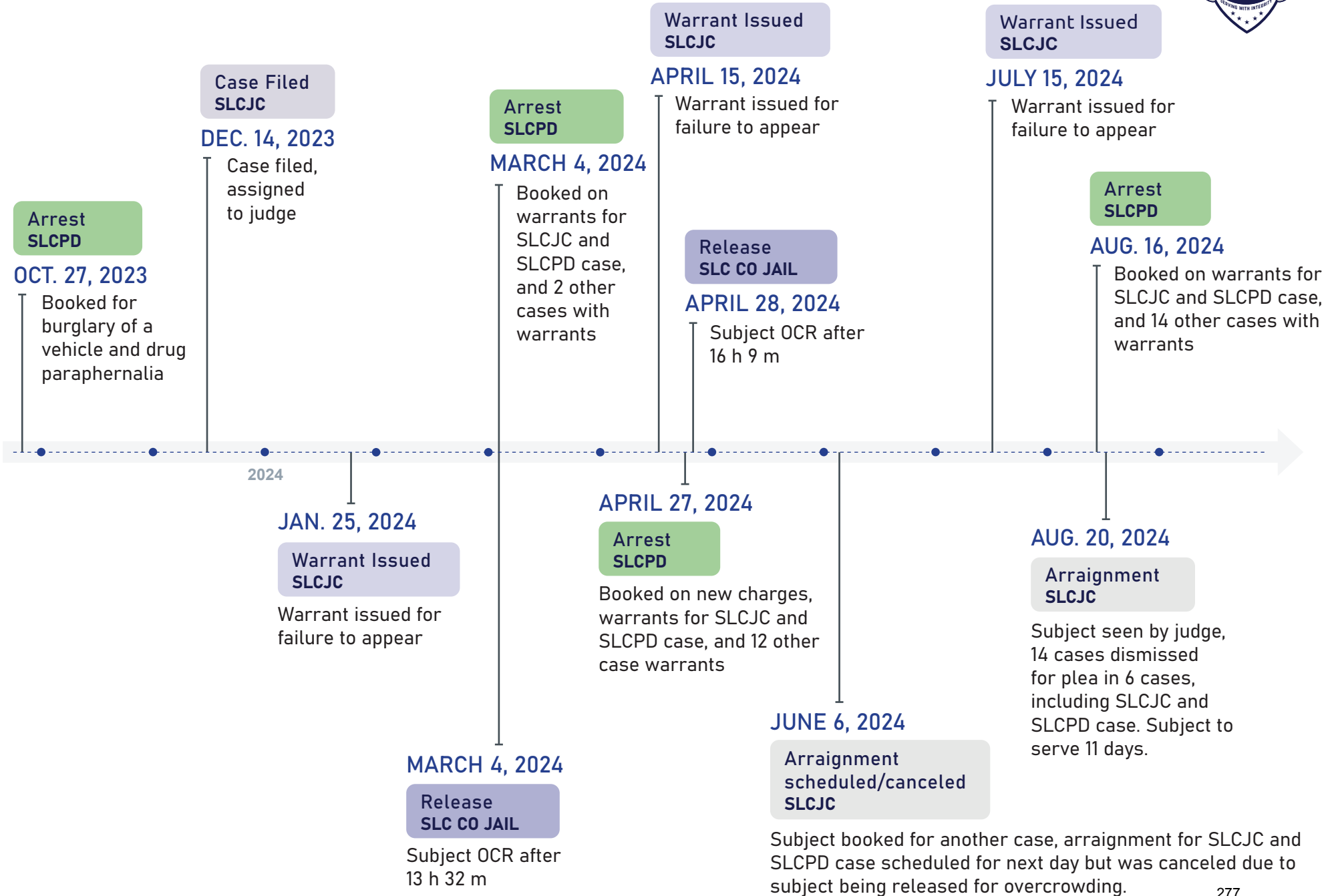
¹ Note – A person can face multiple charges per arrest. For example, you can be in possession of drugs, a single charge *and* be in possession of drug paraphernalia—account for a total of two (2) charges.

- Outcome: Dismantle major drug trafficking organizations responsible for bringing narcotics into our community.

Accountability and Metrics

- Number of cases generated
- Number of jail bookings
- Quantity of drugs seized
- Amount of money seized
- Assets seized
- Number of citations issued
- Number of cases referred to the U.S. Attorney's Office or District Attorney's Office
- Number of Operations conducted

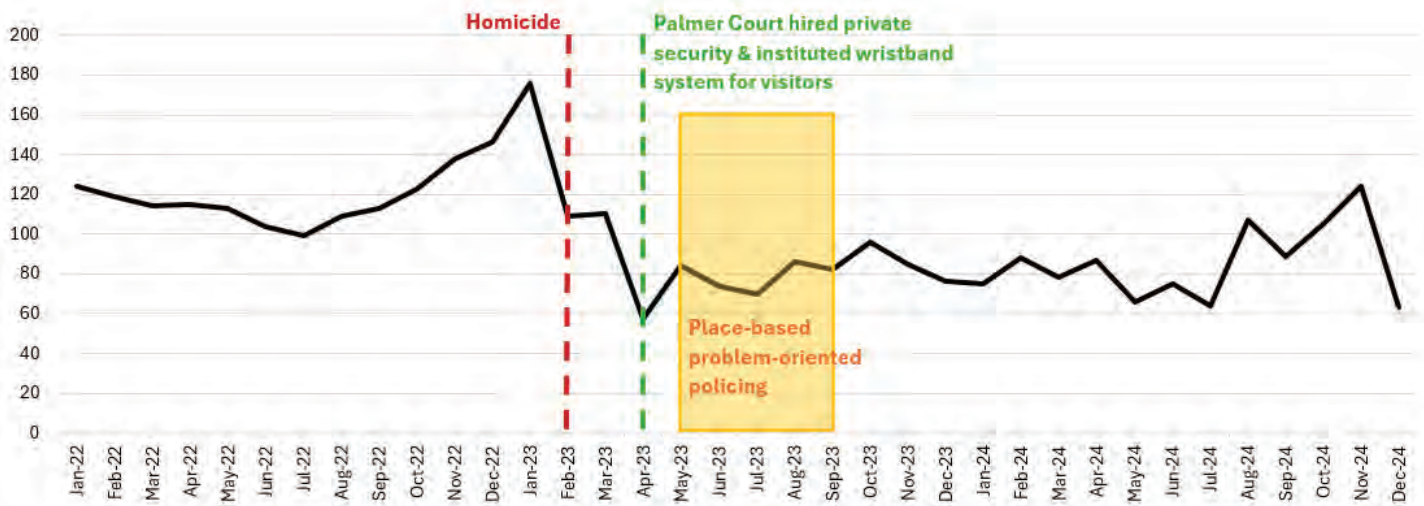
NUMBER OF ARRESTS MADE FOR ONE SUBJECT BEFORE SEEN BY A JUDGE



EXAMPLE OF PLACE BASED PROBLEM ORIENTED POLICING



Calls for service at 999 S Main Street



Place-based problem-oriented policing focuses on the detailed analysis of crime and disorder within specific, localized areas. This approach emphasizes the development and implementation of **customized** strategies designed to address the unique challenges and underlying causes of criminal activity in these targeted locations. By concentrating efforts on small, high-impact areas, this method aims to create more effective, sustainable solutions to enhance public safety and community well-being.

SALT LAKE CITY POLICE - PUBLIC SAFETY DASHBOARD

CITYWIDE CRIME YTD

January 1, 2024 – November 11, 2024

Violent Crime:

↑ 1.4%

Property Crime:

↓ 8.4%

Overall Crime:

↓ 7.2%

THREE-YEAR AVERAGE CITYWIDE CRIME

January 1, 2024 – November 11, 2024

Violent Crime:

↓ 5.7%

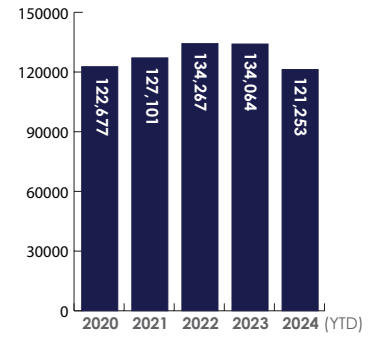
Property Crime:

↓ 18.6%

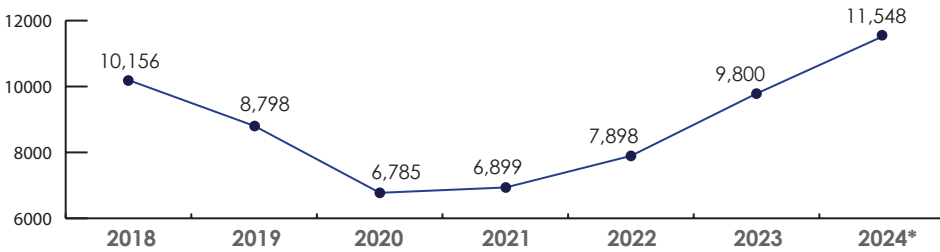
Overall Crime:

↓ 7.2%

TOTAL CALLS FOR SERVICE



ARREST DATA



TOP THREE MOST FREQUENT CALLS FOR SERVICE



STRATIFIED POLICING - FOCUS AREA

Ballpark:

Calls for Service:

2,585

Self-Generated Officer Calls:

2,682

Jail Bookings:

336

Misdemeanor Citations:

82

STRATIFIED POLICING - FOCUS AREA

Main Street (Downtown):

Calls for Service:

3,055

Self-Generated Officer Calls:

1,156

Jail Bookings:

185

Misdemeanor Citations:

62

STRATIFIED POLICING - FOCUS AREA

North Temple:

Calls for Service:

3,092

Self-Generated Officer Calls:

3,613

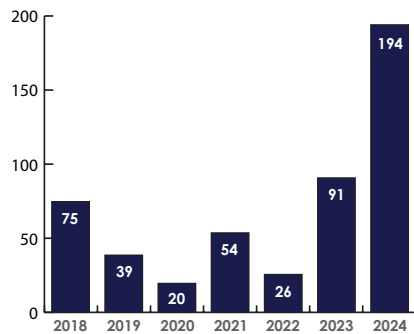
Jail Bookings:

436

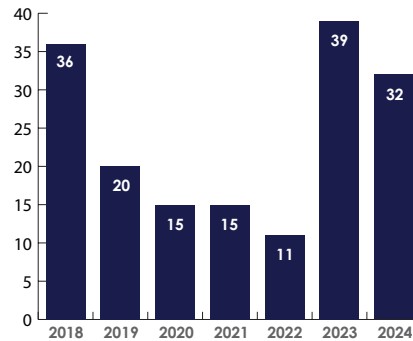
Misdemeanor Citations:

15

NO CAMPING CITATIONS



PEDESTRIAN PROHIBITED ACTIVITIES ON A ROADWAY



DOWNTOWN SAFETY INITIATIVE UPDATE

Total number of bookings:

Jail Bookings:

3,143

Citations:

1,593

Guns Seized:

97

Drug Offenses:

1,768

REPEAT OFFENDERS

RANK	AGE	SEX	JAIL BOOKINGS	CITATIONS
1	27	M	29	3
2	43	F	17	12
3	45	M	14	7
4	27	M	10	10
5	51	F	13	7



SALT LAKE CITY'S PUBLIC SAFETY PLAN

Strengthening Public Safety



Community Impact Division

The Community Impact Division (CID) has three primary objectives: (1) reducing crime through targeted enforcement and rapid law enforcement response to high-priority areas; (2) improving and sustaining livability by quickly addressing public nuisances, problem locations, and illegal activities that impact neighborhoods; and (3) building trust between law enforcement and our community through highly-visible, accessible, and community-oriented policing practices.

COMMANDER: Derek Dimond

ADMINISTRATIVE LIEUTENANT: Dan Davis

SQUADS:

- Bike
- Homeless Resource Center
- Mitigation Overtime
- Crisis Intervention Team

Salt Lake City Police Department High-Visibility, Neighborhood Impact Patrols

Research shows focused police strategies within hot spots impact violent crime can positively impact a community and reduce crime. Specifically, the implementation of foot patrol in high crime hot spots can lead to measurable reductions in violent crime without displacing crime to contiguous areas.

All patrol squads are encouraged to conduct high-visibility, neighborhood impact patrols, including foot patrols.

This is already occurring in the Central Patrol Division—Sgt. Joshua Moody is a leader within the organization for executing this mission.

METHOD: Enhance crime prevention through increased bike and foot patrols in the downtown area.

PURPOSE: Adopt a data-driven approach to identify strategic patrol routes, focusing on high-traffic and priority zones like Main Street, Ballpark neighborhood, Jordan River Trail/North Temple, and parks.



Outcome 1: Increase law enforcement visibility while allowing officers to directly interact with the community.



Outcome 2: Engage with business owners to gather real-time feedback on safety concerns and intelligence.



Outcome 3: Create a welcoming environment for visitors through proactive engagement, including greetings and assistance.

Hot-Spot Policing



The effectiveness of hot spots policing in reducing crime is well-documented.



In September 2022, in collaboration with researchers from the University of Texas at San Antonio, we launched a violent crime reduction strategy.



The first phase of this initiative focused on a hot spots policing model targeting the city's most violence-prone areas.



Six months after we launched our strategy, violent crime decreased by 10.7% citywide and by 11.8% in targeted areas, with no evidence of displacement to surrounding neighborhoods.



Calls for violence-related services in these hot spots dropped by 35.4%.



Our new approach will incorporate and recommend high-visibility, neighborhood impact patrols (foot patrols) while on hotspots, when possible, that emphasize community-oriented policing and crime reduction efforts.



While on conducting high-visibility hotspot policing, officers are encouraged to focus on relationship building, business checks, crime prevention, problem solving, and other high visibility activities.



Traffic and pedestrian stops should not be the default activity while on a hotspot.



If criminal activity is on-viewed, the expectation is to notify dispatch, request backup, and address the issue promptly and safely.

Violent Criminal Apprehension Team (VCAT)



VCAT AND SIU PARTNERSHIP: VCAT will work with the Special Investigations Unit (SIU) to address drug and firearm offenses, particularly focusing on fentanyl and gang-related issues.



DEDICATED OFFICERS: The combined teams will include officers/detectives conducting undercover and proactive operations.



COLLABORATION WITH PROSECUTORS: Teams will work with the U.S. Attorney's Office and Salt Lake County District Attorney's Office to ensure offenders are prosecuted and sentenced effectively.



DEA PARTNERSHIP: SLCPD will continue collaborating with the DEA's Salt Lake Metro Drug Task Force to dismantle major drug trafficking organizations.



CITYWIDE DRUG REDUCTION: Efforts will target drug use and trafficking across the entire City, recognizing its widespread impact.



PROBLEM-AREA FOCUS: Resources will prioritize high-impact areas such as Downtown, Ballpark, and the Jordan River Trail to reduce narcotics-related crime and enhance safety.

TOP REPEAT ARREST OFFENDERS



The following table shows the top repeat offenders arrested (either through jail booking or citation) in 2024.

GENDER	AGE	TOTAL JAIL BOOKINGS	TOTAL MISDEMEANOR CITATIONS	TOTAL ARRESTS
♂	28	29	3	32
♀	44	17	13	30
♂	40	4	22	26
♂	45	17	8	25
♀	29	9	15	24
♀	51	15	7	22
♂	38	16	6	22
♂	54	8	13	21
♂	51	17	3	20
♂	27	10	10	20
♂	45	12	7	19
♂	38	7	11	18
♂	19	11	7	18
♂	41	9	8	17
♀	36	7	10	17
♂	27	11	6	17
♂	45	6	11	17
♂	30	9	8	17
♂	43	13	3	16
♂	39	10	6	16
♀	42	13	3	16
♂	56	12	4	16
♂	39	7	9	16
♀	62	14	2	16
♂	42	9	6	15

COMPARISON AND ANALYSIS OF UTAH CAMPING ORDINANCES

Salt Lake City

SLC currently has two ordinances that address “camping.” The first, found at [SLC Code 11.12.080](#), applies on “public grounds” in the City and states

It is unlawful for any person to camp, lodge, cook, make a fire or pitch a tent, fly, lean to, tarpaulin, or any other type of camping equipment on any “public grounds,” as defined in subsection B of this section, upon any portion of a “street,” as defined in section 1.04.010 of this code, or in any park or playground, unless allowed by section 15.08.080 of this code. It is unlawful for any person using or benefiting from the use of any of the foregoing items of camping equipment to fail to remove the same for more than five (5) minutes after being requested to do so by any police officer.¹

The second ordinance, [SLC Code 15.08.080](#), applies to the activity of camping in the City’s parks. That ordinance allows for camping in parks upon a declaration of local emergency by the Mayor or for youth groups who have obtained a permit from the City.²

In the past year, SLC has been working on an updated camping ordinance that can better address community concerns related to camping activity. The relevant provisions of this draft ordinance³ do the following:

- Defines the terms “camp” and “camping” (currently not defined)
- Shifts the focus from the activity of “camping” itself to the impacts that “camping” has on the community
- Takes into account “Code Blue Events” where suspension of camping ordinances is required under Utah State Code
- Allows for camping along a parade route within 24 hours of the beginning of that parade (eliminates an argument that the City has been arbitrarily enforcing its camping ordinance)
- Recognizes that encampments near certain locations can have significant and deleterious effects
- Addresses how to handle the seizure and disposition of property related to encampments

Midvale City

Midvale defines camping as “the temporary establishment of living facilities such as tents, RVs, travel trailers, recreational coaches, or any other temporary living or dwelling for any

¹ [SLC Code 11.12.080](#).

² [SLC Code 15.08.080](#).

³ See Ex. A, List of Reviewed Municipal Ordinances.

period of time”⁴ and prohibits camping on public property (which includes streets, parks, and publicly owned lots).⁵ Additionally, while not in the “camping” ordinance, Midvale also prohibits the construction or erection of temporary or permanent structures on public property without a special permit.⁶ Finally, camping on private property for more than 30 days per year or 10 consecutive days is prohibited.⁷

The code provision in Midvale City that prohibits the construction of temporary or permanent structures on public property also prohibits public urination and defecation; preventing free passage along streets and sidewalks; littering; sleeping on seats, benches, sidewalks, curbs, planters, walls, or other areas; and begging for money or things of value from the public way.⁸

How are SLC’s Camping Ordinance(s) Similar to Midvale’s Ordinances?

- Similar to SLC Draft Ordinance in that it defines “camping”
- Similar to SLC Draft Ordinance in that it includes vehicles and RVs in definition of camping
- Similar to both SLC ordinances in that it prohibits the use of structures like tents or flies on public property without a permit

How are SLC’s Ordinances Different from Midvale’s Camping Ordinance?

- SLC’s Current Ordinance does not define “camping”
- SLC’s Current Ordinance does not include vehicles or RVs in concept of camping
- SLC’s Draft Ordinance allows for camping along a parade route
- SLC’s Draft Ordinance addresses “Code Blue Events”
- SLC’s Draft Ordinance addresses specific locations where camping is absolutely prohibited
- SLC’s Draft Ordinance addresses how to handle removal of an encampment and the disposition of personal property that remains after removal of an encampment

Does Midvale Have Non-Camping Ordinances of Interest?

- Midvale’s “Unlawful Acts” Ordinance⁹ is a catchall that, in addition to prohibiting the construction of temporary or permanent structures like tents on public property, also prohibits public urination and defecation; preventing free passage along streets and sidewalks; littering; sleeping on seats, benches, sidewalks, curbs, planters, walls, or other areas; and begging for money or things of value from the public way.

⁴ [Midvale City Code 17-2-3](#).

⁵ *Id.*

⁶ *Id.* at 9.62.020.

⁷ *Id.* at 17-7-1.16 and 17-7-2.14.

⁸ *Id.* at 9.62.020.

⁹ *Id.*

Ogden City

Ogden defines camping as having two or more items from an enumerated list for the purpose of maintaining an outdoor place to dwell or sleep.¹⁰ Such items include: tents, tarpaulins, cots, temporary shelter, bedding, sleeping bags, blankets, mattresses, mats, hammocks, stored personal belongings, or non-Ogden City-designated cooking facilities or fire.¹¹ Ogden prohibits camping upon any portion of public property or within vehicles or RVs parked upon public property.¹² Public Property includes “Any real property, building or structure within Ogden City, along with its ingress or egress, owned, leased or controlled by a Utah political subdivision or any department thereof, including any sidewalk, street, parking strip, alley, lane, public-right-of-way, park, square, open space, bench, or equipment.”¹³

Ogden City also includes within its camping ordinance a provision that states “No person shall leave, deposit, abandon, or store personal property upon or within public property for more than fifteen (15) minutes.”¹⁴

How are SLC’s Camping Ordinance(s) Similar to Ogden’s Ordinances?

- Similar to SLC’s Draft Ordinance in that it defines “Camp”
- Similar to SLC’s Draft Ordinance in that it prohibits the use of vehicles and RVs for camping
- Similar to SLC’s Draft Ordinance with specific descriptions of public spaces where camping is prohibited

How are SLC’s Camping Ordinance(s) Different from Ogden’s Ordinances?

- SLC’s Current Ordinance does not define “camp”
- SLC’s Current Ordinance does not prohibit using a vehicle or RV to camp
- SLC’s Current Ordinance is general in listing its public spaces where camping is prohibited; Ogden explicitly lists places where prohibited
- Ogden’s ordinance requires the Chief of Police to monitor shelter bed availability and the camping prohibition does not apply if shelters are full in Weber County
- SLC’s Draft Ordinance allows for camping to occur along a parade route
- SLC’s Draft Ordinance addresses code blue events
- Ogden City has a provision that prohibits leaving, depositing, abandoning, or storing personal property upon or within public property for more than 15 minutes.

Does Ogden Have any Non-Camping Ordinances of Interest?

- Aside from the aforementioned storage of personal property provision, no

¹⁰ [Ogden City Code 7-2-15](#).

¹¹ *Id.*

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

City of South Salt Lake

South Salt Lake's ordinance is lean stating "[n]o person shall camp, lodge or pitch a tent, fly, lean-to, tarpaulin or any other type of camping equipment in any park or playground except in conjunction with a city-sponsored camp or except in cases of local emergency as declared by the mayor of South Salt Lake City."¹⁵ It arguably may apply only to playgrounds and recreational parks (defined as "real property owned by the city or other government entity and designated for public use and enjoyment for recreation purposes"¹⁶).

How are SLC's Ordinances Similar to South Salt Lake's Ordinances?

- Neither city's current ordinances define what it means to "camp"
- Neither city's current ordinances prohibit the use of vehicles and RVs to camp

How are SLC's Ordinances Different from South Salt Lake's Ordinances?

- South Salt Lake's ordinances arguably apply only to playgrounds and recreational parks (and not spaces like park strips, publicly owned lots, etc.)
- SLC's Draft Ordinance provides a definition of "camp" and "camping" and is explicit about the public spaces where camping is prohibited
- SLC's Draft Ordinance allows for camping along a parade route
- SLC's Draft Ordinance addresses "Code Blue Events"
- SLC's Draft Ordinance addresses specific locations where camping is absolutely prohibited
- SLC's Draft Ordinance addresses how to handle removal of an encampment and the disposition of personal property that remains after removal of an encampment

Does South Salt Lake Have any Non-Camping Ordinances of Interest?

- None identified

City of St. George

St. George's camping ordinance is nearly identical to SLC's Current Ordinance. It reads

It is unlawful for any person to camp, lodge, cook, make a fire or pitch a tent, fly, lean-to, tarpaulin, or any other type of camping equipment on any "public grounds," as defined in subsection B of this section, upon any portion of a "street," as defined in section 1-3-2, or in any park or playground. It is unlawful for any person using or benefiting from the use of any of the foregoing items of camping equipment to fail to remove the same for more than five (5) minutes after being requested to do so by any police officer.¹⁷

¹⁵ [City of South Salt Lake Ordinance 12.44.060.](#)

¹⁶ [Id. at 12.38.010.](#)

¹⁷ [City of St. George Ordinance 5-3-3.](#)

The St. George ordinance goes further than SLC's ordinance in that it defines "camp" and "lodge."

St. George also has a separate ordinance that prohibits the leaving, discarding, or storing of personal property in a public park or public square.¹⁸ Property that is left behind in violation of posted rules or after park closure times may be immediately seized. For property left in parks without posted rules or closure times, the property may be removed after posting for 24 hours that it will be seized.¹⁹ The ordinance provides for a process for reclaiming the property.²⁰

How are SLC's Ordinances Similar to St. George's Ordinances?

- SLC's Current Ordinance is nearly identical to St. George's current ordinance

How are SLC's Ordinances Different from St. George's Ordinances?

- SLC's Current Ordinance does not define "camp" or "lodge"
- SLC's Draft Ordinance provides a definition of "camp" and "camping" and is explicit about the public spaces where camping is prohibited
- SLC's Draft Ordinance allows for camping along a parade route
- SLC's Draft Ordinance addresses "Code Blue Events"
- SLC's Draft Ordinance addresses specific locations where camping is absolutely prohibited

Does St. George Have Any Non-Camping Ordinances of Interest?

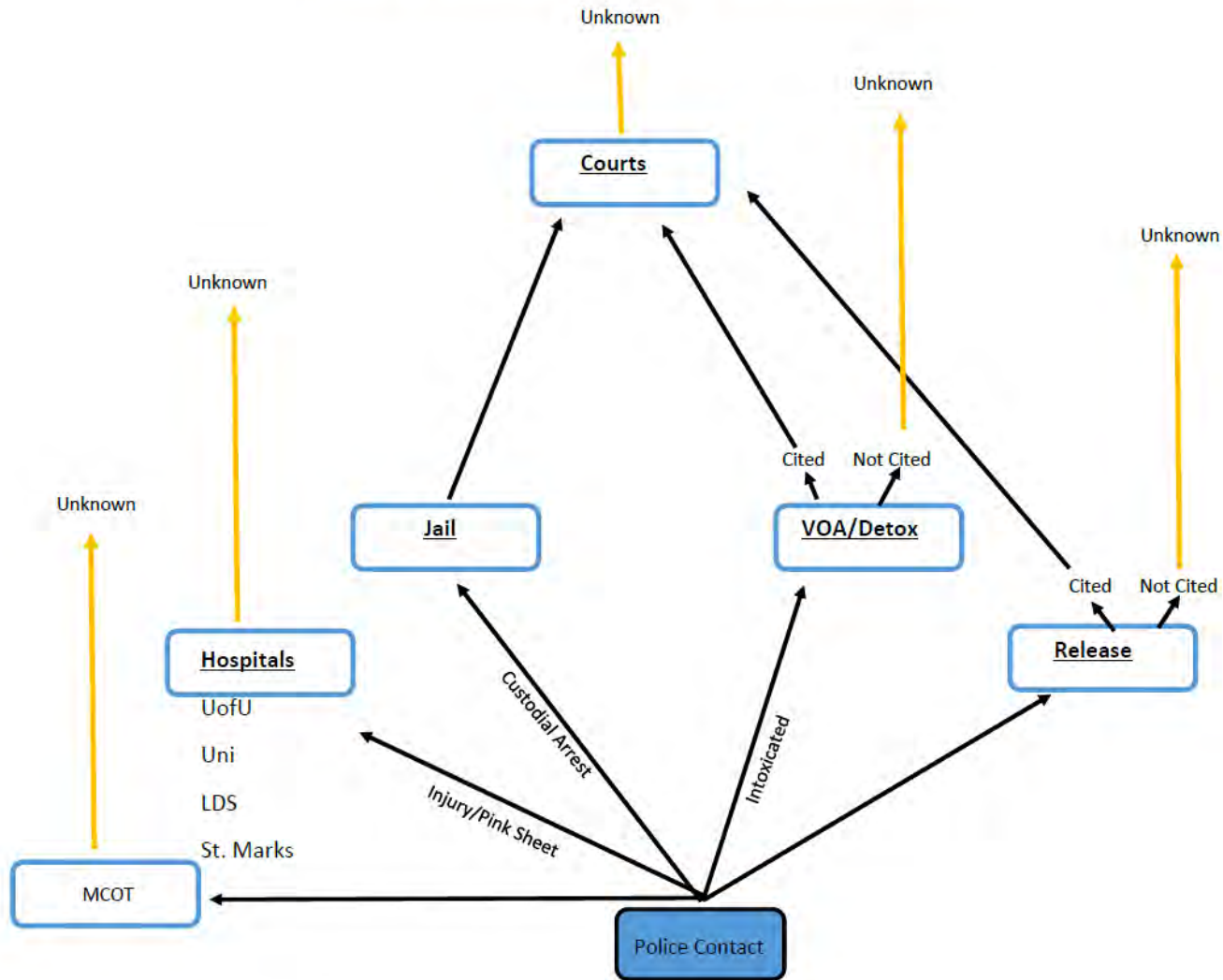
- Yes, St. George Ordinance 7-3-2 prohibits the leaving, abandonment, or storage of personal property in public parks and squares
- This ordinance provides a process for either immediate seizure or a 24-hour period before seizure of property, with specific posting requirements
- The ordinance also provides for a specific process by which seized property can be reclaimed

¹⁸ *Id.* at 7-3-2.

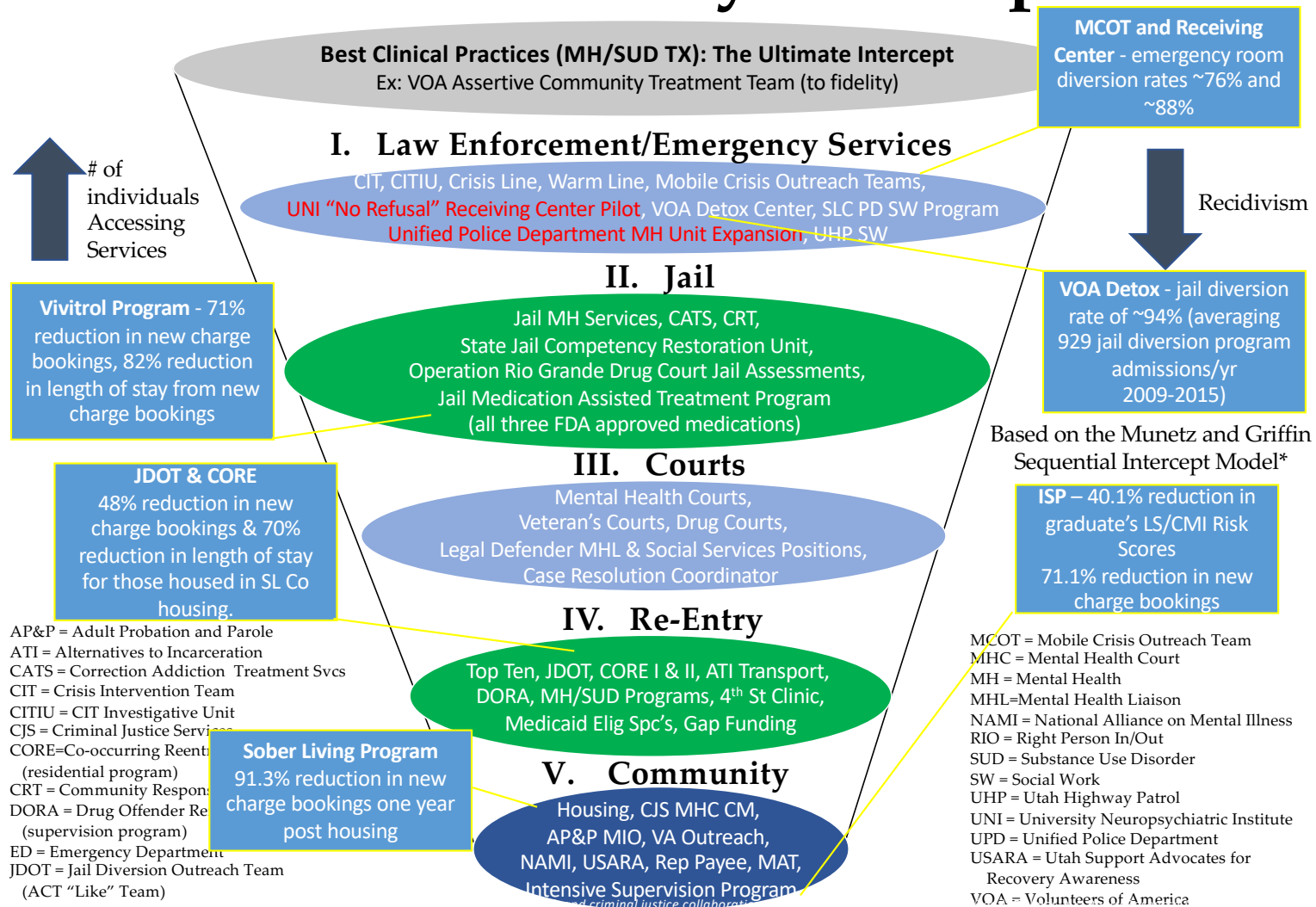
¹⁹ *Id.*

²⁰ *Id.*

Police options when in contact with someone with a SMI



Salt Lake County Intercepts



Summary of Municipal Codes and Homeless Stats

A comparison of cities with comparably sized shelters to SLC's homeless resource centers yielded the following information:

- All cities have enacted municipal codes that prohibit camping, though they vary in scope:
 - Midvale City prohibits camping on publicly owned property and includes vehicular camping within their ordinance.
 - South Salt Lake's ordinance prohibits camping but provides carve outs for city sponsored events and is tailored specifically to parks instead of all public property.
 - Ogden's ordinance considers camping to be anyone in possession of two or more camping related items on publicly owned property, and ties enforcement to shelter availability within the county and includes RVs. The ordinance does not allow storage of personal belongings on public property for longer than 15 minutes. Their ordinance exempts established campgrounds managed by political subdivisions.
 - St. George's ordinance applies to all publicly owned property and allows for 5 minutes for removal of items. The ordinance exempts permitted special events.
- No publicly available data speaks to the frequency with which citations or arrests are made for violation of camping ordinances. However, all cities have reporting requirements related to Homeless Shelter Cities Mitigation funding and all use mitigation funding for public safety.
 - Midvale City saw 14.42% decrease homeless related cases within a ½ mile around their shelter in FY24.
 - In South Salt Lake, Mitigation funded public safety teams responded to 78% of calls for service at their shelter and saw a 31% decrease in calls for service to that location.
 - Ogden saw a 9% increase in calls for service within a ½ mile around their shelter in FY24. They saw a 71% increase in calls for medical services at the eligible shelter, and total calls for police service from the shelter have increased by 25%. Ogden Police Department has seen a 12% decrease in repeat calls for services from individuals experiencing homelessness.
 - St. George did not report specific metrics related to their shelter but mentions that their officers take an "early intervention" approach to connect people with resources before calls for service are made.
- Finally, the context in which these cities and shelters are operating are helpful to know.
 - Midvale hosts 300 shelter beds for families with children and served 27% of the total sheltered population in the Salt Lake area.
 - South Salt Lake hosted 300 beds and served 22% of the total sheltered population in the Salt Lake area.
 - Ogden hosted 272 beds year-round and 58 winter overflow beds and served 100% of the total population of the Weber County area.
 - St. George hosted 84 beds and served 84% of the total sheltered population of Washington county.



Public Safety Assessment Report

(Date Created: 01/04/2025 22:03:08)

SID:	Name:	Gender:
PC ID:	Arrest Date: 01/04/2025	Birth Date:

Elevated Risk of Committing Violent Crime: Yes

New Criminal Activity Scale

1	2	3	4	5	6
---	---	---	---	---	---

Failure to Appear Scale

1	2	3	4	5	6
---	---	---	---	---	---

Charge(s):

76-6-106.1(2B)+(3BIII)	PROPERTY DAMAGE/DESTRUCTION - LOSS \$500-\$1499
76-5-107	THREAT OF VIOLENCE
76-5-103(2)+(3A)	AGGRAVATED ASSAULT - INCREASE ONE LEVEL

Risk Factors:

1. Age at Current Arrest	40
2. Current Violent Offense	Yes
a. Current Violent Offense & 20 Years Old or Younger	No
3. Pending Charge at the Time of the Offense	Yes
4. Prior Misdemeanor Conviction	Yes
5. Prior Felony Conviction	Yes
a. Prior Conviction	Yes
6. Prior Violent Offense	1
7. Prior Failure to Appear in Past 2 Years	4
8. Prior Failure to Appear Older Than 2 Years	Yes
9. Prior Sentence to Incarceration	Yes

Recommendations:

- Release with PRL5 Conditions:
 - Daily automated phone check in
 - Any other conditions deemed appropriate by CJS
 - CJS monitoring for new charges
 - Twice monthly CJS meeting and/or appropriate class
 - CJS court date reminder




Public Safety Assessment Report


(Date Created: 01/04/2025 22:03:08)

SID:	Name:	Gender:
PC ID:	Arrest Date:	Birth Date:

Charge(s):

76-6-106.1(2B)+(3BIII)	PROPERTY DAMAGE/DESTRUCTION - LOSS \$500-\$1499
76-5-107	THREAT OF VIOLENCE
76-5-103(2)+(3A)	AGGRAVATED ASSAULT - INCREASE ONE LEVEL

FTA 1	ROR	ROR				
FTA 2	ROR	ROR	PRL1	PRL2	PRL3	
FTA 3		PRL1	PRL1	PRL2	PRL3	PRL5
FTA 4		PRL1	PRL1	PRL2	PRL3	PRL5
FTA 5		PRL2	PRL2	PRL3	PRL4	PRL5
FTA 6				PRL5	PRL5	PRL5 

 Increase one level to PRL5

Release Types

1. Release on Own Recognizance (ROR) - No Conditions
2. Release with Conditions: PRL1, PRL2, PRL3, PRL4, PRL5

Pretrial Release Conditions

1. DEFAULT

- Report your contact information and any change in address, phone or email to the Court and your attorney within 1 business day of the change
- Promise to appear for all required court proceedings
- Promise to not commit any criminal offense

2. DV

- Must sign Jail Release Agreement, or remain in custody and be brought before a judge for a decision on Jail Release Order conditions

3. ROR

- CJS monitoring for new charges
- CJS court date reminder

4. PRL1

- Weekly automated phone check in
- Any other conditions deemed appropriate by CJS
- CJS court date reminder
- CJS monitoring for new charges

5. PRL2

- Weekly automated phone check in
- CJS monitoring for new charges
- CJS court date reminder
- Any other conditions deemed appropriate by CJS
- Monthly CJS meeting and/or appropriate class

6. PRL3

- Daily automated phone check in
- Twice monthly CJS meeting and/or appropriate class
- CJS court date reminder
- CJS monitoring for new charges
- Any other conditions deemed appropriate by CJS

7. PRL4

- Daily automated phone check in
- Twice monthly CJS meeting and/or appropriate class
- CJS court date reminder
- Any other conditions deemed appropriate by CJS
- CJS monitoring for new charges

8. PRL5

- Daily automated phone check in
- CJS monitoring for new charges
- Twice monthly CJS meeting and/or appropriate class
- CJS court date reminder
- Any other conditions deemed appropriate by CJS

9. OPTIONAL

- Substance Abuse Classes
- UA testing
- Electronic monitoring
- Anger Management
- Ventnor Classes
- Courage to Change Classes
- Commit no new offenses during the period of release
- Defendant shall forfeit or refrain from possession of a firearm or other dangerous weapon.
- Appear in court when required
- DEFENDANT MAY BE RELEASED ON AN UNSECURED BOND
- Release to CJS on conditions that CJS deems appropriate
- Avoid contact with the victim(s) of the alleged offense

2024 METRO NARCOTICS TASK FORCE (HIDTA Enforcement Groups)

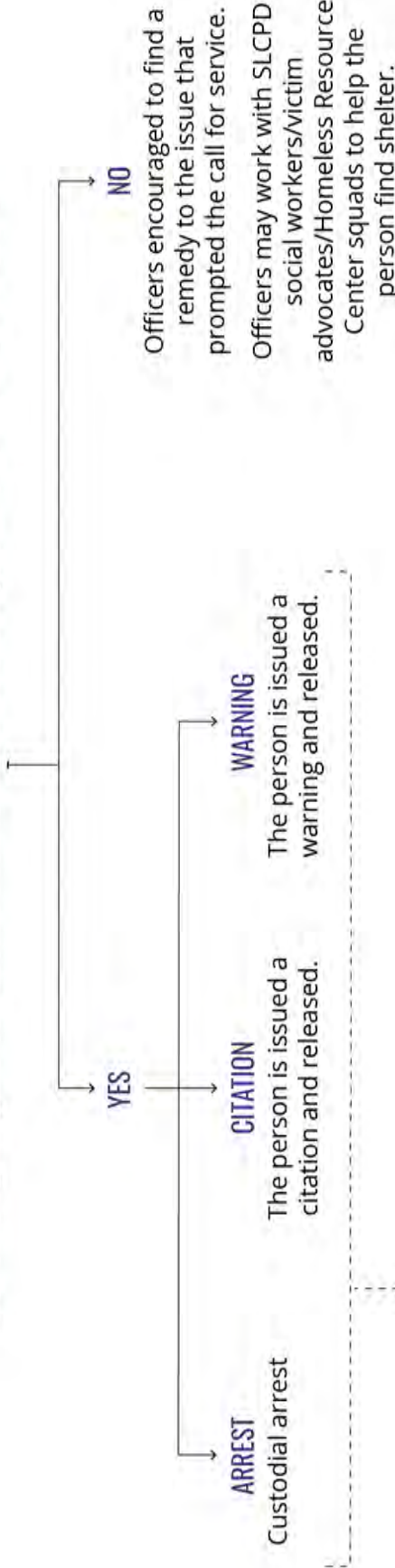
Arrests	130
Cases Initiated	75
Narcotics Seized (Pounds)	637+
Cash Seized	\$ 12,048,431.00
Warrants (TIII, Technology, Search, etc)	215+
Drug Type	Seized Amount in Grams
All Other Drugs	3567.1
Chemicals	1.3
Cocaine	8955.2
Controlled Prescription Drugs	1170
Counterfeit Controlled Pharmaceuticals	20378.7
Fentanyl	69628.76
Heroin	9382.9
Marijuana	17493.3
Meth	153049.62
Unknown	5490.8
Grand Total	289117.68

Source: United States Drug Enforcement Administration (DEA), Salt Lake City Field Office

SALT LAKE CITY CRIMINAL JUSTICE INTERACTION FLOW CHART

The Salt Lake City Police Department recognizes that interactions with unsheltered individuals can occur for a variety of reasons, including criminal investigations, medical calls for service, and consensual contacts. Not every interaction with an unsheltered individual results in an arrest or citation. Wherever possible, SLCPD officers work to connect people to service, resources, and treatment.

The investigating officer determines whether there is probable cause for an arrest.



If an officer has probable cause to make an arrest and they are intoxicated, officers will request paramedics take the person to a detox center. The defendant is typically issued a citation, depending on the level of offense. If the person is in a mental health crisis, or poses a threat to themselves or others, the officer can involuntarily commit the person for emergency medical care at a mental health facility (hospital). SLCPD social workers are typically involved with this process.

If the person is using drugs, the officer can make a custodial arrest or issue a citation or warning, depending on the circumstance. In all circumstances, the officer will confiscate the evidence and book it as evidence or for disposal.

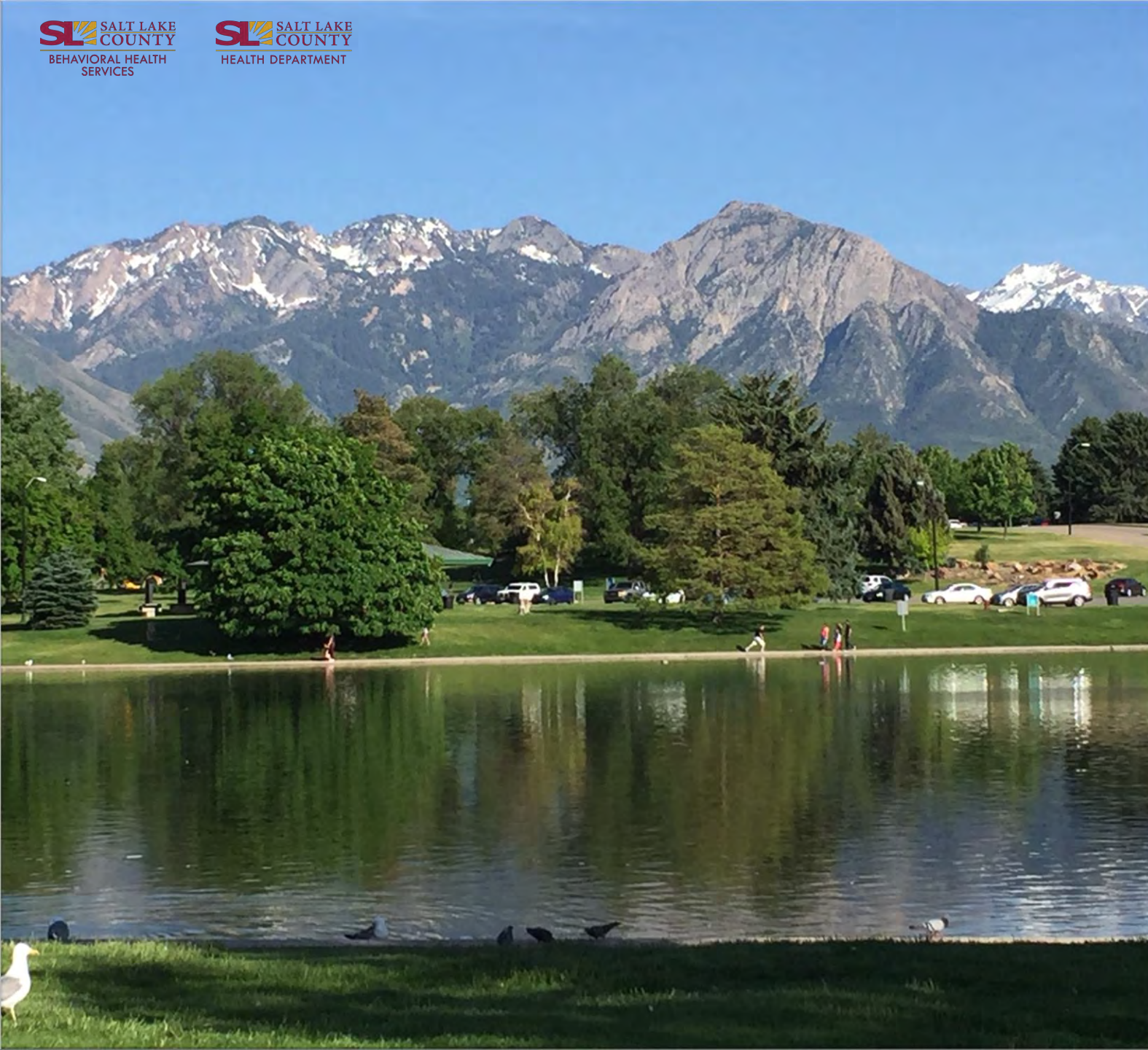
Officers are encouraged to recommend available community-based resources to help provide services, treatment, and resources.

CRIMINAL JUSTICE SYSTEM



Appendix F

Community Prevention Actions & Recommendations Materials



Salt Lake County Area Plan FY24

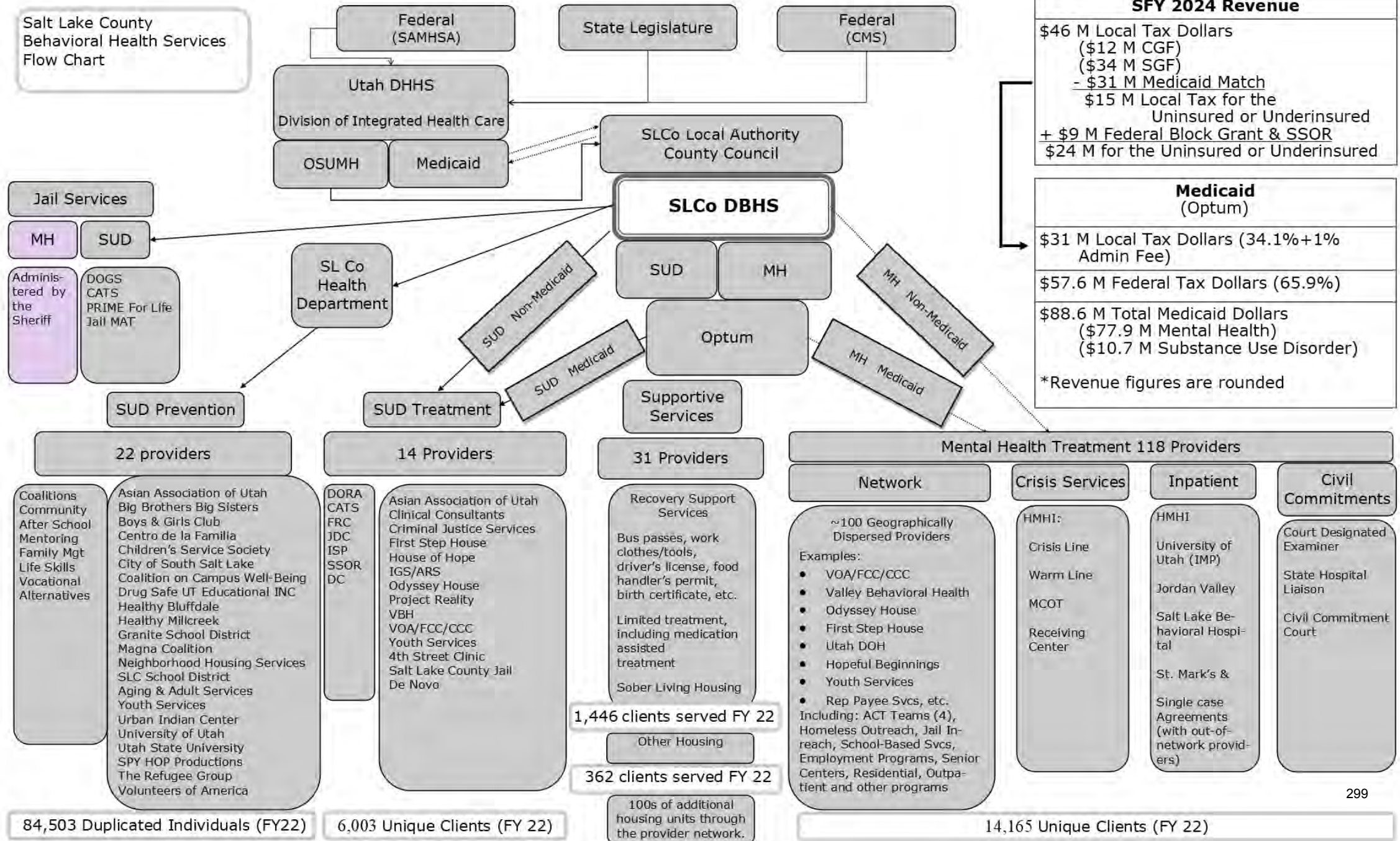
What Is An Area Plan?

Overview 17-43-201(5)(b) and 17-43-301(6)(a)(ii)

Timeline

- ▶ Area plan training (April 5th)
- ▶ Mayor approval (May 2nd)
- ▶ Council workgroups and staff (May 4th)
- ▶ Council approval & signature (May 9th)
- ▶ Submission (May 15th)

Salt Lake County Behavioral Health Services Flow Chart



SFY 2024 Revenue
\$46 M Local Tax Dollars (\$12 M CGF) (\$34 M SGF)
- \$31 M Medicaid Match
\$15 M Local Tax for the Uninsured or Underinsured
+ \$9 M Federal Block Grant & SSOR
\$24 M for the Uninsured or Underinsured

Medicaid (Optum)
\$31 M Local Tax Dollars (34.1%+1% Admin Fee)
\$57.6 M Federal Tax Dollars (65.9%)
\$88.6 M Total Medicaid Dollars (\$77.9 M Mental Health) (\$10.7 M Substance Use Disorder)
*Revenue figures are rounded

New & Notable

New Programs

- ▶ Receiving Center 2025 (Bridge by July/August 2023)
- ▶ Social Detox Expansion (by 50 beds, from 112 to 162 beds, by the end of 2023, with relocation to 1875 S Redwood Rd)
- ▶ Mobile Crisis Outreach Team (MCOT) Expansion – HB 66
- ▶ Assertive Community Treatment (ACT) Teams – Continuing to Expand to Capacity (the 4 Existing Teams)
- ▶ Youth Residential Co-ed 16-Bed Program (Copa – Licensing Now)
- ▶ Adult Mental Health Residential Programs (ValleySteps 16-Bed Co-ed Program, Turning Point Co-ed 8-Bed Program, & Possible VOA 16-bed Program in the Fall of 2023)
- ▶ Housing - Sunstone (9 female units), Jasper (18 male units), House of Hope (13 female units), Valley Oaks (~30 male units opening summer 2023)

Workforce Capacity – Critical Shortages Remain

- ▶ 175 Additional Student Slots Funded
- ▶ Tuition Loan Repayment Program Funded
- ▶ Community Mental Health Codes Rate Increase (29.2%)
- ▶ Social Detox Rate Increase

USH Capacity - 2020 Expansion Never Occurred

Medicaid Changes

- ▶ The Unwinding
 - ▶ Continuous Enrollment Ended April 1st (Reviewing 510K Cases by April 1st 2024)
 - ▶ First Case Closures or Transfers Began April 30th (35K in April)
- ▶ Gradual loss of COVID-Related Enhanced Match (6.2%)
- ▶ Utah's Medicaid Match Rate – Increasing Over Time

New & Notable - Prevention

The Importance of Prevention

New Contracted Services

- Focus on health equity, building partnerships, increasing efficiency across the network of service providers
- Braided funding with Tobacco E-Cigarette State funds to increase amount contracted from \$1.5M to \$2.1M
- Incorporated community feedback into RFA

Continuous Improvement

- Creating evaluation tools for service providers to improve program implementation, reporting, and results

Community Coalitions

- 3 CTC Coalitions (Central 9th, Magna, Kearns)
- MyKearns became an independent 501c3 nonprofit organization
- Magna coalition was awarded \$2M for prevention with an emphasis on community violence through CJI
- Midvale coalition – new CTC – is forming around prevention with an emphasis on community violence in partnership with CJI / state
- Coalitions Lite pilot program launched – Bluffdale and Millcreek
- Internal Coalitions Team to coordinate coalition efforts across bureaus

Area Plan Sections

Mental Health Services

Substance Use Disorder Services

Prevention Services

Mental Health Narrative Section

Mandated Services Required By Statute:

- ▶ Inpatient Care (5 In-network Hospitals & Single Case Agreements With Multiple Hospitals)
- ▶ Residential Care (5 Programs)
- ▶ Outpatient Care (109 Providers)
- ▶ 24-hour Crisis Care (Huntsman Mental Health Institute (HMHI))
- ▶ Psychotropic Medication Management (160 Prescribers)
- ▶ Psychosocial Rehabilitation, Including Vocational Training & Skills (6 Providers)
- ▶ Case Management (Multiple Agencies)
- ▶ Community Supports, Including In-home Services, Housing Family Support Services & Respite Services (10+ Providers)
- ▶ Consultation & Education Services, Including Case Consultation, Collaboration With Other County Service Agencies, Public Education And Public Information (10+ Providers)
- ▶ Services To Persons Incarcerated In A County Jail Or Other County Correctional Facility

10 Mandated Services

	Actual FY22	Budgeted FY24
Individuals Served	14,165	14,732
Dollars Expended	\$88,273,727	\$90,621,495

Substance Use Disorder Narrative Section

ASAM* Levels Of Care:

- ▶ Medical Detoxification (2)
- ▶ Social Detoxification (1 Providers)
- ▶ Clinically Managed – High-intensity Residential Care (4 Providers)
- ▶ Clinically Managed – Specific High-intensity Residential Care (4 Providers)
- ▶ Clinically Managed – Low-intensity Residential Care (4 Providers)
- ▶ Partial Hospitalization/Day Treatment Care (3 Providers)
- ▶ Intensive Outpatient Care (7 Providers)
- ▶ Outpatient Care (11 Providers)
- ▶ Early Intervention (1 Provider)
- ▶ Aftercare And Supportive Services (37 Providers)
- ▶ Case Management, Housing, Peer Support Services, Peer Counseling Family Support Services, Education Services, Case Consultation, And Collaboration With Other Agencies

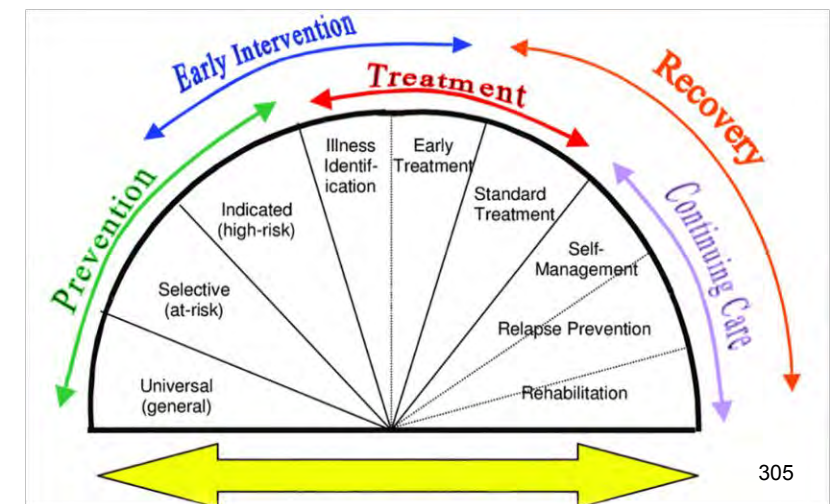
Prescribing what is needed...
 When it is needed...
 At the level it is needed...

	Actual FY22	Budgeted FY24
Individuals Served	6,003	6,300
Dollars Expended	\$22,754,411	\$26,795,566

Prevention Narrative Section

- ▶ Community-Centered Evidence-Based Prevention
 - ▶ Diversity of Stakeholders
 - ▶ Community Driven
 - ▶ Data Driven
 - ▶ Evidence-Based Programs, Policies, and Practices
- ▶ Institute Of Medicine (IOM) Levels of Care for Prevention: Universal, Selective, Indicated
- ▶ Risk & Protective Factors
 - ▶ Upstream
 - ▶ Address Numerous “Behaviors” (Not Only Substance Use)
 - ▶ Protective Factors = Strong Families, Strong Communities

	Actual FY22	Budgeted FY24
Individuals Served	84,503 (duplicated count)	19,641 (unduplicated count)
Dollars Expended	\$1.7M	\$2.1M (\$1.5M SUD)



Other

- ▶ Budgets
- ▶ Fee Policies/Schedule
- ▶ Logic Models
- ▶ And Other Information

Questions

Salt Lake County Winter Homeless Shelter



2024 / 25 Information

Beginning Tuesday October 15, people seeking shelter beds can use these steps to access Winter overflow:



Daily Bed Availability
found here!

Singles / Couples/ Veterans:

- Call (801) 990-9999
- Present at a Resource Center between 7am - 9am to check bed availability
- Check- In to St. Vinny's after 7pm daily

* *Transportation will be available between facilities*

* **GMRC - All Genders - 242 W. Paramount Ave. SLC**
* **PARC - Men - 33801 S. 1000 W. WVC**

* **GEK - Woman - 131 E. 700 S. SLC**
* **St. Vinny's - All Genders - 437 W. 200 S. SLC**

Families:

- Call (801) 569-1201
- Present at Connie Crosby Resource Center to check bed availability

* **CCFRC - Families - 529 W. 9th Ave Midvale**

Youth:

- Call (801) 990-9999
- Present at YRC drop-in between 8:30am - 7:30pm to check bed availability

* **YRC - Youth - 888 S. 400 W. SLC**

2024 / 2025 - Winter Overflow Bed Commitment

Gail Miller Resource Center *GMRC*
Geraldine E King Resource Center *GEK*
Pamela Atkinson Resource Center *PARC*
West Valley Overflow
St Vincent's Overflow
Youth Resource Center *YRC*
Microshelter
Ville Beds
TRH Family Beds *CCFRC*

CODE BLUE

Additional shelter beds will be available when Code Blue is activated, which is as temperatures reach 18 degrees or below, including wind chill.

2nd & 2nd (two sites)
GEK Flex
GMRC Flex
PARC Flex



Code Blue Alerts
found here!

The Evolving Landscape of Behavioral Health Services in Salt Lake County

SALT LAKE COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES

March 9, 2021

The Evolving Landscape of Behavioral Health Services in Salt Lake County

Executive Summary

Access to mental health and substance use disorder services are an integral part in addressing homelessness, suicide, and drug overdose fatalities in Utah, topics that are top-of-mind to many policy makers in Utah. Yet, the landscape of behavioral health services can be complicated and sometimes overwhelming to understand. This paper seeks to provide the reader a high-level digestible view of the significant gaps that have existed in services in the past, the reasons for these gaps, what was done to address the needs during this period and the seismic shifts that began occurring in 2017 that have resulted in an unprecedented expansion of services in Salt Lake County. This effort more than tripled the capacity of some services, and has led to “openings as needed”, rather than long wait lists, in certain areas such as residential treatment in substance use disorder (SUD) settings.

Unprecedented expansions of Medicaid and services are accompanied by first of its kind challenges in accessing and reporting data. With no oversight or view into the data for the expansion populations, no longer can county data (reported to the state) solely be relied upon to give a full or accurate picture. Understandably, state auditors, analysts and legislators are finding themselves grappling with understanding the new streams of funding and searching for an accurate accounting of outcomes to inform policy.

Additionally, while analyzing data, it is important to consider outside influences such as the mass arrests that began in August 2017 as Operation Rio Grande rolled out, the Opioid Epidemic that swept our state and nation, the housing affordability crisis, a behavioral health workforce shortage, and now the impacts of COVID-19. This paper provides a high-level timeline and summary of these events.

Having a firm grasp on COVID-19 impacts to behavioral health settings will be imperative for policy makers moving forward. Changes in the criminal justice system led to reduced treatment referrals, policies to address quarantine and isolation protocols in congregate behavioral health settings resulted in decreased capacity, all as providers experienced unusual strains on the workforce. As examples, the capacity of the County’s men’s detox program dropped initially to 27% of normal and operates today at 73% capacity, while the largest provider of SUD residential services dropped initially to 50% and today remains at approximately 70% of pre-pandemic levels. The reverberations from COVID-19 responses will be felt for many years to come and should be expected to result in deviations in data for: numbers served, connections to employment, housing, and other significant variables. Last, while the 2020 state budget cuts (related to COVID-19) left harmless the funding to implement a new non-refusal receiving center in Salt Lake County, funding for 2020 House Bill 35 was cut, which resulted in a loss of 30 new Utah State Hospital beds. Fortunately, this funding was restored in the 2021 general session.

In summary, incredible advancements have been made in recent years, and although 2020 presented unforeseen challenges, it also brought hope and opportunities through expanded Medicaid and services. As the workforce shortage eases, and if funding continues for services outside of Medicaid (such as housing, milieu, drug testing, etc.), and as vaccines become widely distributed, the future looks bright.

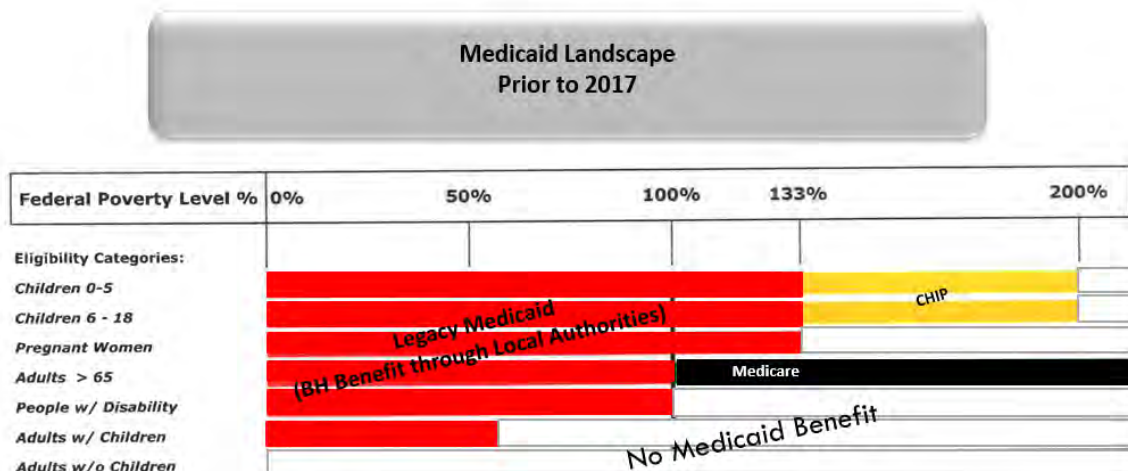
Background

Seismic shifts in funding and access to behavioral health services in Salt Lake County have occurred in recent years. Traditionally, especially prior to 2017, the largest source of funding available for these services focused on individuals with serious mental illness, through Medicaid. This occurred because an acute substance use disorder did not qualify an individual for disability Medicaid. For every Medicaid dollar spent, approximately 70% was federally funded, with the remaining 30% provided by a combination of state general fund and county general fund. This Medicaid plan is now referred to as “Legacy Medicaid”. Counties manage the behavioral health (BH) benefit for this plan through a prepaid at-risk contract with the State Medicaid Office.

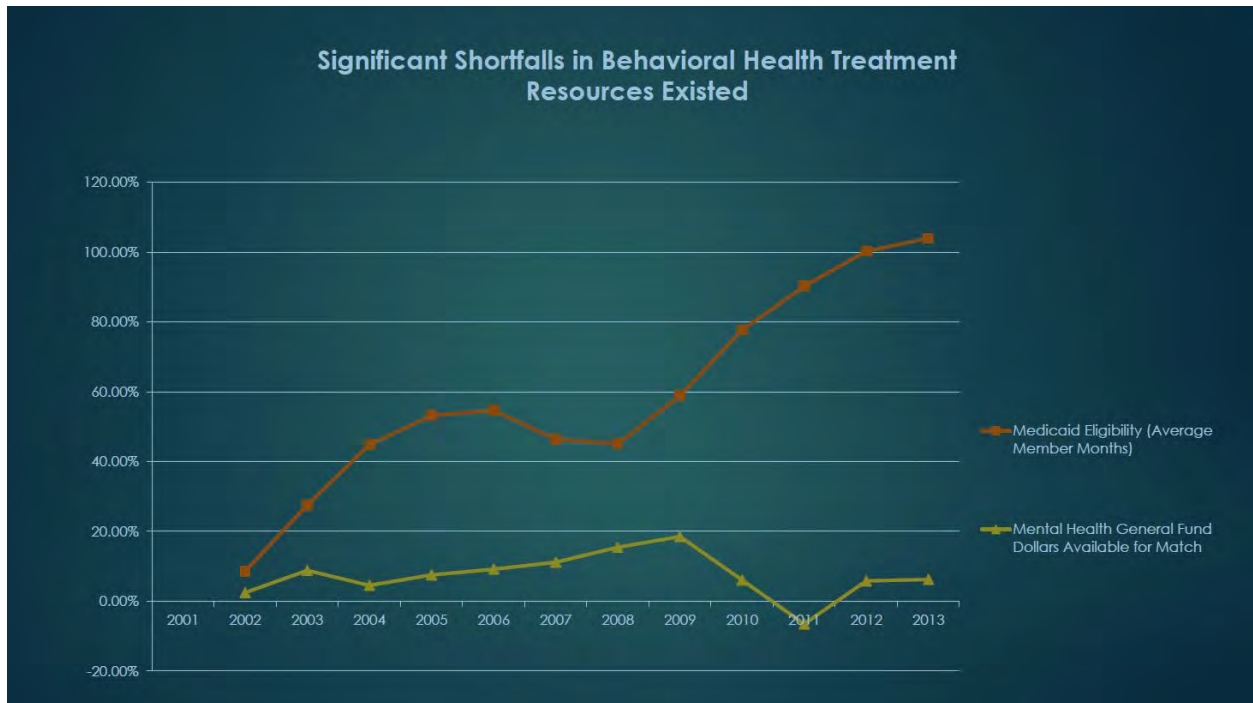
Even though Salt Lake County overmatched the state general fund dollars they received, the remaining funding for the uninsured or underinsured population (i.e., non-Medicaid) was a small fraction to meet the needs of this population, largely low-income individuals with substance use disorders.

Counties are required by statute to match the state general fund dollars they receive for behavioral health services (mental health and substance use disorder services), at a rate of 20%. Salt Lake County has consistently overmatched this requirement due to strong support from the county council and mayor who believe strongly in connecting residents to care, rather than the likely alternative of incarceration or hospitalization. Yet, individuals in need of residential substance use disorder (SUD) services found themselves waiting 6-9 months for an opening.

In the graph below, please reference the bottom line “Adults w/o Children” (without dependent children) as an example of the uninsured/underinsured population with a significant rate of BH conditions and criminal justice involvement. Low-income, non-parenting adults, often homeless and suffering with substance use disorders.



Budget cuts during the recession widened “the gap” just as the Opioid Crisis began to emerge in 2009, leading to a health and homeless crisis in following years. As the numbers of Medicaid eligibles increased, the funding did not. State general fund dollars increased in later years, but the gap remained large.



Understanding the gap in prior years and even more so after the recession, and wanting to serve as many individuals as possible, the Division of Behavioral Health Services (DBHS) worked to implement programs with an eye towards diversion from jails and hospitals, such as the University of Utah Crisis Line, Warm Line, Mobile Crisis Outreach Teams and Receiving Center, to connect individuals to care early, prevent loss of housing and employment, and avoid more costly levels of care to expand the reach of these dollars. Social detox programming offered individuals who had been picked up for public intoxication an alternative to jail and a safe environment focused on connection to treatment and recovery. A jail diversion outreach team was implemented, and a men’s dual-diagnosis residential facility soon after, both connecting severely mentally ill individuals to treatment. The first Assertive Community Treatment (ACT) Team to SAMHSA fidelity was implemented, designed for severely mentally ill (SMI) individuals, commonly known as a hospital without walls, bringing a multidisciplinary team to where the client is. DBHS also funded housing projects to further support the success of these populations. Later studies would show significant reductions in jail recidivism for those housed within these programs.

During this period, even with this gap in funding, behavioral health programming presented through Salt Lake County’s Sequential Intercept Model ¹(SAMHSA’s GAINS Center gold standard), was requested nationally and from the White House, and drew representatives from other states to tour local programs. These programs were designed to divert individuals with BH conditions from the criminal

¹ <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

justice system at numerous intercepts (i.e., emergency services, jail, courts, reentry and in the community). When visiting counties learned of Salt Lake County's overmatch, they were often left wondering how their counties could replicate this model. *Please reference the current Sequential Intercept Model in Attachment I, program descriptions are available upon request.*

It was a great model, but not to scale for the SUD population, something that Medicaid Expansion could remedy.

In 2014, as states were given the option to expand Medicaid, DBHS began in earnest to educate and advocate for a Utah model. Research showed that individuals in jails were expected to shift from ~90% uninsured to ~90% *insured*, should the state expand. Approximately 30% of the total expansion population was anticipated to have a behavioral health condition, equating to 18,000 individuals in Salt Lake County, essentially closing the gap. Estimates were made of behavioral health savings that could be enjoyed should the state expand and shared widely with policy makers.

Changing Policies and Funding (2015 – present)

2015

An all-hands-on-deck approach, with braided funding (federal, state and county), allowed several new initiatives to be launched.

- ✚ **The First Salt Lake County jail-based Medication-Assisted Treatment (MAT) program** – this program began in 2015, as an evidence-based treatment for individuals with Opioid Use Disorders (OUDs). Only one of the three FDA approved medications was offered, but it was innovative in its time, and a great start. State and County funding made this possible. This program showed a 71% reduction in jail recidivism when comparing one-year prior and one-year post.
- ✚ **The Justice Reinvestment Initiative** - the Justice Reinvestment Initiative passed, with a focus on connecting offenders to treatment, but the intended funding mechanism for treatment, Healthy Utah (the governor's Medicaid Expansion plan), did not pass the House. Counties instead received limited dollars, *meeting only a fraction of the need*. With these dollars used as seed dollars, a combination of state, federal and county funding supported two new highly successful programs called the Intensive Supervision Probation (ISP) Program, and CORE 2 a 16-bed women's residential program for severely mentally ill offenders (and other smaller initiatives), that yielded impressive reductions in recidivism (85.8% and 92.5% respectively). ISP later went on to win awards, including the National Association of Counties Achievement Award.

These programs were highly successful and needed, but due to funding limitations, served only a small fraction of the criminal justice involved population.

2016

- ✚ **Legislative support for a Targeted Adult Medicaid Waiver** - although legislative support was not there for a full Medicaid Expansion, in the spring of 2016 a bill passed for a smaller Targeted

Adult Medicaid (TAM) expansion that focused on very low-income individuals with behavioral health conditions, earning less than \$50/month. If approved by CMS (at the federal level), this waiver would also provide the opportunity to serve individuals with SUDs in programs with more than 16 beds through Medicaid funding. Although increasing the number of individuals eligible for Medicaid was important, allowing providers to implement programs in this fashion, with this type of economy of scale, would be the key to an impressive expansion of services. The TAM waiver was submitted, and the state began waiting for CMS approval. Approval and implementation would take more than a year, with implementation occurring in November 2017.

✚ **Health & Safety Crisis** - at the same time, a health and safety crisis brewed as the number of homeless individuals in Salt Lake City grew in tandem with an affordable housing crisis and the Opioid Epidemic as Utah ranked 7th in the nation for overdose deaths.

✚ **Operation Diversion** - Salt Lake County, in partnership with Salt Lake City, made an unprecedented attempt to address the problem, referred to as *Operation Diversion*. Utilizing one-time dollars, Salt Lake County DBHS funded approximately 60 additional SUD residential beds (including detoxification beds), MAT services, and additional outpatient services.

Through this project a temporary pop-up receiving center was set up where a person was booked, received legal advice from a legal defender on what to expect, then after receiving a risk/need assessment, and an assessment for placement into behavioral health services, they ended by meeting with both the district attorney and legal defender's office, and entered into a voluntary diversion agreement. Under this agreement, no charges would be filed as long as the person was willing to enter into treatment that day. These individuals were then provided transportation directly to a treatment provider, most making a first stop at a MAT treatment facility to limit the impacts of withdrawal and enhance treatment engagement. This effort occurred three times in 2016.

After the three operations ended, the Salt Lake City Police Department Social Work Program was given authority to make voluntary referrals from the Rio Grande area, which quickly consumed the remaining capacity. The project was scheduled to end on March 31st, 2017, but fortunately Salt Lake County, Salt Lake City, and CCJJ came forward with enough additional one-time funding to extend the program for an additional period. Though many benefited from this effort, and the one-time dollars were substantial (millions), the homeless crisis continued, barely addressing the need for services.

✚ **New Medication-Assisted Treatment Programs** - community MAT programing was expanded in Salt Lake City to support individuals with Opioid Use Disorders, and two new clinics opened in Murray and West Jordan through federal State Targeted Response dollars, to address hot spots for Opioid overdose deaths and emergency department encounters.

✚ **Justice Reinvestment Initiative** - additional JRI funding was allocated enabling the expansion of the ISP program, drug court treatment, and the hiring of a licensed mental health therapist housed within the UPD offices, co-responding with law enforcement to mental health crises within the community, and providing individualized follow-up. The UPD program serves the

cities of Taylorsville, Kearns, Magna, Copperton, Holladay, Millcreek, Midvale, Canyons, Brighton, and White City (and other jurisdictions upon request). JRI dollars, while appreciated, continued to serve only a small fraction of the criminal justice population.

2017

- ✚ **Operation Rio Grande** - finally, in August of 2017, unable to curb the crisis in the Rio Grande area of Salt Lake City with one-time dollars, the state, in collaboration with the city and county, launched Operation Rio Grande (ORG). A portion of inmates in the Salt Lake County jail were moved to another jail to make space for the surge in arrests, initially with no funding for additional treatment. The Lt. Governor, Senate President, House Speaker, city and county mayors, SL Co District Attorney, SL Co Behavioral Health Director and others can be seen below, in one of many meetings that occurred over time.



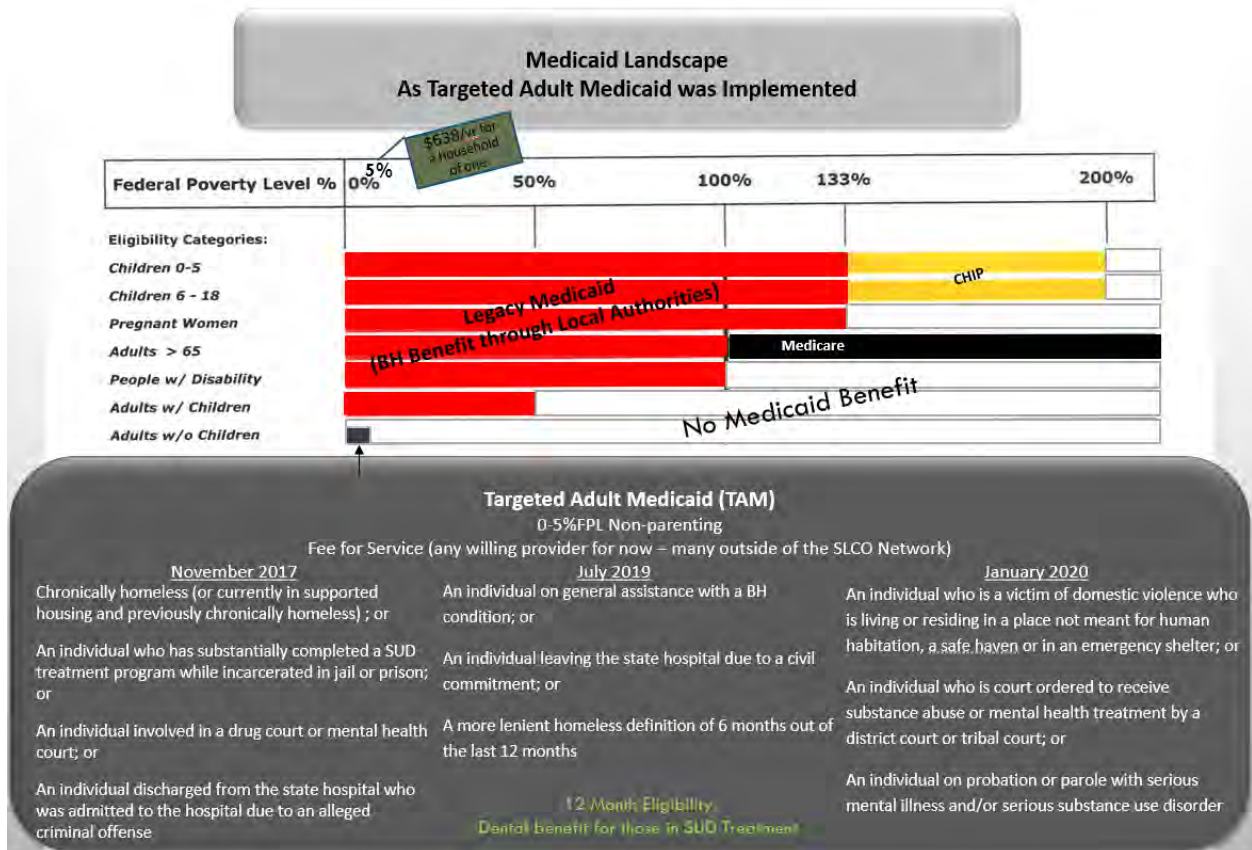
- ✚ **Targeted Adult Medicaid Waiver** - fortunately, in November of 2017, the TAM waiver was approved. This waiver dovetailed nicely with the low-income homeless population in the Rio Grande area, many suffering with mental health and substance use disorders. Prior to this waiver's implementation, DBHS' network of providers had ~170 SUD residential beds. **Today more than 550 exist.** As reliable ongoing funding became available, community treatment providers responded in a great way, **more than tripling residential capacity**, while also expanding other levels of care. Additional services were added outside of the Salt Lake County network of providers, exact numbers are unknown.

This waiver had immense and long-reaching impacts on the behavioral health system, as it allowed an individual to remain eligible for a 1-year period and allowed for Medicaid reimbursement for SUD services provided in programs with more than 16 beds, the latter

supporting expansion in a very great way. The impact of this change, referred to as an IMD (Institution for Mental Diseases) waiver, was a revolutionary change in service delivery and/or reimbursement, allowing providers to quickly triple capacity, and still exists today as an integral piece of service delivery. Rep Dunnigan, the sponsor of this bill, would later receive an award for his outstanding efforts in the behavioral health field.

This Medicaid plan is NOT managed by counties. It is fee-for-service (any willing provider) and managed directly by the State Medicaid Office (lending DBHS no view into the data for this population). DBHS continues to fund this population for non-Medicaid reimbursable services such as milieu (room and board while in residential treatment), drug testing, sober living housing, bus passes, work clothes, etc., when receiving services through a county contracted provider.

Please reference the gray boxes in the graph below, for further information on the populations that qualify for TAM, and the ways in which the criteria expanded through the years.



✚ **Sober Living Program** - finally, in December 2017, with funding through the State Division of Substance Abuse and Mental Health (DSAMH) and the Department of Workforce Services (DWS), the County implemented a highly successful Sober Living Program. This program is administered through DBHS, and to date has served more than 1,500 individuals. Individuals in

this program demonstrate an 82.1% reduction in recidivism and an ~90% rate of negative drug tests.

This program supplemented an already active housing effort that houses hundreds of individuals annually with mental health or substance use disorders. These programs include permanent supportive housing units and are a combination of voucher-based or master leased units serving individuals with mental illness or substance use disorders. Some are specifically tailored to meet the needs of severely mentally ill individuals discharging from the state hospital. In-home BH case management is required by treatment providers for admittance into these programs. Funding for these programs runs in the millions.

2018

- ✚ **Expansion of BH Services** - providers in Salt Lake County began to respond to the expansion of TAM almost immediately, bringing the Speaker of the House, Rep Dunnigan, and Mayor McAdams to openings of new facilities expanding access to SUD residential facilities.



January 11, 2018 Ribbon Cutting Ceremony at a new Odyssey House SUD Residential Program (3944 S 400 E)



August 2018

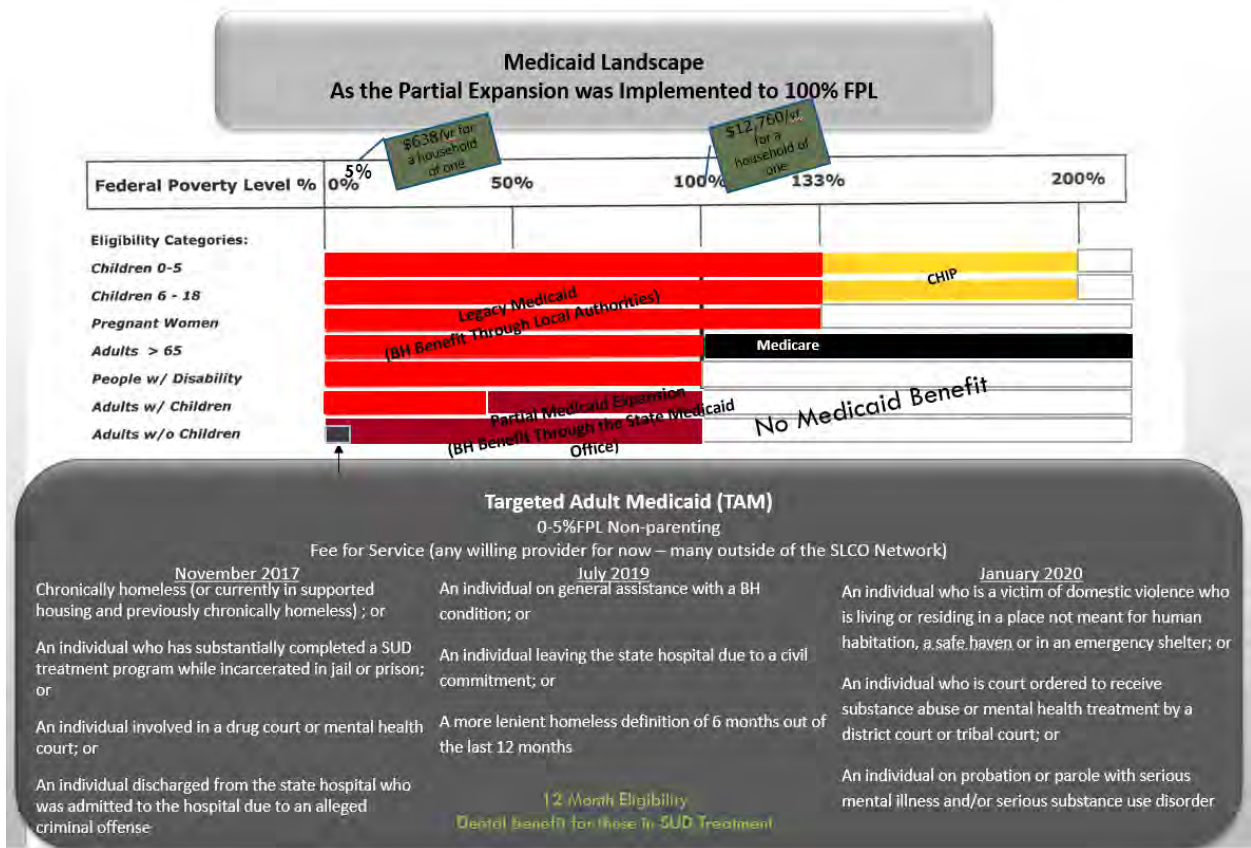
- ✚ **Naloxone Overdose Reversal Kits** - integral in responding to the Opioid epidemic, is Naloxone, a medication that reverses the effects of an overdose from opioids such as heroin, fentanyl, and morphine. Thanks to a federal grant, DBHS distributed 1,400 overdose reversal kits in 2018 totaling more than \$100,000, to local treatment programs, including the jail's MAT program. This number would more than double in 2019. *Please refer to attachment II for additional details on numbers and recipients.*
- ✚ **Proposition 3** - in November of 2018, Proposition 3 supporting the full expansion of Medicaid to 138% FPL passed (but would be replaced in the following general session, in the spring of 2019).

2019

- ✚ **Naloxone Overdose Reversal Kits** - demand for Naloxone overdose reversal kits increased as the Opioid Epidemic continued. DBHS dispersed twice as many as the previous year, 3,244 kits, totaling approximately \$242,000, to treatment providers in Salt Lake County, including the jail's MAT program. *Please refer to attachment II for additional details on numbers and recipients.*
- ✚ **New Housing Projects** - DBHS and Optum worked with community partners on three new low-income tax credit housing projects, assisting with the application process, rental subsidies,

supportive living funds through Medicaid, and by funding treatment for residents. The first project, the Denver Apartments for the SMI population, was a partnership between DBHS, Optum, Volunteers of America (VOA), Housing Connect, and Salt Lake City. VOA was awarded tax credits to fund housing for 22 VOA ACT Team participants. The project was also greatly supported by the Salt Lake County Council through a \$400,000 capital investment through DBHS and opened in 2019.

- ✚ **Partial Medicaid Expansion** - another seismic shift occurred in February 2019, as the governor signed SB 96 into law, the replacement for Proposition 3. This allowed for a partial expansion of Medicaid on April 1st, referred to as the “Bridge Plan”, up to 100% FPL, with many strings attached, such as a work requirement. Please refer to the maroon lines in the graph below. This expansion was anticipated to serve ~90,000 individuals across the state, and a large expansion of BH services followed again.



- ✚ **Budget Cuts** - due to anticipated savings through expansion, DBHS received state budgets cuts of \$1M in SFY 2019, and \$3.3 M in SFY 2020. Fortunately, with the additional Medicaid coverage these state cuts did not have a negative effect on treatment access.
- ✚ **Added Medicaid Benefit** - DBHS worked with the State Medicaid Office to pilot the first social detox benefit for Medicaid members, and designated VOA as the provider for these services. This provided for the first time the ability to draw down the Medicaid share from the federal government for these services, with the county or state providing the required match depending

on the Medicaid plan. Due to the partial expansion of Medicaid, this benefit covered a large number of clients.

- ✚ **Expansion of the Salt Lake County Jail MAT Program** - utilizing a federal grant as seed dollars, DBHS worked with the Salt Lake County jail, Project Reality, and DSAMH to expand the jail MAT program to all three FDA approved medications and to increase the number of individuals able to access these services. Now, through this effort, an individual on MAT in the community prior to being booked in jail, can continue his/her medication while incarcerated, receive behavioral therapies, coordinated referrals into the community upon release, and have the option of all three medications: Methadone, Buprenorphine or Naltrexone, as deemed clinically appropriate by the physician and in consultation with the patient. This expansion began in June of 2019 and served ~350 individuals in the first 12 months. This population also receives information and education regarding the use of Naloxone overdose reversal kits, and an actual kit while supplies last. Once supplies are depleted information will be provided on access within the community.
- ✚ **BH Workforce Shortage** - a new first was encountered in 2019, a shortage of BH workforce to accommodate the expansion of services. Some providers had the space and eligible Medicaid funding to pay for services, but not enough staff to provide the services. This workforce shortage continues to be a primary issue for providing care. It has replaced the lack of funding as the most significant barrier to treatment on demand. Efforts to address this workforce shortage would be addressed in the upcoming general session in 2020.

2020

- ✚ **Full Medicaid Expansion** - although 2020 brought with it some incredible challenges, it also arrived with more opportunities for expanding services.

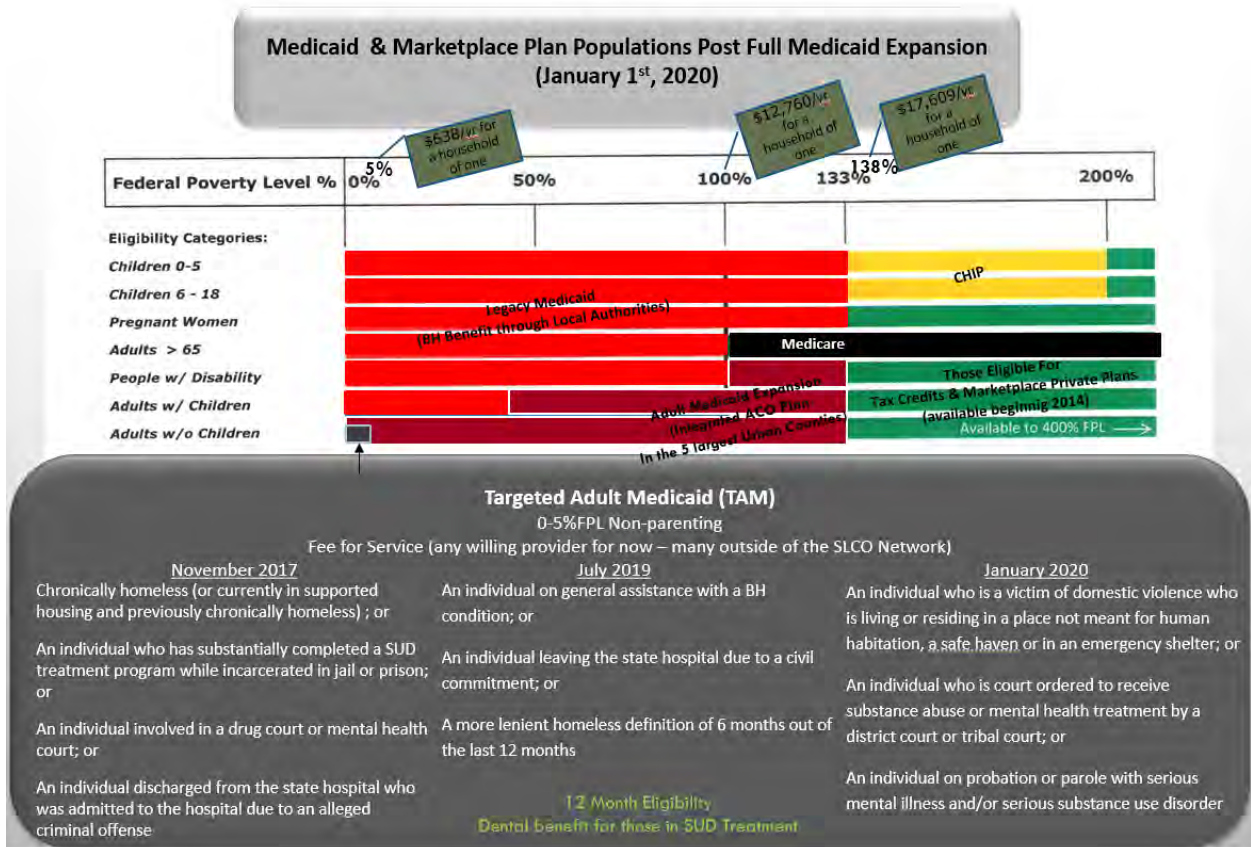
January 1st began the implementation of Utah's "Fallback Plan", a full Medicaid Expansion, up to 133% FPL (138% when factoring in the 5% income disregard). As you will notice in the maroon bars of the graph below, this essentially filled "the gap", with the exception of undocumented individuals, the underinsured (individuals with skinny benefit plans or unable to afford their copays or deductibles), and those services not covered by Medicaid (such as milieu, drug testing, housing support, bus passes and other assistance for work clothes, etc.).

Also depicted below, in the green bars, are individuals eligible for tax credits and subsidies to purchase private plans on the Marketplace. This coverage became available in Utahns in 2014 and is offered to individuals with incomes ranging from 133% FPL to 400% FPL.

In the five largest counties, including Salt Lake County, the Adult Medicaid Expansion (AME) population became an integrated benefit (physical and behavioral health) managed by the four Accountable Care Organizations (ACOs). These are Select Health, Healthy U, Molina and Steward Health Choice.

So, while the expansion itself, to total ~150,000 individuals from 0-138% FPL was a historical moment, it also offered the opportunity in some counties to provide BH services as an integrated benefit. This effort is recognized as an evidence-based practice by improving the

health of individuals and lowering costs, especially on the physical health side, as individuals are guided to address both. DBHS worked diligently to aid the four ACOs in contracting with DBHS's essential providers, educating on the recommended levels-of-care and duration of care for this population, and convening providers and ACOs to address initial barriers as they broke new ground. DBHS continues to work with the ACOs and provider network, and to fund this population for non-Medicaid reimbursable services such as milieu (room and board while in residential treatment), drug testing, sober living housing, bus passes, work clothes, etc., when receiving services through a county contracted provider.



Data

While the benefits of Utah’s Medicaid expansions are many, it is imperative at this juncture to understand the implications of data sharing, and the newfound barriers in accessing program outcomes such as connections to treatment, changes in employment, changes in income, changes in housing, or time in treatment.

Bear in mind during treatment an individual may move within plans multiple times by losing/gaining a job, losing/gaining custody of a child, having a baby, changes in income, etc. When this occurs, the provider has the complicated task of switching payors (County for Legacy Medicaid, State Medicaid Office for TAM, and the four ACOs for AME), with each payor having no view into the data of others (due to federal privacy law, including HIPAA and 42CFR Part 2). Additionally, data at the end of “a treatment

episode” for one payor may not be the true “completion of treatment” for a client in flux between plans and yield faulty data.

No longer can data analysts rely solely upon County data submitted to DSAMH for reports or matching efforts regarding the provision of BH services.

The only entity with a view to all Medicaid data currently is the State Medicaid Office. Private health plans are the only entities with this data for Marketplace plans. A good example of this dynamic was recently shown in a legislative audit of the JRI initiative. The report referenced Legacy Medicaid data submitted through DSAMH, but did not include TAM or AME data, even though the TAM expansion is the largest payer now for the SUD criminal justice population.

Additionally, as the efficacy of BH treatment is examined, the analyst may no longer look solely to county programming, as large portions are now managed outside of counties. TAM through the State Medicaid Office, AME in the 5 largest counties by the ACOs. This is a huge shift in data gathering that state auditors, legislative analysts, etc., are only beginning to grapple with. *For additional information, please reference State Medicaid data in attachment III highlighting the numbers served and treatment dollars expended for the TAM and AME populations.*

Additional changes in 2020:

- ✚ **COVID-19** - The first challenges came with COVID-19 as DBHS worked to address their first priority, supporting their network of behavioral health providers during this unprecedented time, and by doing so, citizens in need of mental health and substance use disorder services. This included a quick transition to the ability to bill for telehealth services, keeping providers “whole” fiscally when unable to perform services in the same quantity and manner, assisting with access to Personal Protective Equipment (PPE)/Rapid Test kits, modifying utilization management and audit requirements to allow providers to focus on the tasks at hand, modifying drug testing requirements to keep everyone safe, and modifying sober living requirements for those experiencing barriers to employment and housing, allowing them to stay longer periods of time if needed.

Providers have been impacted in a great way by the reduction in court operations, a primary referral source for treatment; a decline in jail SUD programming as the census decreased to accommodate quarantine and isolation protocols; and a diminished capacity in behavioral health congregate settings such as SUD residential programs and social detoxification programs as they struggled to address COVID infection safety protocols. Immense efforts were undertaken in congregate settings to separate residents, acquiring additional space when able, referring to the county’s quarantine and isolation facility as needed, deploying rapid testing kits provided by the county, all as they faced the additional struggle of maintaining workforce as staff became ill, too high risk to remain in certain positions or redeployed to work on ordering and disseminating personal protective equipment and rapid test kits.

As an example, the VOA men's detox facility, normally with a capacity of 75, on occasions plummeted to 20 in the early stages of the pandemic. DBHS quickly worked with the state to utilize CARES Act funds to assist with retrofitting the detox facilities with physical barriers including visqueen and plexiglass for client and staff safety. Some prospective clients expressed fear in admitting into services due to fears of the Coronavirus, others left en masse when they learned that a client in the facility had tested positive. When clients tested positive at the residential detox facility, they were relocated outside of the facility and intakes were stopped until test results came back for other clients who may have been exposed by the positive individual. Once VOA received a CLIA waiver for the rapid COVID-19 tests, they were able to handle situations more rapidly and keep open for intakes on a regular basis, but their capacity today remains significantly impacted, at 55, rather than the 75 prior to the pandemic.

As another example, the impact on Odyssey House (OH) residential programming has been immense. Early in the pandemic, OH converted 3 of their smaller sites into new admission quarantine units. This required them to halt admissions for 6 weeks to allow for attrition to open the 80 beds they needed to accomplish this. This also required staffing these units 24/7 with entire treatment teams as these sites had only been used as sleeping quarters pre-pandemic. This was exceptionally expensive as you might imagine. Flow into treatment became more difficult as well for two reasons. First, when a positive patient admitted, they had to quarantine the entire unit. Testing times early on ranged from 36 hours to 7 days. So, assuming there were no additional positives they would have an admission unit locked down and unable to admit new people for 3 weeks or more. It has been tremendously hard for them to get back up to capacity when needing to lock down for extended periods of time. And second, the criminal justice system ground to a halt resulting in a significant decline in referrals. Previously court referrals comprised approximately 75-80% of the treatment beds available. Currently they equate to about 30%. In total, OH residential settings initially dipped to 50% of normal capacity, now they sit at approximately 70%. Prior to the pandemic, the program was full.

- ✚ **Receiving Center Funding** – DBHS applied for and was awarded the funds to implement a state-of-the-art non-refusal receiving center that will allow individuals in crisis to receive mental health and/or substance use disorder services and allow law enforcement and other emergency responders to bring individuals directly to these services, rather than jails or hospitals.

The expansions of Medicaid brought with them an incredibly fast and dramatic increase in services to the previously uninsured or underinsured SUD population, going from 6-9 month wait lists, to nearly treatment on demand. Lost over the years, however, were needed expansions in treatment for individuals with severe mental illness as this population increased. Mental Health Court stakeholders assisted in a new wave of program expansions in 2020 and planned for 2021, as they met with DBHS to educate on the demand and advocate for more programming. The reader will find many new programs coming online during this time as a full-out effort was and is underway to address the need. Examples include an additional ACT team, two new residential facilities, and housing programs listed below.

- ✦ **New Women’s Mental Health Dual Diagnosis Residential Program** - The opening of a new women’s Mental Health Residential Program through Odyssey House, for seriously mentally ill individuals, often homeless and cycling through the criminal justice system. This program opened in November 2020.
- ✦ **New Assertive Community Treatment Team** - The implementation of a second assertive community treatment (ACT) team to SAMHSA fidelity, this one to work specifically with the forensic population. An ACT Team is often referred to as a hospital without walls, a very high level of care to assist individuals with serious mental illness, meeting them “where they are at”, often homeless, with the goal of enhancing their quality of life and reducing or eliminating their interaction with the criminal justice system. This program is now up and running through Recovery Innovations (RI) International.
- ✦ **New Permanent Supportive Housing Program** - The opening of a new permanent supportive housing tax credit project through First Step House (FSH), housing 75 individuals with serious mental illness. This program was a collaboration between FSH, DBHS, Optum, Housing Connect and the SLC Housing Authority. It opened late summer 2020 with assistance through DBHS for rental subsidies, a supportive living Medicaid benefit, and BH treatment to the residents residing there. This program is at full capacity today.
- ✦ **Additional housing** was made available to support the new women’s residential program and ACT Team, with assistance through Housing Connect as managers of these funds.
- ✦ **Medicaid Enrollment** - DBHS assisted providers in navigating the new enrollment requirements as the state fully expanded Medicaid. Many trainings were held.
- ✦ **Data analysis** - efforts continued to support data driven decisions with alternatives to incarceration efforts, including monthly matching with jail data to inform on program efficacy as it relates to jail recidivism. This effort was made possible in years previous through a data sharing agreement between DBHS and the Salt Lake County Jail.
- ✦ **BH Workforce Capacity** - efforts were made to expand the BH workforce, the biggest barrier to date in access to services. Through the efforts of many, in the 2020 general session, millions of dollars were appropriated to schools to expand the output of behavioral health professionals, and in the form of education/tuition reimbursement to those in the behavioral health field in exchange for serving in a publicly funded program in the state of Utah.
- ✦ **Lost Funding for an Expansion of Utah State Hospital Beds** – due to the impacts of COVID-19, the state legislature cut funding to a great deal of appropriations in the 2020 budget. One of those cuts included a proposed expansion of 30 beds in the Utah State Hospital.

2021

- ✦ **New Women’s Mental Health Dual Diagnosis Residential Program** - DBHS and Optum are working to implement a new MH residential program for men through RI, for the severely mentally ill population, with an anticipated opening in the spring of 2021. Expanding this type of programming became a high priority due to its success in the past and the demand from criminal justice stakeholders as waitlists grew to months.

- ✦ **A Third ACT Team** – Valley Behavioral Health implemented the county’s third ACT team to SAMHSA fidelity.
- ✦ **60-Bed SUD Residential Program** – First Step House plans to open a new 60-bed SUD residential program in 2021.
- ✦ **40-Unit Permanent Supportive Housing Program** – First Step House opened a 40-unit housing program for individuals with acute substance use disorders.
- ✦ **Education on Data Analysis Barriers** - Efforts are ongoing to educate and advocate for the ability to report data across all Medicaid plans, to allow accurate reporting and data driven decisions.
- ✦ **Utah State Hospital Beds** - Additional efforts were made in the 2021 general session to advocate for the funding to expand the number of beds in the Utah State Hospital (USH). A 30-bed expansion was funded in the 2020 general session, but subsequently cut during a special session due to the COVID-19 pandemic response. Over the years, due to a lawsuit to address long wait times for admittance to the USH from jails, the numbers of forensics patients have encroached on the number of beds available to civil patients in need of this level-of-care. There is a great need for this resource, especially as counties continue to fund some of these patients in other hospital settings as they await a bed in the USH (~\$1,000/day). The funding for this effort was passed at the end of the 2021 general session.
- ✦ **New Receiving Center** - Last, but not least, significant efforts are underway to support the implementation of a new non-refusal Receiving Center in Salt Lake County.

Conclusion

In earlier years, many great programs were implemented, some receiving national attention and recognition. But due to the gap in funding for the uninsured population, long waitlists existed for certain services. Nothing interrupted this gap in behavioral health services as much as the various expansions of Medicaid beginning in November 2017. The Salt Lake County provider network expanded from ~170 SUD residential beds to more than ~550, more than tripling capacity (and this does not account for expansions in providers outside of this network). What were once 6-9 month waiting lists for this level of care, are now “openings as needed” in many programs. As the number of Medicaid eligibles grew, DBHS worked to add new Medicaid eligible services to enhance the effort further.

This blend of newfound funding, with a continued eye to services that support this population early on in a person’s illness, such as Mobile Crisis Outreach Teams or a Receiving Center; and those diverting individuals with mental illness or substance use disorders from the criminal justice system such as ACT Teams, MAT programs, and housing, has enabled systems to make seismic shifts never seen before in Utah.

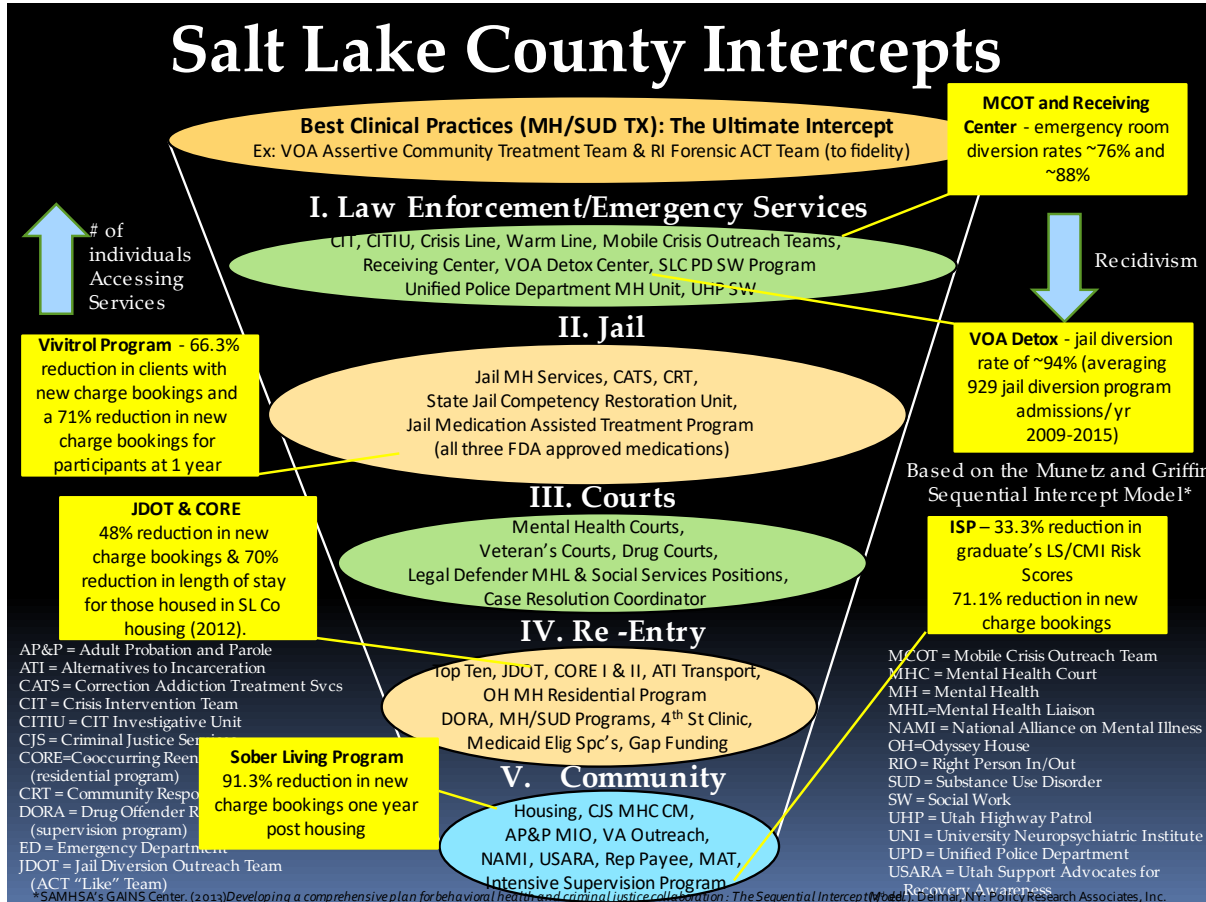
While these shifts occur, analysts need to incorporate data from *all three Medicaid systems*, Legacy Medicaid, Targeted Adult Medicaid (TAM), and Adult Medicaid Expansion (AME). Recent reporting on JRI treatment engagement did not include data from the largest SUD payors for the criminal justice population, TAM and AME (nor engagement for those in employer or private health plans). With no view into TAM or AME data, no longer can county data (reported to the state) solely be relied upon to give a full or accurate picture. Also integral in such reporting will be highlighting outside influencers in data

such as the mass arrests that began in August 2017 as Operation Rio Grande rolled out, the Opioid Epidemic that swept our state and nation, the housing affordability crisis, a BH workforce shortage, and now the impacts of COVID-19.

COVID-19 has impacted services in a great way. Court calendars were dramatically altered resulting in decreases in court-ordered referrals. The jail decreased their census to allow for social distancing. BH providers saw an immediate drop in capacity in detox and residential settings as they incorporated quarantine and isolation protocols, and quickly pivoted their outpatient services to telehealth. As examples, capacity of the County's men's detox program dropped initially to 27% of normal and operates today at 73% capacity, while the largest provider of SUD residential services dropped initially to 50% and today remains at approximately 70% of pre-pandemic levels. Many staff became ill or were too high-risk to work and others saw their duties transfer to COVID related efforts such as ordering and distributing PPE and Rapid Test Kits. Lastly, COVID-19 related state budget reductions cut funding for an expansion of 30 Utah State Hospital beds, a loss felt statewide to providers and residents, but fortunately was restored in the 2021 general session.

In conclusion, the landscape of behavioral health services in Salt Lake County and Utah has changed in a dramatic way in recent years, bringing both unprecedented challenges and opportunities. As the workforce shortage eases, and if funding continues for services outside of Medicaid (such as housing, milieu, drug testing, etc.), and as vaccines become widely distributed, the future looks bright.

Attachment I



Attachment II

March 8, 2018
 1,400 kits distributed
 Spend: \$105,000
 Funding Source: State Targeted Response (STR) Grant

Agency	Kits	Date Received
Odyssey House	500	3/16/2018
Volunteers of America	50	3/16/2018
House of Hope	100	3/14/2018
Project Reality	100	3/15/2018
UofU Assessment and Referral Services	10	3/14/2018
Clinical Consultants	60	3/14/2018
First Step House	50	3/13/2018
Valley Behavioral Health	200	3/21/2018
Sheriff's Office (ISP Program)	30	3/14/2018
Behavioral Health Services	4	3/12/2018
Health Department	296	3/8/2018
Overall	1,400	3/8/2018

April 8, 2019
 3,024 kits distributed
 Spend: \$226,800
 Funding Source: State Opioid Response (SOR) Grant

Agency	Kits	Date Received
Odyssey House	1,000	4/15/2019
Volunteers of America	420	5/20/2019
House of Hope	300	4/12/2019
Project Reality	400	4/15/2019
UofU Assessment and Referral Services	20	5/8/2019
First Step House	200	4/15/2019
Valley Behavioral Health	600	4/18/2019
Sheriff's Office (ISP Program)	24	5/8/2019
Behavioral Health Services	10	5/29/2019
Salt Lake County Criminal Justice Services	50	5/8/2019
Overall	3,024	4/8/2019

July 18, 2019
 204 kits distributed
 Spend: \$15,300
 Funding Source: State Opioid Response (SOR) Grant

Agency	Kits	Date Received
Jail MAT Program	100	7/26/2019
Clinical Consultants	48	10/11/2019
Jail MAT Program	56	11/8/2019
Overall	204	7/18/2019

Attachment III

Medicaid Adult Expansion Report

December 11, 2020



Expansion Enrollment by Subgroup

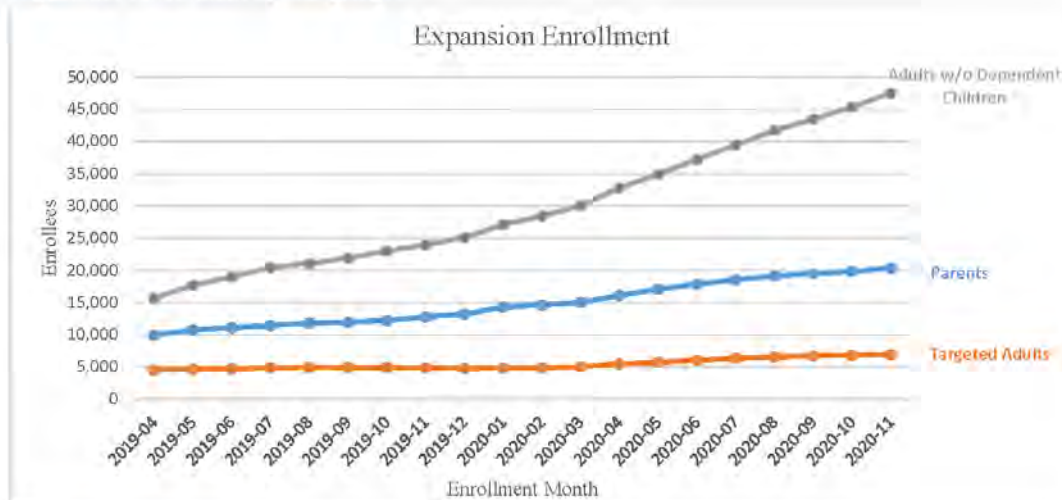


Figure 1
Expansion Enrollment

Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
Adults w/o Dep. Children	15,674	17,721	18,977	20,451	21,066	21,910	22,995	23,999	25,031
Parents	9,975	10,766	11,092	11,453	11,812	11,941	12,198	12,773	13,178
Targeted Adults	4,553	4,682	4,703	4,871	4,931	4,901	4,901	4,878	4,795
Total	30,202	33,169	34,772	36,775	37,809	38,752	40,094	41,650	43,004

Table 1a

Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
Adults w/o Dep. Children	27,152	28,390	30,058	32,818	34,876	37,188	39,465	41,674	43,475	45,378	47,501
Parents	14,286	14,636	15,015	16,126	17,062	17,844	18,529	19,152	19,474	19,846	20,321
Targeted Adults	4,839	4,853	5,018	5,458	5,740	6,061	6,340	6,559	6,740	6,833	6,919
Total	46,277	47,879	50,091	54,402	57,678	61,093	64,334	67,385	69,689	72,057	74,741

Table 1b

Notes:

Enrollment as of December 11, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Expansion Demographics

Last update: October 2020

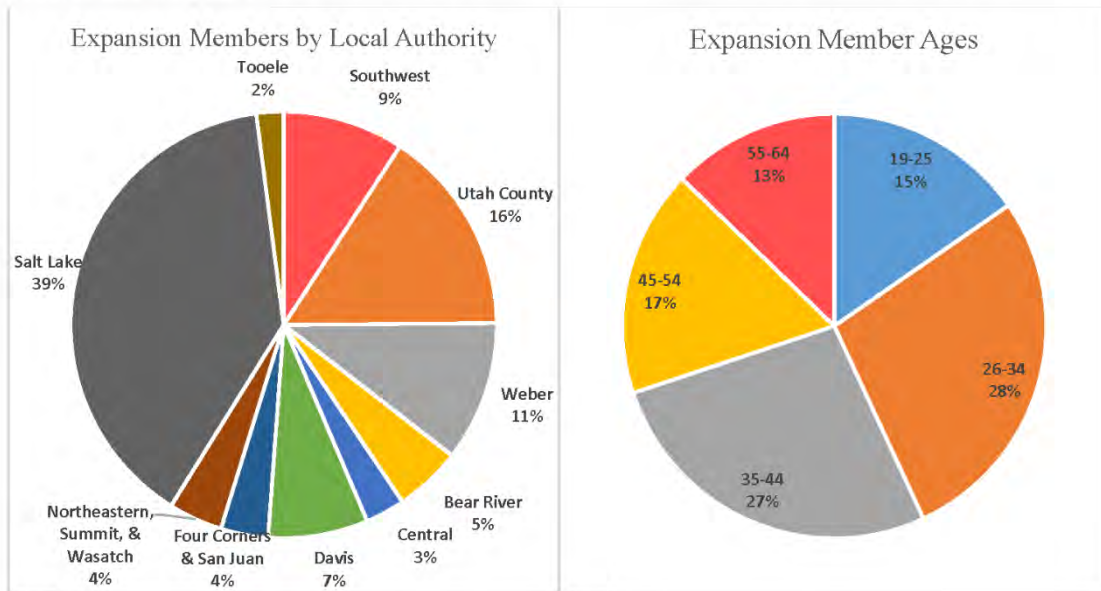


Figure 2

Figure 3

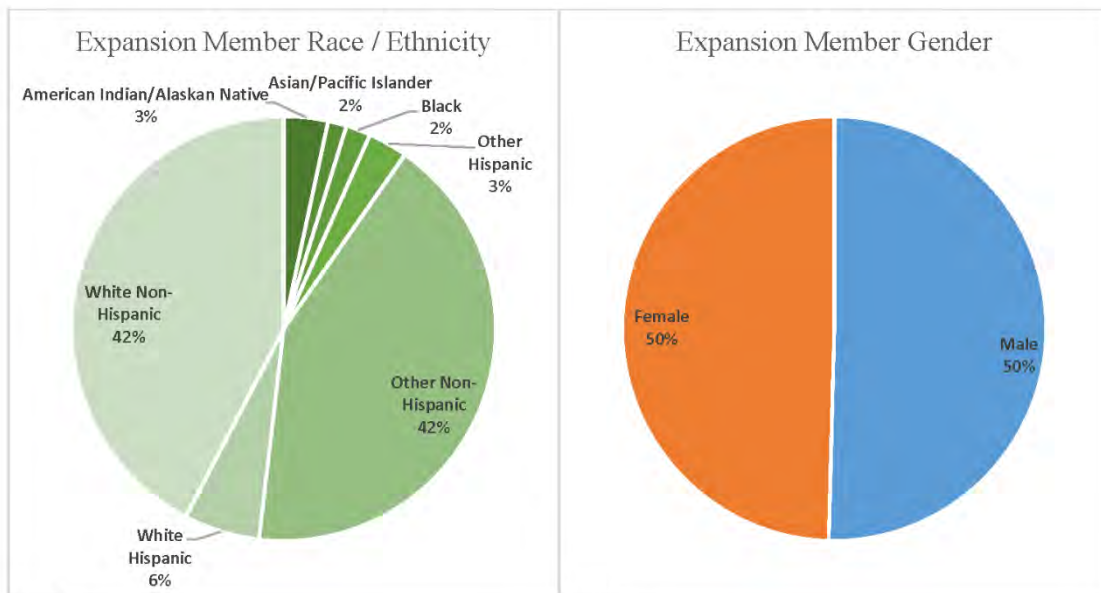


Figure 4

Figure 5

Targeted Adult Medicaid (TAM) Enrollment by Subgroup

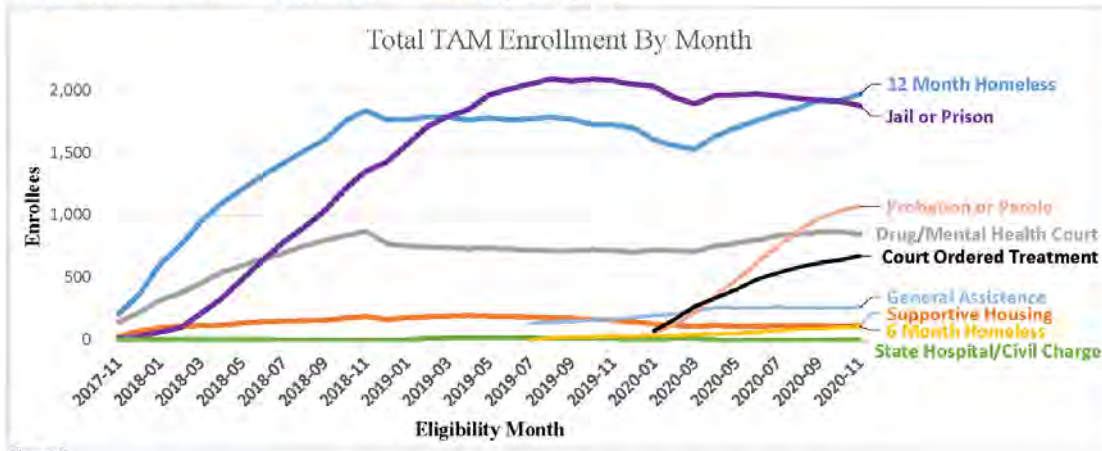


Figure 6
TAM Enrollment by Month

FY 19 Totals	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06
Total	3,042	3,321	3,591	3,975	4,243	4,126	4,256	4,438	4,517	4,553	4,682	4,703

Table 2a

FY 20 Category	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06
12 Month Homeless	1,771	1,786	1,768	1,727	1,723	1,698	1,600	1,552	1,530	1,633	1,701	1,758
6 Month Homeless	*	14	21	24	30	29	35	34	40	47	52	60
Supportive Housing	182	176	172	165	160	143	127	115	108	114	112	112
General Assistance	133	141	147	161	165	178	197	205	236	256	255	259
Court Ordered Treatmnt							72	164	270	337	403	487
Drug/Mental Health Crt	720	712	712	726	714	701	719	711	708	752	777	800
Jail or Prison	2,051	2,090	2,071	2,088	2,075	2,046	2,031	1,941	1,891	1,957	1,961	1,969
Probation or Parole							58	119	223	361	478	617
State Hospital/Civil Chrg	14	12	10	10	11	*	*	12	12	*	*	*
Total	4,871	4,931	4,901	4,901	4,878	4,795	4,839	4,853	5,018	5,458	5,740	6,061

Table 2b

FY 21 Category	2020-07	2020-08	2020-09	2020-10	2020-11
12 Month Homeless	1,816	1,858	1,922	1,916	1,968
6 Month Homeless	76	85	85	97	107
Supportive Housing	115	115	114	112	113
General Assistance	260	259	254	257	261
Court Ordered Treatmnt	538	582	615	639	672
Drug/Mental Health Crt	835	848	862	867	849
Jail or Prison	1,954	1,935	1,918	1,911	1,876
Probation or Parole	746	877	970	1,034	1,072
Total	6,340	6,559	6,740	6,833	6,919

Table 2c

*Domestic Violence and selected months from State Hospital/Civil Charge are suppressed due to low enrollment.

Notes: Enrollment as of December 11, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid Reimbursements

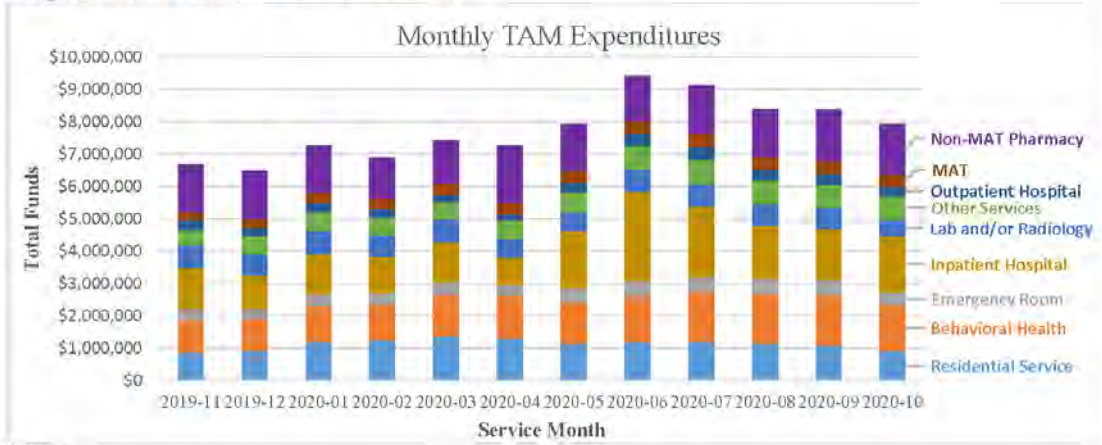


Figure 7

Monthly Expenditures (in 1,000's)		FY20										FY21		
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	Total	
Residential Serv.	\$879	\$932	\$1,198	\$1,259	\$1,366	\$1,298	\$1,142	\$1,185	\$1,189	\$1,144	\$1,101	\$917	\$13,611	
Behavioral Health	\$982	\$952	\$1,096	\$1,060	\$1,282	\$1,325	\$1,290	\$1,422	\$1,540	\$1,534	\$1,537	\$1,417	\$15,436	
Emergency Room	\$369	\$347	\$375	\$393	\$411	\$329	\$443	\$480	\$486	\$492	\$473	\$408	\$5,007	
Inpatient Hospital	\$1,277	\$1,025	\$1,250	\$1,104	\$1,217	\$844	\$1,738	\$2,763	\$2,175	\$1,614	\$1,579	\$1,725	\$18,311	
Lab & Radiology	\$679	\$668	\$703	\$664	\$706	\$577	\$608	\$691	\$675	\$667	\$649	\$507	\$7,794	
Other Services	\$494	\$544	\$601	\$569	\$541	\$580	\$619	\$714	\$768	\$735	\$705	\$752	\$7,622	
Outpatient Hosp.	\$276	\$263	\$293	\$254	\$208	\$201	\$281	\$384	\$409	\$341	\$355	\$292	\$3,556	
MAT	\$266	\$278	\$305	\$308	\$366	\$351	\$365	\$387	\$411	\$385	\$379	\$359	\$4,161	
Non-MAT Pharm.	\$1,480	\$1,486	\$1,440	\$1,276	\$1,323	\$1,747	\$1,458	\$1,401	\$1,466	\$1,478	\$1,598	\$1,578	\$17,731	
Grand Total	\$6,702	\$6,495	\$7,262	\$6,890	\$7,421	\$7,254	\$7,942	\$9,426	\$9,118	\$8,390	\$8,376	\$7,954	\$93,229	

Table 3

Distinct Members Served		FY20										FY21	
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	
Residential Serv.	315	335	419	462	524	484	449	429	414	396	392	351	
Behavioral Health	1,364	1,275	1,423	1,442	1,579	1,608	1,678	1,710	1,645	1,667	1,539	1,442	
Emergency Room	498	509	504	502	556	438	544	577	608	625	619	632	
Inpatient Hospital	96	99	109	102	115	110	168	174	163	152	151	162	
Lab & Radiology	993	1,030	1,140	1,198	1,277	1,134	1,165	1,283	1,230	1,200	1,214	1,109	
Other Services	4,722	4,626	4,486	4,527	4,732	5,225	5,495	5,826	6,084	6,369	6,598	6,722	
Outpatient Hosp.	370	364	422	433	370	361	395	520	579	612	564	573	
MAT	480	506	546	550	605	655	686	735	749	751	771	696	
Non-MAT Pharm.	1,739	1,769	1,809	1,816	1,941	2,005	2,137	2,213	2,242	2,275	2,299	2,359	
Grand Total	4,784	4,674	4,609	4,620	4,818	5,270	5,547	5,878	6,147	6,428	6,643	6,760	

Table 4

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

Expansion Parents Enrollment

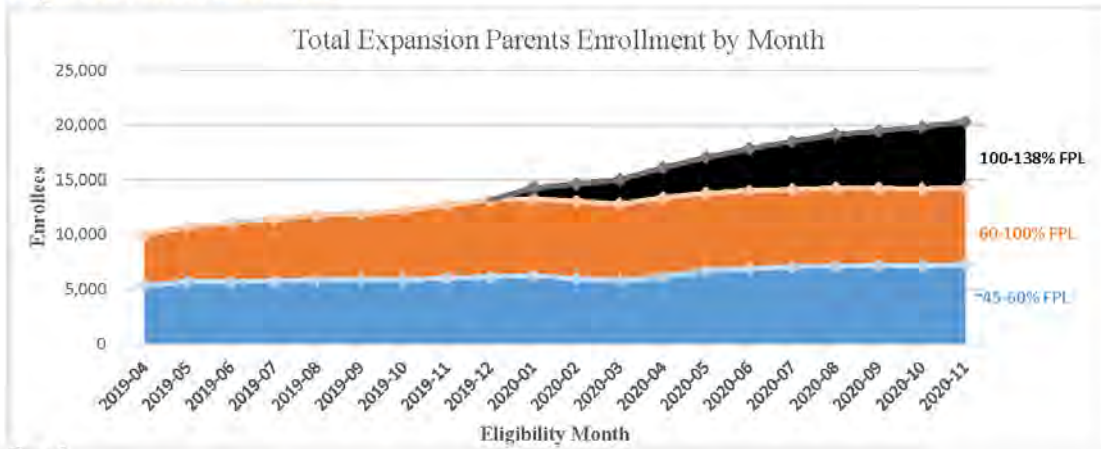


Figure 8

Expansion Parents Enrollment by Month

Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
60-100% FPL	4,594	5,033	5,393	5,654	5,934	5,994	6,271	6,683	7,022
45-60% FPL	5,381	5,733	5,699	5,799	5,878	5,947	5,927	6,090	6,156
Total	9,975	10,766	11,092	11,453	11,812	11,941	12,198	12,773	13,178

Table 5a

Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
100-138% FPL	1,000	1,592	2,192	2,766	3,258	3,840	4,402	4,875	5,226	5,630	6,022
60-100% FPL	7,014	7,061	6,994	7,161	7,083	7,079	7,073	7,158	7,037	7,040	7,026
45-60% FPL	6,272	5,983	5,829	6,199	6,721	6,925	7,054	7,119	7,211	7,176	7,273
Total	14,286	14,636	15,015	16,126	17,062	17,844	18,529	19,152	19,474	19,846	20,321

Table 5b

Notes:

Enrollment as of December 11, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage

Expansion Parents Reimbursements

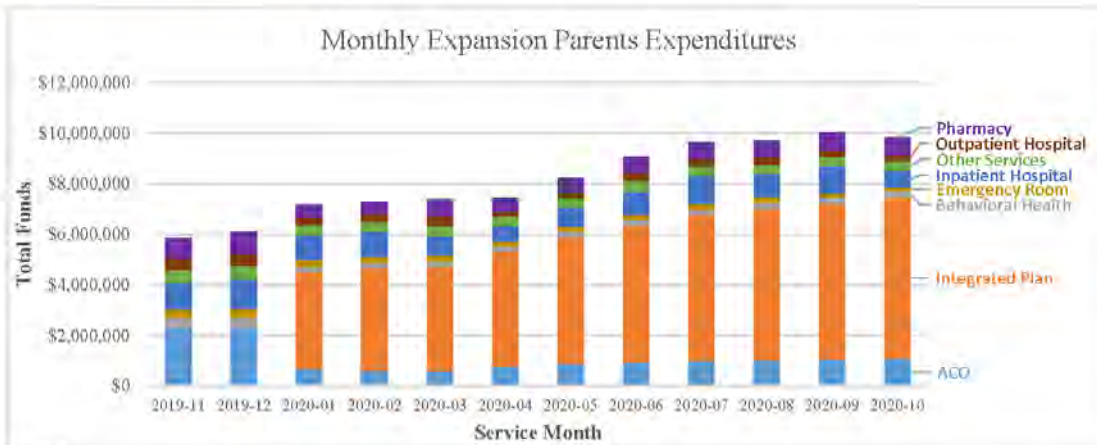


Figure 9

Monthly Expenditures (in 1,000's)		FY20										FY21	
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	Total
ACO	\$2,301	\$2,297	\$673	\$620	\$600	\$788	\$864	\$935	\$989	\$1,015	\$1,048	\$1,087	\$13,217
Integrated Plan	\$0	\$0	\$3,835	\$4,043	\$4,104	\$4,530	\$5,006	\$5,418	\$5,782	\$5,992	\$6,163	\$6,379	\$51,254
Behavioral Health	\$407	\$427	\$206	\$201	\$209	\$217	\$229	\$229	\$229	\$245	\$250	\$242	\$3,090
Emergency Room	\$330	\$325	\$284	\$269	\$277	\$183	\$227	\$190	\$216	\$223	\$157	\$149	\$2,831
Inpatient Hospital	\$1,026	\$1,185	\$965	\$974	\$762	\$614	\$731	\$906	\$1,105	\$926	\$1,071	\$666	\$10,931
Other Services	\$551	\$551	\$417	\$396	\$404	\$392	\$351	\$451	\$390	\$367	\$398	\$386	\$5,052
Outpatient Hospital	\$431	\$445	\$277	\$317	\$377	\$165	\$238	\$312	\$279	\$316	\$229	\$237	\$3,622
Pharmacy	\$810	\$895	\$541	\$479	\$652	\$568	\$593	\$637	\$679	\$634	\$706	\$693	\$7,889
Grand Total	\$5,855	\$6,124	\$7,198	\$7,300	\$7,386	\$7,458	\$8,238	\$9,078	\$9,668	\$9,720	\$10,021	\$9,840	\$97,885

Table 6

Distinct Members Served		FY20										FY21	
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	Total
ACO	4,537	4,539	1,553	1,438	1,417	1,861	2,043	2,202	2,325	2,381	2,436	2,532	
Integrated Plan			7,844	8,283	8,401	9,299	10,263	11,085	11,822	12,257	12,596	13,006	
Behavioral Health	6,314	6,401	3,717	3,858	3,939	4,160	4,369	4,517	4,677	4,847	4,924	5,001	
Emergency Room	388	394	340	299	297	190	217	204	235	219	174	174	
Inpatient Hospital	74	68	78	84	74	50	53	79	77	60	60	46	
Other Services	1,949	1,935	1,331	1,349	1,404	1,199	1,187	1,355	1,259	1,252	1,311	1,278	
Outpatient Hospital	659	638	409	399	367	240	311	398	391	340	341	335	
Pharmacy	3,151	3,284	2,785	2,722	3,004	2,944	3,047	3,286	3,392	3,518	3,594	3,718	
Grand Total	8,783	8,899	12,374	12,870	13,095	14,163	15,252	16,275	17,183	17,674	17,991	18,489	

Table 7

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
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Expansion Adults without Dependent Children Enrollment

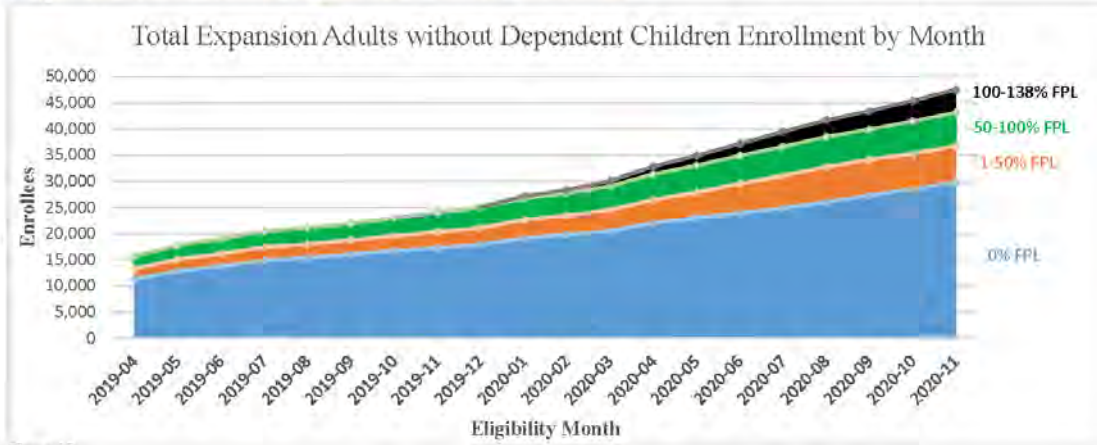


Figure 10

Expansion Adults without Dependent Children Enrollment by Month

Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
50-100% FPL	2,343	2,615	2,824	3,007	3,080	3,164	3,389	3,666	3,889
1-50% FPL	1,996	2,258	2,388	2,547	2,609	2,715	2,870	3,068	3,224
0% FPL	11,335	12,848	13,765	14,897	15,377	16,031	16,736	17,265	17,918
Total	15,674	17,721	18,977	20,451	21,066	21,910	22,995	23,999	25,031

Table 8a

Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
100-138% FPL	390	642	960	1,482	1,849	2,308	2,826	3,163	3,503	3,897	4,383
50-100% FPL	4,142	4,262	4,542	4,843	5,095	5,323	5,574	5,786	5,802	6,211	6,380
1-50% FPL	3,494	3,621	4,058	4,431	4,886	5,625	6,187	6,692	6,863	6,684	6,917
0% FPL	19,126	19,865	20,498	22,062	23,046	23,932	24,878	26,033	27,307	28,586	29,821
Total	27,152	28,390	30,058	32,818	34,876	37,188	39,465	41,674	43,475	45,378	47,501

Table 8b

Notes:

Enrollment as of December 11, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage

Expansion Adults without Dependent Children Reimbursements

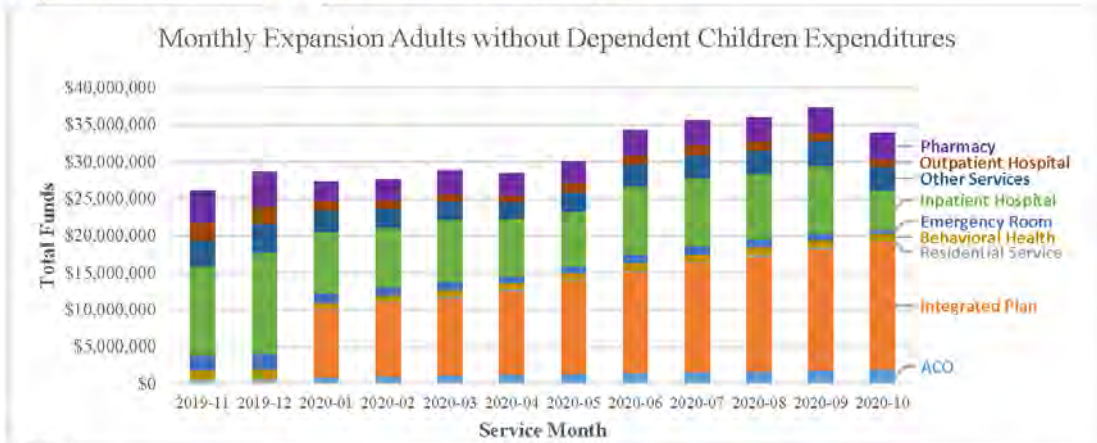


Figure 11

Monthly Expenditures (in 1,000's)		FY20										FY21		Total
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10		
ACO	\$0	\$0	\$967	\$1,050	\$1,097	\$1,234	\$1,373	\$1,514	\$1,634	\$1,751	\$1,842	\$1,972	\$14,432	
Integrated Plan	\$0	\$0	\$9,056	\$9,864	\$10,406	\$11,328	\$12,508	\$13,640	\$14,667	\$15,440	\$16,315	\$17,179	\$130,403	
Behavioral Health	\$1,182	\$1,241	\$817	\$832	\$875	\$862	\$874	\$933	\$984	\$1,050	\$996	\$1,020	\$11,665	
Emergency Room	\$1,990	\$2,130	\$1,250	\$1,153	\$1,146	\$885	\$966	\$1,115	\$1,116	\$1,060	\$868	\$572	\$14,251	
Inpatient Hospital	\$12,136	\$13,709	\$8,299	\$7,983	\$8,393	\$7,796	\$7,378	\$9,238	\$9,157	\$8,769	\$9,206	\$5,318	\$107,382	
Other Services	\$3,506	\$3,787	\$2,919	\$2,599	\$2,558	\$2,272	\$2,595	\$3,044	\$3,155	\$3,271	\$3,377	\$3,219	\$36,303	
Outpatient Hosp.	\$2,390	\$2,387	\$1,320	\$1,167	\$995	\$832	\$1,290	\$1,204	\$1,426	\$1,269	\$1,045	\$988	\$16,314	
Pharmacy	\$4,347	\$4,745	\$2,611	\$2,758	\$3,181	\$3,046	\$2,831	\$3,377	\$3,308	\$3,202	\$3,364	\$3,516	\$40,286	
Residential Serv.	\$623	\$704	\$160	\$191	\$227	\$209	\$203	\$195	\$180	\$233	\$235	\$111	\$3,271	
Grand Total	\$26,174	\$28,704	\$27,401	\$27,597	\$28,876	\$28,463	\$30,018	\$34,260	\$35,626	\$36,044	\$37,248	\$33,895	\$374,307	

Table 9

Distinct Members Served FY20		FY21											
Service Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	
ACO			2,065	2,249	2,364	2,650	2,973	3,282	3,540	3,808	4,028	4,340	
Integrated Plan			15,587	17,060	18,050	19,708	21,872	23,964	25,856	27,301	28,929	30,566	
Behavioral Health	2,601	2,596	6,469	6,700	7,059	7,472	7,907	8,418	8,783	9,296	9,569	9,914	
Emergency Room	2,392	2,535	1,364	1,328	1,328	1,014	1,056	1,137	1,181	1,096	1,011	829	
Inpatient Hospital	800	830	575	531	528	453	476	545	533	536	494	413	
Other Services	22,432	23,365	25,419	26,653	27,774	30,676	32,749	35,029	37,068	39,156	41,145	43,327	
Outpatient Hosp.	2,753	2,899	1,187	1,084	942	755	900	1,115	1,038	1,026	1,028	942	
Pharmacy	9,013	9,445	7,560	7,935	8,443	8,481	8,911	9,632	10,005	10,311	10,716	11,264	
Residential Serv.	239	284	70	66	53	40	50	58	45	46	50	36	
Grand Total	23,027	24,012	26,530	27,750	28,970	31,769	33,811	36,142	38,236	40,296	42,201	44,233	

Table 10

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
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2025 General Session Legislative Updates

CJAC 2025

USA AV+ & UBHC POLICY COMMITTEES HAVE NOT MET YET

USA AV+ BILL TRACKER LINK [HERE](#)

Bills

H.B. 56 Civil Commitment Modifications - Rep Eliason

- Removes the requirement to notify law enforcement if a person no longer meets criteria for a CC (a problem with federal privacy laws)
- Adds LA designees in certain efforts
- No longer requires certain items in the client's discharge plan, such as a list of diagnostic tests conducted, etc., and allows a paper or electronic format.

Positive modifications – no concerns, somewhat of a clean-up bill

Bills

H.B. 63 Criminal Justice and Mental Health Coordination Amendments - Rep Daily Provost

- Requires local mental health authorities to designate an individual/s responsible for providing consultation, education, and information concerning guardianship and conservatorship options;
- Requires the Division of Integrated Healthcare to adopt and maintain, and certain designated examiners to complete, an annual training program relating to civil commitment;
- Creates a Crisis Response Task Force

Task force duties are:

- Review the interaction of criminal justice systems and mental health systems; and
- Based on the review, make recommendations regarding the specific parameters of a study that could be conducted to provide necessary data to guide the design of a pilot program; etc.

It seems more efficient that a network of providers receive training on how to connect individuals with experts in guardianship and conservatorship options, rather than employ their own experts. If this were to pass, we would request a fiscal note to accomplish this. The BH Commission already has a Crisis Committee (doing great work for the last 8 years). A crisis response task force seems duplicative.

Bills

S.B. 44 Professional Licensure Background Checks - Sen Vickers

- ▶ Standardizes the requirements for a criminal background check for licensure in certain professions;
- ▶ Clarifies the circumstances under which the Division of Professional Licensing revokes a license, as that revocation applies to a criminal background check

No concerns. It would be nice to add language specifying that if a person has a criminal conviction, and it can be determined that the crime was due to substances being involved, that the applicant would have an automatic review before the Board to be able to discuss the case and that the Board had the ability to override the revocation due to that specific criminal offense.

Bills

S.B. 48 Behavioral Health Amendments - Sen McKell

- Expands the scopes of practice for mental health therapists; and
- Creates the Mental Health Professionals Education and Enforcement Fund (educating on the licensing process, etc.)

No concerns (tightens language but little change in scope – limited dollars for the education component).

S.B. 65 Medication Assisted Treatment Amendments - Sen Plumb

- Preclude each licensed residential treatment program and each licensed recovery residence from refusing to accept a client based solely on the client's use of medication assisted treatment consistent with the recommendation of a licensed prescriber or provider; and
- Require each licensed residential treatment program and each licensed recovery residence to allow a client to receive medication assisted treatment as recommended by a licensed prescriber or provider

Great bill!!!

Other

Will be watching for housing related bills – housing is healthcare

State support for behavioral health services continues to be out of balance (statutorily an 80/20 match), significantly impacting a county's ability to bring on new programs (due to a shortfall in Medicaid Match dollars) – not likely to see a remedy for this in the 2025 session

SSA's LFA Proposed BH Provider Rate Reductions – Will Monitor

Always the potential for unfriendly bills related to Medicaid

There are a number of Criminal Justice related bills impacting the population we serve.

Will defer to CJAC stakeholders to address those.

Examples include:

- ▶ H.B. 31 Offender Information Amendments - Rep Ballard (implement a portal available to offenders that provides information on debts, such as restitution, court cost, fines, tax obligations, alimony, child support, etc.)
- ▶ H.B. 87 Drug Trafficking Amendments - Rep Gwyn (This bill makes trafficking fentanyl a First-Degree Felony)



Questions?

BHSAC Presentation

September 5, 2021

Housing Programs

Housing Partnerships with Housing Connect

HARP Program

Tenant-based rental assistance for ~60 vouchers

Project RIO

~55 master leased units

State Hospital Diversion

~60 project-based placements

Central City (FSH)

75 units of permanent supportive housing

Denver Street (VOA)

22 units of permanent supportive housing

The Theodora (VOA)

13 units of H2016-supported housing

Sunstone and Jasper

30 units of H2016-supported housing

Fisher House (FSH)

6 units of project-based assistance

Housing Partnerships with Housing Connect

Project RIO

~55 master leased units

Referral Partners:

- VBH's CORE 1 & 2 and JDOT
- VOA's ACT Team
- OH's FACT Team and MH Residential Programs
- Other providers upon DBHS approval

Specifics

- Rental assistance, security deposits and renter's insurance
- County General Fund (at times, Medicaid savings and DSAMH grant funds)
- 50% or more criminal justice involved with a focus population on individuals with SMI
- Clients required to pay up to 30% of the average monthly household income towards rent.

HARP Program

Tenant-based rental assistance for ~60 vouchers

Referral partners:

- SLCo BHS SUD Network
 - VOA ACT
- Optum
- Other providers upon DBHS approval

Specifics

- Rental assistance, deposits and holding fees
- County General Fund
- 50% or more must be criminal justice involved
- Clients required to pay up to 30% of the average monthly household income towards rent.

Housing Partnerships with Housing Connect

State Hospital Diversion

~60 facility-based placements

Referral partners:

- VOA's ACT Team
- OH's FACT Team and MH Residential Programs
- Optum: PBS and VBH
- Other providers upon DBHS approval

Specifics

- Rental assistance and security deposits
- Medicaid savings and County General Fund
- Clients transitioning from USH or other inpatient hospitalization, or at risk of hospitalization
- Focus on SMI population
- Clients required to pay up to 45% of the average monthly household income towards rent

Fisher House (FSH)

6 units of project-based assistance

Referral partners:

- Mental Health Court
 - Network providers

Specifics

- Rental assistance and security deposits
- County General Fund
- Focus on the SMI population
- Clients required to pay up to 30% of the average monthly household income towards rent

Housing Partnerships with Housing Connect

Central City (FSH)

75 units of permanent supportive housing

Referral partners:

- Optum (Disability Medicaid)
- Network Providers

Specifics

- Individual LIHTC-supported apartments
- Vouchers funded through City (25) and County (25) Housing Authorities and DBHS [(25) Medicaid savings)
- Security deposits and move-in costs funded through philanthropic efforts by FSH
- Project bills program-specific supportive living rate (H2016)
- Focus on SMI population
- Clients required to pay up to 30% of the average monthly household income towards rent

Denver Street (VOA)

22 units of permanent supportive housing

Referral partners:

- VOA ACT Team

Specifics

- Individual LIHTC-supported apartments
- Monthly housing subsidy funded by DBHS for all units (Medicaid savings)
- \$400k startup contribution in Medicaid savings
- Project bills program-specific supportive living rate (H2016)
- Focus on SMI population enrolled in treatment with the VOA ACT Team
- Clients required to pay up to 30% of the average monthly household income towards rent

Housing Partnerships with Housing Connect

The Theodora (FSH)

13 units of H2016-supported housing

Referral partners:

- Optum (Disability Medicaid)
- Network Providers
 - Must be affiliated with outreach teams

Specifics

- Boarding home style living
- Monthly rental subsidy supported by County
- Clients required to pay up to 30% of the average monthly household income towards rent
- Project bills program-specific supportive living rate (H2016)
- Focus on SMI population

Sunstone and Jasper

30 units of permanent supportive housing

Referral partners:

- Optum (Disability Medicaid)
- Network providers
 - Must be affiliated with outreach teams

Specifics

- Boarding home style living
- Monthly rental subsidy supported by County
- Clients required to pay up to 30% of the average monthly household income towards rent
- Project bills program-specific supportive living rate (H2016)
- Focus on SMI population
- Former Evergreen facilities—ongoing repairs and remodel funded through Medicaid savings (~350k)

Other Housing Partnership

Salt Lake County Sober Living

Houses ~300 individuals monthly; over 3,000 referred since 2017

Referral Partners:

- Salt Lake County Treatment Network
- Drug Court
- SLCo Jail CATS Program
- SLCo Intensive Supervision Probation
- AP&P (through PATR)
- Other providers upon DBHS approval

Specifics

- DSAMH grant funds, any overspend covered in Medicaid savings (up to \$500k annually)
- SUD clients coordinated through the referral partners above
- *Up to 12 months of subsidized sober housing
- Clients required to contribute 30% of income towards rent or qualified debts

Additional Housing

Treatment Network Housing Examples

Valley Behavioral Health:

- Projects like Valley Woods, Plaza, etc.
 - Provide H2016 rate specific to program, services and size of facilities

Odyssey House

- Network of individual and family sober housing units (some funded with sober living voucher program)

First Step House

- Additional PSH project—Medina Place Apartments (40 units next to Central City)
- Network of individual sober housing units (some funded with sober living voucher program)

House of Hope

- Finalizing 13-unit sober living project utilizing ARPA funds for women, and women with children
 - Former Ronald McDonald House on South Temple

Questions?

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Civil Commitment: Process and Opportunities

Overview

This report summarizes the process and discusses problems concerning civil commitment in Utah. It is informed by the June 12, 2024 Salt Lake County Criminal Justice Advisory Council meeting in which a panel of experts convened to discuss this topic.

Civil commitment touches many parts of our criminal justice and public health systems. Individuals who engage with this process do so for a variety of reasons and experience a variety of outcomes. The information captured here provides background context to support policy solutions. It is not a comprehensive overview of civil commitment.

What's our goal?

The goal of civil commitment is to kick-start treatment for people with very serious mental health conditions. Whether treatment succeeds depends on the coordination of follow-up care and the individual's level of engagement.

Key Terms

Civil Commitment

A legal status that mandates treatment in the least restrictive environment available.

Pink Sheet

An emergency application by a law enforcement or mental health officer that allows someone to be held for evaluation, no more than 72 hours.

Blue Sheet

An emergency application by someone who knows the patient and signed by a doctor that allows someone to be held for evaluation, no more than 72 hours.

White Sheet

An application to a court initiating the process of ordering an involuntary commitment for required treatment.

Major Takeaways

No Expungement

Once someone has been civilly committed, that record is captured in a federal system, which can create barriers long after recovery.

No Guarantee of Treatment

A pink or blue sheet only gets a person assessed at a hospital. Once there, they may be held longer, released, or voluntarily enter treatment.

Right to Refuse

Once civilly committed, a person still has the right to refuse treatment, and there are no legal consequences for noncompliance.

A Status, Not a Place

There is no one place that people go to receive care after being civilly committed. Many people return to their previous environment either right away or after spending 3-7 days in treatment.

Temporary Commitment (26B-5-331)

An individual may be **temporarily transported** to an emergency room or facility designated by the local mental health authority and **held for evaluation** under either:

- **Pink sheet:** A peace officer or mental health officer has probable cause to believe that, because of a mental illness, the adult poses a substantial danger to self or others **and** has completed a temporary commitment application.
- **Blue sheet:** A responsible individual submits an application **and** a licensed physician or approved medical staff issues a certification that they have examined the adult within 3 days prior to the certification and deemed that because of a mental illness, the adult poses a substantial danger to self or others.

The individual **cannot be held longer than 72 hours** unless:

1. The individual is willing to be hospitalized under **voluntary commitment** OR
2. An **application for involuntary commitment (white sheet)** has been started, which may be accompanied by an order of detention described in Subsection 26B-5-332(3).

Involuntary Commitment (26B-5-332)

In Salt Lake County, mental health authorities are careful **not to pursue involuntary commitment** if there is an **alternative**. After a crisis has passed, many patients either agree to **enter treatment voluntarily** or **return to their prior environment**.

White sheet: Any reasonable person who has knowledge that an individual is in need of treatment may start the process by filing a written application with the district court. This application must include a statement whether the proposed patient has **previously been under an assisted outpatient treatment order**, if known, and one of the following:

- A **certificate of a licensed physician, psychiatric mental health nurse practitioner or a psychiatric mental health clinical nurse specialist** stating that within the seven-day period immediately preceding the certification they have examined the individual and determined that the proposed patient has a mental illness and should be involuntary committed; or
- A written statement by the applicant that the proposed patient has **refused to submit** to an examination of mental condition by a licensed physician.

Once the application is submitted to the district court, the court may:

- Direct a **professional to interview** both the petitioner and proposed patient.
- Issue an order to immediately **place a proposed patient in the custody** of a local mental health authority or in a temporary emergency facility for the purpose of examination if:
 - There is a reasonable basis to believe the patient has a mental illness that **poses a danger** to self or others; or
 - The proposed patient **refuses to submit** to an interview with a mental health professional as directed by the court.

Under 26B-5-334, an individual may be detained in their home or any other suitable facility.

- If the court issues a detention order for purposes of an examination, they must assign two designated examiners to examine the individual within 24 business hours.
- Set a time for a hearing within 10 calendar days after the day the examiners are appointed
- Provide notice of the commencement of involuntary commitment proceedings.
 - Before the hearing, notify the individual of their right to be represented by counsel or appoint counsel for the individual.

Commitment Hearing

The court may terminate the proceedings at any time prior to the hearing if informed that the individual:

- Doesn't meet the criteria under 26B-5-332(16);
- Has agreed to voluntary commitment (26B-5-360)
- Has acceptable treatment options without a court order; or
- Meets the criteria for **assisted outpatient treatment**.

Once an **Involuntary Commitment hearing** has been conducted, if the individual has not accepted voluntary treatment, the individual will either:

- Be **discharged** (26B-5-332 (16)(b)(iii))
- Be **committed**, if the court finds clear and convincing **evidence** that:
 - The individual has a mental illness which proposes a **substantial danger** to self or others,
 - The individual lacks the ability to engage in a **rational decision-making** process,
 - There is **no appropriate less-restrictive alternative**, and
- The local mental health authority can provide the individual with **treatment that is adequate and appropriate**; or **[New 2024]** The individual has been charged with a **criminal offense** and:
 - has been found **incompetent to proceed** as the result of a mental illness,
 - Has a **mental illness**,
 - Has **persistent unawareness** of their mental illness and the negative consequences or has **unreasonably refused** to undergo requested **mental health treatment** in the previous six months, and
 - the local mental health authority can provide the individual with **treatment that is adequate and appropriate**.

An individual may be considered for **assisted outpatient treatment** under 26B-5-351, if the court finds the criteria are not met but the individual has a mental illness. (26B-5-332(16)(b)(i)).

What happens next?

If someone is **committed**:

- The order of commitment shall **designate the period** for which the patient shall be treated.
 - The initial period may **not exceed six months** without a review. If after the review the staff of the local mental health authority finds that the conditions still exist, the court may extend the commitment for an indeterminate period.
 - In Salt Lake County, **30, 60, and 90 day** commitment orders are common. After this period, a **review hearing** is held. If the patient **does not appear** at this hearing, another 30 day order is typically issued.
- If at any point in the review the court finds that the **conditions no longer exist**, the individual will be **discharged**.

After a commitment order has been issued, a patient is required to receive treatment in the **least restrictive environment** available. In practice this can mean:

- The patient is enrolled in an **outpatient care** program and **returns to the community**.
- The patient is enrolled in an **inpatient care** program, which typically lasts **3-5 days**, and then **returns to the community** to continue receiving treatment.

A patient retains the **right to refuse treatment**. In this case, they must be notified that they are **out of compliance**, but they **cannot be detained** unless they **pose a danger** to themselves or others.

System Gaps

The June 12, 2024 CJAC meeting highlighted **pressing challenges** facing system administrators. Each merits closer study with system experts.

Each step in the civil commitment process is **highly discretionary**. This can lead to **breakdowns in trust and communication** across systems.

There is not enough **supportive housing** available in Salt Lake County to reliably place patients in **positive environments** in the community.

Handoffs to community-based treatment present **coordination challenges** for health care providers. When patients **miss appointments** or experience **further crises**, they often restart the process.

After someone has been held on a **pink sheet**, follow-up is limited to **one or two phone calls**. There can be **more follow-up** for people who are **civily committed**.

Insurance **industry practices** do not support the **level of services** that many patients need.

When someone is civilly committed, it **does not guarantee** that they will be **held** in a specific facility or **participate** in a treatment program.

There are **few supportive options** after temporary commitment, and there is **no middle-ground** between voluntary and involuntary commitment

Treatment addresses **one area** of a patient's need, but **support** in housing, career development, and community building can also be necessary.

Emergency rooms can be **loud and chaotic**. They are **difficult places to stabilize** a person in crisis.

Law-enforcement and clients can experience **long wait-times** in emergency departments.

There is **no consistent coordination** between civil commitment court hearings and **criminal cases**.

Opportunities

The Mayor's [Human Services, Homelessness, and Criminal Justice Action Plan](#) provides a framework to support **comprehensive solutions** across the overlapping behavioral health, housing, homelessness, and criminal justice ecosystems. The plan includes or aligns with the following opportunities.

As the **HOME Court program** is developed and implemented, it could become a mechanism that **connects individuals** with serious mental health conditions to **supportive housing opportunities** and helps community members **retain their housing** as they pursue recovery.

The current [Huntsman Mental Health Receiving Center](#) has **reduced bottlenecks** and **provided effective care** to individuals in crisis. The new [Carolyn and Kem Gardner Crisis Care Center](#), scheduled to open in **early 2025**, will offer **expanded services in a central location**. The new facility will reduce the number of involuntary commitments filed and promote supportive alternatives temporary commitment.

Many clients state that **assisted outpatient treatment (AOT)** is a better option than commitment because it **does not carry the same collateral lifetime effects**. For cases in which inpatient care is needed, a **new statute** that permits a **court-ordered stay** at a treatment facility followed by a community treatment plan could offer **an alternative to involuntary commitment**.

Continuing to address **barriers to information** sharing can help law enforcement and mental health officers **better engage** with individuals in crisis. **Educating** law enforcement and emergency department staff on the **commitment process** will improve their ability to provide effective interventions.

Our Team

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Resources

Salt Lake County Behavioral Health Services

<https://slco.org/behavioral-health/>

Utah Department of Health and Human Services

<https://sumh.utah.gov/providers/civil-commitment/>

Disability Law Center

<https://disabilitylawcenter.org/resources/>

Utah State Legislature: Adult Civil Commitment

<https://le.utah.gov/interim/2023/pdf/00002980.pdf>

Treatment Advocacy Center

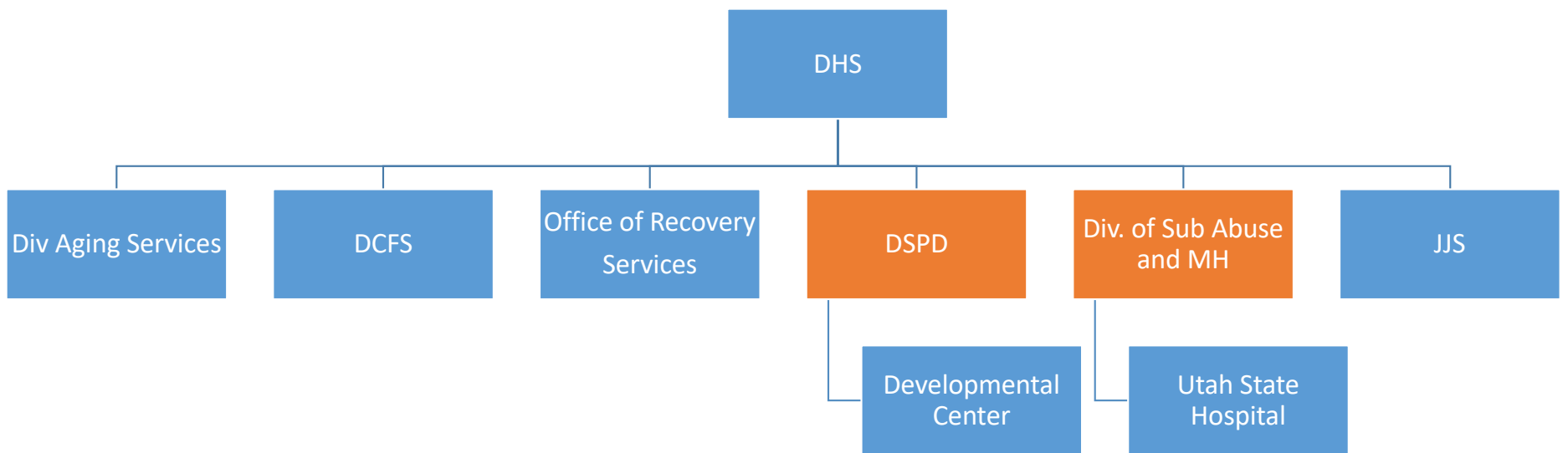
https://www.treatmentadvocacycenter.org/map_directory/utah/

**Utah Substance Use and Mental Health
Advisory Council**

<https://justice.utah.gov/usaav/>



Competency to Proceed v. Civil Commitment



Competency To Proceed v. Civil Commitment

PURPOSE

Due process prohibits trying the incompetent defendant

PURPOSE

Preventing harm and providing care to persons with mental illness who need treatment

Competency To Proceed

Rationally and factually understand the criminal proceedings

Consult with legal counsel with a reasonable degree of rational understanding in order to assist in the defense

Engage in reasoned choice of legal strategies and options

Types of evaluation S

Competence to make medical decisions

Competence to make financial decisions

Capacity to Waive Miranda Rights

Evaluation of Parenting Capacity in Child Protection

Evaluation for Civil Commitment

Competency v. Insanity

- **Entirely different evaluations**
- Competency is a “here-and-now” determination and relates to whether defendant is fit to be tried in a criminal matter
- Mental state defense inquiry, i.e., insanity, diminished capacity, special mitigation, is a “then-and-there” determination and relates to criminal responsibility

Competency Restoration

Treatment is specific to competency to proceed restoration

Can occur in the community, SL County Jail Competency Restoration Unit (CRU), or the Utah State Hospital

Restored to competency/legal process moves forward

Competency Misdemeanor Cases

Unless the prosecutor indicates that civil commitment proceedings will be initiated under Subsection 77-15-6(5)(c), a court shall release a defendant who is incompetent to proceed if:

- the most severe charge against the defendant is no more severe than a class B misdemeanor;
- more than 60 days have passed after the day on which the court adjudicated the defendant incompetent to proceed; and the defendant has not been restored to competency.

A court may dismiss the charges against a defendant who was released

Incompetent to proceed without a substantial probability that the defendant may become competent in the foreseeable future

...the court shall order the defendant released from commitment to the department, unless the prosecutor informs the court that commitment proceedings pursuant to [Title 62A, Chapter 5, Services for People with Disabilities](#), or [Title 62A, Chapter 15, Substance Abuse and Mental Health Act](#), will be initiated.

If the defendant is civilly committed, the department shall notify the court that adjudicated the defendant incompetent to proceed at least 10 days before any release of the committed individual

The 1950s

Inability to Function in
Community?

State Hospital

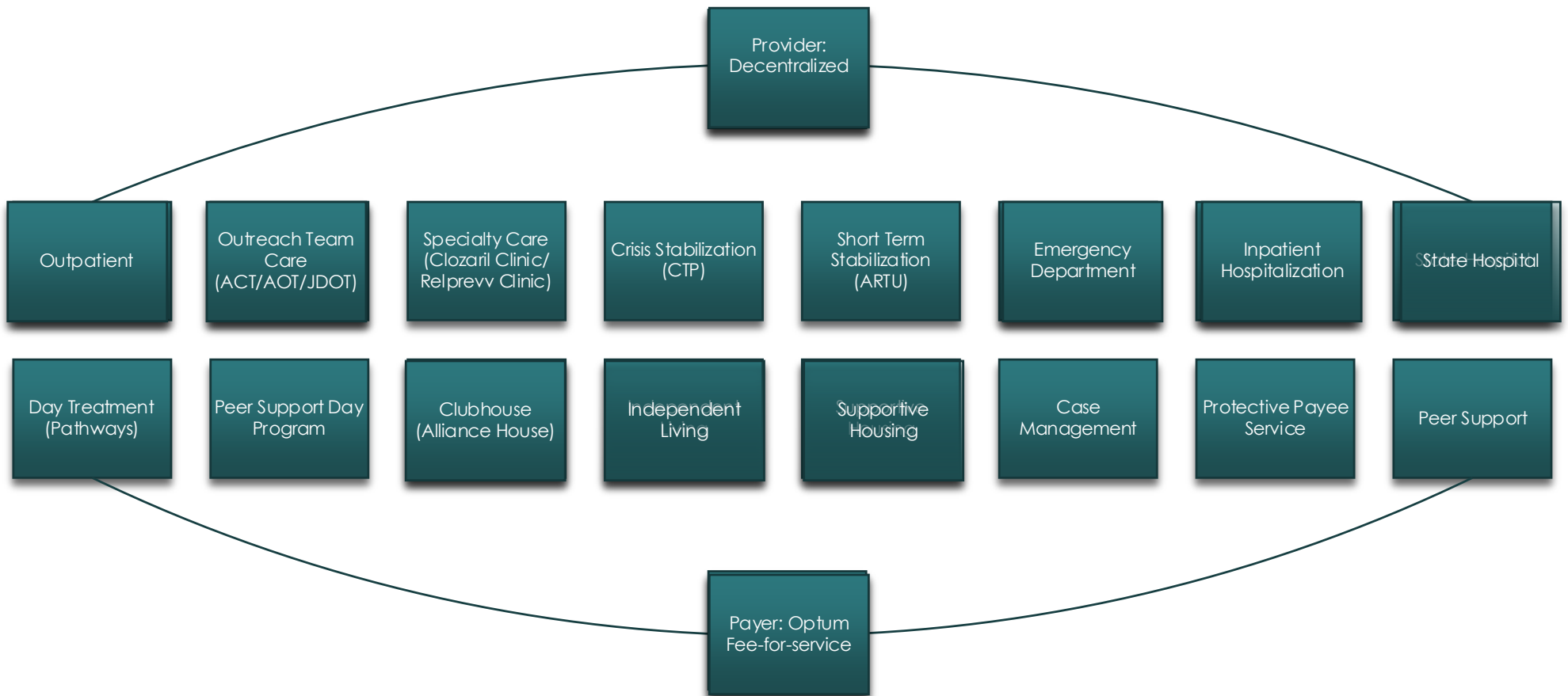
Total Population: 783,000
Total State Hospital Beds: 1,500
1 bed per 500 citizens
Some received treatment and release
Many spent their entire lives there
Serious concerns about care and treatment
1963: Community Mental Health Act

The 1970s-Now

Unable to Function in
Community?

Least Restrictive Setting

Total Population: 3,206,000
Total State Hospital Beds: 324 Beds
1 bed per 10,000 citizens
Few "long term patients"





Salt Lake City's
**Diversified Response Teams
Draft Overview**



Table of Contents

- INTRODUCTION.....1**

- TEAM PROFILES**
 - **COMMUNITY CONNECTION TEAM (CCT).....2**
 - **COMMUNITY HEALTH ACCESS TEAM (CHAT).....3**
 - **MEDICAL RESPONSE TEAM (MRT).....4**
 - **COMMUNITY RESPONSE TEAM (PCRT).....5**
 - **DOWNTOWN STREET AMBASSADORS.....6**
 - **PARK RANGERS.....7**
 - **HOMELESS ENGAGEMENT AND RESPONSE TEAM (HEART).....8**
 - **RAPID INTERVENTION TEAM (RIT).....9**

- CURRENT DATA OVERVIEW.....10**

- 2024 BIENNIAL SURVEY RESULTS OVERVIEW.....17**

- SYSTEM-WIDE OVERVIEW.....22**

- DATA RECOMMENDATIONS & NEXT STEPS.....26**

Salt Lake City's Diversified Response Teams

OVERVIEW

INTRODUCTION

Salt Lake City has made significant strides in expanding its emergency and non-emergency response options, through diversifying our responses. This approach tackles mental health and psycho-social needs head-on, supports individual and community needs related to homelessness, and paves the way for a more comprehensive and compassionate approach to supporting all community members. The City has seven different response models across 5 departments and another that operates through the Downtown Alliance.

COMMUNITY & NEIGHBORHOOD

Homeless Engagement And Response Team (HEART)

POLICE

Community Connection Team (CCT)
Community Response Team (PCRT)

PUBLIC LANDS

Park Rangers

FIRE

Medical Response Team (MRT)
Community Health Access Team (CHAT)

PUBLIC SERVICES

Rapid Intervention Team (RIT)

DOWNTOWN ALLIANCE

External Partner:
Downtown Street Ambassadors

While these teams who fall under the umbrella of diversified response could be thought to do the same or similar work as others, they serve a wide variety of functions across a spectrum spanning safety, health, general support, and mitigation. The graphic below shows at a high level where each group may fall within the spectrum. This will be explored more in the system-wide overview later on.



It's noticeable that there are some overlaps in services provided, some of which may be complimentary (or not overlapping in other ways such as geographic location) and others may be duplicative. The following sections explore team profiles, available data, highlights from the 2024 biannual survey, a system-wide analysis, and recommended next steps.

Community Connection Team (CCT)

POLICE

OVERVIEW

The Salt Lake City Police Department's Community Connection Team (CCT) and its Crisis Intervention Team (CIT) works to provide a safe environment for community members to access individualized care, support, and appropriate community resources. While every SLCPD officer is trained and certified in crisis intervention techniques, there is a squad of officers with specialized training who work alongside the CCT. The SLCPD CIT includes specially trained law enforcement officers trained with tactics to effectively deal with a situation involving a person experiencing a mental health crisis. SLCPD works with licensed clinical social workers and case managers who respond into the field to help on a variety of calls for service and need.

ADOPTED DATE

2016

OPERATING HOURS

Sunday - Saturday, 8:00 AM to 12:00 AM

RESPONDING FROM

The Community Connection Center: 925 S. West Temple St.

RESPONSE PARAMETERS

The CCT and CIT detectives will respond and handle calls for service with other sworn employees of all ranks. If an officer arrives to a call and recognizes that mental health support is needed, they may request social workers, if they are on-duty and available.

STAFF RESPONDING

Licensed clinical social workers handle calls for service by phone when appropriate but often respond together (two per car). They also ride as partners with CIT detectives when the detectives are available or may be for safety or investigative reasons. LCSWs also meet in-person with clients for therapy sessions.

Police have a total of 17 social workers.

DISPATCH PROCESS

On-call hotline, 911 Dispatch, or request from officers on scene.

ACHIEVEMENTS

Highlighted data from 2023 and includes Co-Response Team and Social Worker Team data.

1,106

Calls CIT Detectives
Co-Responded to

1,381

Calls Social Workers
Co-Responded to

3,528

Social Workers
Services/Referrals
Offered YTD

374

Community Health Access Team (CHAT)

FIRE

OVERVIEW

The Community Health Access Team (CHAT) is comprised of 7 social workers (4 of whom are teamed up with 4 Medical Response Team (MRT) crews in Operations) and 2 Community Health Coordinators (CMC) in the PSB, which are Firefighter/EMT or Paramedics. They work under the direction of Fire's Medical Services Division. They assist city residents, visitors, and community groups during crisis events, from mental health, substance use/abuse, traumatic incidents/loss, as well as many other medical emergency situations. They offer on-site support through 911 dispatch or referrals which reduce the necessity for hospital visits, PD intervention, heavy apparatus response, and unnecessary financial strain to the individual. Through their training, contacts, and collaboration with other outside entities, they can help with prescriptions, provide therapy referrals, substance use/abuse treatment programs, financial and educational services, mental health treatment plans, and many other non-medical emergency related plans and programs. All of which decrease the number of unnecessary 911 repeat calls.

ADOPTED DATE

May 2022. Operational: October 2022 with 3 social workers.

OPERATING HOURS

- Monday – Saturday, 7:30 AM – 9:00 PM in Operations on the Squads with the MRTs
- Monday – Friday, 8:00 AM – 5:30 PM out of the PSB as CHAT with no MRT

RESPONDING FROM

- Station 5 (1023 E 900 S)
- Station 6 (948 W 800 S)
- PSB (475 S 300 E)

RESPONSE PARAMETERS

CHAT social workers will accompany firefighters on mental health crisis, substance abuse/use and medical calls. In Operations, CHAT responds with the MRT 5 and 6. This response includes one social worker and two Firefighter/EMTs, six days a week. If the call is medical in nature, firefighters take the lead. If the call has a social service component, social worker takes the lead. There is often a need for both. CHAT 1 is stationed at the PSB and provides back up to CHAT 5 or 6 when needed. CHAT 1 focuses on referrals and outreach, including naloxone distribution, and collaborating with other service providers. Fire recently added a Medical Response Paramedic (MRP) team to MRT 6 allowing a more robust response which increases our service capability. MRPs further support CHAT when more advanced medical needs are required.

DISPATCH PROCESS

CHAT receives calls directly from 911 Dispatch and by requests from Operations crews. They also receive referrals from fire crews, Gold Cross, and community partners. CHAT will automatically get dispatched on all types of psychiatric, substance use (alcohol and drugs), homelessness, or cardiac/respiratory arrest calls.

ACHIEVEMENTS

Data highlighted from first quarter of 2024 with fully staffed CHAT.

300

Referred or responded to individuals needing assistance

908

Patient cases initiated

41%

Fewer ER trips³⁷⁵

Medical Response Team (MRT)

FIRE

OVERVIEW

The Medical Response Team (MRT) was created with two purposes in mind. The first was to help reduce the carbon footprint on the environment from the heavy fire apparatus. The second was to help alleviate the pressure and call volume on the heavy apparatus by responding to many of the lower acuity medical calls. They work under the direction of Fire's Medical Services Division. Two firefighter/EMT's or PM respond to 911 calls in an SUV to lower acuity calls. Social workers from our CHAT team have now been added to 2 of our MRT teams (6 days a week) which is an added benefit. Both MRT and CHAT transport patients to alternate destination other than ER's. These include shelters, mental health facilities, and other resource centers to avoid unnecessary ER visits. This diversified response and alternate destination transport ability has benefited the ER's, the individuals needing assistance, the operation crews, PD, the environment, and the City in general.

ADOPTED DATE

2014-2021 operating with one MRT.

OPERATING HOURS

Monday - Saturday, 7:30 AM - 11:00 PM

RESPONDING FROM

- Station 3 (2425 S 900 E)
- Station 5 (1023 E 900 S) + 1 Social worker
- Station 6 (948 W 800 S) + 1 Social worker
- Station 12/Airport (1085 4030 W)

RESPONSE PARAMETERS

Through 911 dispatch, MRTs respond to lower acuity/high volume medical calls and assist the heavy apparatus on high acuity medical (more serious) calls. Two of Fire's MRT's also incorporate a social worker from Fire's CHAT responding 6 days a week from 0730-2100 hrs.

STAFF RESPONDING

Each MRT consists of two medically trained personnel: either a paramedic or a firefighter/EMT. The MRT program is comprised of 16 firefighters/EMTs or paramedics and 4 social workers from CHAT. MRT 3 and MRT 12 (Airport) do not have social workers and respond with two Firefighter/EMT's. MRT 5 and MRT 6 respond with one social worker and two FF/EMT's or PM six days a week. If the call is medical in nature, MRT 5 or MRT 6 are dispatched. If the call or request is for a social worker/CHAT, the *same* group responds as CHAT 5 or CHAT 6. Having the social worker and medical personnel together on the MRT has created increased opportunities for our CHAT personnel to have a positive impact on the community. Many of the MRT calls originally dispatched as medical calls become a CHAT call due to the specific needs of the individual.

DISPATCH PROCESS

911 dispatch, Operations Crew, PD or Gold Cross requests, and others as needed. MRT 5 and 6 go to every CHAT call from dispatch as well as all their MRT medical calls.

ACHIEVEMENTS

Data highlighted from 2023.

5,101

Calls handled by MRT

49%

Cancelation rate for heavy apparatus (engine and trucks)

100

Narcan kits distributed

Police Community Response Team (PCRT)

POLICE

OVERVIEW

The Salt Lake City Police Department's Police Community Response Team (PCRT) is a call diversion and equity initiative that utilizes a team of professional staff (non-sworn) first responders, referred to as specialists, to respond to low-hazard, non-emergency calls for service, and free up sworn first responders to address higher-level emergencies.

The pillars for the PCRT include:

- **Support** – support for public safety responders through call diversion and auxiliary functions.
- **Service** – providing additional support both internally and externally (lockouts, battery jumps, tire changes, etc.)
- **Community Engagement** – emphasis on meeting community members where they live and work.

ADOPTED DATE

Created January 9, 2023. Deployment April 26, 2023

OPERATING HOURS

Monday - Thursday, 7:00 AM to 8:00 PM

RESPONDING FROM

Public Safety Building

RESPONSE PARAMETERS

Low-hazard, generally non-emergency calls for service that do not involve known suspects on scene (or believed to be returning), intoxicated individuals, or people experiencing mental crisis. Specialists may respond to emergency calls for service to provide support for public safety partners when safety concerns are mitigated.

STAFF RESPONDING

2 Specialists per unit with a total of 8 units with 16 full-time Specialists and a Lieutenant available for response.

DISPATCH PROCESS

911 Dispatch or self-dispatch.

ACHIEVEMENTS

Highlighted data from April 26, 2023 - April 25, 2024.

792

PCRT managed 911
phone hang-ups

00:42:28

Average Time CRT
Units Spend on Calls

4,778

Total Responses
377

Downtown Street Ambassadors

DOWNTOWN ALLIANCE (EXTERNAL PARTNER)

OVERVIEW

The Downtown Street Ambassadors work tirelessly to ensure everyone is welcome and safe downtown. They are on the streets daily helping people find their way, assisting businesses, and referring people in need to qualified service providers.

The Ambassadors:

- Answer visitors' questions about where to go, what to see and what to do.
- Help people in crisis get the shelter, food & health care services that they need.
- Connect downtown businesses with resources provided by our partner organizations.
- Provide a friendly, uniformed presence to promote safety and discourage criminal activity.

Ambassadors are a community-based public-safety resource. They are not law enforcement.

ADOPTED DATE

2017

OPERATING HOURS

Monday - Saturday

- Downtown Summer Hours: 7 AM - 11 PM
- Winter Hours: 7 AM to 7 PM
- Rio Grande, North Temple, Ballpark & Central City: 7 AM to 5 PM

RESPONSE PARAMETERS

- Downtown: 300 East to State Street, South Temple to 500 South, State Street to 400 West, North Temple to 400 South
- Rio Grande: 400 West to 700 West, North Temple to 400 South
- North Temple: 400 West to 1000 West, north and south frontage areas
- Ballpark: State Street to 300 West, 1300 South to 1700 South
- Central City: 200 East to 500 West, 600 South to 900 South

RESPONDING FROM

Ambassadors Service Areas

DISPATCH PROCESS

Ambassadors are a community-based public safety resource. They are not law enforcement. Ambassadors are walking in service areas during hours of operation. Businesses in the service areas can request the Ambassador team's assistance by calling (801) 541-6662.

ACHIEVEMENTS

Highlighted data from FY24. FY24 (To Date)

- Citizen Assist: 3,898
- Bags of Trash Collected: 2627
- Business Connections: 26,034

9,603

Referrals to Service Providers

27,357

Wellness Checks

682

Sharps Removed

Park Rangers

PUBLIC LANDS

OVERVIEW

The Park Rangers are a positive presence in the city parks and trails. They seek to increase park safety, provide customer service to visitors, and educate park users. The Rangers are not law enforcement and promote voluntary compliance with park and city rules through personal interactions. They work collaboratively with city partners, particularly HEART, SLCPD, and Fire, to report safety concerns that rise beyond voluntary compliance.

ADOPTED DATE

2023

OPERATING HOURS

Sunday – Saturday, 10 hours per day. Times shift based on seasonal sunlight.

RESPONDING FROM

Liberty Park, Pioneer Park, Fairmont Park, Jordan Park, Foothills Trails, or Fisher Mansion Carriage House

RESPONSE PARAMETERS

Will respond to any non-dangerous situation in a Salt Lake City park or trail. Rangers will not be present during an EIM.

STAFF RESPONDING

1-4 Rangers. There are a total of 18 Park Rangers, 9 Rangers work simultaneously. On Wednesdays, all 18 are on duty.

DISPATCH PROCESS

Nick Frederick (385-433-9903) or Suzy Lee (385-433-9905). Email is preferred for non-emergencies.

ACHIEVEMENTS

Highlighted data from 2023 and 2024 Q1.

1,742

Unhoused Check-
Ins

566

Reported
Vandalism/Graffiti

34,137

Greetings

379

Homeless Engagement and Response Team (HEART)

COMMUNITY & NEIGHBORHOODS

OVERVIEW

The Homeless Engagement And Response Team (HEART) coordinates the City's response to homelessness. Their work typically involves outreach services, responding to public requests for service, administering grants and cleaning.

ADOPTED DATE

2019

OPERATING HOURS

Monday - Friday, 8:00 AM to 5:00 PM

RESPONDING FROM

City & County Building serving all 7 Districts

RESPONSE PARAMETERS

Funder and Convener. Does not provide any direct services. Coordinates cleanup of public spaces, hosts outreach events, connects individuals to community services, contracts with outreach teams, educates on the complexities of homelessness, mitigates concerns regarding homelessness and supports Salt Lake County in abatements.

STAFF RESPONDING

Project & Policy Manager, Strategies and Outreach Supervisor, 2 Community Engagement Coordinators, Homeless Encampment Response Coordinator, Special Project Assistant, and a soon to be starting Apprentice.

DISPATCH PROCESS

mySLC, SLC Mobile, email, phone calls, text messages

ACHIEVEMENTS

In 2023, HEART responded to 6,611 SLC Mobile Requests. They also administered 6 General Fund Contracts & 3 Cities Mitigation Fund Contracts totaling \$4,123,418.00. HEART coordinates 11 Resource Fairs and supports 7 Kayak Court events per calendar year. At these events individuals experiencing homelessness are connected with resources and lunch is also provided. These events serve 600 people each year. HEART also participates in Community Council meetings and hosts events in HRC neighborhoods. They conduct at least 25 trainings on homelessness per year. HEART works with community partners to address over 6,000 concerns regarding homelessness per year, responding to each individual request. Highlighted data from 2023.

11

Resource Fairs held per year

600

People served at outreach events each year

6,611

SLC Mobile requests responded 380

The Rapid Intervention Team (RIT)

PUBLIC SERVICES

OVERVIEW

The Rapid Intervention Team (RIT) is a crew of two landscaping specialists based in the facilities division of Public Services. The work the team does is alongside a third-party trash cleaning team and SLC Police Department. They work together to mitigate encampments that are negatively impacting the health and safety of unhoused people, other city residents and businesses, and the environment.

ADOPTED DATE

2022

OPERATING HOURS

Monday - Friday, 7:00 AM to 3:30 PM

RESPONDING FROM

500 S Delong St.

RESPONSE PARAMETERS

Scheduled each day, the team is accompanied by a Police and a trash cleanup crew.

STAFF RESPONDING

2 RIT Specialists and Advantage Services

DISPATCH PROCESS

Schedule released the weekend before the work week. RIT works with the City's Homeless Engagement and Response Team (HEART) to schedule the sites to be mitigated. When camps are too large to address RIT partners with Salt Lake County for Encampment Impact Mitigation (EIM) efforts also known as abatements.

DATA & ACHIEVEMENTS

Highlighted data from FYR 2024

334

Total Site
Rehabilitation or
Revisits

2807

Total Labor Hours

8.4

Average Hour Per
Site Visit

381

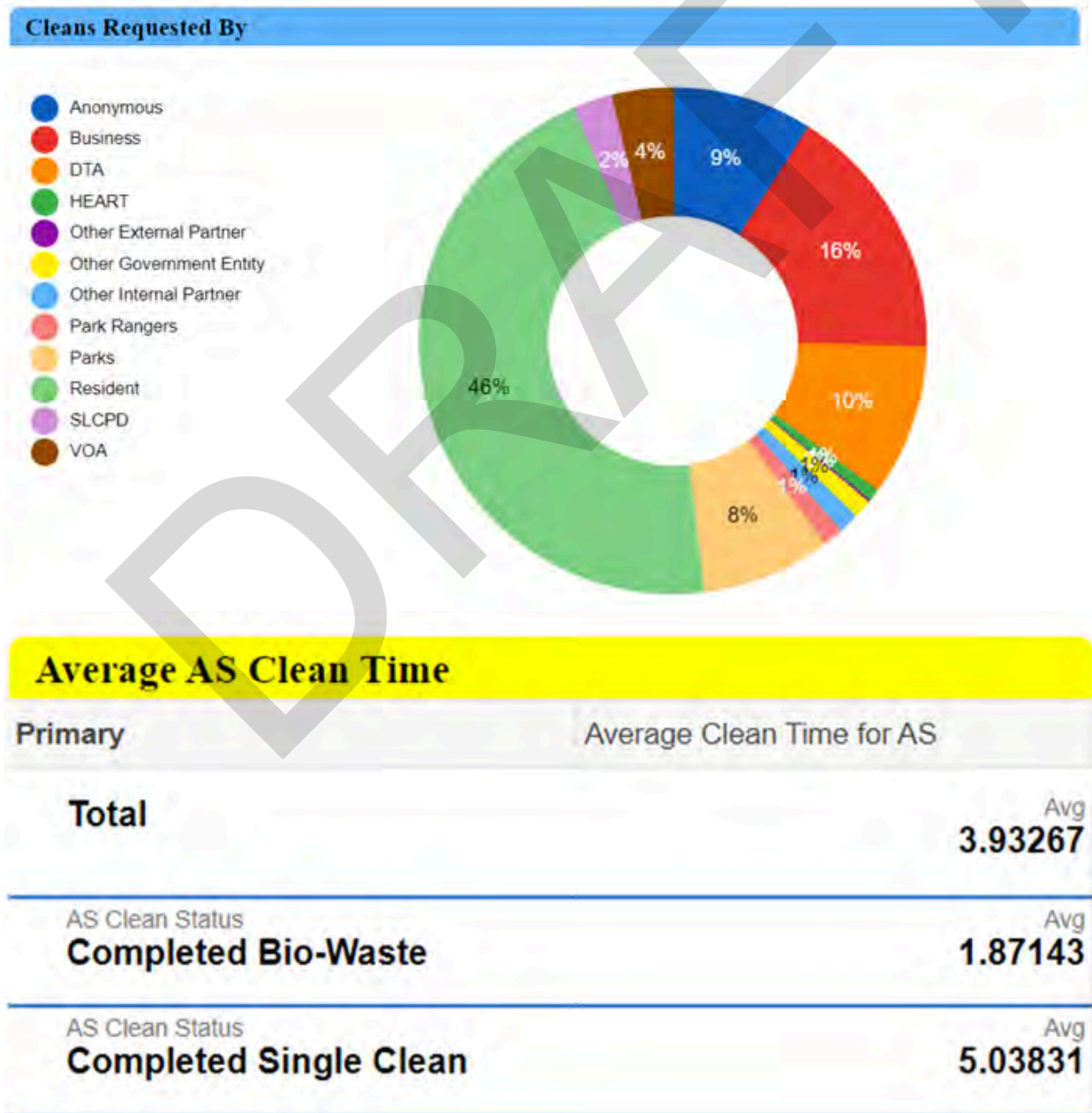
Current Data Overview

TEAM DATA SNAPSHOTS

Each diversified response team provided a data overview for their outstanding work in 2023 or fiscal year 2024. This snapshot highlights the varied methods teams use for data capture and reporting.

Homeless Engagement And Response Team (HEART)

TRACKING DATA WITH SMARTSHEET



Current Data Overview

TEAM DATA SNAPSHOTS

Mobile Response Team (MRT)

TRACKING DATA WITH VERSATERM COMPUTER AIDED DISPATCH (CAD)

MRT FIRE
25042 records



incident_number	ems_unit_call_si...	complaint_repo...	emd_card_num...	scene_incident...	psap_call_date_...
CF23-44356	SQ5	Unknown Problem/Person...	32B02	5GF	12/2/2023, 1:08 PM
CF23-44355	SQ3	Traffic/Transportation Inci...	29B01	3BF	12/2/2023, 1:08 PM
CF23-44335	SQ3	Unknown Problem/Person...	32B03	8DF	12/2/2023, 9:08 AM
CF23-44328	SQ6	Traffic/Transportation Inci...	29B01	6FF	12/2/2023, 8:51 AM
CF23-44321	SQ6	Stroke/CVA	28C01L	8EF	12/2/2023, 8:05 AM
CF23-44318	SQ6	Unknown Problem/Person...	32D01	8IF	12/2/2023, 7:13 AM
CF23-44307	SQ6	Hemorrhage/Laceration	21B01M	6KF	12/2/2023, 5:07 AM
CF23-44306	SQ5	Assault	04B01A	8GF	12/2/2023, 4:55 AM

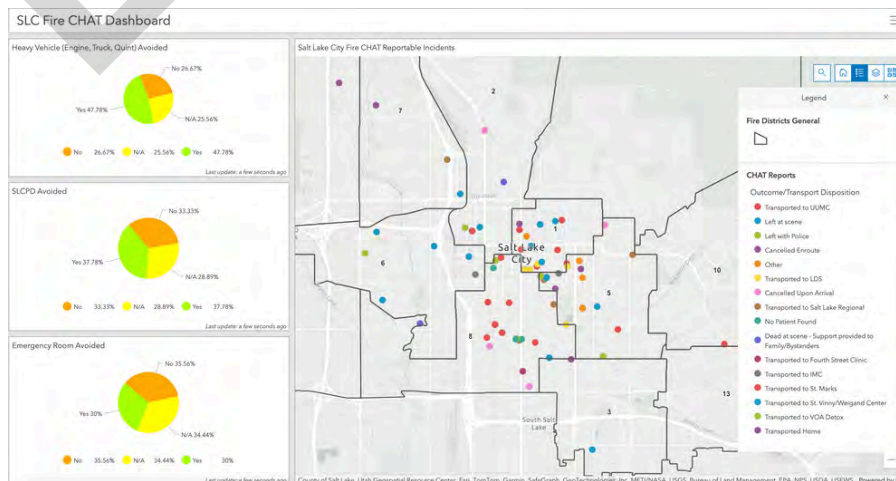
Community Health Access Team (CHAT)

TRACKING DATA WITH VERSATERM COMPUTER AIDED DISPATCH (CAD)

CHAT
2088 records



ID	incident_number	ems_unit_call_si...	complaint_repo...	emd_card_num...	scene_incident...
	CF23-44218	CHAT5	Falls	17D04G	5KF
	CF23-44210	CHAT5	Overdose/Poisoning/Inge...	23C01	1DF
	CF23-44199	CHAT5	Overdose/Poisoning/Inge...	23C07I	7BF
	CF23-44186	CHAT5	Sick Person	26A05	8IF
	CF23-43975	CHAT5	Hemorrhage/Laceration	21D05M	1DF
	CF23-43932	CHAT1		CHAT	4CF
	CF23-43817	CHAT5	Assault	04B01A	8GF



Current Data Overview

TEAM DATA SNAPSHOTS

Community Connection Team (CCT)

TRACKING DATA WITH VERSATERM COMPUTER AIDED DISPATCH (CAD)

Community Connection Team Stats December 2023	
Co-Response Team	Social Worker Team
YTD Contacts: 1,106	YTD Contacts: 3,673
December Contacts: 76	December Contacts: 324

*Co-Response includes a police officer and social worker (CIT Detective/Patrol Officer)

Co-Response Team	
Teams: 24	YTD: 357
Patrol Calls: 28	YTD: 346
Property Checks: 0	YTD: 0
Outreach: 36	YTD: 739
Pink Sheets: 0	YTD: 21

*Includes specific request for a Social Worker/CIT Detective from patrol officer

Social Workers	
In Office Contacts: 40	YTD: 558
Co-Response Contacts: 140	YTD: 1,381
Follow Up: 139	YTD: 1,702
Diversion Contacts: 27	YTD: 248
Services/Referrals Offered: 283	YTD: 3,528

*Services offered include: Transportation, Housing, Substance Abuse, Mental Health, Medical Referral, Employment Resources, low impact engagement, and crisis.

*Diversion contacts are contacts we believe diverted CT from dispatch or patrol. Started tracking April 2023

*Updated SW contact types to better reflect interactions

Sex Offender Registry	
In Office: 123	YTD: 1,687
Outreach: 6	YTD: 53
Case Management: 8	YTD: 105
Placement: 0	YTD: 15
Community Assist: 0	YTD: 8

*Team is a Detective and Social Worker making sure SO in SLC are compliant.

Current Data Overview

TEAM DATA SNAPSHOTS

Community Response Team (PCRT)

TRACKING DATA WITH VERSATERM COMPUTER AIDED DISPATCH (CAD)



Current Data Overview

TEAM DATA SNAPSHOTS

Rapid Intervention Team (RIT)

TRACKING DATA WITH CARTEGRAPH

RIT Site Rehabilitation/Revisit												
Total Site Rehabilitation/Revisit		Total hours Recorded		Average Per Site Visit								
334		2807		8.4								
Task Coun	Task ID	Activity	Asset	Priority	Labor Hou	Status	Due Date	Estimated Start	Estimated Stop Date	Actual Start	Actual Stop Date	Description
1	718913	Site Revisi	Non-Asset	Medium	6	Completed	7/6/2023 0:00	6/29/2023 0:00	6/29/2023 0:00	6/29/2023 0:00	45127 800 w 100 so	
2	719061	Site Revisi	Non-Asset	Medium	8	Completed	7/6/2023 0:00	6/29/2023 0:00	6/29/2023 0:00	6/29/2023 0:00	45121 Liberty Park	
3	722585	Site Rehab	Non-Asset	Medium	14.5	Completed	7/17/2023 0:00	7/10/2023 0:00	7/10/2023 0:00	7/10/2023 0:00	45119 346 E 600 S	
4	722587	Site Rehab	Non-Asset	Medium	7.5	Completed	7/17/2023 0:00	7/10/2023 0:00	7/10/2023 0:00	7/10/2023 0:00	45125 FIFEWETLANDS	
5	722588	Site Rehab	Non-Asset	Medium	8	Completed	7/17/2023 0:00	7/10/2023 0:00	7/10/2023 0:00	7/11/2023 0:00	45125 3 creeks	
6	722589	Site Revisi	Non-Asset	Medium	4	Completed	7/17/2023 0:00			7/7/2023 0:00	45114 Liberty Park	
7	722590	Site Revisi	Non-Asset	Medium	4	Completed	7/17/2023 0:00			7/7/2023 0:00	45114 POS	
8	722591	Site Revisi	Non-Asset	Medium	2	Completed	7/17/2023 0:00			7/7/2023 0:00	45114 LUCY AVE	
9	722592	Site Revisi	Non-Asset	Medium	5	Completed	7/17/2023 0:00			7/7/2023 0:00	45114 LIBRARY	
10	722932	Site Rehab	Non-Asset	Medium	4.5	Completed	7/18/2023 0:00		7/11/2023 0:00	7/10/2023 0:00	45125 1045 W 800 so	
11	722940	Site Rehab	Non-Asset	Medium	2	Completed	7/18/2023 0:00	7/11/2023 0:00	7/11/2023 0:00	7/11/2023 0:00	45120 675 E 500 S	
12	723327	Site Rehab	Non-Asset	Medium	21	Completed	7/19/2023 0:00	7/12/2023 0:00	7/12/2023 0:00	7/12/2023 0:00	45127 FOLSOM TRAIL	
13	723616	Site Rehab	Non-Asset	Medium	7.5	Completed	7/20/2023 0:00	7/13/2023 0:00	7/13/2023 0:00	7/13/2023 0:00	45127 700 s I-80 under pass	
14	723929	Site Revisi	Non-Asset	Medium	9	Completed	7/21/2023 0:00		7/14/2023 0:00	7/13/2023 0:00	45127 Fairmont park	
15	723933	Site Revisi	Non-Asset	Medium	16.5	Completed	7/21/2023 0:00	7/14/2023 0:00	7/14/2023 0:00	7/14/2023 0:00	45125 trash from homeless from S line behind old fs 3	
16	724599	Site Revisi	Non-Asset	Medium	9	Completed	7/24/2023 0:00		7/17/2023 0:00	7/14/2023 0:00	45127 Mead/fayett	
17	724615	Site Rehab	Non-Asset	Medium	6	Completed	7/24/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	45127 2000 s I-80 underpass	
18	724618	Site Rehab	Non-Asset	Medium	3	Completed	7/24/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	45127 at Elisabeth Sherman Park	
19	724619	Site Rehab	Non-Asset	Medium	3	Completed	7/24/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	45127 2425 S. Highland Dr. - This is in front of the RMP substation	
20	724620	Site Rehab	Non-Asset	Medium	3	Completed	7/24/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	7/17/2023 0:00	45125 Fairmont park/ liquor store	
21	725110	Site Rehab	Non-Asset	Medium	3	Completed	7/25/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	45126 1142 N. Victoria	
22	725111	Site Rehab	Non-Asset	Medium	3	Completed	7/25/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	45127 1562 S. 3600 W	
23	725113	Site Revisi	Non-Asset	Medium	1.5	Completed	7/25/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	45126 4th st. clinic	
24	725114	Site Revisi	Non-Asset	Medium	4.5	Completed	7/25/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	7/18/2023 0:00	45126 POS	
25	725549	Site Rehab	Non-Asset	Medium	7.5	Completed	7/26/2023 0:00		7/19/2023 0:00	7/18/2023 0:00	45126 1920 w 1030 n RV clean up with compliance	
26	725905	Site Rehab	Non-Asset	Medium	0	Completed	7/27/2023 0:00	7/20/2023 0:00	7/20/2023 0:00	7/24/2023 0:00	45131 dayside library	
27	725912	Site Rehab	Non-Asset	Medium	19.5	Completed	7/27/2023 0:00		7/20/2023 0:00	7/19/2023 0:00	45138 liberty Park	
28	726881	Site Rehab	Non-Asset	Medium	5	Completed	7/31/2023 0:00	7/24/2023 0:00	7/31/2023 0:00	7/28/2023 0:00	45140 Cottonwood Park	
29	726886	Site Rehab	Non-Asset	Medium	2	Completed	7/31/2023 0:00	7/24/2023 0:00	7/31/2023 0:00	7/28/2023 0:00	45140 1217 W. N. Temple	
30	726890	Site Rehab	Non-Asset	None	5	Completed	8/7/2023 0:00	7/24/2023 0:00	7/31/2023 0:00	7/28/2023 0:00	45140 1445 S. Main St	
31	726892	Site Rehab	Non-Asset	Medium	3	Completed	7/31/2023 0:00	7/24/2023 0:00	7/31/2023 0:00	7/28/2023 0:00	45141 1500 S. Richards St	
32	726893	Site Rehab	Non-Asset	Medium	19.5	Completed	7/31/2023 0:00	7/24/2023 0:00	7/31/2023 0:00	8/2/2023 0:00	45147 103 Clinton Ave (off west capital)	
33	726899	Site Revisi	Non-Asset	Medium	18	Completed	7/31/2023 0:00		7/24/2023 0:00	7/19/2023 0:00	45141 900 so 500 w	
34	726908	Site Rehab	Non-Asset	Medium	22.5	Completed	7/31/2023 0:00		7/24/2023 0:00	7/20/2023 0:00	45138 JRT 100 no 500 no EIM	
35	729121	Site Rehab	Non-Asset	Medium	5	Completed	8/7/2023 0:00		7/31/2023 0:00	7/25/2023 0:00	45138 liberty and water park	
36	729129	Site Rehab	Non-Asset	Medium	5	Completed	8/7/2023 0:00		7/31/2023 0:00	7/25/2023 0:00	45138 library	
37	729148	Site Rehab	Non-Asset	Medium	15	Completed	8/7/2023 0:00		7/31/2023 0:00	7/26/2023 0:00	45138 Victory RD	
38	729153	Site Rehab	Non-Asset	Medium	15	Completed	8/7/2023 0:00		7/31/2023 0:00	7/27/2023 0:00	45140 happy town	
39	729496	Site Rehab	Non-Asset	Medium	7.5	Completed	8/8/2023 0:00		8/1/2023 0:00	7/31/2023 0:00	45142 memory grove	
40	729500	Site Rehab	Non-Asset	Medium	7.5	Completed	8/8/2023 0:00		8/1/2023 0:00	7/31/2023 0:00	45139 200 w 650 so	
41	729501	Site Revisi	Non-Asset	Medium	12	Completed	8/8/2023 0:00	8/1/2023 0:00	8/1/2023 0:00	8/1/2023 0:00	45140 Liberty Park	
42	729502	Site Revisi	Non-Asset	Medium	7.5	Completed	8/8/2023 0:00	8/1/2023 0:00	8/1/2023 0:00	8/1/2023 0:00	45140 4th st clinic	
43	730280	Site Rehab	Non-Asset	Medium	22.5	Completed	8/10/2023 0:00	8/3/2023 0:00	8/3/2023 0:00	8/3/2023 0:00	45145 200 S. From 1700 W. - Orange St	
44	730281	Site Rehab	Non-Asset	Medium	0	Completed	8/10/2023 0:00	8/3/2023 0:00	8/7/2023 0:00		45141 200 S. From 1700 W. - Orange St	
45	730569	Site Rehab	Non-Asset	Medium	7.5	Completed	8/11/2023 0:00	8/4/2023 0:00	8/4/2023 0:00	8/4/2023 0:00	45145 238 W. Lucy Ave	
46	730570	Site Revisi	Non-Asset	Medium	7.5	Completed	8/11/2023 0:00	8/4/2023 0:00	8/4/2023 0:00	8/4/2023 0:00	45145 500 so 400 w	
47	731121	Site Revisi	Non-Asset	Medium	7.5	Completed	8/14/2023 0:00		8/7/2023 0:00	8/4/2023 0:00	45145 File wetlands	
48	731220	Site Rehab	Non-Asset	Medium	19.5	Completed	8/14/2023 0:00	8/7/2023 0:00	8/7/2023 0:00	8/7/2023 0:00	45147 140 N Cornell	
49	731221	Site Rehab	Non-Asset	Medium	9	Completed	8/14/2023 0:00	8/7/2023 0:00	8/7/2023 0:00	8/8/2023 0:00	45147 Cottonwood Park	
50	731604	Site Revisi	Non-Asset	Medium	3	Completed	8/15/2023 0:00		8/8/2023 0:00	8/7/2023 0:00	45146 fair park CDL training site 1220 w no temple	

Current Data Overview

TEAM DATA SNAPSHOTS

Park Rangers

TRACKING DATA WITH SURVEY123

Table 1: Park Ranger Data - Interactions

	Ranger Information	Event	Tour	Unhoused Check-In	Services Offered	Compliance – Dogs	Compliance – Park Policies	Program Survey	Education	Greetings
Q1 2024	360	0	0	157	50	391	77	0	485	7651
Q4 2023	326	0	56	292	67	210	38	3	239	6183
Q3 2023	654	0	18	455	87	237	24	59	342	8895
Q2 2023	485	0	17	272	60	66	41	1	439	7616
Q1 2023	176	0	1	566	179	366	22	2	97	3792

Table 2: Park Ranger Data - Actions

	Dispatch Calls	Connect to Services	Met With Community Partner	Gave Leash	Reported Vandalism/Graffiti	Litter Control	Dog Bag Refill	Weed Mitigation
Q1 2024	10	8	46	9	113	604	504	1
Q4 2023	8	110	44	2	137	839	465	503
Q3 2023	8	85	27	16	144	519	296	1619
Q2 2023	3	14	186	2	91	846	N/A	N/A
Q1 2023	2	44	15	15	81	360	N/A	N/A

Table 3: Park Ranger Data – Activities (Hours)

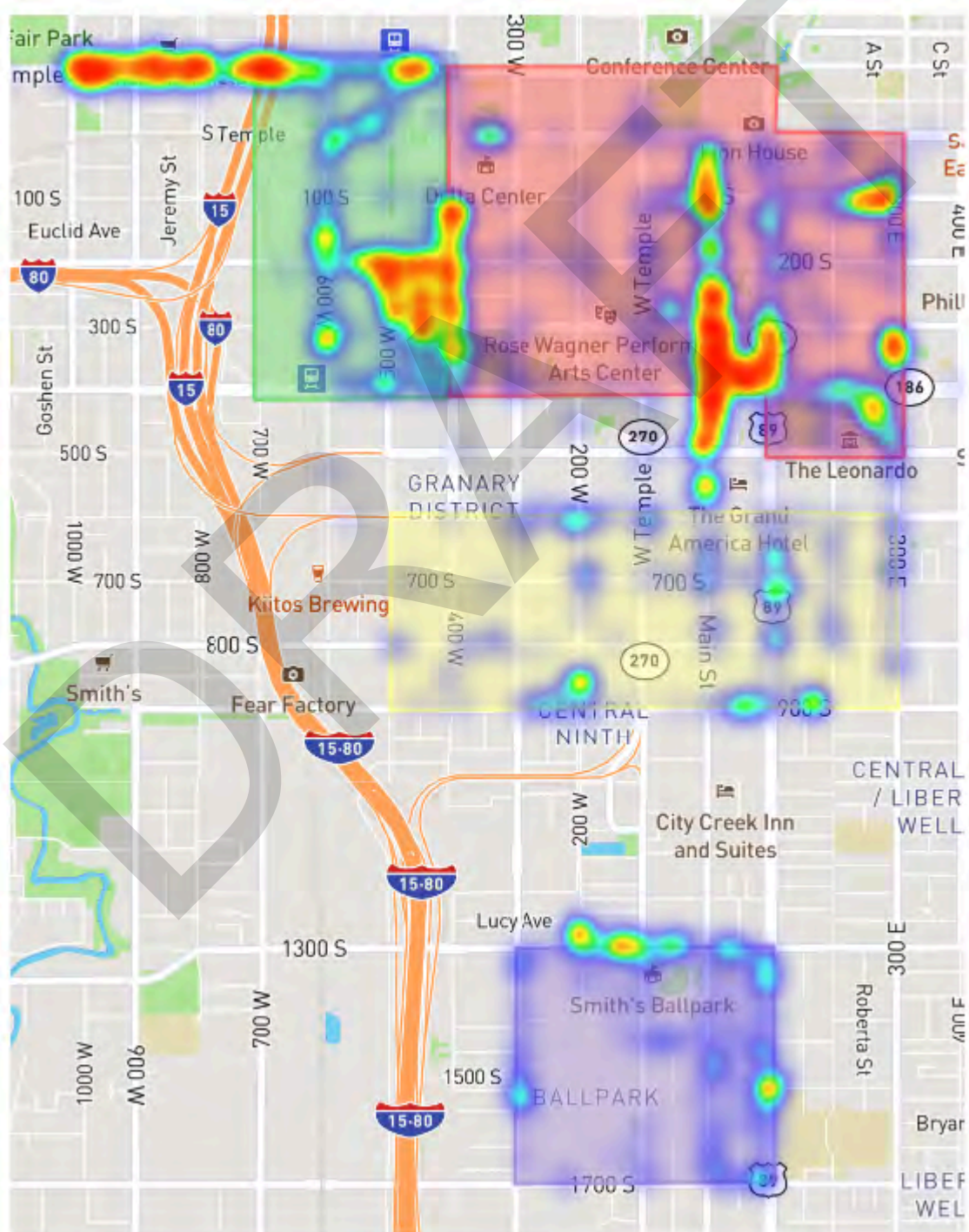
	Patrol	Event Support	Programming /Education	Meeting with Community Partners	Park Maintenance	Program Development	Training	Administration
Q1 2024	2066	22	159	63	76	47	222	585
Q4 2023	1012	41	41	9	76	19	14	156
Q3 2023	1200	43	40	6	38	3	23	231
Q2 2023	922	73	43	33	52	22	80	259
Q1 2023	842	3	29	9	25	10	37	134

Current Data Overview

TEAM DATA SNAPSHOTS

Downtown Street Ambassadors

TRACKING DATA WITH SMART



2024 Biannual Survey Results Overview

KEY FINDINGS

SURVEY METHODOLOGY

- 10,000 SLC households were sampled from a list of resident contacts gathered from a USPS residential address database.
- 653 residents within the boundaries of Salt Lake City participated in this survey.
- Survey responses were collected between March 28th and April 7th, 2024.
- Data have been weighted to reflect population statistics from the U.S. Census' American Community Survey to better approximate a representative sample of the City as a whole, specifically regarding age, city council district, race, gender, and home ownership.

TOP RATED CITY SERVICES

- Social workers are the highest-rated service among residents, followed closely by the city golf courses, the highest-ranked service in 2023. (p.16)
- 911, Fire/EMS, and Park Rangers also received high ratings this year. (p.16)

Social workers are the highest-rated service among residents, followed closely by the city golf courses, the highest-ranked service in 2023. 911, Fire/EMS, and park rangers also received high ratings this year.



Q: Using a scale of 1-7 with ONE meaning POOR and SEVEN meaning EXCELLENT how would you evaluate the following government services in Salt Lake City? If you have no experience with a service, just select "Not applicable." (n = 645-648)

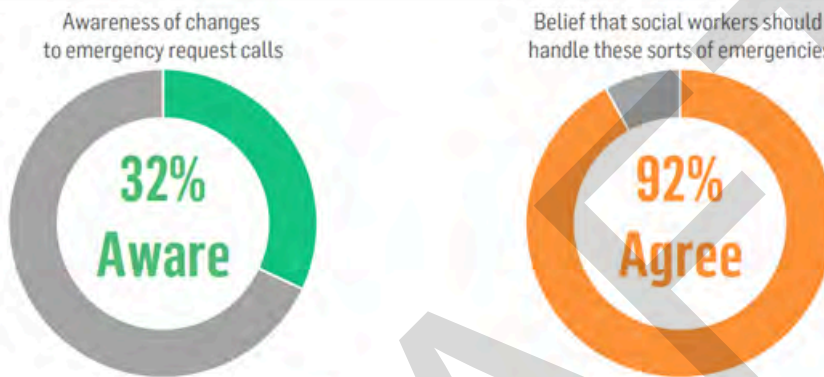
2024 Biannual Overview

SOCIAL WORKERS

EMERGENCY CALL INITIATIVE HAS NEARLY UNANIMOUS SUPPORT

The City's new initiative to allocate resources to social workers and social services for some emergency request calls has 92% support despite having relatively low awareness (32%). (p28)

The City's new initiative to allocate resources to social workers and social services for some emergency request calls has 92% support despite having relatively low awareness (32%).

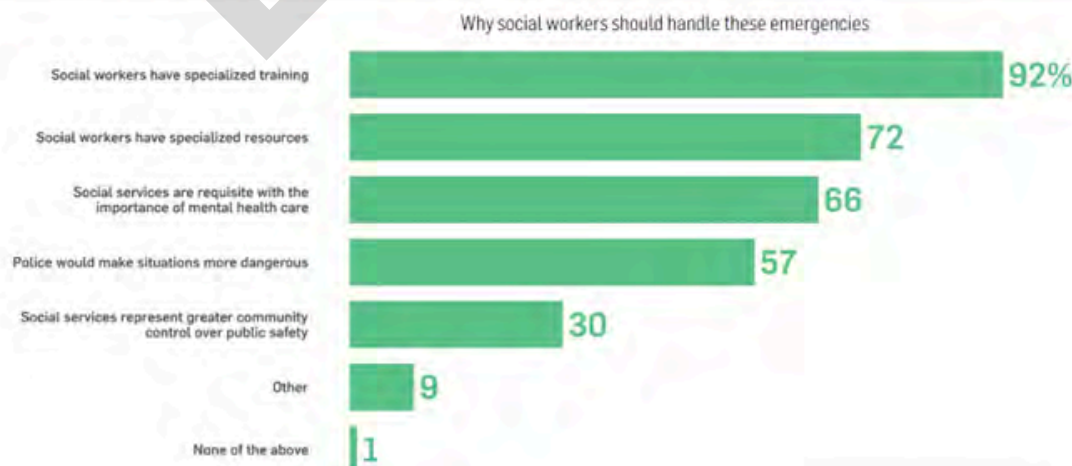


Q1: Recently, Salt Lake City made some changes in how emergency request calls are routed to the appropriate response teams. Specifically, the city has allocated resources to social workers and social services to respond to many emergency calls that would previously have been dispatched to the police department. Emergencies of this sort include mental health emergencies, or attempted suicide or suicidal ideation, among other things. Before reading this, were you aware that the city had made these changes? (n = 634)
Q2: Which of the two following statements regarding social services and responses to mental health emergencies comes closer to your view, even if neither one fully represents how you feel? (n = 628)

SOCIAL WORKERS SHOULD HANDLE THESE CALLS DUE TO SPECIALIZED TRAINING

When asked why they believed that social workers should handle certain emergency calls, almost all agreed that social workers' specialized training allowed them to be successful in these situations. Their access to specialized resources was also seen as important. (p29)

When asked why they believed that social workers should handle certain emergency calls, almost all agreed that social workers' specialized training allowed them to be successful in these situations. Their access to specialized resources was also seen as important.



Q: Which of the following reasons describe why you feel mental health emergencies should be handled by social service professionals and social workers? Select all that apply (n = 100)

2024 Biannual Overview

HOMELESS ENGAGEMENT RESPONSE TEAM

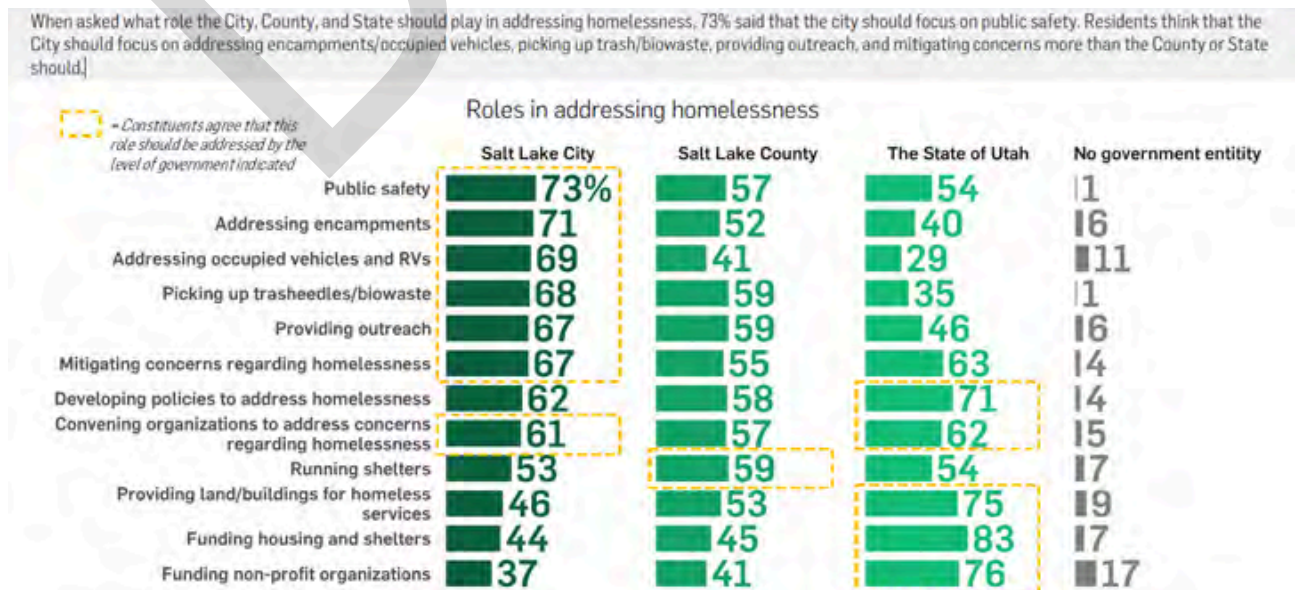
ROOM FOR IMPROVEMENT

The Homeless Engagement and Response Team, assessed for the first time this year, is among the lowest-rated city services. (p17)



SLC SHOULD HANDLE MOST THINGS WHEN ADDRESSING HOMELESSNESS

When asked what role the City, County, and State should play in addressing homelessness, 73% said that the city should focus on public safety. Residents think that the City should focus on addressing encampments/occupied vehicles, picking up trash/biowaste, providing outreach, and mitigating concerns more than the County or State should. (p31)

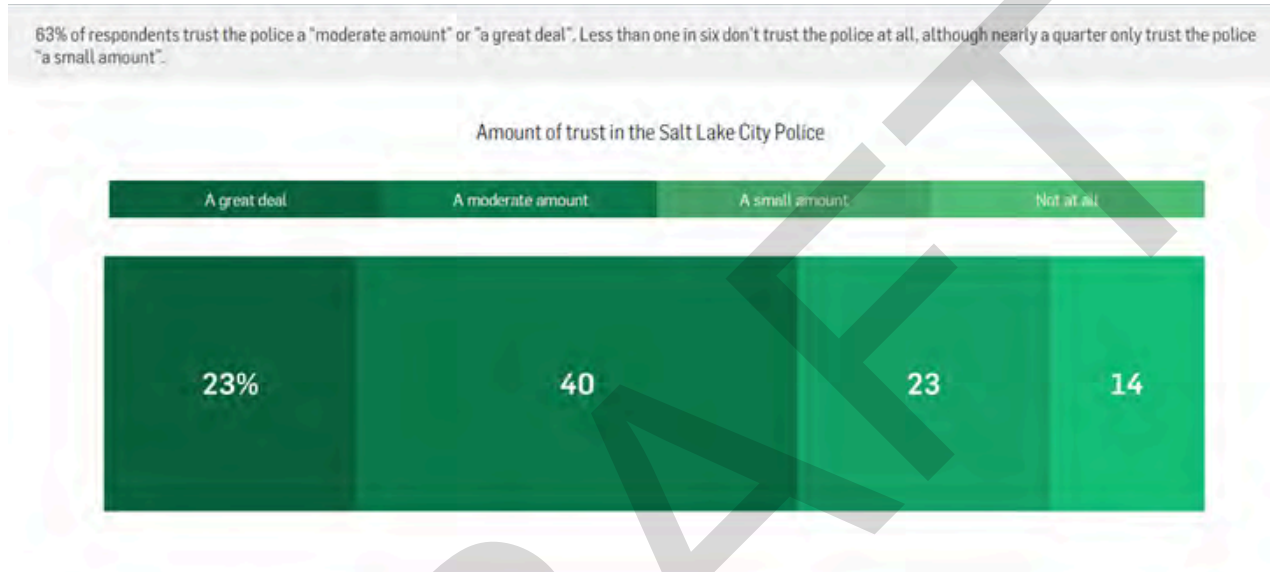


2024 Biannual Overview

POLICE

POLICE RECEIVE A GENERAL LEVEL OF TRUST

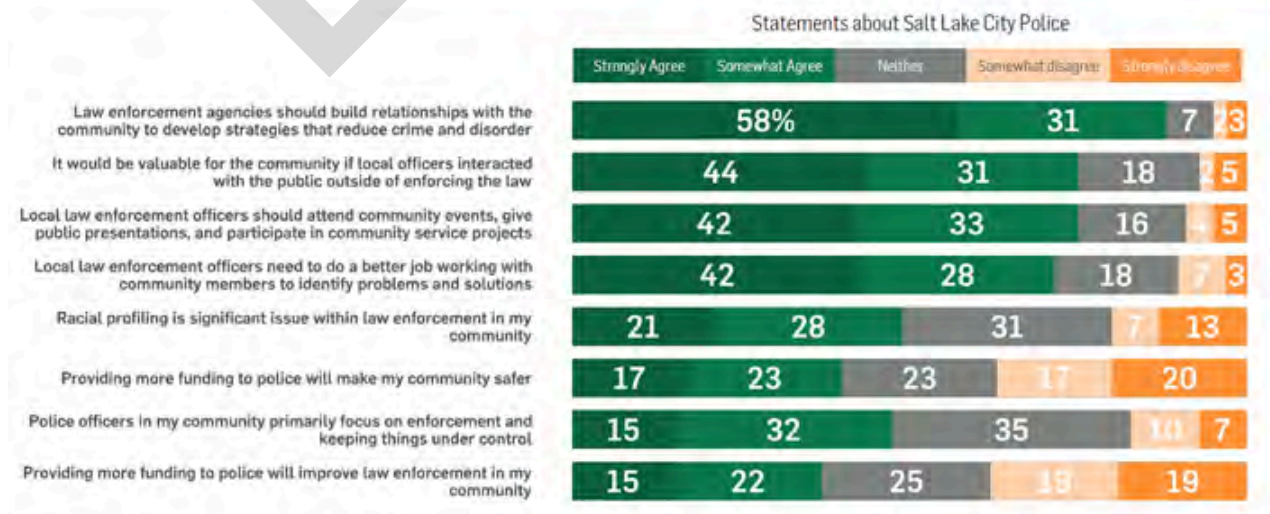
Police are generally trusted, even though residents support the initiative to have social workers handle various emergencies. 63% trust the police “a great deal” or “a moderate amount.” (p26)



POLICE SHOULD BUILD COMMUNITY RELATIONSHIPS

- 9 in 10 believe the Police should build community relationships. (p27)
- 3 in 4 also believe that it would be valuable for the police to interact with residents outside of law enforcement. Residents are least likely to agree that additional funding will make their communities safer or improve law enforcement in their communities. (p27)

3 in 4 also believe that it would be valuable for the police to interact with residents outside of law enforcement. Residents are least likely to agree that additional funding will make their communities safer or improve law enforcement in their communities.



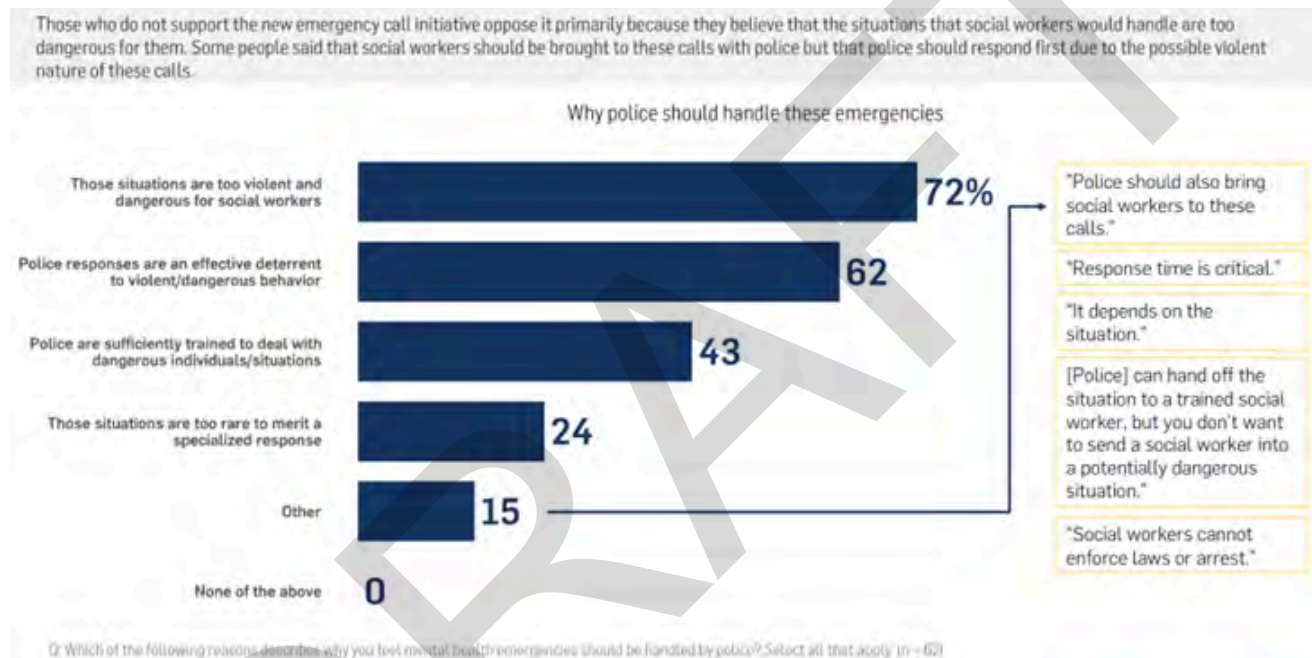
Q: To what extent do you agree or disagree with each of the following statements about local law enforcement? (n = 625)

2024 Biannual Overview

POLICE CONTINUED

THOSE WHO PREFER POLICE SUPPORT CONCERNED ABOUT VIOLENCE

Those who do not support the new emergency call initiative oppose it primarily because they believe that the situations that social workers would handle are too dangerous for them. Some people said that social workers should be brought to these calls with police but that police should respond first due to the possible violent nature of these calls. (p30)



System-Wide Analysis

INTERACTIONS BETWEEN TEAMS

OVERVIEW

Analyzing the diversified response models at a systemwide level is complex due to the many lenses through which you can compare them. There are also several notable gaps in the analysis that follows due to lack of comparable data, lacking a comparison to service levels and costs before these teams existed, and exclusion of details related to case management work being done by CCT and CHAT. The following will focus on three ways to understand and compare our response models. The first two comparisons are more conceptual and focus on the general services being provided and high-level benefits for each group. The third moves closer to a concrete analysis, and focuses on how the groups are leveraged when a constituent calls 911.

CONTINUUM OF SERVICES

Each diversified response team seeks to meet goals related to physical and mental health needs and to respond to complex issues such as homelessness, and they can only accomplish this by offering many different services to the community. Rather than placing them in distinct categories to better understand the services they provide, a continuum as shown below, better highlights the fact that many of the response types cross boundaries with regard to the community needs they are serving.



For the most part, the response models do overlap but in ways that don't necessarily indicate workload overlap. This is true for Downtown Street Ambassadors and Park Rangers. They have similar responsibilities and goals, but in geographically different spaces. The Street Ambassadors are focused in downtown and the Park Rangers are in our parks. This is also true for HEART and RIT, whose work interacts but they do not fulfill the same needs. RIT does mitigation work and HEART helps coordinate mitigation work amongst other tasks.

The strongest overlap is seen on the left side of the graphic with the CCT and CHAT teams. They both support our mental health response needs, but for two different departments. If Fire needs social workers they ask for CHAT and if Police needs social workers they ask for CCT.

System-Wide Analysis

INTERACTIONS BETWEEN TEAMS

BENEFITS FOR EACH RESPONSE GROUP

Another comparison that can shed light on how the groups differ is through understanding how each group is serving the community differently than before their creation. The below graphic provides an attempt to simplify the complex factors that likely contributed to the needs that drove us to where we are today, and also often contribute to justifying more team members.



Teams that are filling a gap likely needed more resources than previously was available to address issues in the community. Right-sizing services in the cases explored here demonstrate an intent to reduce costs through reducing the use of expensive equipment and more expensive staff. On the other hand, increasing service level can lead to similar cost increases as filling a gap. Since our teams in this space are right-sizing services while also increasing the service level, cost may still be reduced but not to the same levels as maintaining service levels while right-sizing.

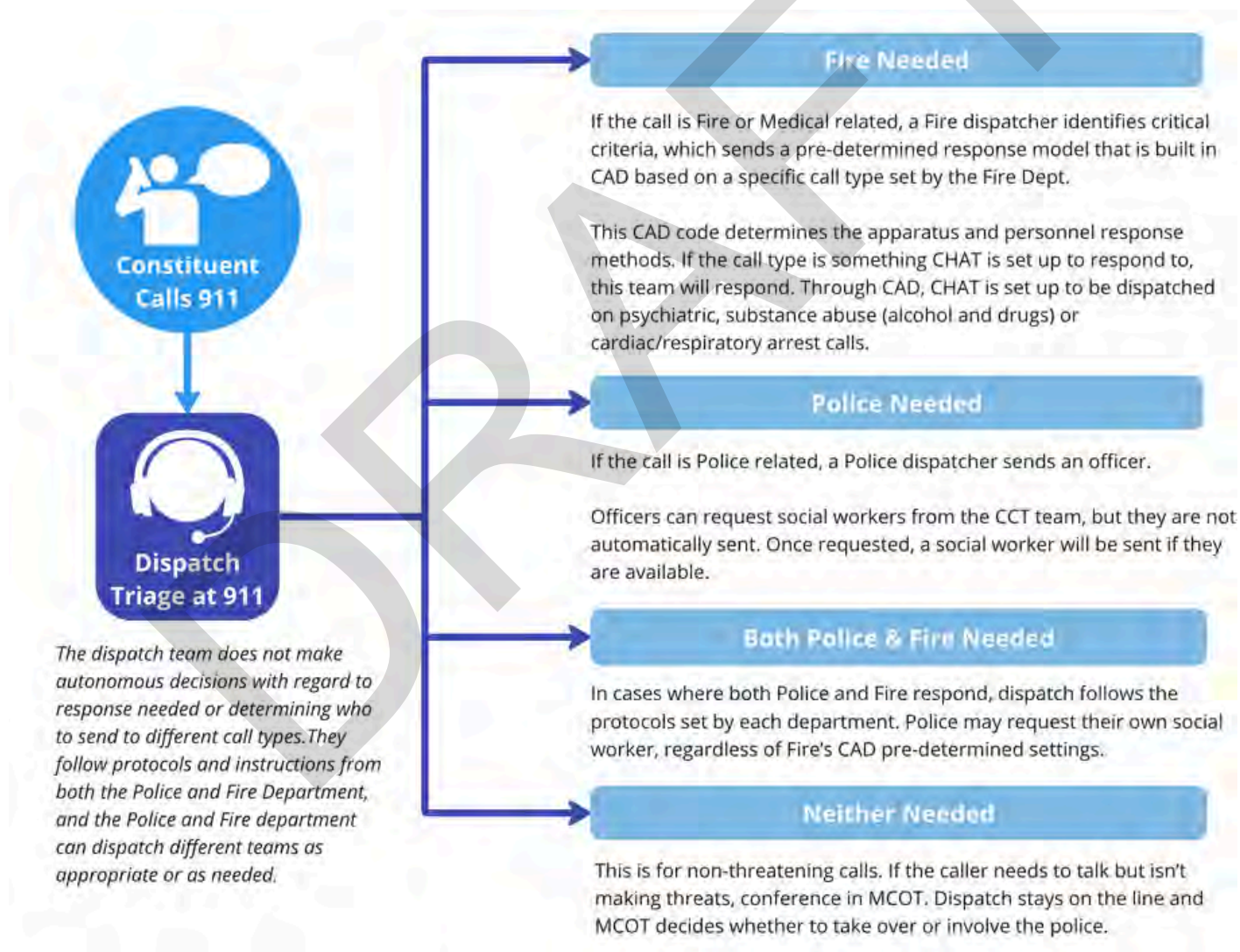
There are two groups that appear to benefit the community in similar ways, the CCT and CHAT teams who were both created to fill a gap in services related to mental health needs. The dispatch processes are explored next to help describe when each team is mobilized.

System-Wide Overview

INTERACTION BETWEEN TEAMS

DISPATCH PROCESSES

Several of our response models support calls for service. When a constituent calls 911, the call undergoes a triage process to determine if police, fire/medical, or both are needed. Response needs (apparatus and people) respond based on pre-determined criteria set by Fire and Police. Police Officers may specifically request a social worker, while Fire's social workers are dispatched based on unit and/or call type.



The most important takeaway here is understanding the role 911 plays, which is to follow processes to determine how to route a call between departments and to identify critical criteria for Fire calls that may change the response type. This allows Fire to auto dispatch the more appropriate team. Meanwhile, Police officers determine case-by-case if a social worker response would be beneficial.

System-Wide Overview

COMPARING SUCCESS

DATA COLLECTION AND THE TIE TO MEASURING SUCCESS

Our diversified responders take a lot of pride in the work they do to serve the community, and they all collect quite a bit of data (some of which is shown on the one-page profiles) to demonstrate the impacts they are having in the community. Today, metrics are presented by each team in ways that the teams themselves measure success or through the results of the biannual survey. They are varied and interesting, but this can make it challenging to compare the work our different teams are doing and if the data collected changes each year it can be challenging to assess progress over time. While frustrating, the fact that these teams serve the community in very different ways means that this might always be the case to a small or large extent. However, there is an opportunity to add more structure and align data collection to help us glean some comparative insights.

At a high-level, success can be seen in six different ways for these teams, including through money saved, improved service levels, number of follow ups, level of coverage, response times, and quality of interactions. The graphic to the right includes a star for every metric that could apply to each group.

Right now each team is looking at these measures of success differently, and in some cases, even when they are conducting similar services, they may be collecting different data. Data collection methods also likely change over

time as information is requested from these teams in a way that does not align with previous data collection methods. Measuring success differently for similar work makes comparing results and level of efficiency challenging, and the same is true if we are not able to look at consistent metrics over a period of time. In order to understand this kind of performance and success data we need to start with standardizing, cleaning up, collecting additional data, and automating our data collection and analysis processes wherever possible.

Standardizing data collection is the most important next step to understanding the long-term success of our diversified responders and to give us confidence in future analysis and reporting. The need and next steps are summarized in the next steps and recommendations section.

	Money Saved	Service Levels	Follow Ups	Coverage Level	Response Times	Quality of Interactions
CCT	★	★	★	★	★	★
CHAT	★	★	★	★	★	★
MRT	★	★	★	★	★	★
PCRT	★	★	★	★	★	★
DTA Street Ambassadors		★		★		★
Park Rangers		★		★		★
HEART		★				★
RIT		★		★		★

Recommendations & Next Steps

STANDARDIZE DATA COLLECTION

Resources like the biannual survey can help us understand success measures related to community sentiment and quality of our team's interactions with the community. The data our teams are collecting can help us understand other measures of success. However, in both cases, the data is only helpful if we are collecting the right data and if we have confidence in the accuracy of it. It's evident that we are already collecting a lot of data, but an effort is needed to standardize it.

Standardizing data is just the first step of many to be able to use data to measure success. After standardization, we will need to design additional data collection strategies that will help us highlight successes and failures. Once this strategy is determined and implemented, we'll begin building a dashboard that helps process the data and provide us with insights. However, the dashboard can not be developed until enough data has been collected over time to properly analyze it. Each step of this change in collection methods will take time.

FOCUS ON CCT AND CHAT

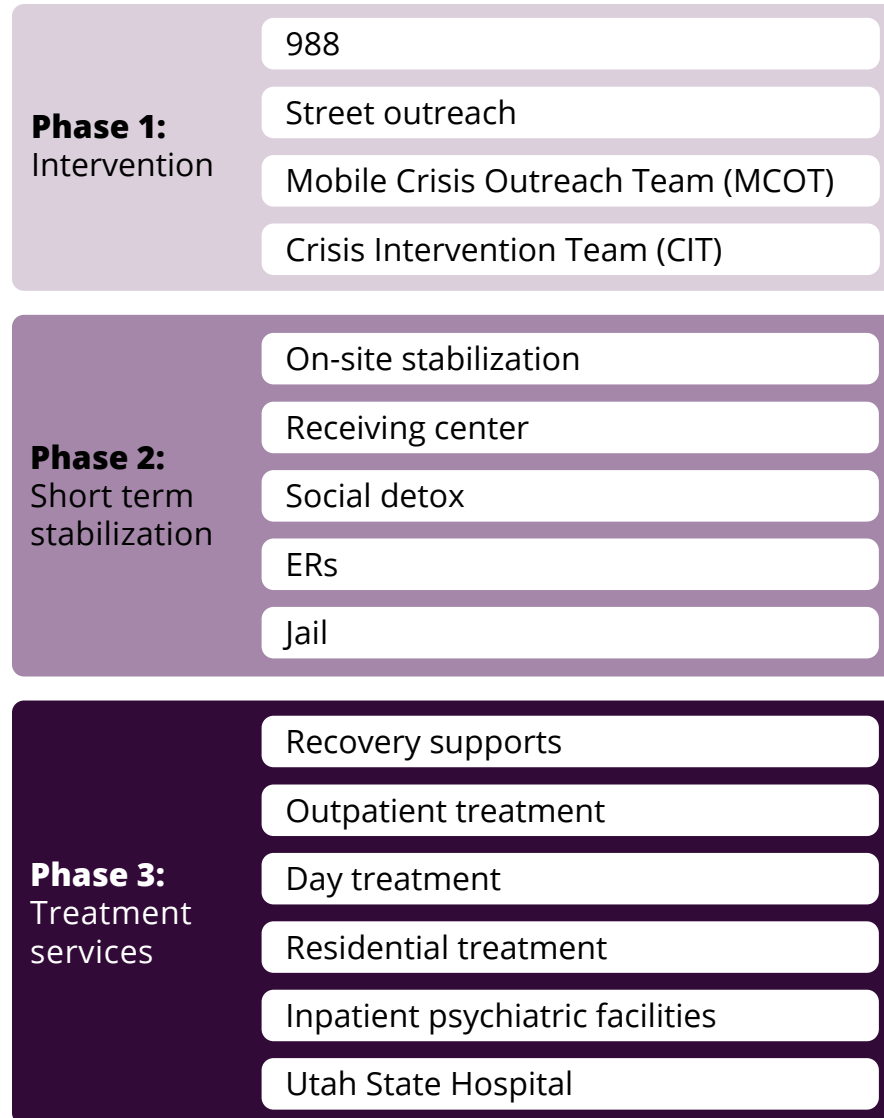
The system-wide analysis highlights some potential overlaps between the CCT and CHAT teams that need to be explored further. While collecting standardized data across response models could help explain the benefits or drawbacks of these overlapping services, exploring several key topics in depth is recommended to bolster future decision making. This includes:

- Learning more about the dispatch processes from the perspective of 911, Fire, and Police; the justification for the existing processes; and an assessment of whether best practices are being utilized
- Incorporating the case management aspect of the work these teams do and the impact this work has on our community
- Assessing whether one team could realistically serve both functions and what the barriers have been or might be to consolidate.

Behavioral health continuum for people experiencing homelessness

Critical components of care that need to be available across each level: case management, peer support services, assertive community treatment (ACT), and medication-assisted treatment (MAT).

Available resources and services listed by level of severity



Legal tools

- Utah State Hospital
- 24 hour to 72 hour emergency involuntary hold in a ER
- Services in Jail or prison
- Civil Commitment
- Essential Treatment Act
- Assisted Outpatient Treatment (AOT)
- Problem solving courts

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

Project RIO (Right Person In/Right Person Out) began in 2006 when the Salt Lake County Criminal Justice and Mental Health Systems concurred with Munetz and Griffin, that in the ideal, persons with mental illness would have the same rate of contact with the criminal justice system as does any other person. Systemic improvements were implemented that involved all five of the “sequential intercepts” in which persons with behavioral health conditions contact the criminal justice system, with the goal of diverting persons who have mental illness or substance use disorders and who are non-dangerous offenders from inappropriate incarceration. These programs supported an already active CIT program and Mental Health Court, and were the product of a rich collaboration of numerous agencies. Below please find an array of county and other funded programs that exist today.

Sequential Intercept #1 - Law Enforcement & Emergency Services

- **Crisis Intervention Team (CIT)** - Utah’s first statewide CIT training was held in 2001 through the Salt Lake City Police Department. Today CIT trained officers exist throughout numerous law enforcement agencies (on patrol and in the jail). Benefits of this program include reductions in recidivism, reductions in officer injury rates and use of force, improved case dispositions, and staff that are better trained in behavioral health legal and liability issues. In 2013 the Treatment Advocacy Center rated Utah as the top state in the nation for consumer access to both CIT trained officers and Mental Health Courts.
- **Crisis Line & Warm Line** - The Huntsman Mental Health Institute (HMHI) Crisis Line 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 Licensed Mental Health Therapists. The Warm Line is a peer-run phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.
- **Mobile Crisis Outreach Teams (MCOT)** - HMHI interdisciplinary teams of mental health professionals 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. These teams serve both adults and youth, 24/7 throughout the county.
- **Receiving Center (RC)** - An HMHI 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. 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.

Although progressive for its time in 2012, the Receiving Center is currently underutilized by law enforcement and emergency services. Though it is set up to receive referrals from law enforcement, these referrals have decreased over the years due to the requirement that clients routinely need to go to the emergency room first to be cleared medically. Though that was not a requirement when the existing Receiving Center initially began, this became a necessity due to a combination of medical liability concerns, physical setup of the Receiving Center space, and inability to fund the correct staffing model to operate as a “no wrong door” facility. This, plus the location of the facility, is a discouragement to law enforcement since it takes them off the streets for extended periods of time.

SL Co Division of Behavioral Health Services (DBHS) was awarded funding for a new non-refusal Receiving Center, and thanks to additional partners and funding, a groundbreaking occurred in May 2021. This program will serve Salt Lake County community members who are in psychiatric or substance use-related crisis; however, the new Receiving Center (RC) will accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Volunteers of America Social Detox Centers** - These programs 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.

These services are provided in multiple locations. The men's detox center has 83 beds, the women's detox center has 32 beds. These programs provide a safe and trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at this facility for up to 14 days (this has been extended to 30 days due to the pandemic). In addition, women may bring their children age 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. While in residence, clients receive 3 meals per day and snacks, case management services, and access to medication-assisted treatment (MAT). Qualifying clients who are interested in treatment for substance use disorders will receive a full ASAM-driven biopsychosocial assessment and referral to an appropriate treatment program.

Throughout their stay, clients will have access to case management services. These services include linking clients to essential behavioral health treatment, enrollment in Medicaid, referral to primary care, assistance with legal issues, and connection to peer support and community recovery meetings.

- **Unified Police Department (UPD) Mental Health Unit** - Through this program, a licensed mental health therapist is housed within the UPD offices, co-responds with law enforcement to mental health crises within the community, and provides individualized follow-up. UPD serves the cities of Taylorsville, Kearns, Magna, Holladay, Millcreek, Midvale, Canyons, Copperton, Brighton and White City. The UPD Mental Health Unit serves the community in these areas, and also provides additional assistance to other law enforcement agencies throughout the county upon request.

The objectives of the Mental Health Unit are to:

- Assist with the de-escalation of volatile situations, reducing the potential for violence during police contacts
- Provide mental health consumers and their families with linkages to services and supports
- Serve consumers in the least restrictive setting, diverting from jail and hospitalization as appropriate
- Reduce repeated law enforcement responses to the same location, and
- Free up patrol officers to respond to other calls.

Through additional county dollars, the Mental Health Unit is made up of one sergeant, one detective, and seven secondary officers from various precincts.

This effort enjoys a commitment to problem solving and a fruitful collaboration between law enforcement, DBHS, HMHI, and the greater community of Salt Lake County.

The program enjoys a 98.4% diversion rate from medical or psychiatric hospitalization through the first half of FY21, while making 510 outreaches (479 adults and 31 youth).

- **Utah Department of Public Safety Mental Health and Substance Use Disorder Evaluation Triage Team (METT)** - DBHS began funding a mental health therapist during Operation Rio Grande, for the Utah Highway Patrol, as they worked with the homeless and behavioral health population in the Rio Grande area. These officers no longer serve in this area, but seeing the value of pairing law enforcement with mental health resources, wished to continue this model, and expand it statewide.

With no funding to do so, DBHS offered to fund this position as a bridge to the statewide expansion, through FY22.

Through this model, a Volunteers of America (VOA) therapist assists vulnerable individuals suffering from a mental health or addiction crisis by providing assessments and connecting individuals to mental health services. This position plays a valuable role in reducing the potential for violence during police interactions, aids Department of Public Safety (DPS) officers in identifying and addressing the mental health and substance use disorder concerns and assists officers in handling calls for service.

The METT is comprised of a licensed clinician, 4 DPS sworn outreach officers and a supervisory sergeant. The clinician is housed within DPS Headquarters located at 4501 S 2700 W and under the direction of the METT supervisory sergeant, with the following duties:

- Provide intervention, referral, or placement for a person with mental illness and addiction, to facilitate the speedy return of field officers to other duties.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- Endeavor to prevent unnecessary incarceration and/or hospitalization of persons with mental illness or addiction by directing individuals, based on medical necessity, to care in the least restrictive environment through a coordinated and comprehensive system-wide approach.
- Provide a variety of clinical services for persons suffering from severe mental and emotional disorders and addiction; assist patients; their families; law enforcement and other social agencies in understanding and finding solutions to problems that lead to and result from mental illness and severe emotional disorders.
- Provide follow-up to support access to care and associated reductions in recidivism.
- Coordinate with service providers throughout the state to address needs of individuals.

The last 7 months, this program has served 33 juveniles and 39 adults for a total of 72 individuals. Case management can vary depending on each individual, which could be as short as a few weeks to in excess of over a year. The area of operation is the State of Utah and housed out of the Utah Highway Patrol Calvin Rampton Building - State Bureau of Investigation

- **Salt Lake City Police Department Community Connections Team** - The SLC PD opened the Community Connections program in 2016, a joint effort of specially trained police officers and social workers who provide a safe environment for individuals experiencing homelessness or a mental health crisis to access individualized care, support and appropriate community services. This program houses multiple teams that provides:
 - Triage of an individual or family
 - Intermittent, short-term therapeutic intervention
 - Care coordination between agencies
 - Case management which includes, but is not limited to:
 - Housing application and navigation assistance
 - Basic needs
 - Transportation assistance
 - Employment resources
 - Navigation of the behavioral health system

Sequential Intercept #2 - Jail

- **Jail Behavioral Health Services** - Mental health and substance use disorder (SUD) services are provided to inmates of the SLCo Jail.

Mental Health services are funded through a direct appropriation from the County Council to the SLCo Sheriff's Office. In addition to providing mental health services and medication management, the Sheriff's Office provides discharge planners that collaborate with community mental health treatment providers and social workers at the Legal Defenders Association to coordinate continuity of medications and treatment for severely mentally ill (SMI) individuals. The Salt Lake County Jail has two dedicated units that can address more severe mental health needs – a 17-bed unit for individuals who have been identified as high risk for suicide and a 48-bed unit for individuals with a mental health diagnosis that would benefit from not being with the general population. In addition to these, the jail team provides group therapy and crisis services for individuals in the general population.

DBHS funds the SUD services in the jail, including:

The Corrections Addiction Treatment Services (CATS) Program - an addictions treatment therapeutic community, based on a day treatment level of care (20 hours per week of treatment services with additional services included). The program is operated within both the ADC and Oxbow Jails. The capacity for males is 152 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months.

The CATS program includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of interim group services called Drug Offender Group Services (DOGS). The CATS and DOGS programs are contracted through Odyssey House.

Jail Medication-Assisted Treatment Program - Qualifying program participants with opioid use disorders (OUD's) have access to medication-assisted treatment, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT program medications may include Methadone, Buprenorphine or Naltrexone. The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality. Naloxone kits are provided to qualifying participants upon release.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **Community Response Team (CRT)** - This Valley Behavioral Health (VBH) team works with severely mentally ill (SMI) clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC (Assess, Plan, Identify and Coordinate) Plan, a pre-release relationship with the inmate, assure medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail.
- **State Competency Restoration Program** - This program is operated by the state and works to restore inmates to competency while awaiting a hospital bed.

Sequential Intercept #3 - Courts

- **Mental Health Courts** - Mental Health Courts are a collaboration between criminal justice and mental health agencies in Salt Lake County. Mental Health Courts provide case management, treatment services, and community supervision for the purpose of improving the mental health and well being of participants, protecting public safety, reducing recidivism, and improving access to mental health resources.
- **Family Recovery Court** - The mission of the Family Recovery Court is to treat individuals with substance use disorders through an intense and concentrated program to preserve families and protect children. This is achieved through court-based collaboration and an integrated service delivery system for the parents of children who have come to the attention of the court on matters of abuse and neglect. A drug court team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, Salt Lake County DBHS substance use disorder specialist, and the court's drug court coordinator, collaborate to monitor compliance with treatment and court-ordered requirements.
- **Drug Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of working with individuals with a substance use disorder, such as strict probation or mandatory imprisonment, did not address the fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers. The Operation Rio Grande Drug Court is the most recent addition to this line of service, and specializes in serving individuals arrested in the homeless area of downtown Salt Lake City.
- **Veteran's Court** - This third district court is a problem-solving court with a special court docket that seeks to address specific challenges. Its primary purpose is to ensure that an individual receives treatment to address unmet clinical needs. Veteran's Court uses graduated sanctions, which may include modifications to treatment, community service, fines and jail.
- **Social Services Position Housed in the Legal Defenders Office** - this position, funded through DBHS, coordinates 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. Additional social services positions are housed in the legal defenders office, offering invaluable assistance in connecting large numbers of clients to treatment.
- **Case Resolution Coordinator** - an attorney funded through Salt Lake County, housed in the Legal Defenders Office, that helps individuals with serious mental illness to resolve multiple court cases throughout the valley (in coordination with other court orders). Through close coordination of treatment and judicial oversight, individuals are diverted from incarceration, avoiding changes or lapses in their medications, loss of housing and associated emergency room visits or hospitalizations.

Sequential Intercept #4 - Reentry

- **Top Ten** - Once a month, DBHS facilitates a group that meets to staff frequently booked individuals with severe mental illness. Partners include the Legal Defender's Association (LDA), Valley Behavioral Health,

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

HMHI Crisis Programs, Jail Mental Health, DBHS, Optum, The Road Home, Volunteers of America, the SLC PD Community Connections Team, and the 4th Street Clinic.

Team goals are to:

- Ensure jail mental health is aware of an individual's diagnosis and medications prescribed in the community prior to arrest, and vice-versa, ensure community mental health programs are aware of an individual's diagnosis and medications prescribed in jail prior to release.
 - Develop a pre-release relationship with the inmate prior to release whenever possible.
 - Work to assertively engage the client in treatment upon release, address continuity of care/ medications and transport if appropriate.
 - Refer into appropriate programs (Mental Health Court, ACT Teams, dual-diagnosis residential programs, Jail Diversion Outreach Team, other outpatient services, housing, etc.).
 - Communicate with the individual's attorney.
 - Communicate with county supervising case managers, state AP&P officers or other private supervising agencies.
 - Coordinate jail releases when appropriate.
 - Support the client to resolve open court cases.
 - Coordinate with medical providers when appropriate.
 - Coordinate with other community providers (VA, private providers, etc.).
 - Assist with housing, entitlements, and other needed supports.
 - Address individuals as pre-contemplative rather than non-compliant when unable to engage them into services. That is, try, try again.
- **Jail Diversion Outreach Team (JDOT)** - This VBH assertive community treatment "like" team is a multidisciplinary team that assists severely mentally ill individuals that are frequent recidivists in the county jail.
 - **CORE (Co-occurring, Re-Entry & Empowerment)** - VBH CORE 1 and CORE 2, 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 both on-site and in the community, integrating mental health and substance use disorder treatment and focusing on medium/high risk and medium/high need individuals with supportive housing attached upon discharge. These programs were implemented 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 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.
 - **Odyssey House Mental Health Program** - This new 16-bed women's mental health residential program opened in November of 2020. It serves the severely mentally ill population, often homeless and cycling through the criminal justice system. This program opened due to high demand from stakeholders, especially Mental Health Court. Another facility is planned to open in April 2022 for men.
 - **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.
 - **DORA** - A collaboration between Adult Probation and Parole, the court system and behavioral health service providers utilizing smarter sentencing guidelines for better treatment outcomes.
 - **The 4th Street Clinic** - Collaborates with the jail and with the LDA Mental Health Liaison to assist homeless individuals with both physical and behavioral health services upon release from jail.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **DWS Medicaid Eligibility Specialists** - DBHS funds a Medicaid Eligibility Specialist to assist with enrollment into Medicaid. This position is mobile, visiting various locations such as court settings and Criminal Justice Services. Another DWS staff member is embedded within the largest behavioral health provider.
- **Navigator and Certified Application Counselor Assistance** - DBHS providers, the jail, Criminal Justice Services and the Legal Defenders Association collaborate with navigators and certified application counselors to enroll individuals in Marketplace Plans, Medicaid and other health plan options. These services are provided at many different locations, including court settings, the jail, provider locations, pretrial and probation settings. DBHS worked aggressively throughout the years to develop a coordinated response to enrollment efforts with the criminal justice and behavioral health populations.
- **Gap Funding** - DBHS provides gap funding to assist with medications and treatment for uninsured severely mentally ill individuals being released from jail.

Sequential Intercept #5 - Community

- **Assertive Community Treatment (ACT) Teams** - Salt Lake County/Optum has contracted with VOA, VBH and soon Odyssey House, to implement Assertive Community Treatment (ACT) Team service delivery models for Salt Lake County residents. The teams provide intensive home and community-based services. The ACT Teams offer a “hospital without walls” by a multidisciplinary team. The emphasis is to provide support to those who are high utilizers of services and to offer stabilization within the community. The programs are implemented to fidelity to the evidence-based model as outlined by SAMHSA. DBHS also funds housing for these programs. A large portion of these individuals are justice-involved. Currently there exists 3.5 teams.
- **Housing Programs** – DBHS funds multiple housing first initiatives for individuals involved in the justice system. Some serve individuals with severe mental illness, while others are tailored towards supporting individuals with SUDs. These programs are a combination of scattered units throughout the valley, boarding homes, rental assistance vouchers, sober living homes, and partnerships on tax credit housing projects where DBHS funds Medicaid supportive living rates, rental subsidies, and even some capital expenses.

In addition to the above, there are many housing programs through other funding streams that DBHS partners with and in some cases funds in-kind behavioral health services for, to assist in meeting HUD funding requirements.

- **Intensive Supervision Pilot** - This program targets high risk individuals who are sentenced to County probation at Criminal Justice Services (CJS). Clients receive an LSI-CMI risk assessment and then an ASAM assessment to determine the appropriate level of care. Clients enrolled in the program are supervised in the community by officers from the Sheriff's department and receive intensive case management services through the CJS. DBHS provides dedicated assessment workers seated at CJS with the officers and case managers, and prioritized access to treatment services. Through this model there was an increase in the number of clients who present for an assessment and treatment as well as a drastic reduction in the wait times associated with accessing treatment and lower attrition rates when compared to the overall system.

In a recent evaluation 406 clients were admitted into the ISP program during a 12 month period (January 2020 – December 2020). Since the program's inception 320 individuals have graduated, and multiple successful outcomes documented: 75.4% of all clients referred into ISP have been assessed for treatment. Looking at a snapshot of the program in March of FY20, 73.1% of all open clients remain actively engaged in treatment. Graduates of the program enjoy a 34% reduction in risk scores. Successful clients saw an 86% reduction in new-charge bookings (comparing one year prior to one year post-program in take); revoked clients showed a 59.2% reduction; with the total population showing a 71.6% reduction.

SLCO Behavioral Health Services

Alternatives to Incarceration Initiatives

- **CJS CM's & AP&P MIO Officers** - Criminal Justice Services and Adult Probation and Parole have case managers and officers that specialize in supervising the severely mentally ill population. AP&P has officers housed within Valley Behavioral Health where they coordinate closely with behavioral health staff regarding clients.
- **VA Homeless Outreach Program** - The Health Care for Homeless Veterans (HCHV) Program provides outreach services to inform homeless veterans about resources that may be available to them. The outreach worker completes an assessment with each veteran and uses this information to determine what services may be appropriate for the veteran. Such services include linkage with medical, dental, and mental health care, referrals for employment opportunities, help to obtain clothing and bus tokens, referrals for residential substance abuse treatment and transitional or long-term housing and linkage or referrals to various other VA and community resources. All homeless veterans or veterans who are at risk for homelessness can be assessed by the outreach workers, although not all veterans will be appropriate or eligible for every service or resource.
- **Mental Health Court Housing** - a collaborative effort between the Division of Behavioral Health Services and the Housing Authority of Salt Lake, providing scattered unit housing to defendants in Mental Health Court with serious mental illness and co-occurring substance use disorders.
- **Rep Payee Services** - a supportive service to individuals in need of assistance in managing their finances. Many individuals with severe mental illness, cycling through the criminal justice system, benefit from this type of service.
- **NAMI Utah** - The National Alliance on Mental Illness in Utah's mission is to ensure the dignity and improve the lives of those who live with mental illness and their families through support, education and advocacy. NAMI is a great partner with Mental Health Courts and other individuals with mental illness and criminal justice involvement throughout the state of Utah.
- **USARA** - Utah Support Advocates for Recovery Awareness' mission is to celebrate, advocate, support and educate on behalf of drug and/or alcohol addiction recovery and Utah's recovery community. This organization 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.
- **Medication Assisted Treatment Programs** - In recent years, DBHS utilized federal dollars to expand medication-assisted treatment access within the community. Salt Lake County had six out of the top ten hotspots identified within the state for opioid related emergency room visits and overdose deaths. In an effort to address these hotspots, capacity in the existing Project Reality location was increased, and two new clinics were opened in other areas of the county. One of the new clinics is located in West Jordan, through Clinical Consultants, the other is located in Murray, through Project Reality. Federal grant dollars are utilized to maintain these clinics.
- **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 the criminal justice population. Medicaid expansion has enabled an unprecedented expansion of these services. As an example, ~170 SUD residential beds existed in 2016, and is estimated to be ~600 in 2021, more than tripling capacity within the Salt Lake County network. Additional services have expanded outside this network as well.

Appendix G

Jail Booking & Review Actions & Recommendations Materials

RESOLUTION NO. _____

DATE: _____, 2024

**A RESOLUTION SETTING FORTH
MAXIMUM OPERATIONAL CAPACITY
FOR THE SALT LAKE COUNTY JAIL**

WHEREAS, Utah Code Annotated, Section 17-22-5.5 authorizes the Sheriff to establish a maximum operating capacity of each jail facility with the approval of the County legislative body; and

WHEREAS, the Sheriff currently operates the County’s Jail Facility which consists of the Salt Lake County Adult Detention Center and Oxbow Jail; and

WHEREAS, Utah Code provides that with the approval of the County Council the Sheriff shall set a maximum operating capacity for each jail facility based on the facility design and staffing; and

WHEREAS, Utah Code Annotated Section 17-22-5 authorizes the Sheriff to implement written policies for admission of prisoners and classification of incarcerated person in the jail for the safety and well-being of the prisoners and the community prior to and in conjunction with the maximum operating capacity.

RESOLUTION

NOW, THEREFORE the County Council of Salt Lake County resolves that under the current design and staffing, the maximum operational capacity of the Salt Lake County Jail Facility is two thousand one hundred and one (2,101). The maximum operating capacity may be temporarily reduced by the number of unavailable beds when a unit is closed for repairs, due to staffing or other administrative necessities. Upon reaching the maximum operating capacity, the Sheriff shall take appropriate measures allowed by law.

Further, when the prisoner population reaches 80% of the maximum operating capacity the Sheriff shall apply the uniform written policies for admission of prisoners as allowed by law for the safety and well-being of inmates and the community.

APPROVED and ADOPTED this _____ day of _____, 2024.

SALT LAKE COUNTY COUNCIL

By _____
Laurie Stringham, Chair

ATTEST:

Lannie Chapman
Salt Lake County Clerk

APPROVED AS TO FORM

Senior Attorney

Council Member Alvord voting _____
Council Member Bradley voting _____
Council Member Bradshaw voting _____
Council Member Granato voting _____
Council Member Harrison voting _____
Council Member Stewart voting _____
Council Member Stringham voting _____
Council Member Theodore voting _____
Council Member Winder Newton voting _____

Salt Lake County Sheriff's Office Jail Capacity Presentation



Salt Lake County Jail Capacity



Current Jail Population: **1,915**
November 5, 2024 - Jail Population Profile Dashboard

Salt Lake County Jail Capacity

Design Capacity

Metro: 2178
Oxbow: 552
Total: 2730

Rated Capacity

Metro: 2087
Oxbow: 368
Total: 2455

Operational Capacity

Metro: 1733
Oxbow: 368
Total: 2101

The Effect of Jail Population on Crime in Salt Lake City

Deputy Chief Scott Mourtgos

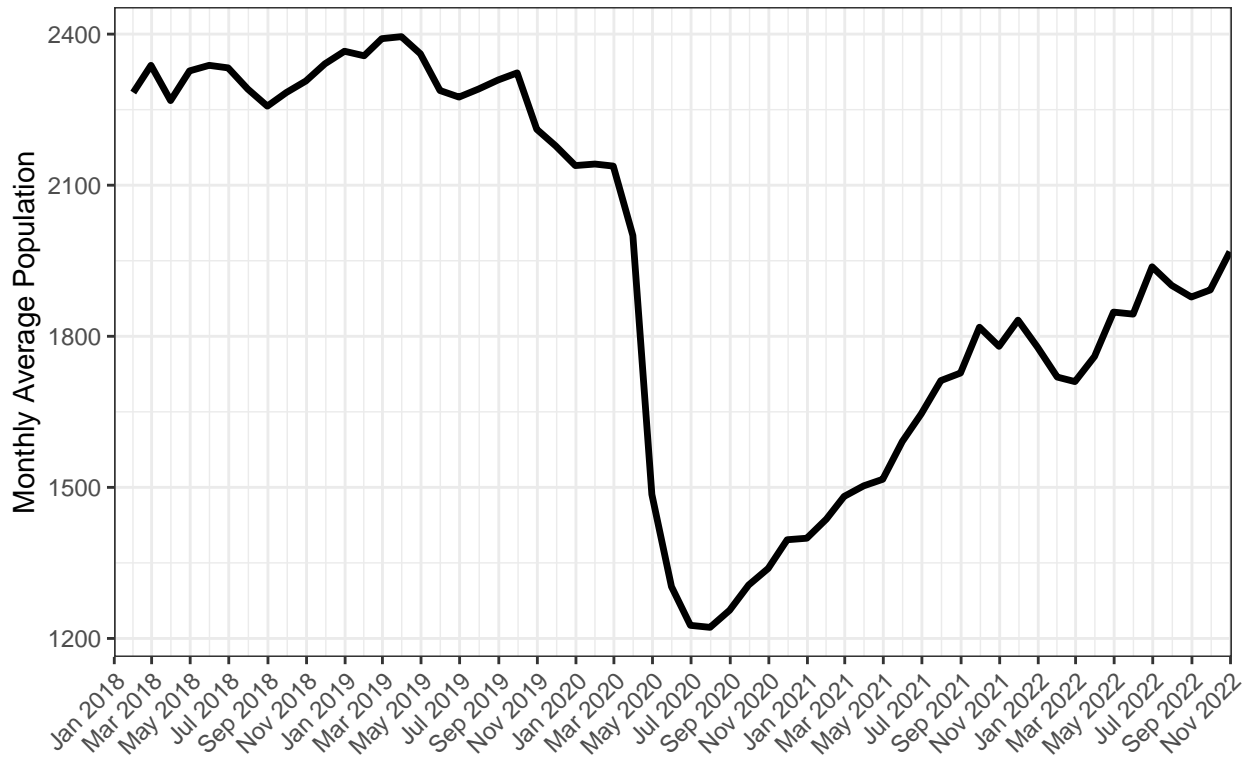
2022-12-11

Crime in Salt Lake City

Crime in Salt Lake City, as in many parts of the United States, has become a growing concern since 2020. For example, the national homicide rate rose 30% between 2019 and 2020: the most significant single-year increase in over a century. While violent crime is still relatively low in Salt Lake City compared to other cities its size, it did increase beginning in 2020. Several explanations have been provided by various think tanks, criminologists, commentators, and politicians to explain this increase in crime. However, one explanation that has not received much attention to date, at least locally, is a change in jail incarceration levels in Salt Lake County post-Covid.

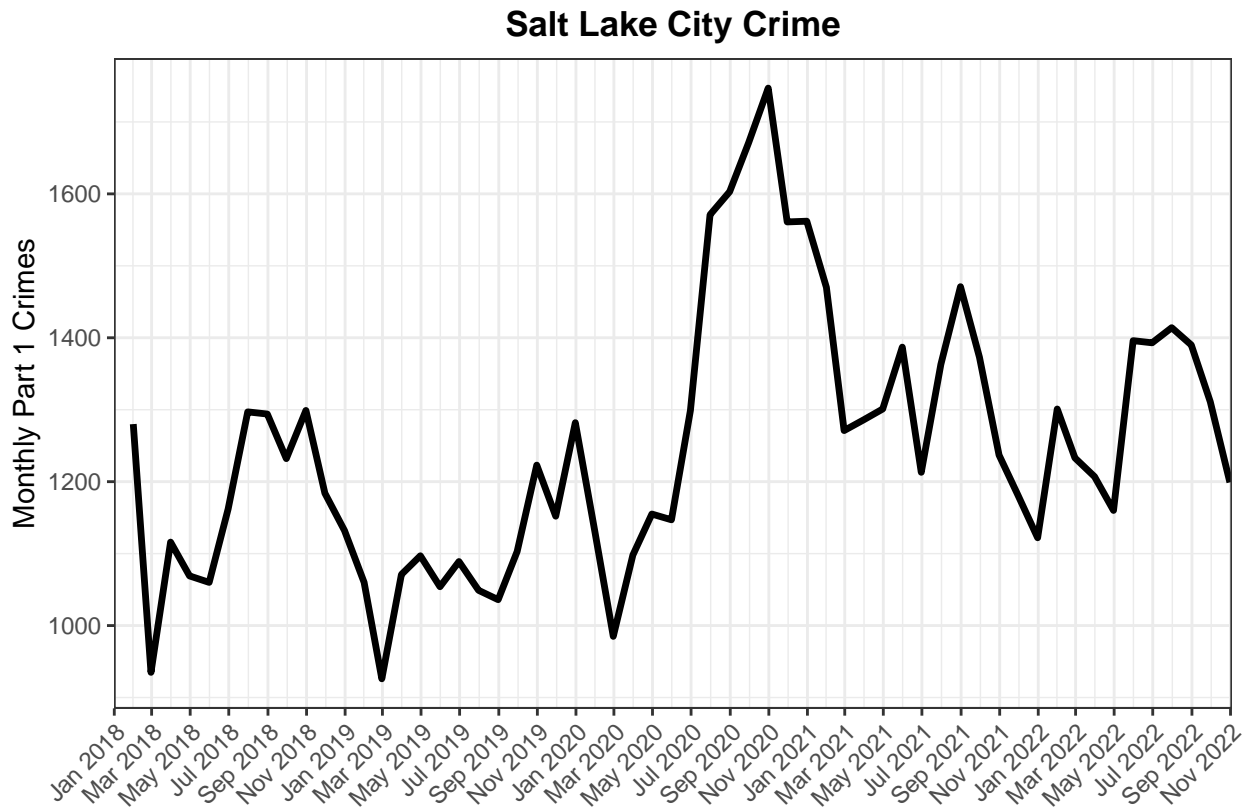
As in many other places, the Salt Lake County Jail substantially reduced its jail population toward the beginning of the COVID-19 pandemic. The plot below shows the average monthly population of the jail from 2018 through November 2022. There is a stark reduction in the jail population beginning in March 2020, with an approximately 50% cut from 2019 levels. Over two years later, the jail population is still approximately 25% lower than pre-pandemic.

Salt Lake County Jail Population

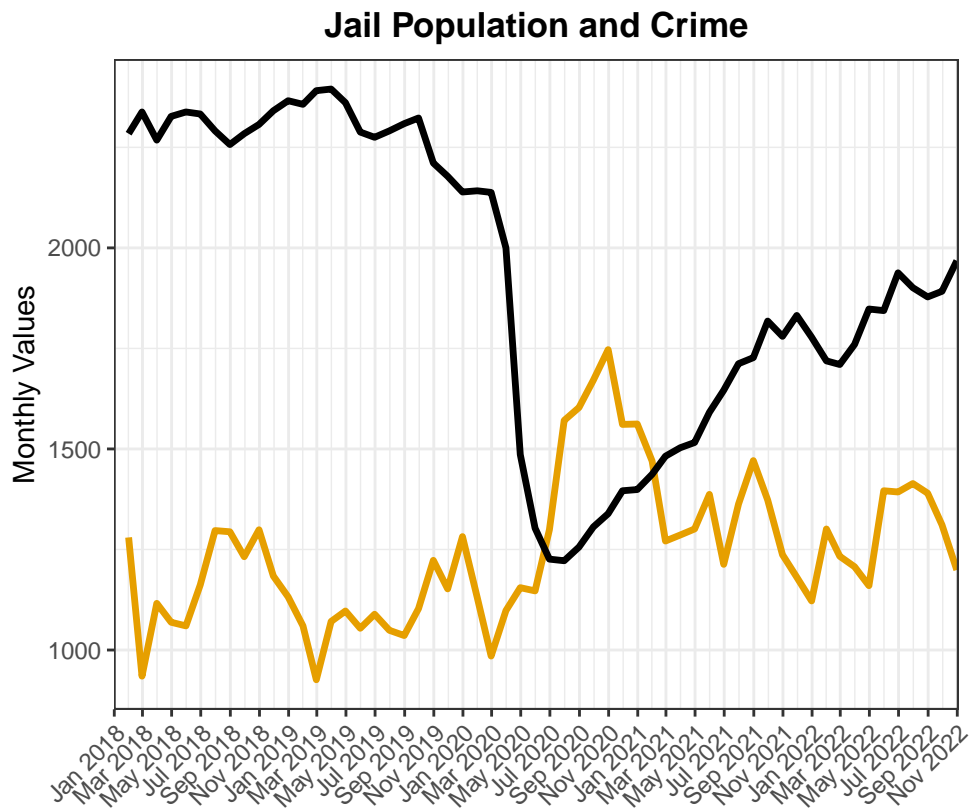


When Part 1 crimes in Salt Lake City are plotted, one can see a substantial spike in crime around the same

time.

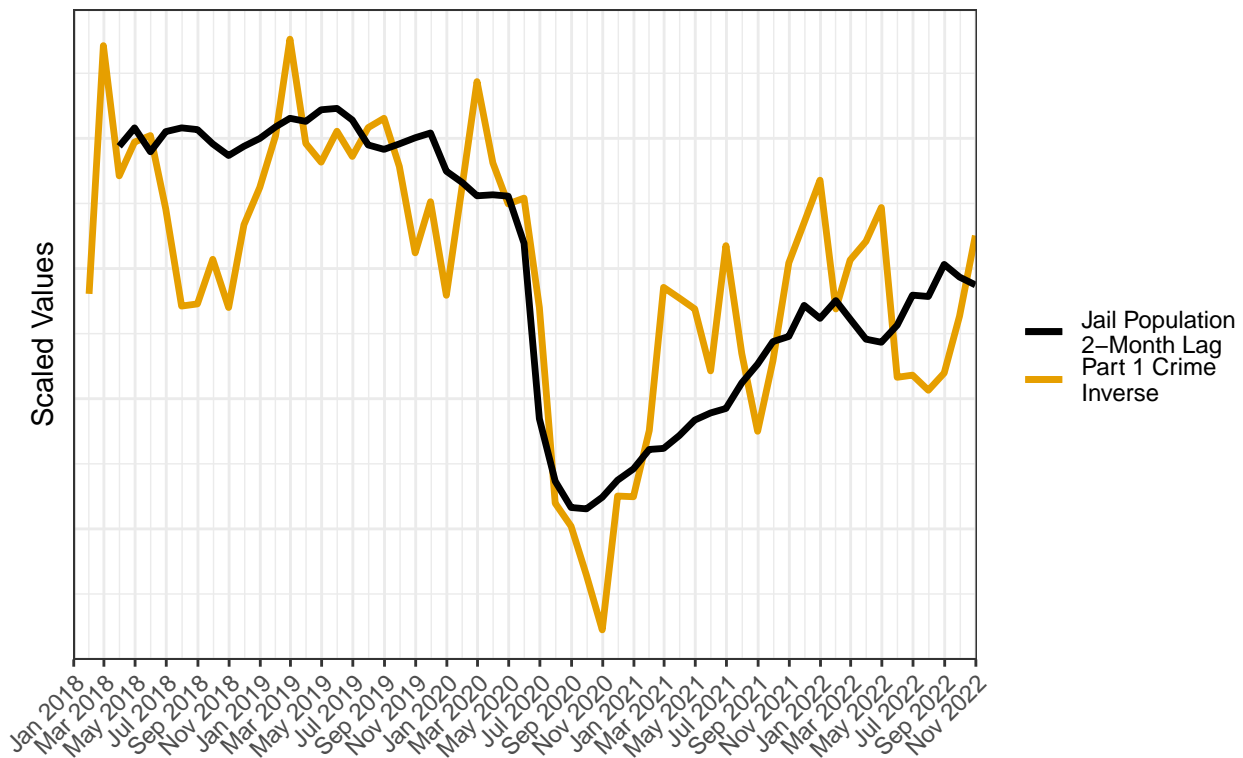


When crime and jail population are placed on the same graph, there certainly seems to be a relationship.



This relationship becomes even more evident when the two are plotted together with the inverse of crime so that trends follow the same direction, and a 2-month lag is placed on the jail population.

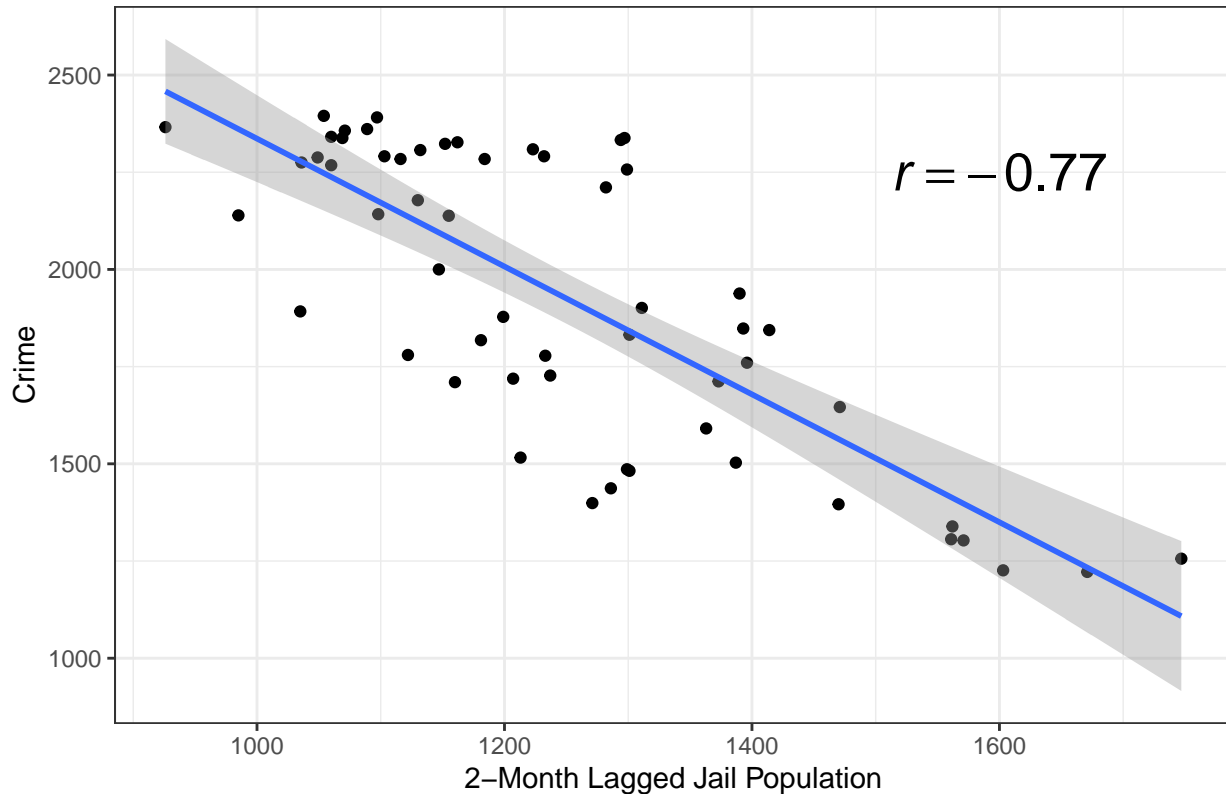
Crime Tracks Jail Population on a 2–Month Lag



It is not unusual that there is a delay in the effect a substantial reduction in the jail population has on crime. While recidivism is exceptionally high for criminal offenders, individuals may not commit new crimes immediately upon release but rather over the following months. Further, perceptions of deterrence likely take some time to crystallize. That is, if there is a change in how society uses incarceration, some time is needed for this change in the risk of incarceration (or other law enforcement actions, as discussed shortly) to affect the calculus used in making decisions to commit crimes.

Multiple statistical tests not shown here were conducted that indicate a 2-month lagged relationship is the best statistical fit. When this is considered, the correlation coefficient is $-.77$. This is a striking relationship. A correlation coefficient can range between -1 and 1 . A coefficient of 0 indicates no relationship between two variables. Coefficients of -1 or 1 indicate a perfect relationship, with the negative or positive indicator informing the direction of the relationship. A correlation coefficient of $-.77$ indicates an extremely high correlation between a decreasing jail population and an increasing crime rate.

Jail Population and Crime Correlation



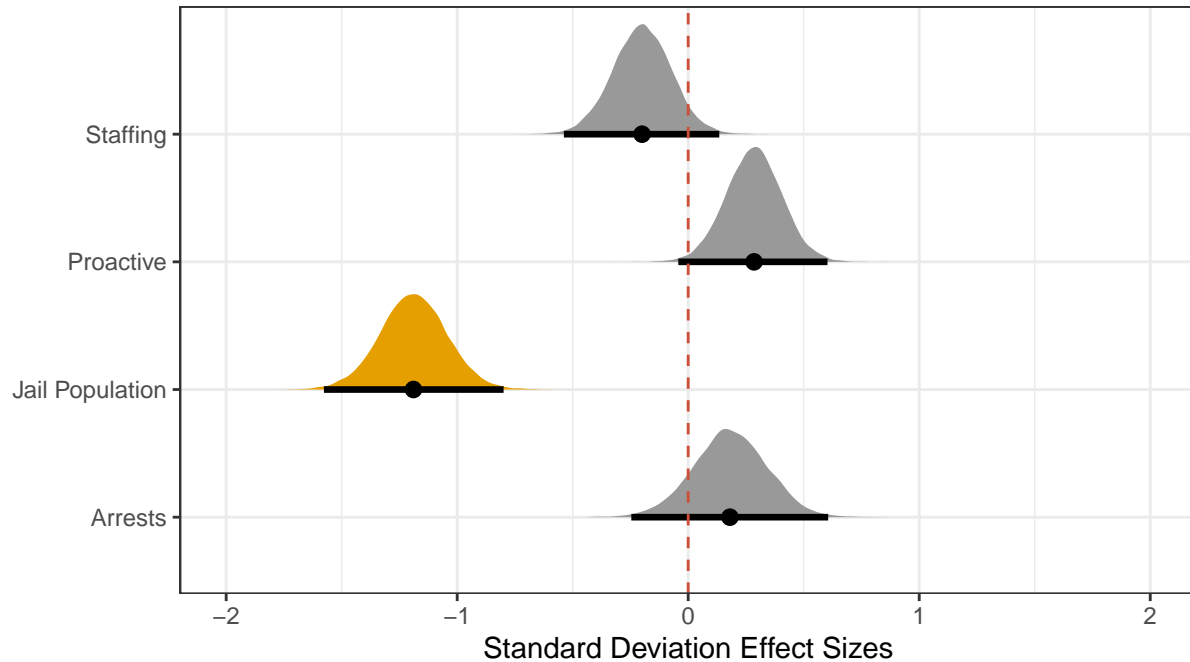
There are, of course, other factors that may be playing a role in the observed increase in crime. It may be that police officers were conducting less proactive police work, which has been shown to affect crime. It may be fewer arrests were being made (custodial and non-custodial), decreasing levels of criminal deterrence. It may also be that police staffing has fallen to a point where offenders do not fear being caught as much as they may have (SLCPD and many other agencies have experienced a staffing crisis over the past two years).

These possibilities are accounted for in a regression model using Bayesian methods. Much like a significant drop in jail population, there may be a delayed time effect on crime regarding proactive police work, frequency of arrests, and police staffing. Numerous regression models were estimated, accounting for all permutations, including 2-month lags on none, some, or all of the included variables. Regardless of which model was evaluated, the results did not change. However, a 2-month lag on jail population, proactive police work, and arrests indicated the best model fit. Further, a delayed effect of these variables makes theoretical sense as offenders 'learn' of these changes over a couple of months. On the other hand, the level of police staffing in the community is immediately visible.

The plot below shows all variables scaled such that differences are measured in standard deviations. This allows for direct comparison between variables. The jail population is the only variable with a .99 probability or greater of having an effect on Part 1 crime in Salt Lake City. The effect size is -1.19 standard deviations, which is substantial.

Jail Population has a Suppressant Effect on Crime in SLC

Jail Population is the only Variable with a .99 or Greater Probability of an Effect



2-Month Lags with Proactive, Jail Population, and Arrests
Based on Best Fitting Model ($r^2=.74$) and Theoretical Reasons
Removing Lags or Including a 2-Month Lag on Staffing does not Change Results

This translates to for every one standard deviation decrease in jail population, Part 1 Crime in Salt Lake increases by 1.19 standard deviations. One standard deviation of the average monthly jail population is approximately 375 inmates. As the average monthly jail population decreases by 375, one can expect, on average, an increase of approximately 215 Part 1 Crimes per month.

While there undoubtedly are other factors that contribute to trends in crime, the use of jail incarceration as a means of incapacitation and deterrence has a non-trivial effect that should not be ignored. The decrease in its use is a public policy decision that is not discussed frequently enough, resulting in unrealistic expectations being placed on other components of the criminal justice system to 'do something' about crime (i.e., police agencies). While police agencies play an essential role in crime control, they operate without much influence (if any) on policy decisions regarding county jails, state prisons, courts, and prosecuting agencies, all of which play a significant role in crime control.

Total Releases

188,989

Avg Days in Jail

25.3

Avg Hours in Jail

606.1

Avg Releases Per Year

27,324

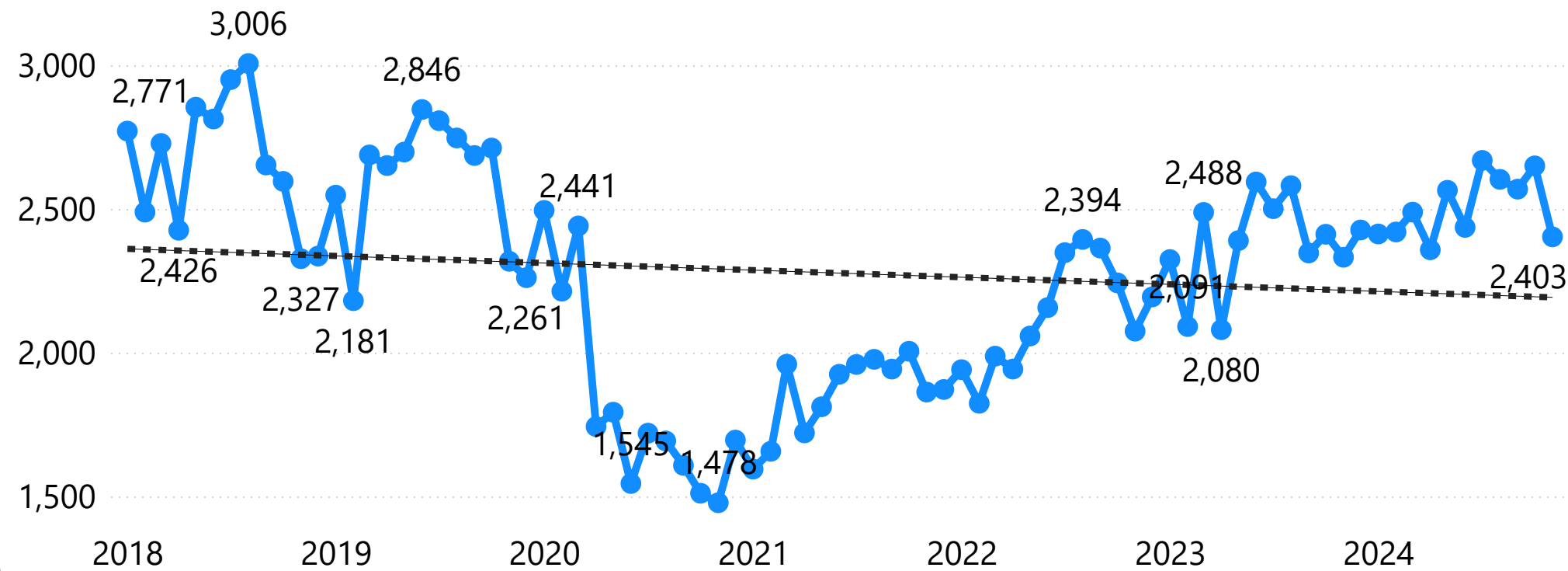
Avg Releases Per Month

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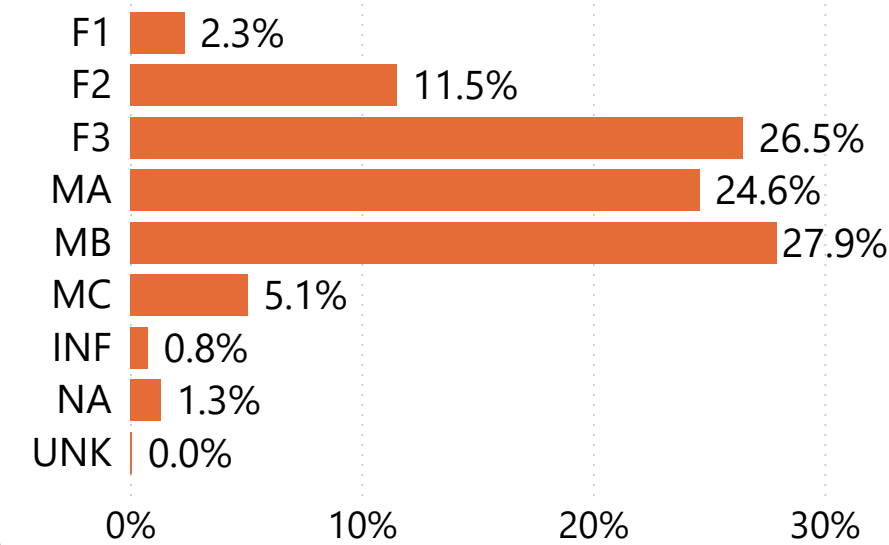
Avg Releases Per Day

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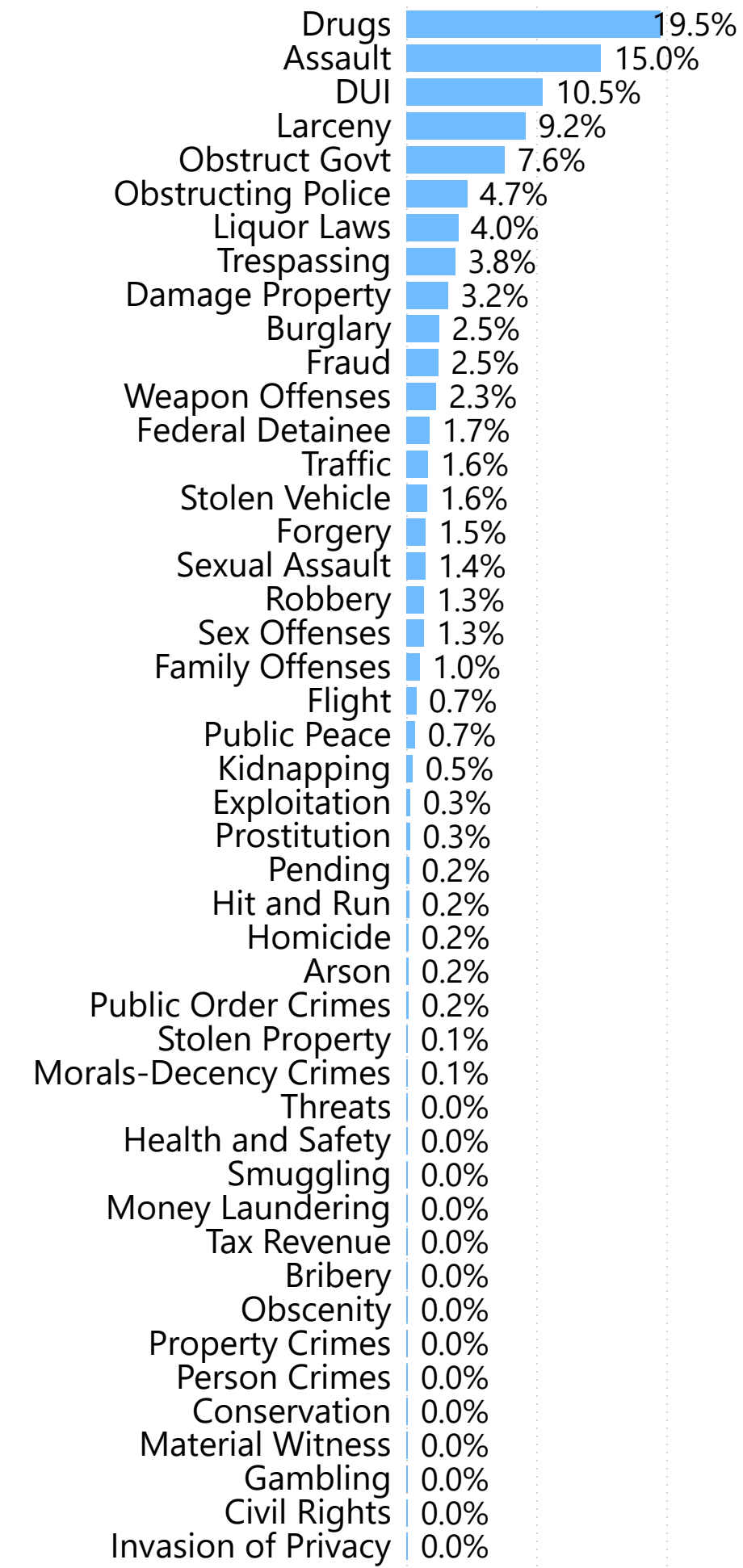
Releases from Jail by Month



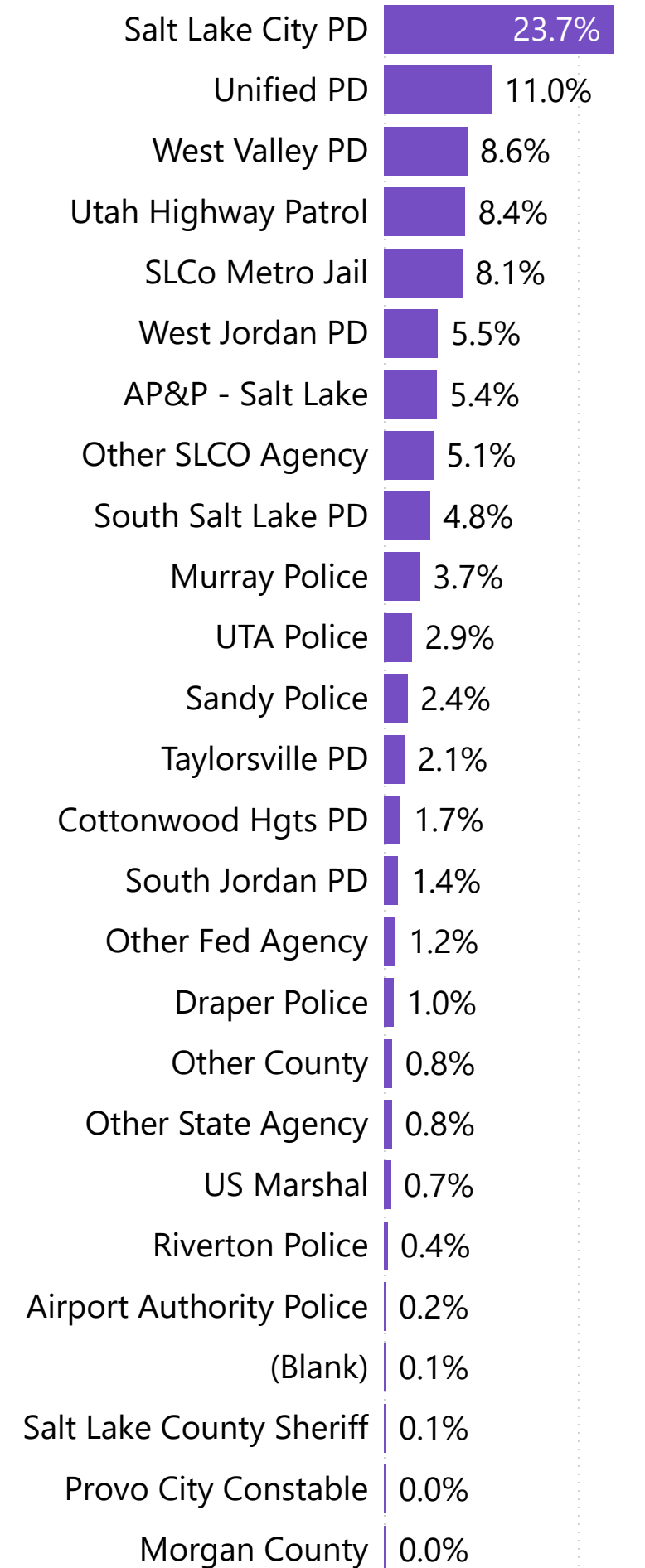
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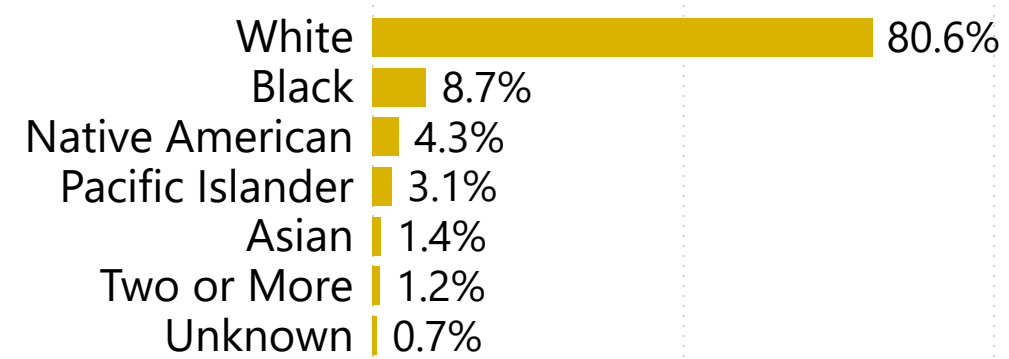
Crime Type of Lead Charge



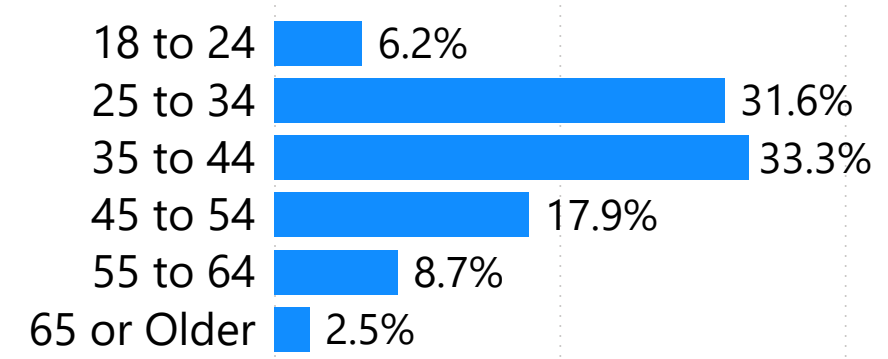
Arresting Agency



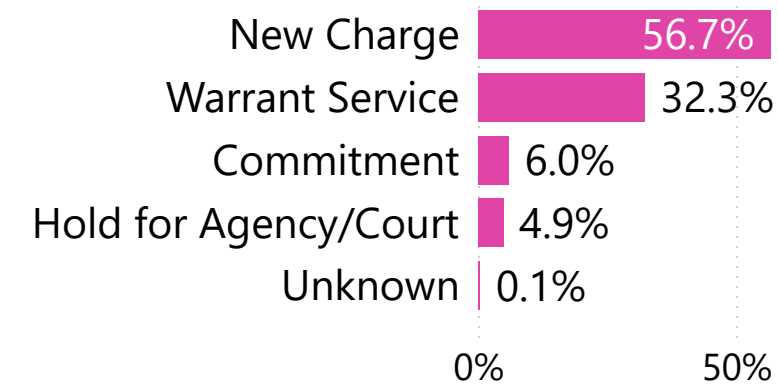
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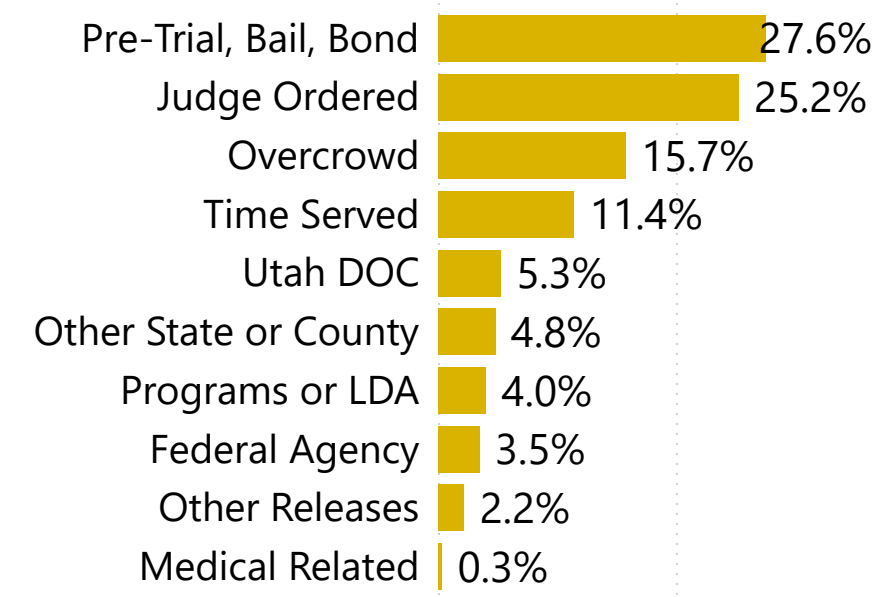
Age Groups



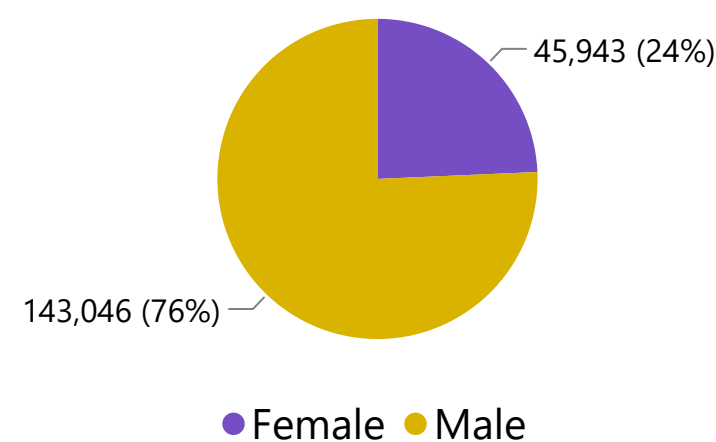
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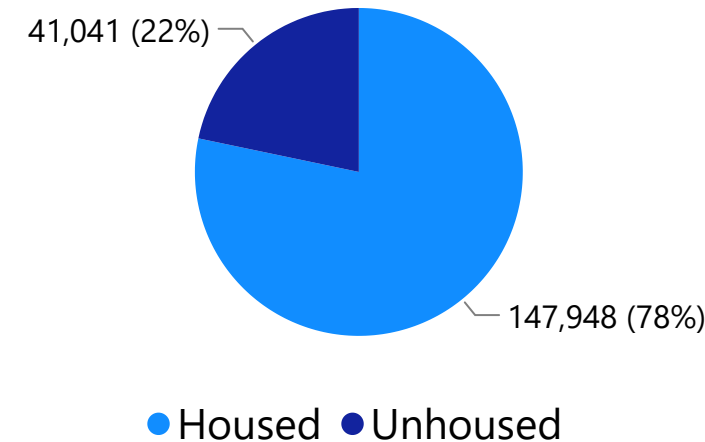
Releases Grouped



Sex



Housing Status



Total Releases

188,989

Avg Days in Jail

25.3

Avg Hours in Jail

606.1

Avg Releases Per Year

27,324

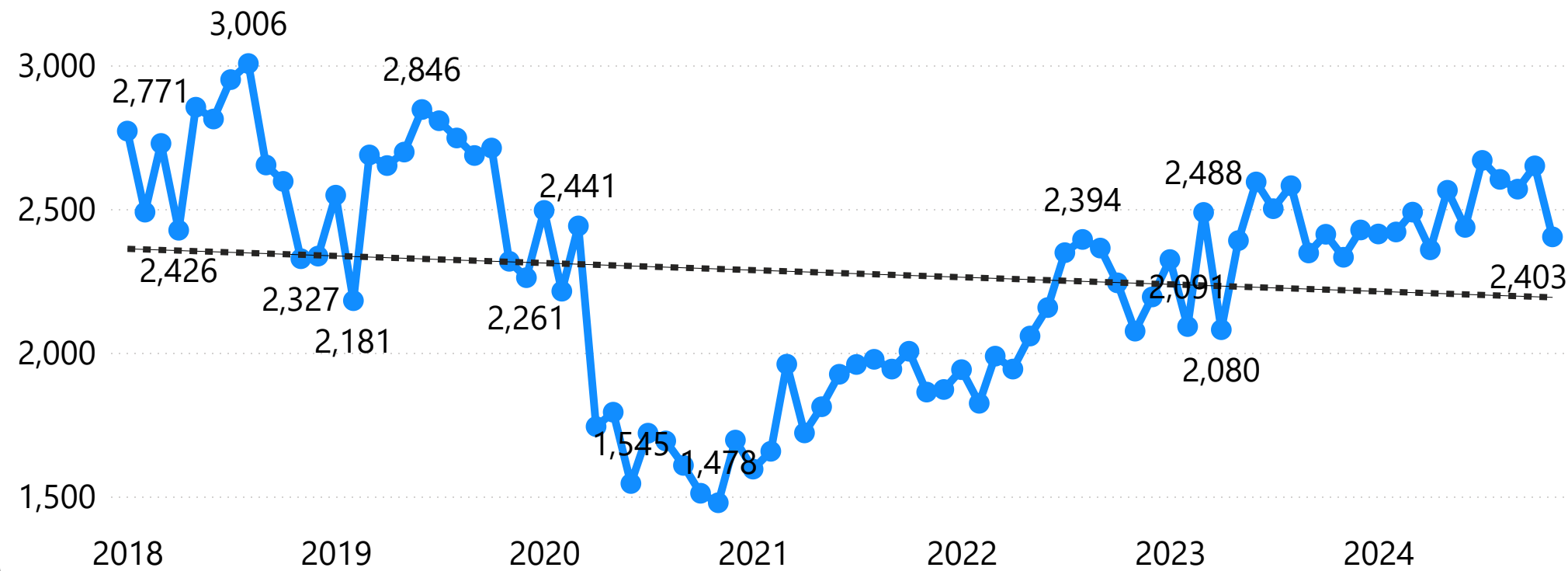
Avg Releases Per Month

2,277

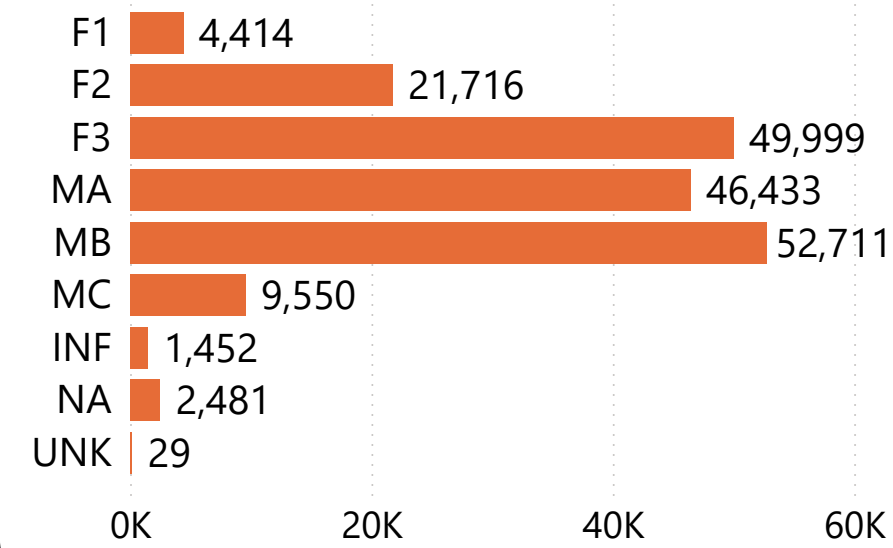
Avg Releases Per Day

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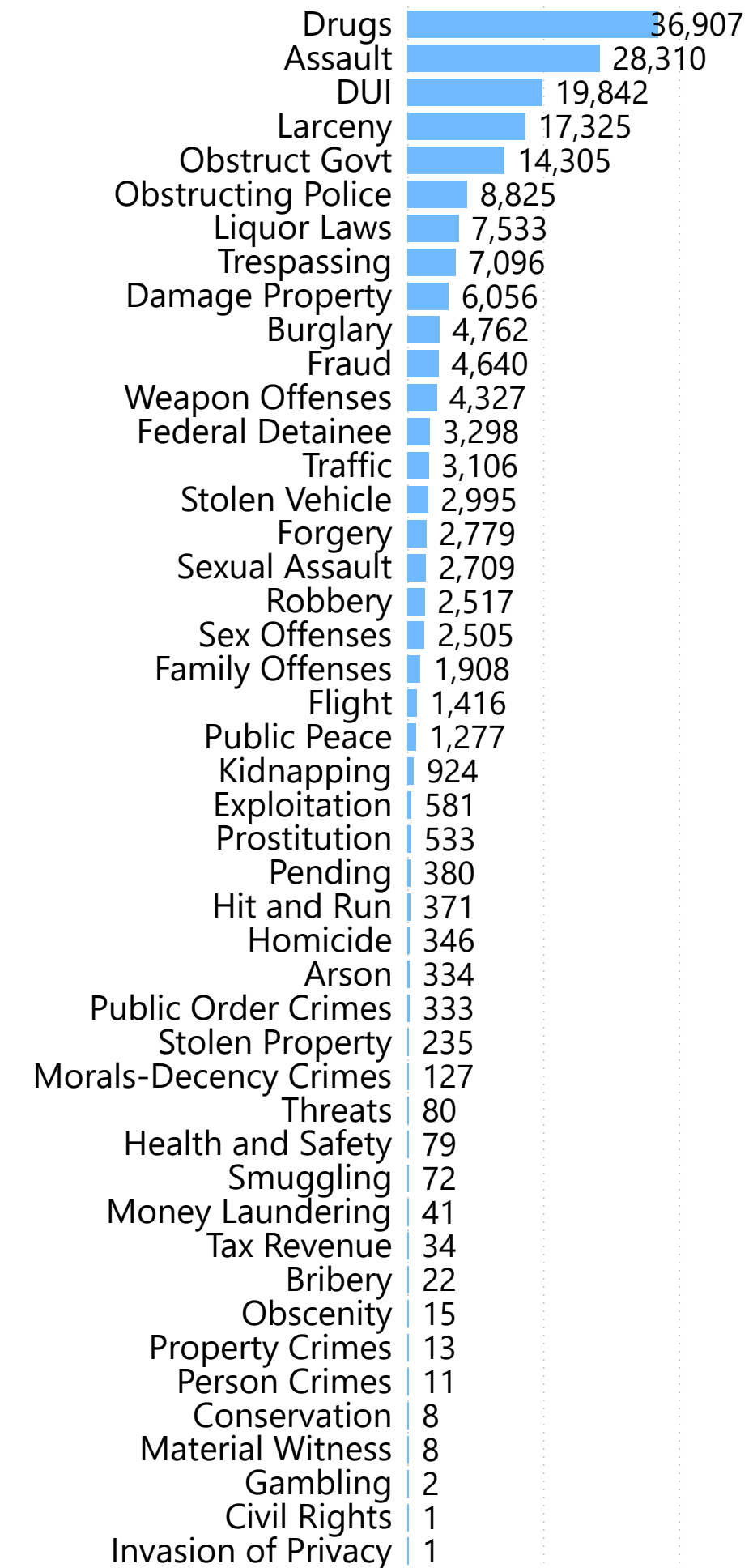
Releases from Jail by Month



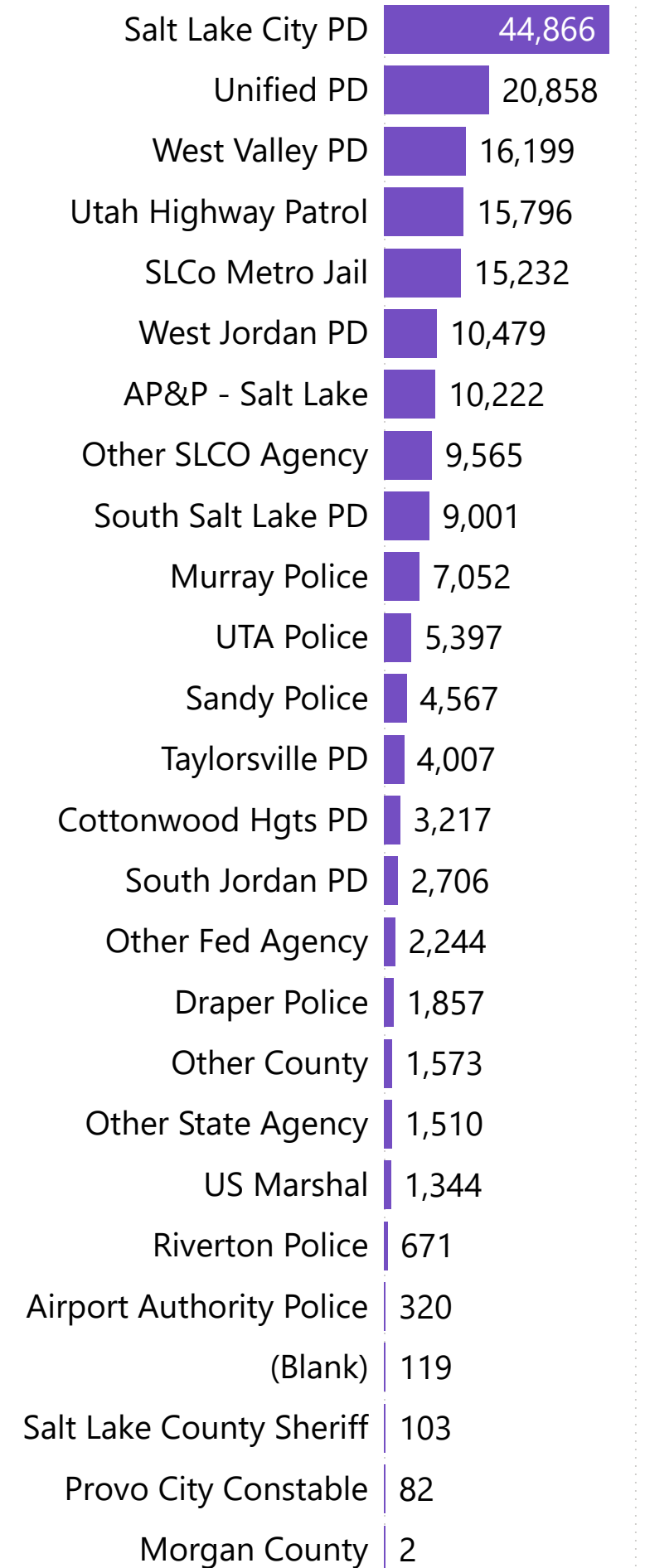
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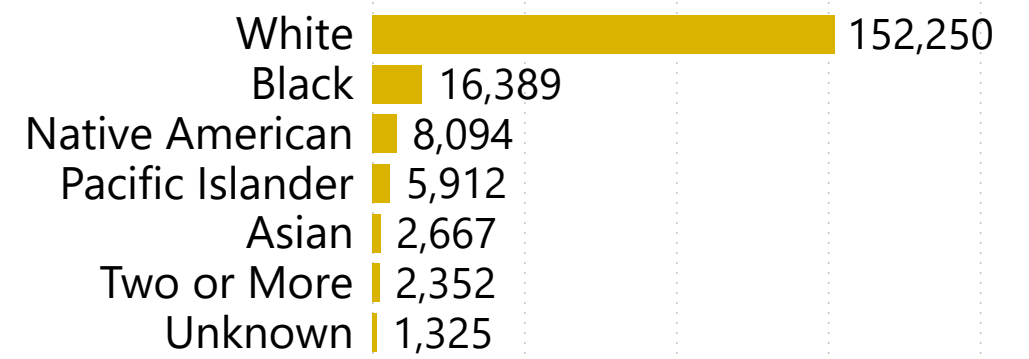
Crime Type of Lead Charge



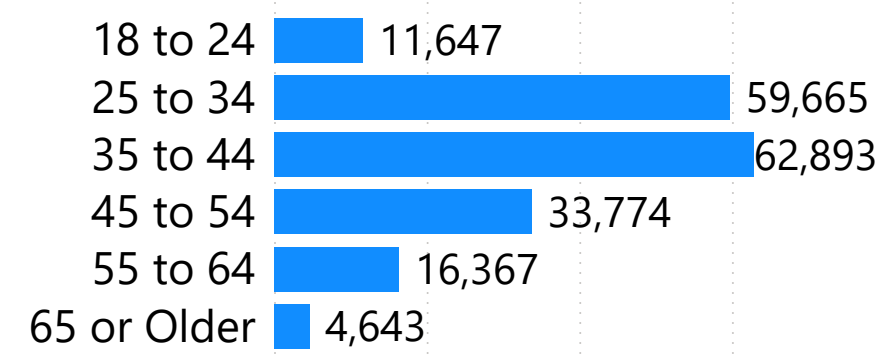
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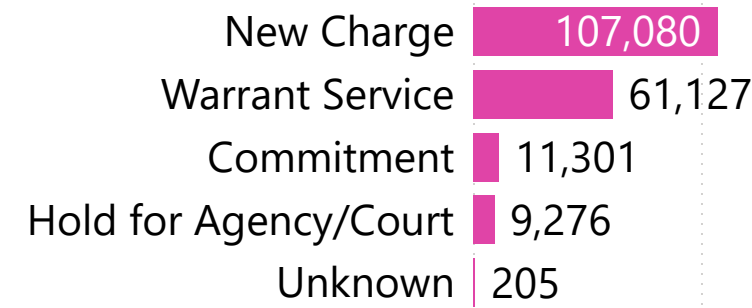
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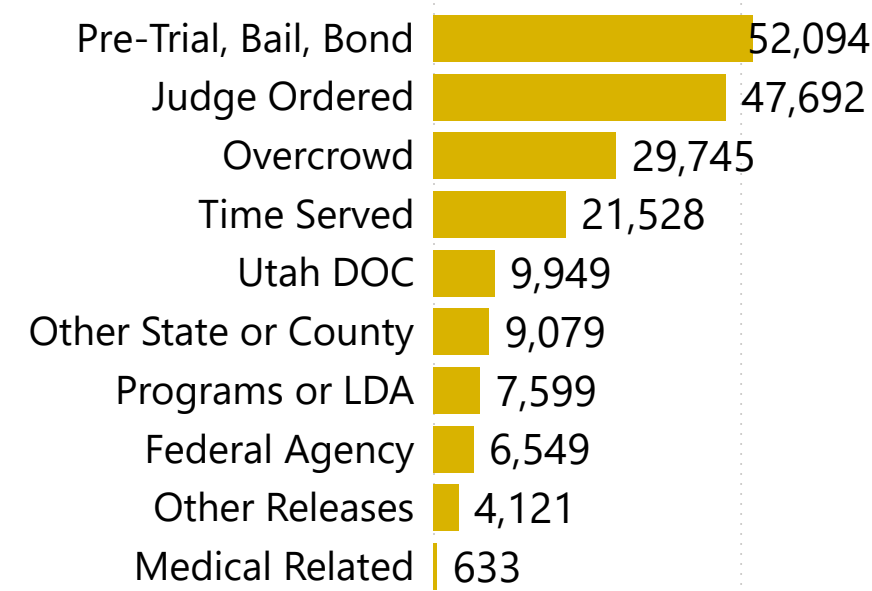
Age Groups



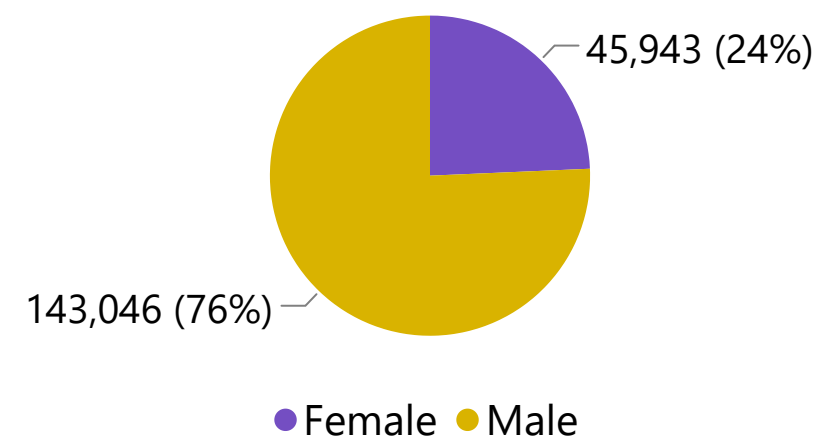
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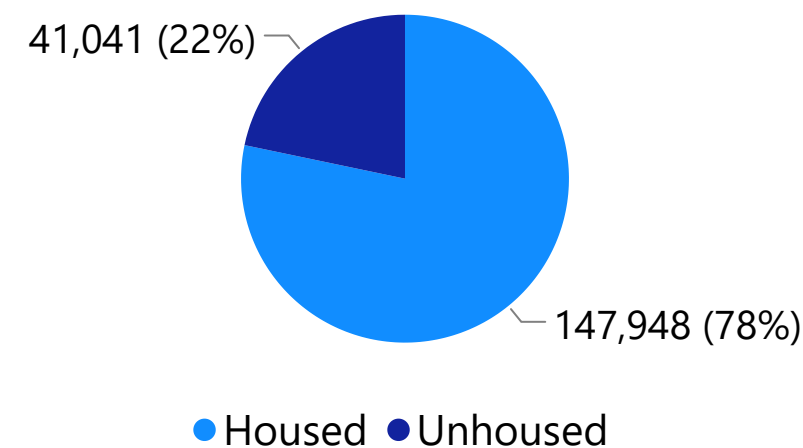
Releases Grouped



Sex



Housing Status



Total Releases

29,745

Avg Days in Jail

0.4

Avg Hours in Jail

8.9

Avg Releases Per Year

4,300

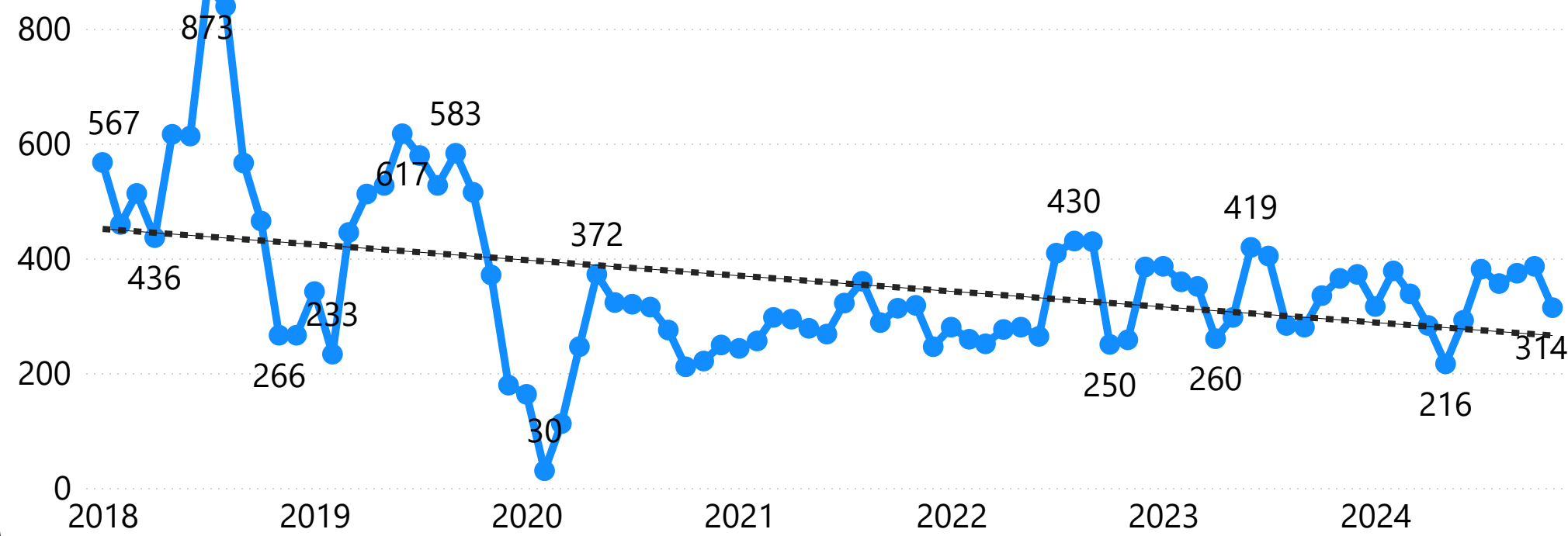
Avg Releases Per Month

358

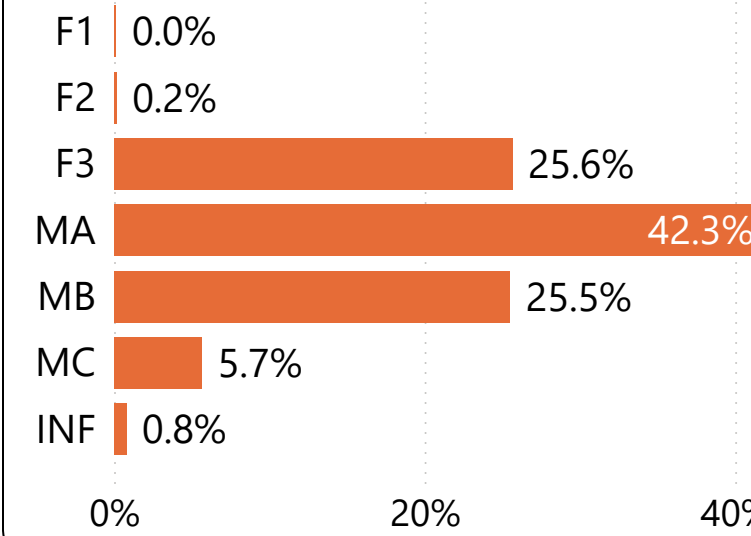
Avg Releases Per Day

12

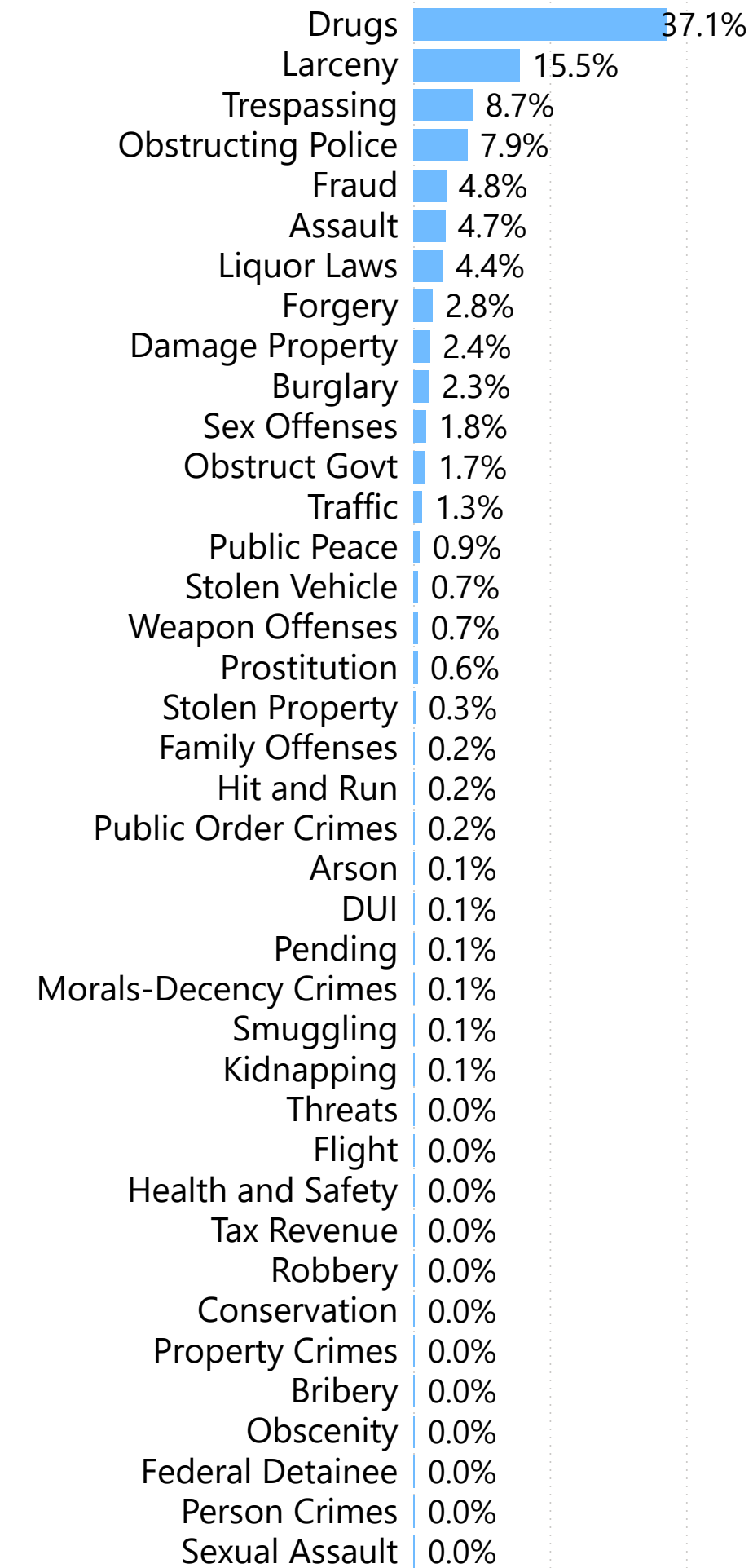
Releases from Jail by Month



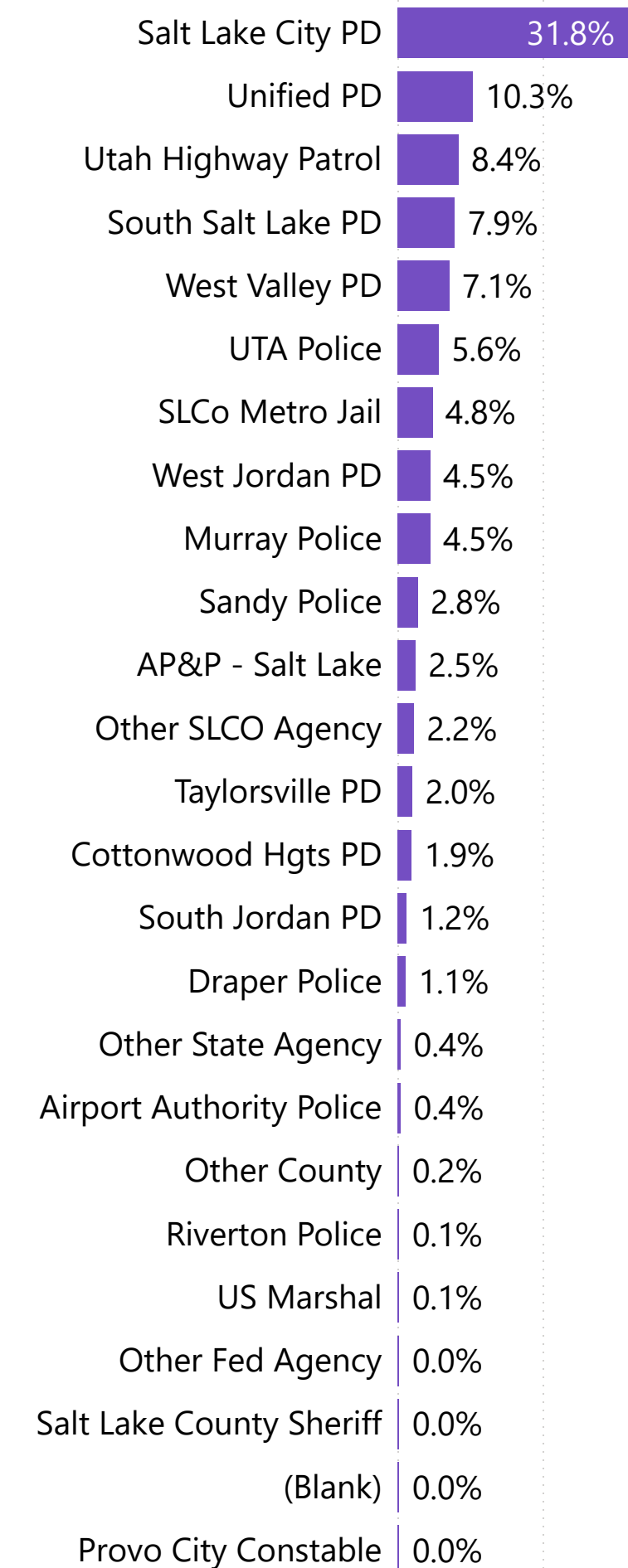
Degree of Lead Charge



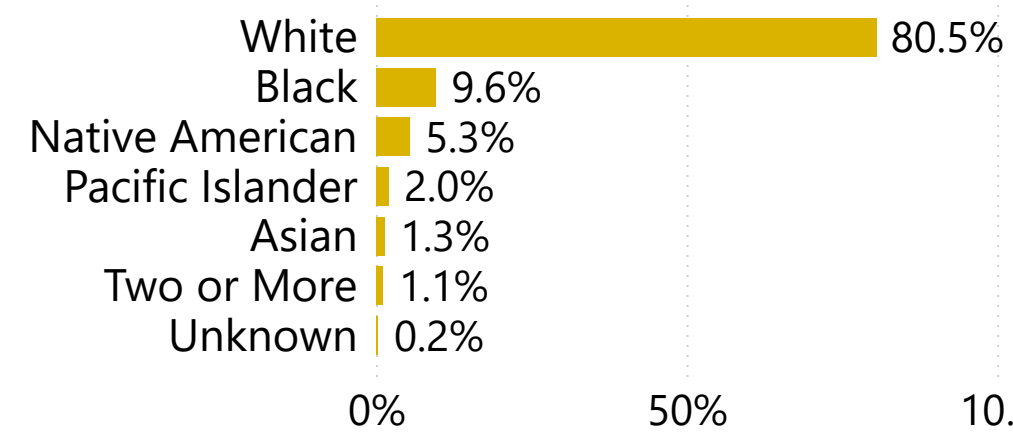
Crime Type of Lead Charge



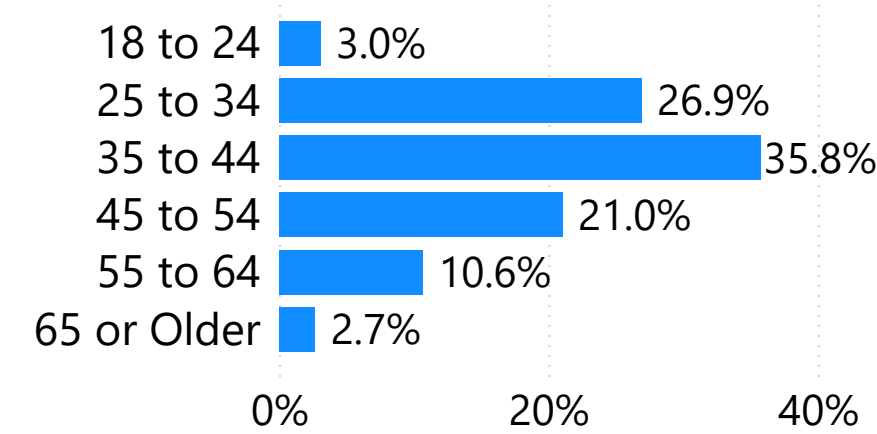
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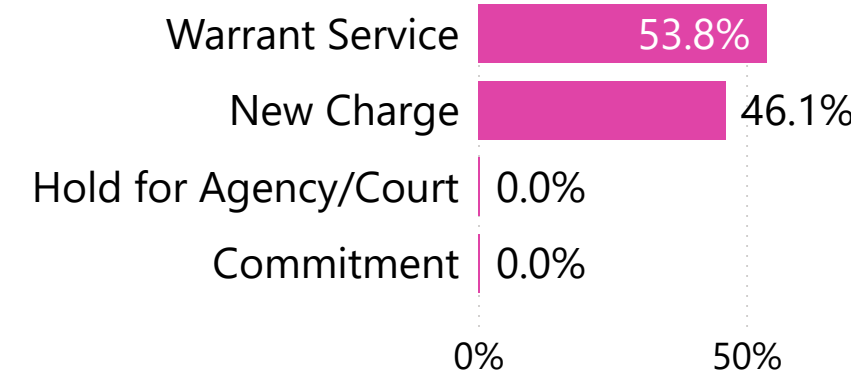
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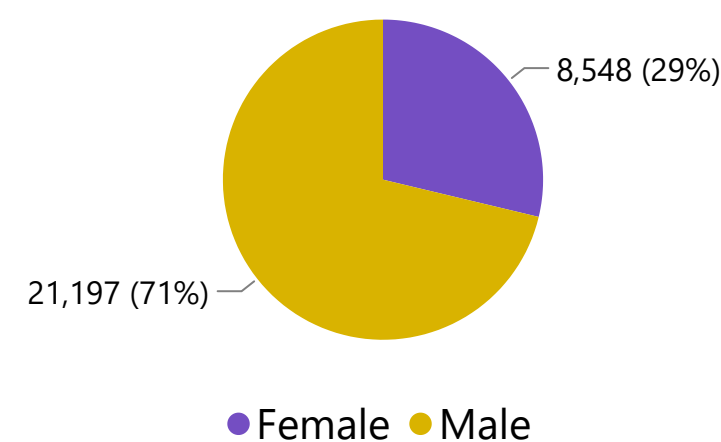
Age Groups



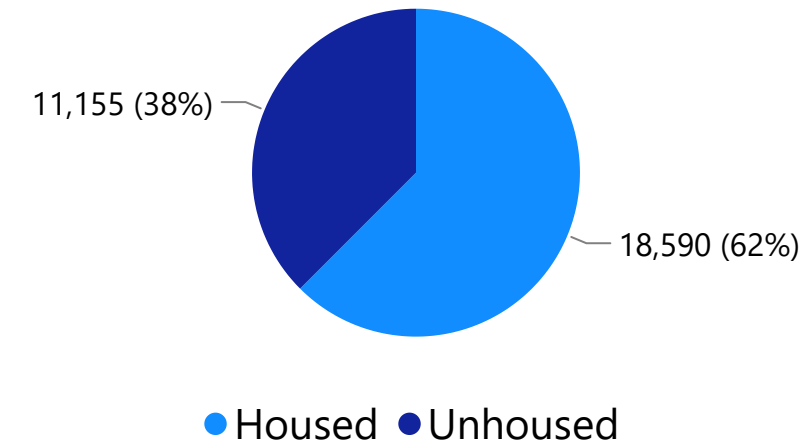
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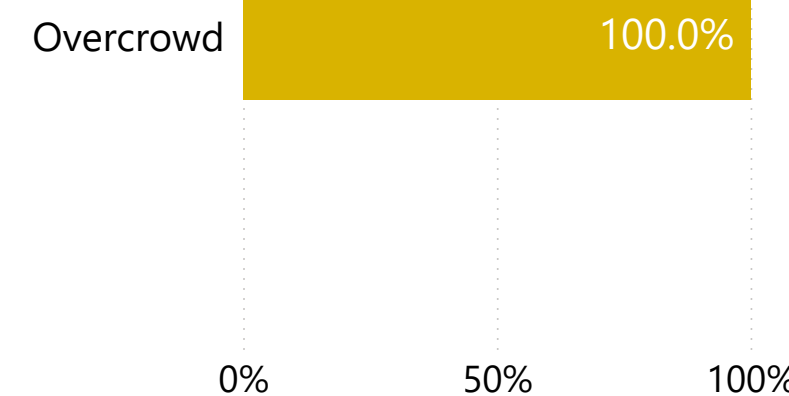
Sex



Housing Status



Releases Grouped



Total Releases

29,745

Avg Days in Jail

0.4

Avg Hours in Jail

8.9

Avg Releases Per Year

4,300

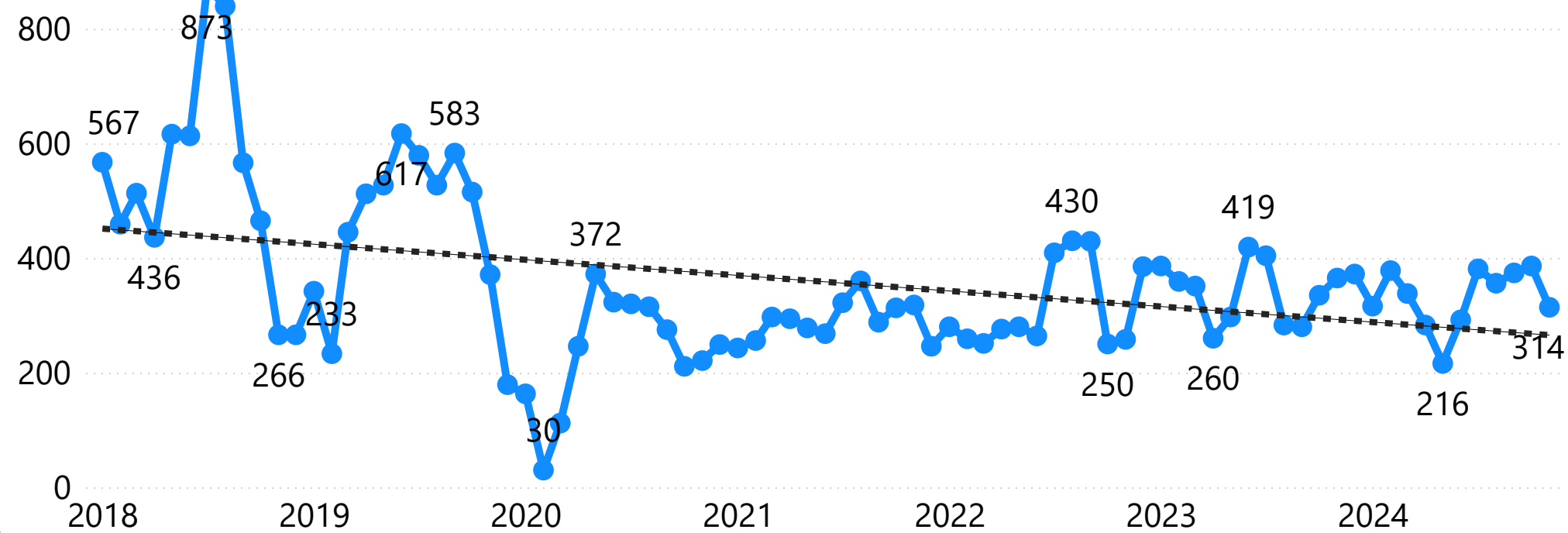
Avg Releases Per Month

358

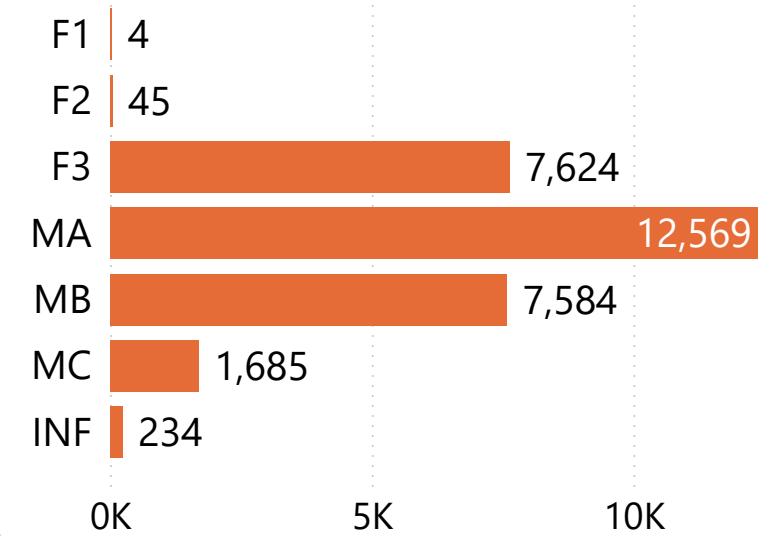
Avg Releases Per Day

12

Releases from Jail by Month



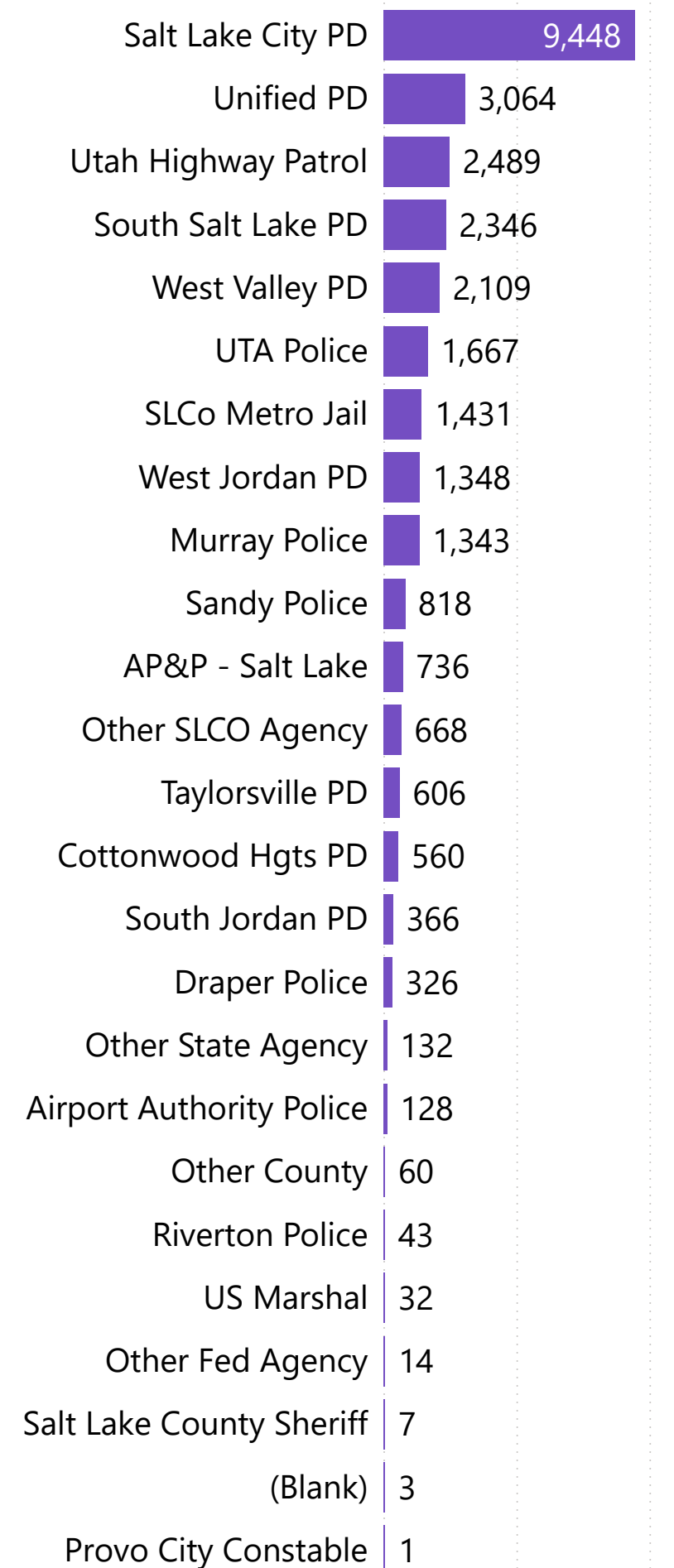
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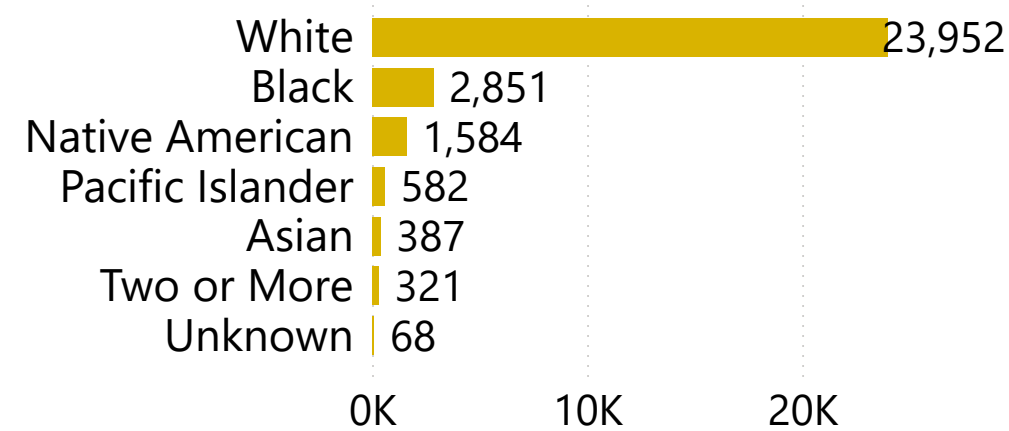
Crime Type of Lead Charge



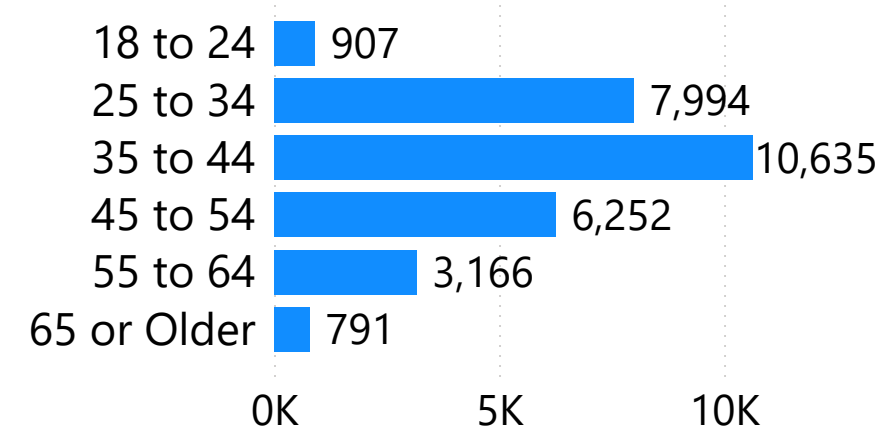
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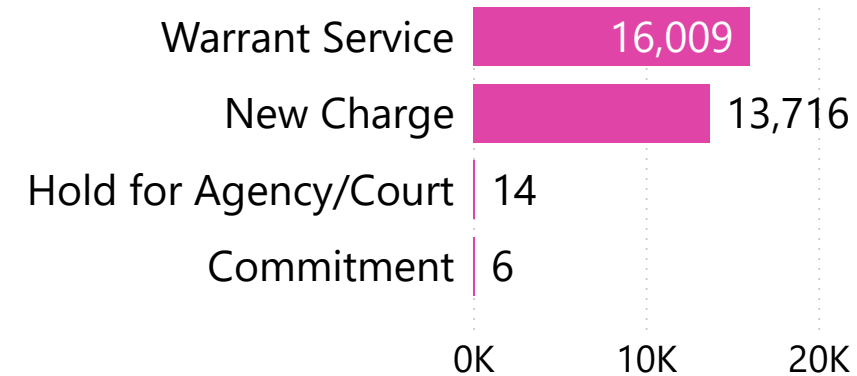
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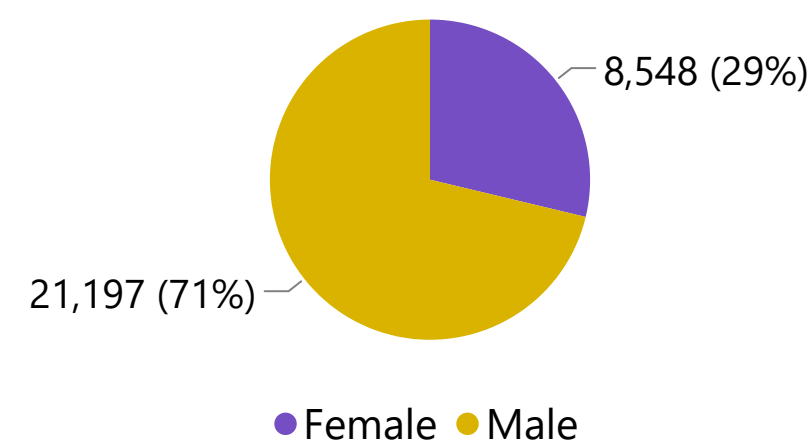
Age Groups



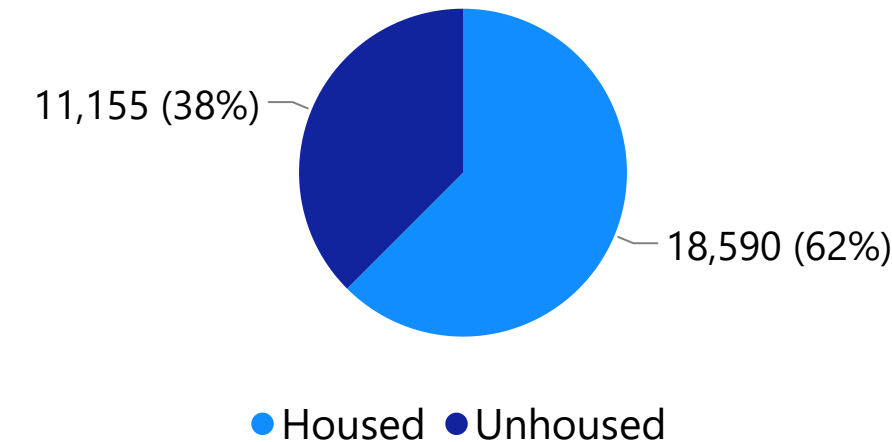
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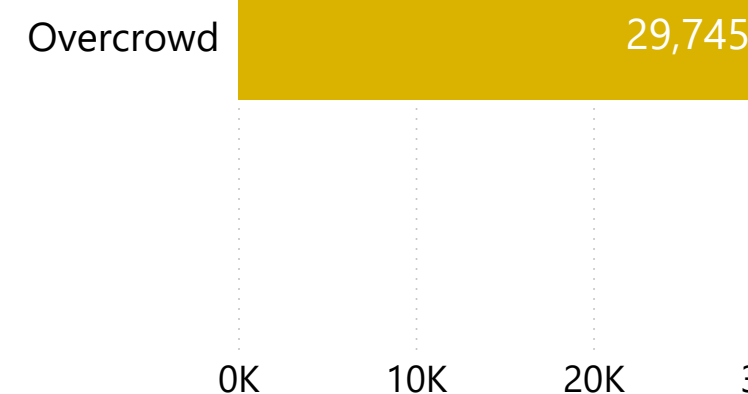
Sex



Housing Status



Releases Grouped



Total Releases

41,041

Avg Days in Jail

28.3

Avg Hours in Jail

679.3

Avg Releases Per Year

5,934

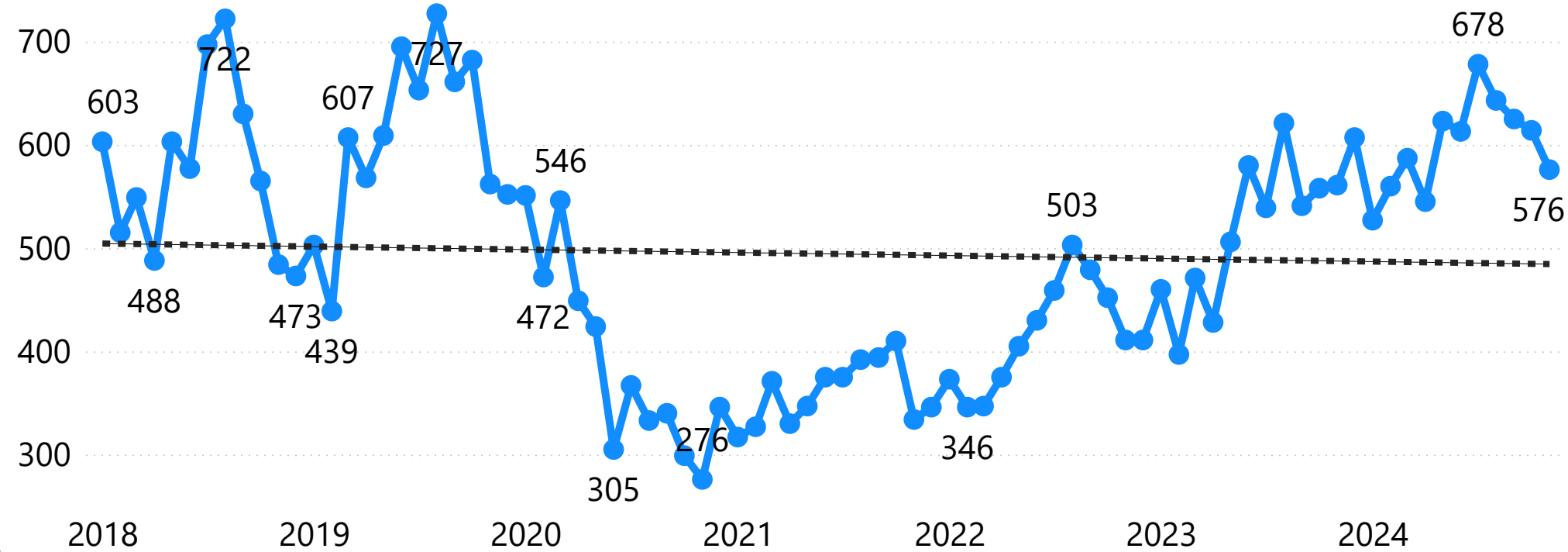
Avg Releases Per Month

494

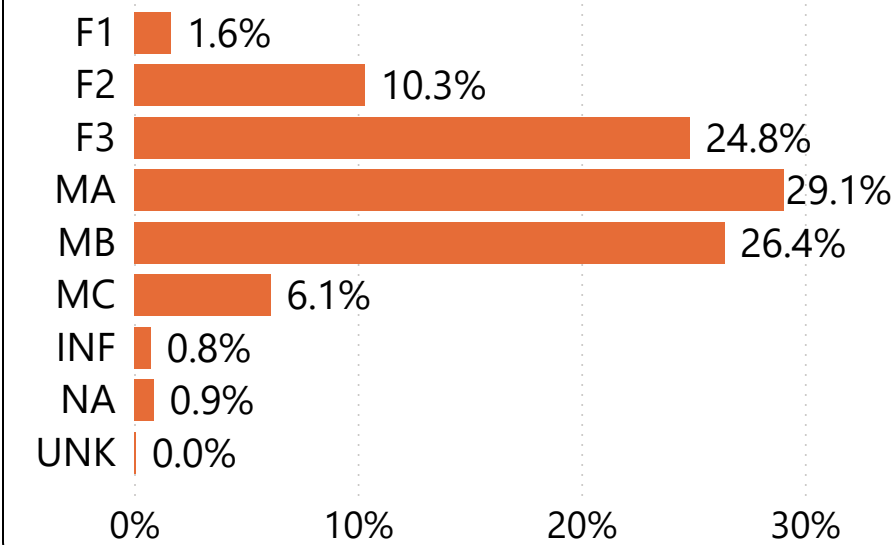
Avg Releases Per Day

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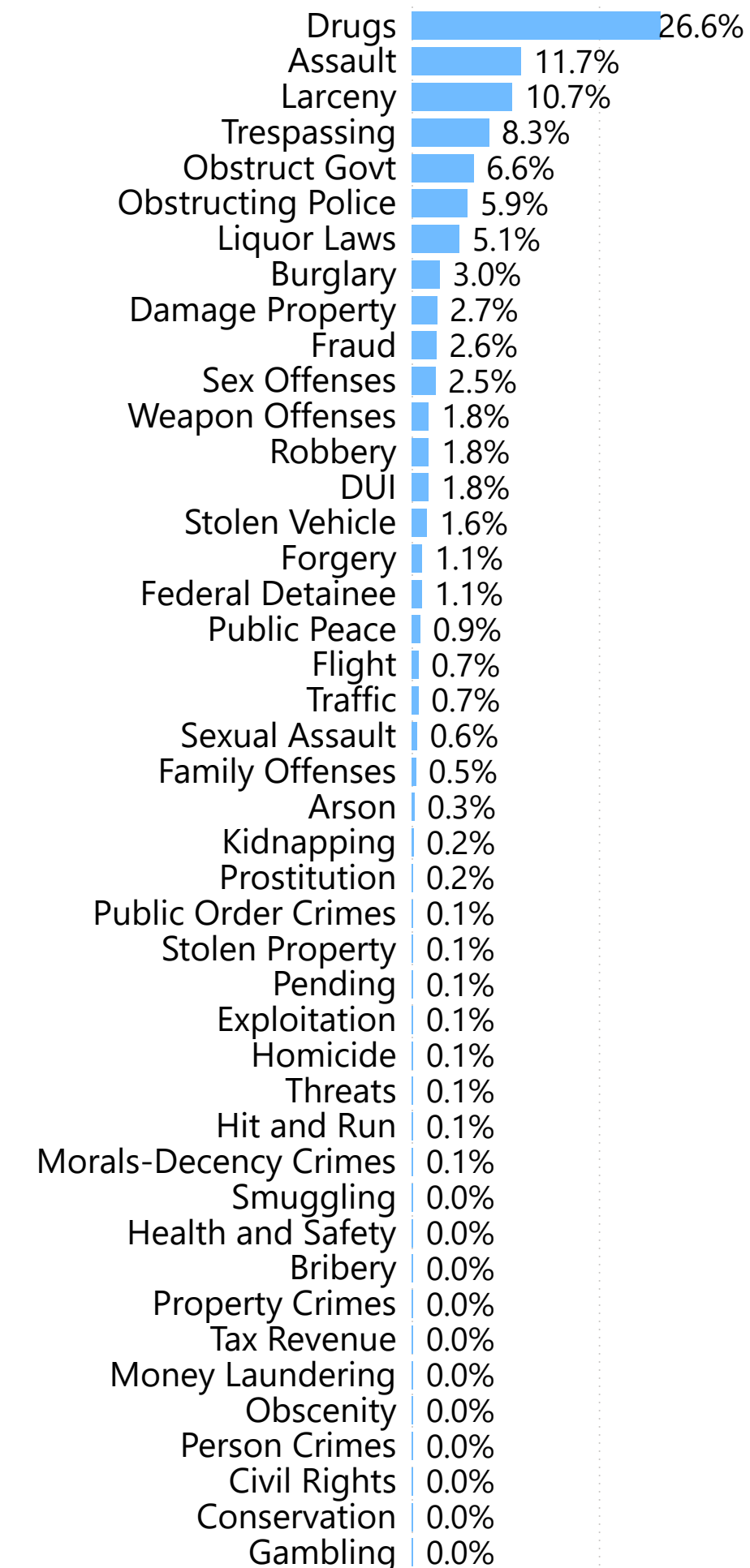
Releases from Jail by Month



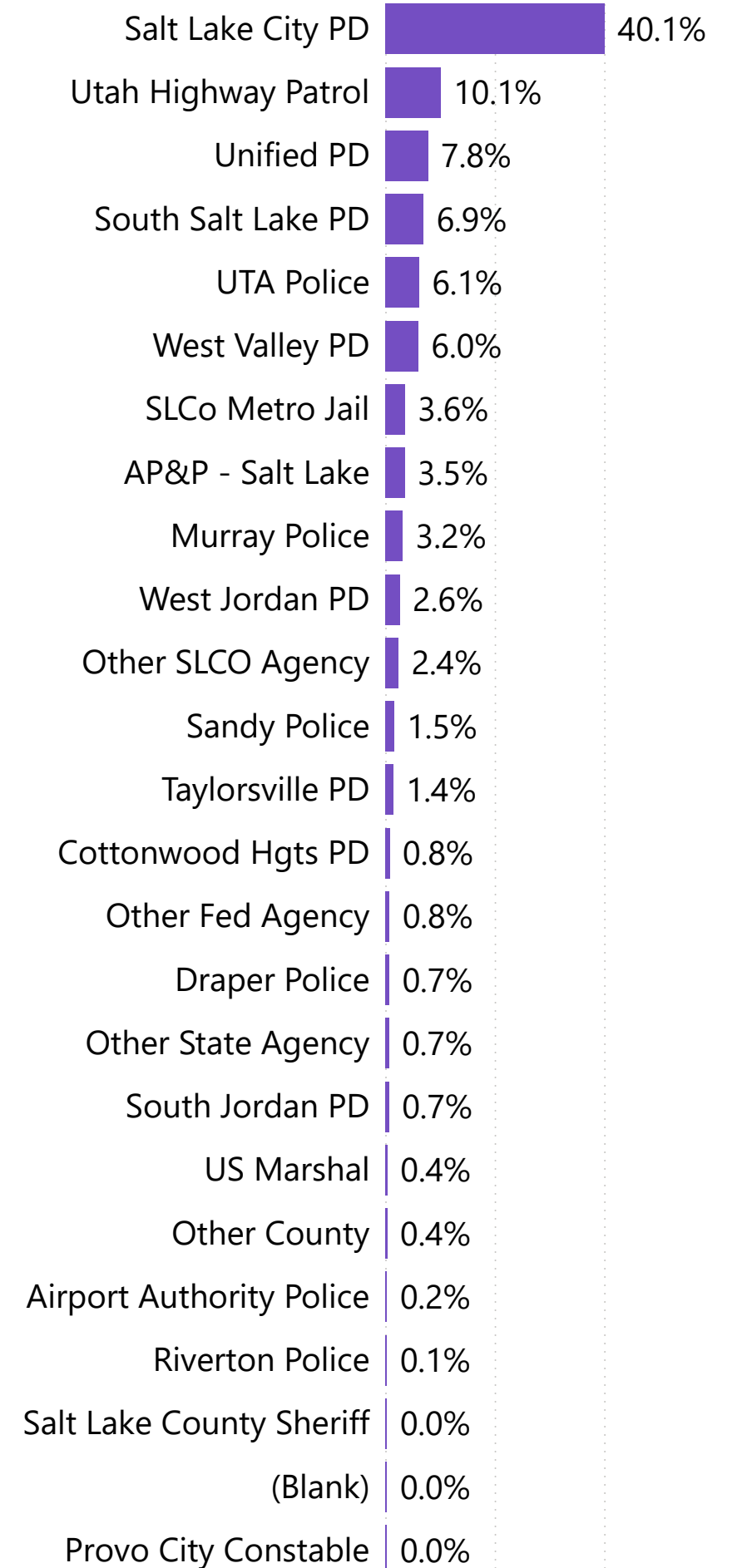
Degree of Lead Charge



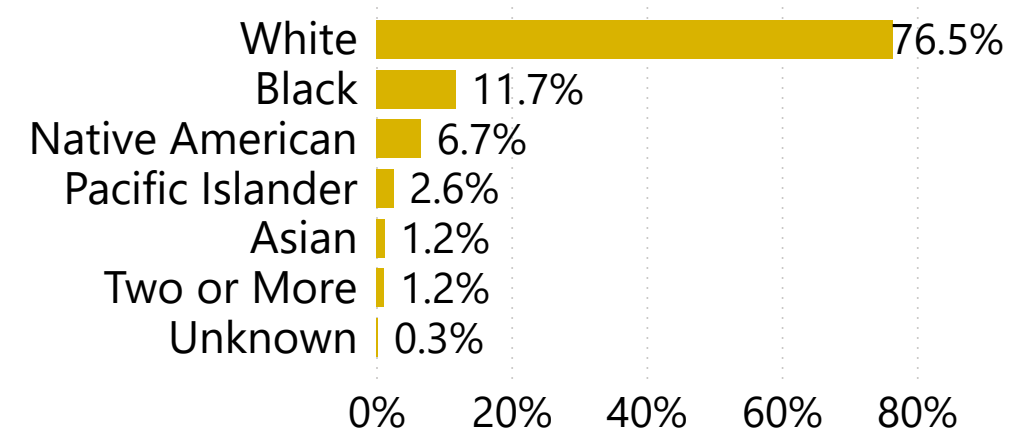
Crime Type of Lead Charge



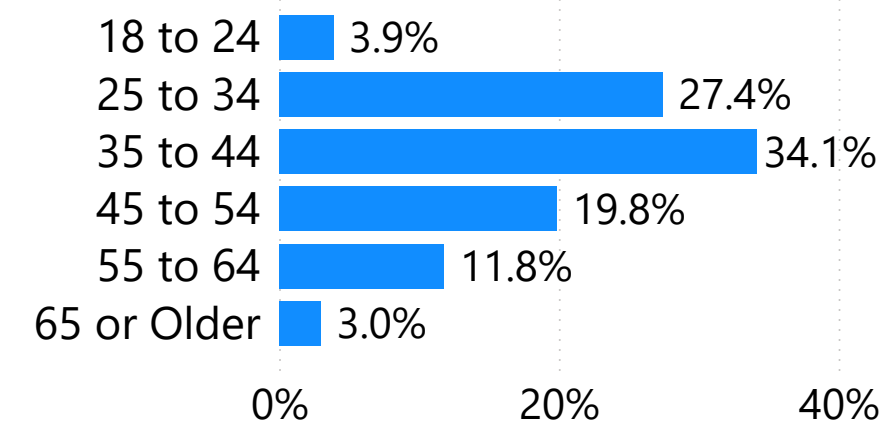
Arresting Agency



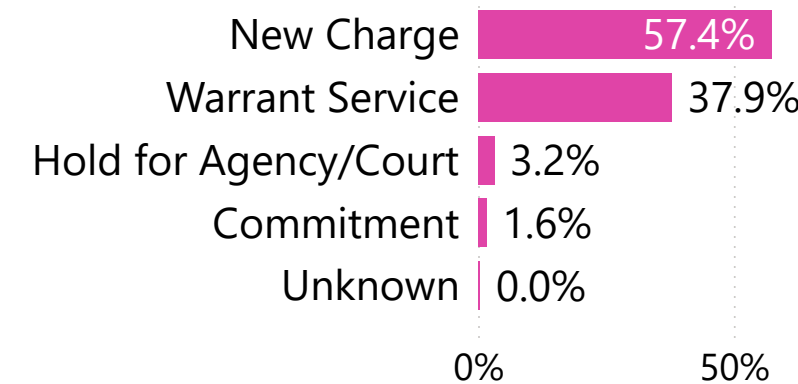
Race



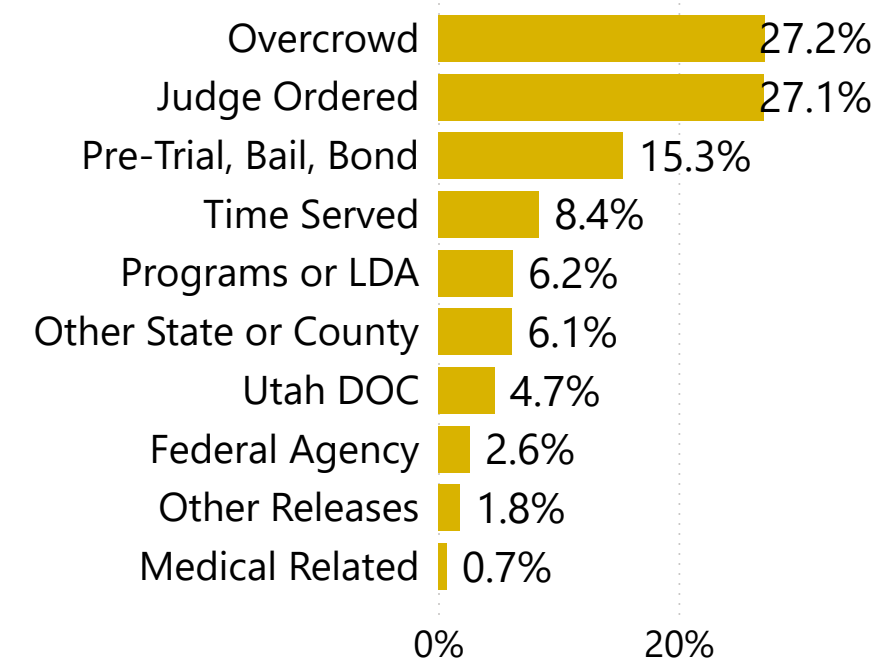
Age Groups



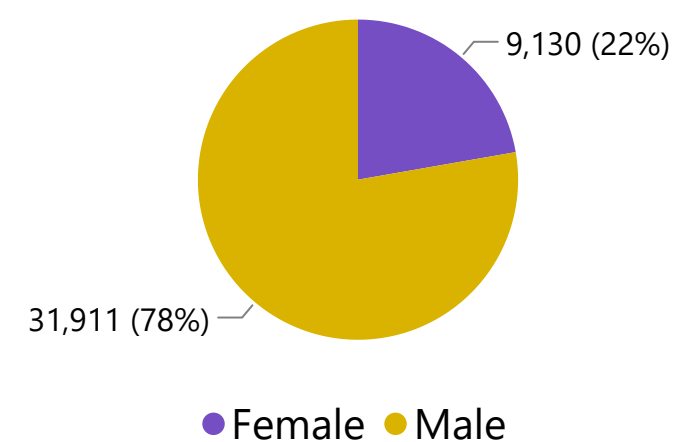
Booking Reason



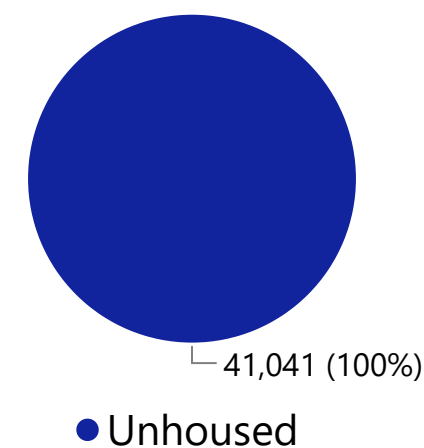
Releases Grouped



Sex



Housing Status



Total Releases

41,041

Avg Days in Jail

28.3

Avg Hours in Jail

679.3

Avg Releases Per Year

5,934

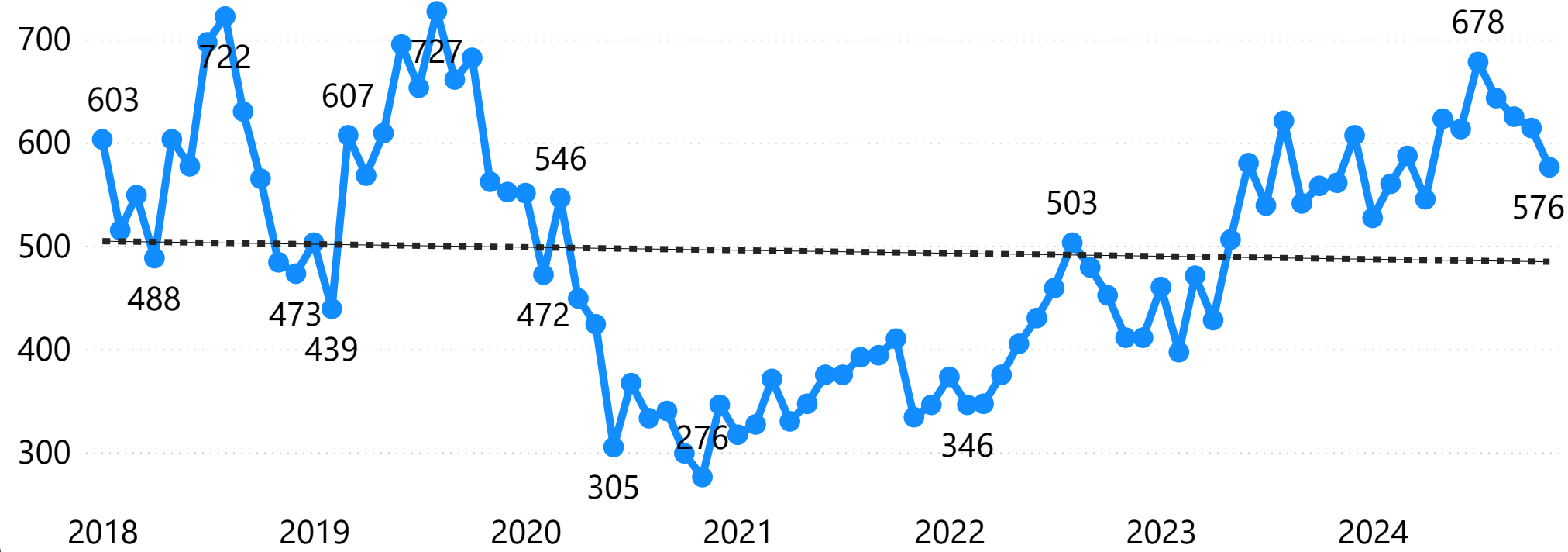
Avg Releases Per Month

494

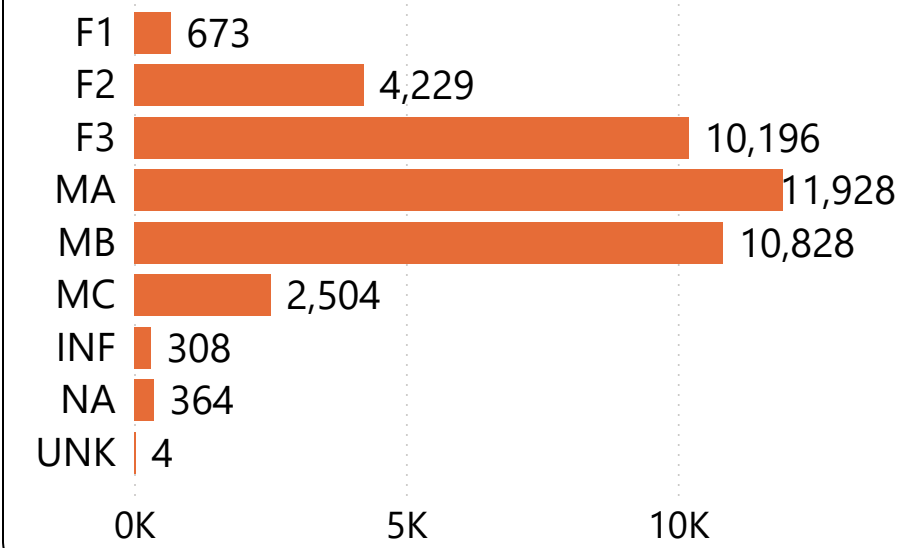
Avg Releases Per Day

16

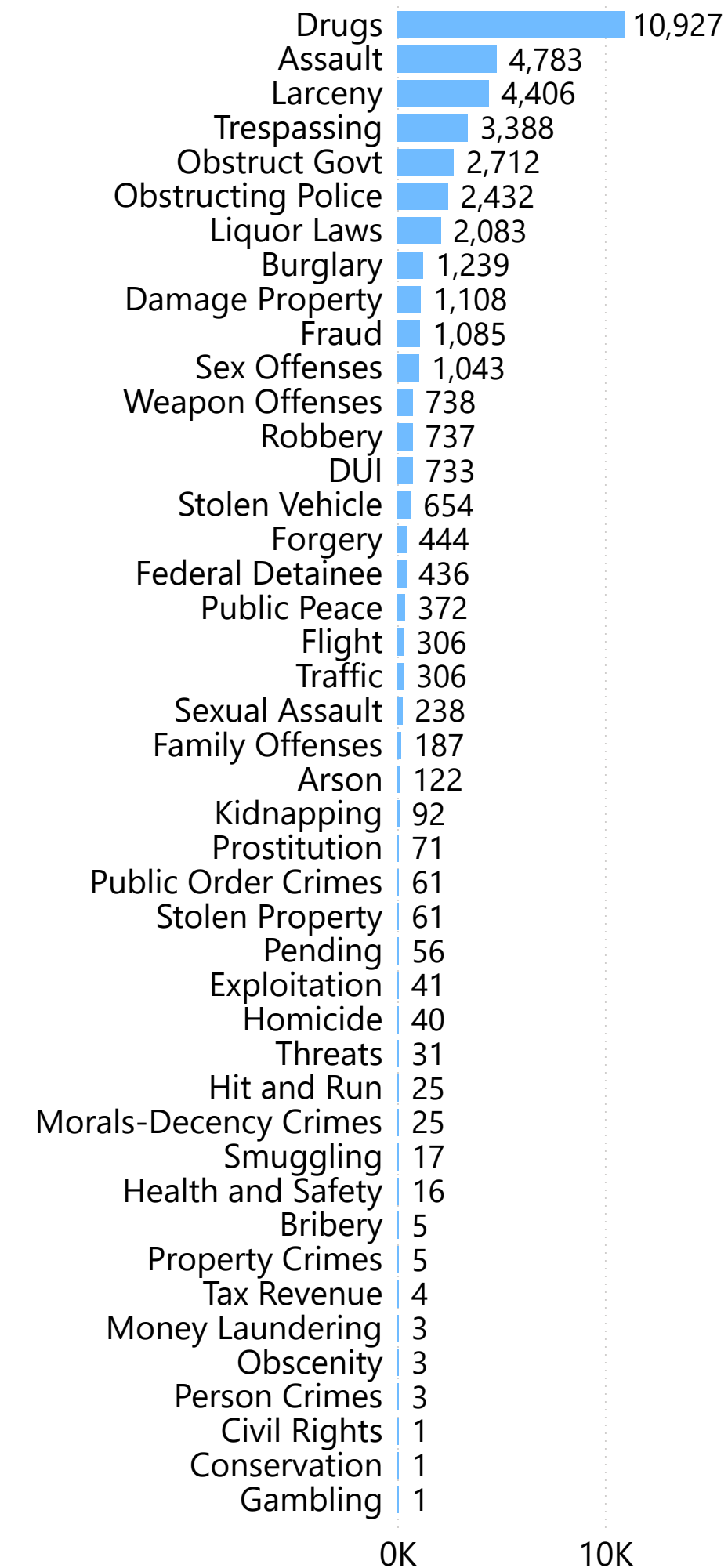
Releases from Jail by Month



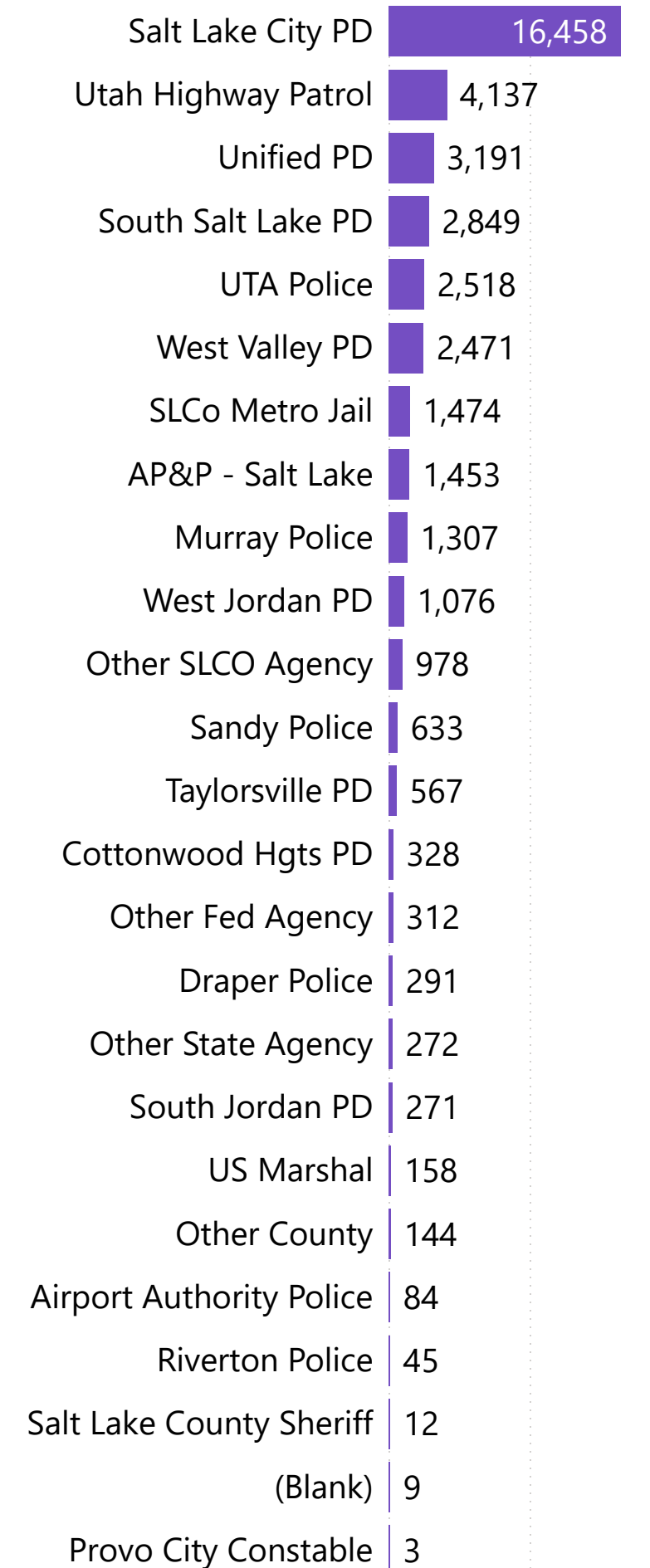
Degree of Lead Charge



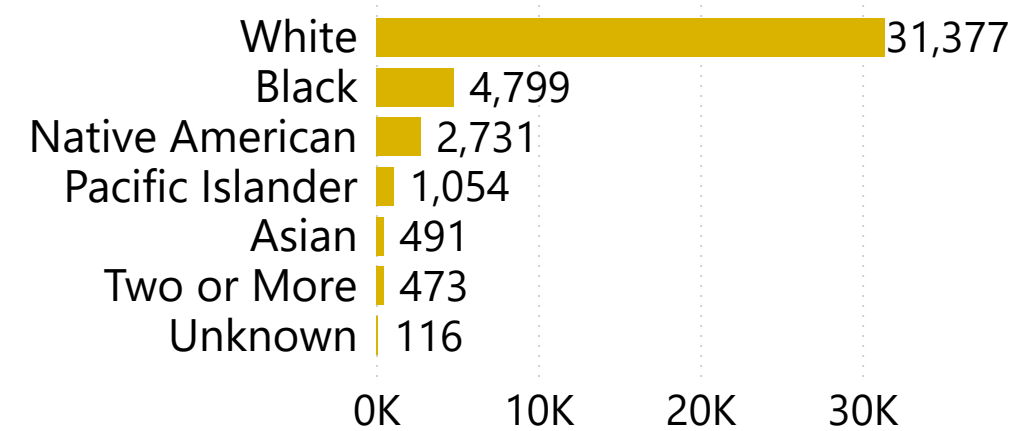
Crime Type of Lead Charge



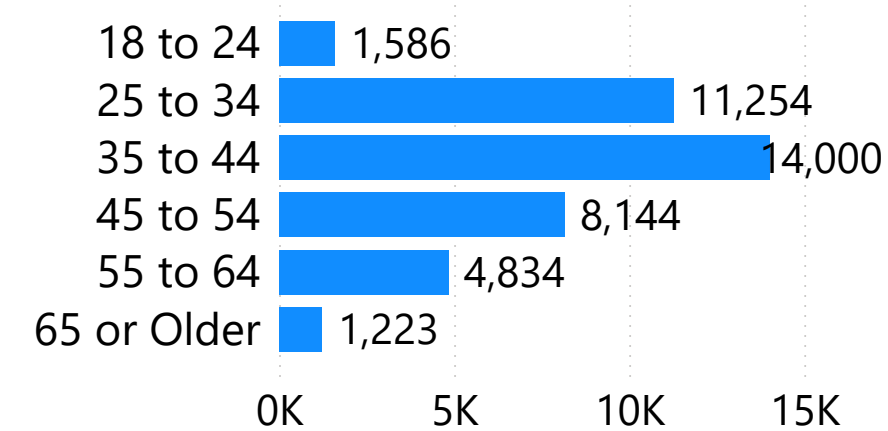
Arresting Agency



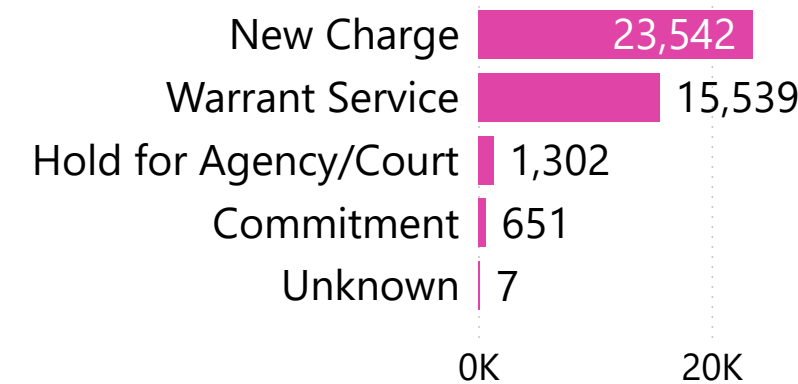
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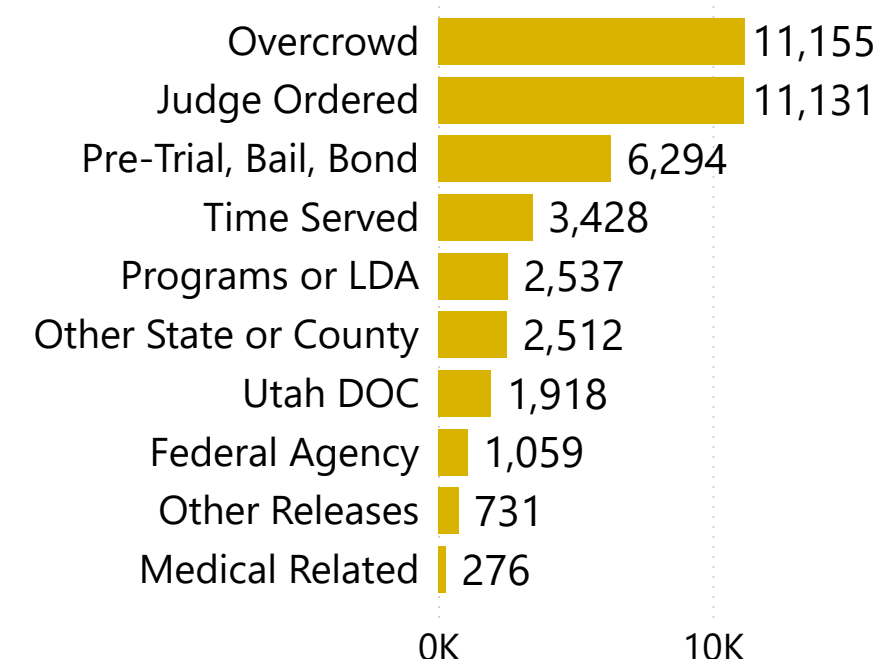
Age Groups



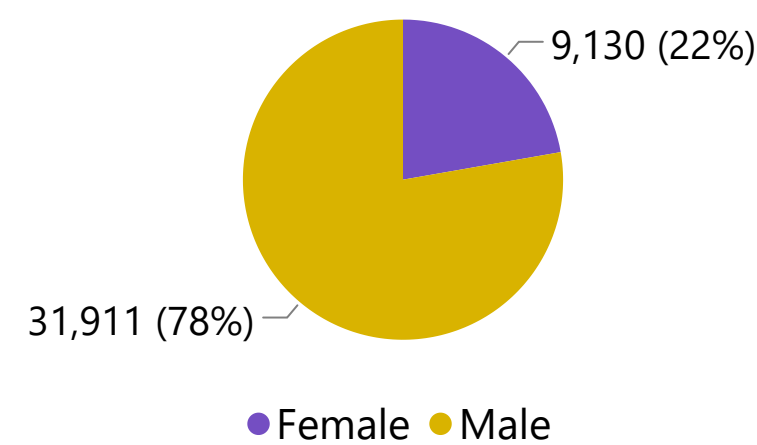
Booking Reason



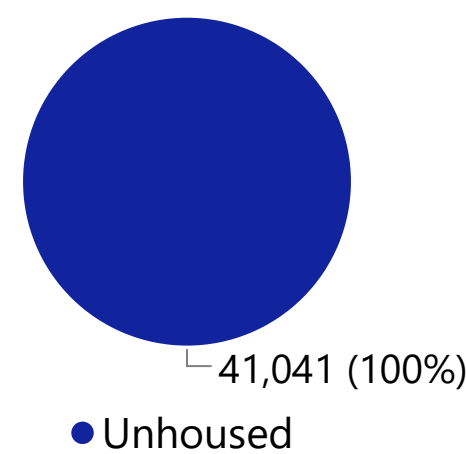
Releases Grouped



Sex



Housing Status



Total Releases

11,155

Avg Days in Jail

0.4

Avg Hours in Jail

9.4

Avg Releases Per Year

1,613

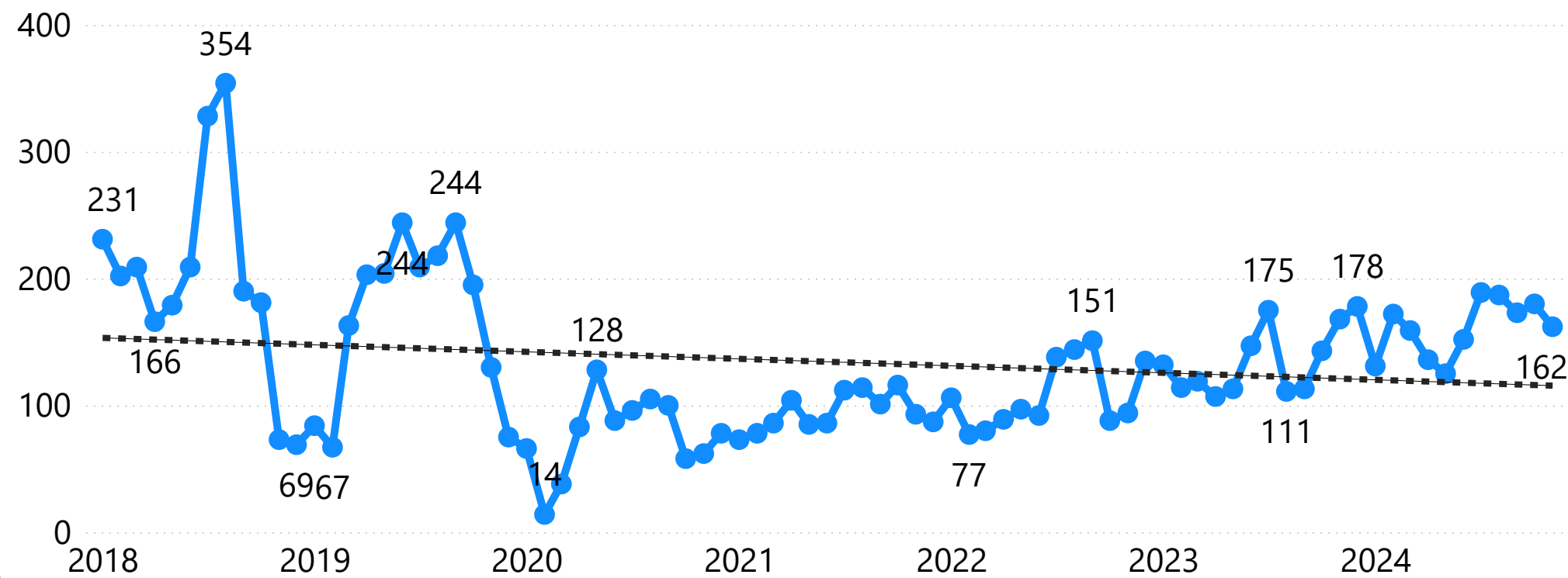
Avg Releases Per Month

134

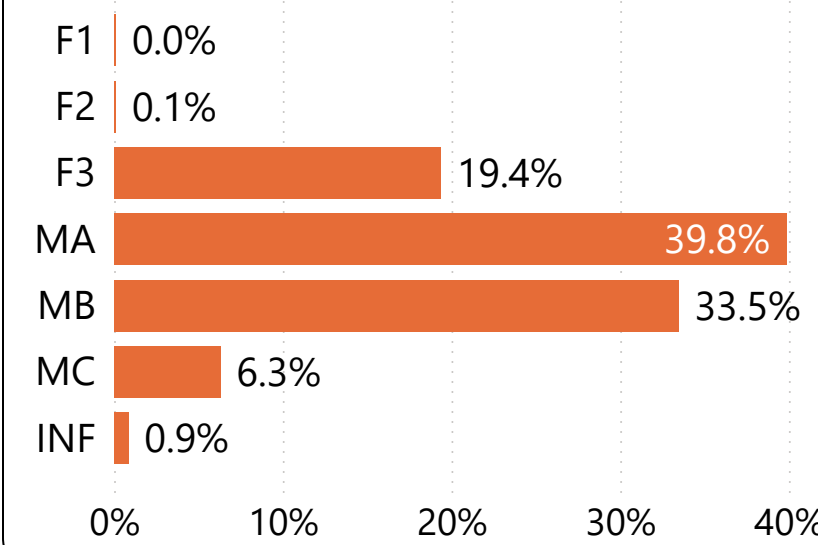
Avg Releases Per Day

5

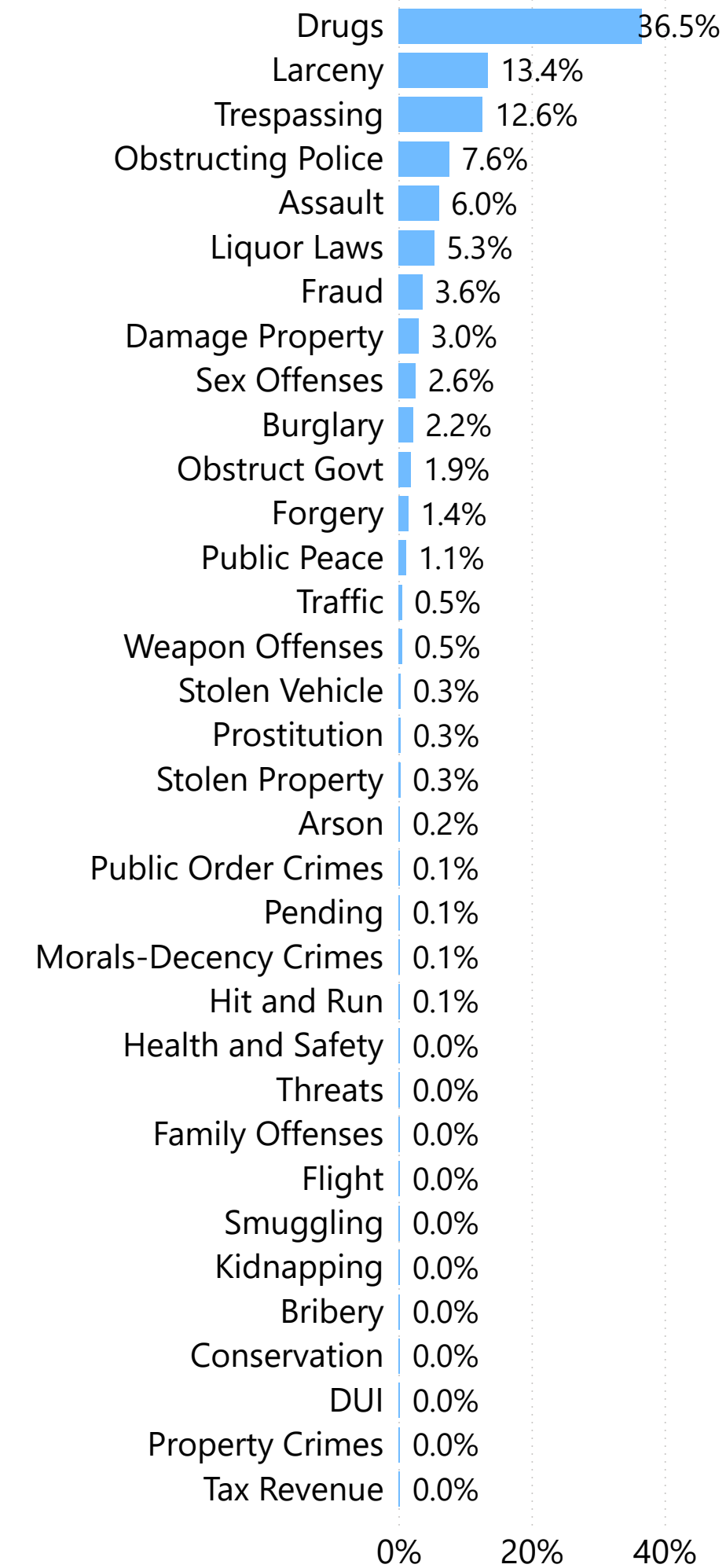
Releases from Jail by Month



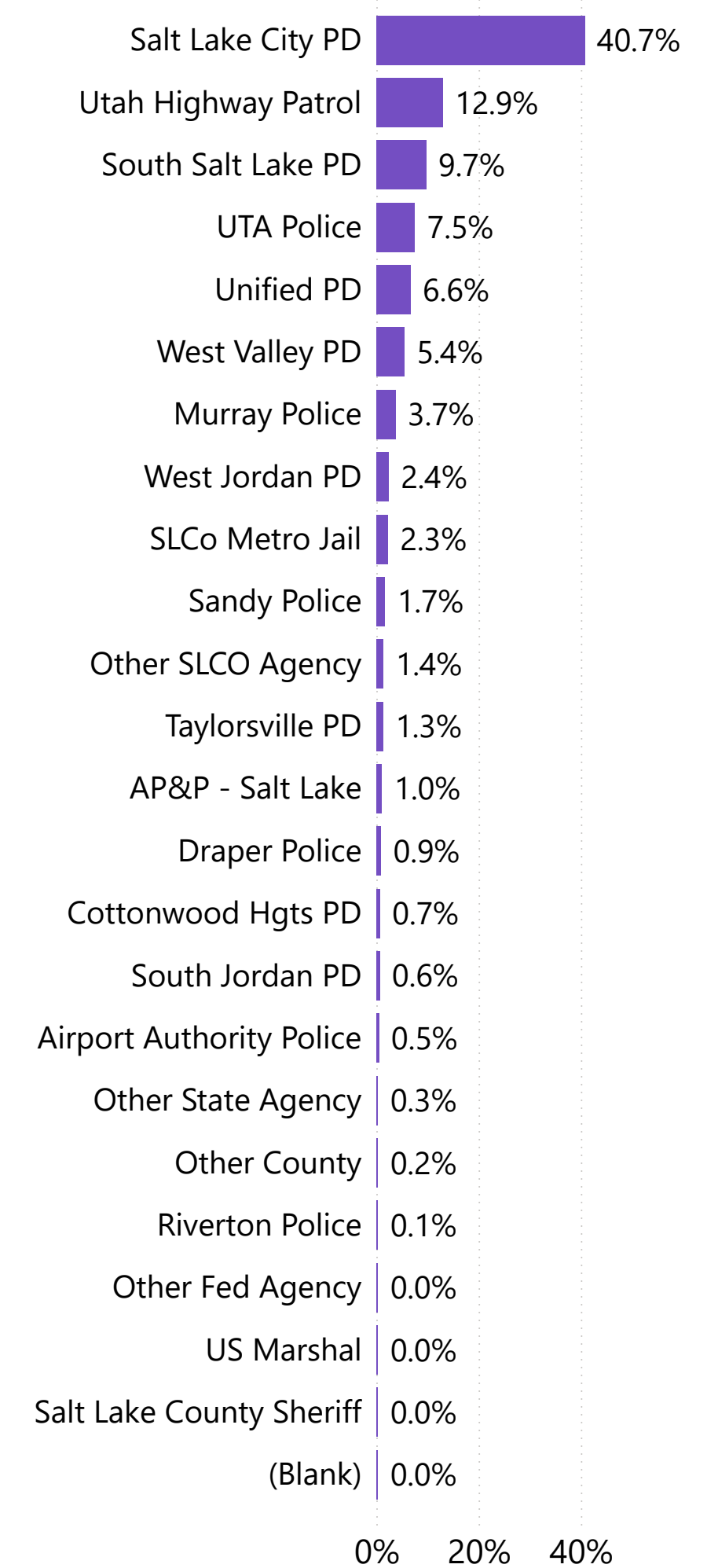
Degree of Lead Charge



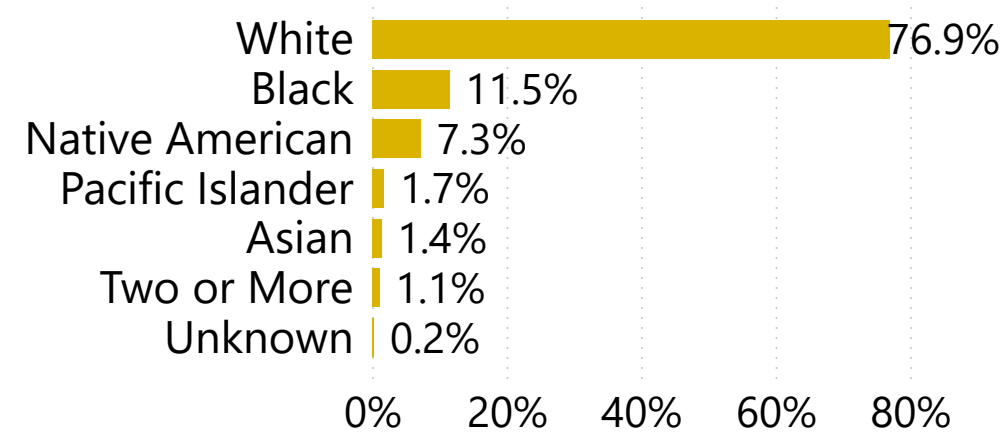
Crime Type of Lead Charge



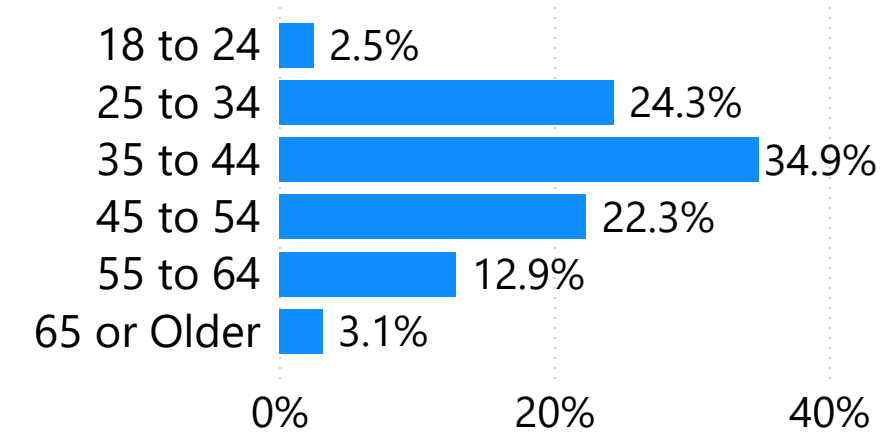
Arresting Agency



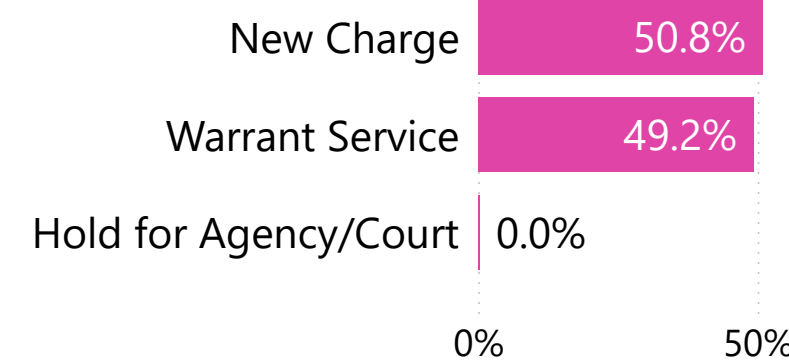
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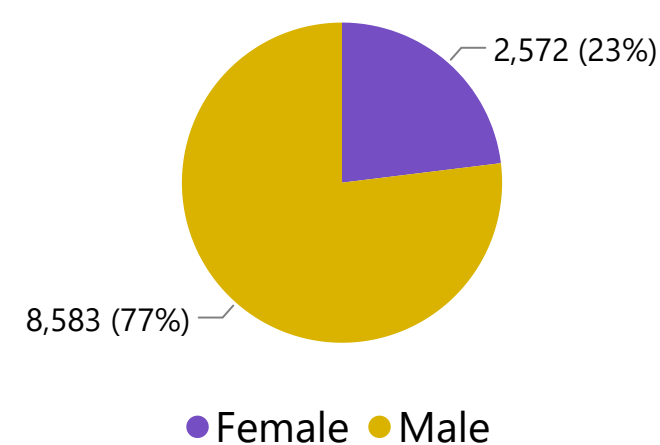
Age Groups



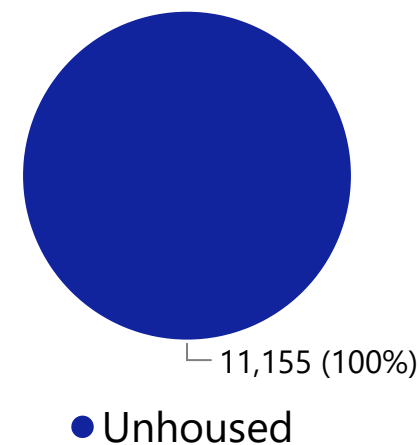
Booking Reason



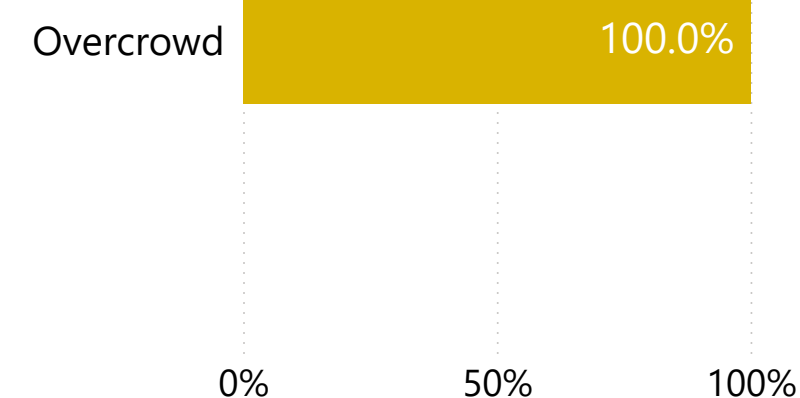
Sex



Housing Status



Releases Grouped



Total Releases

11,155

Avg Days in Jail

0.4

Avg Hours in Jail

9.4

Avg Releases Per Year

1,613

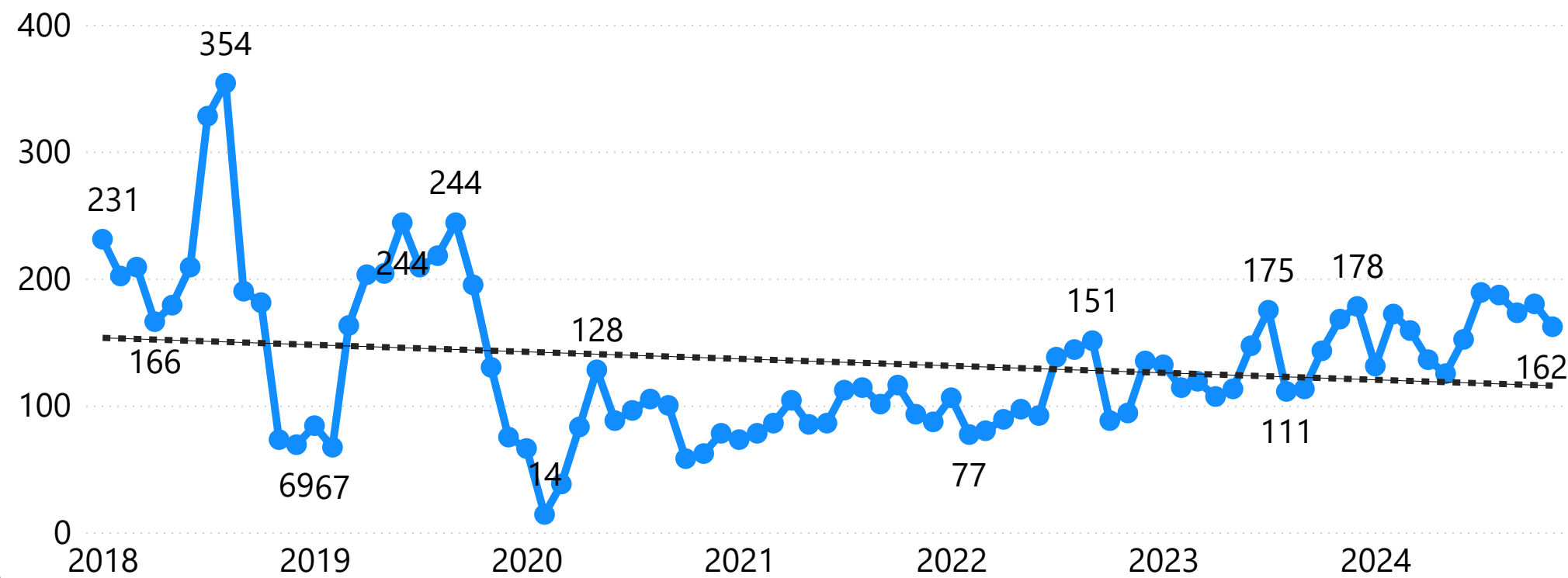
Avg Releases Per Month

134

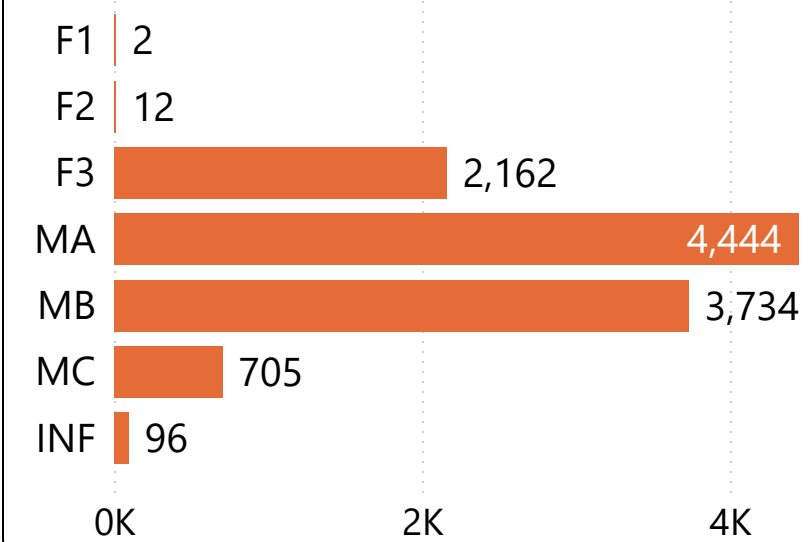
Avg Releases Per Day

5

Releases from Jail by Month



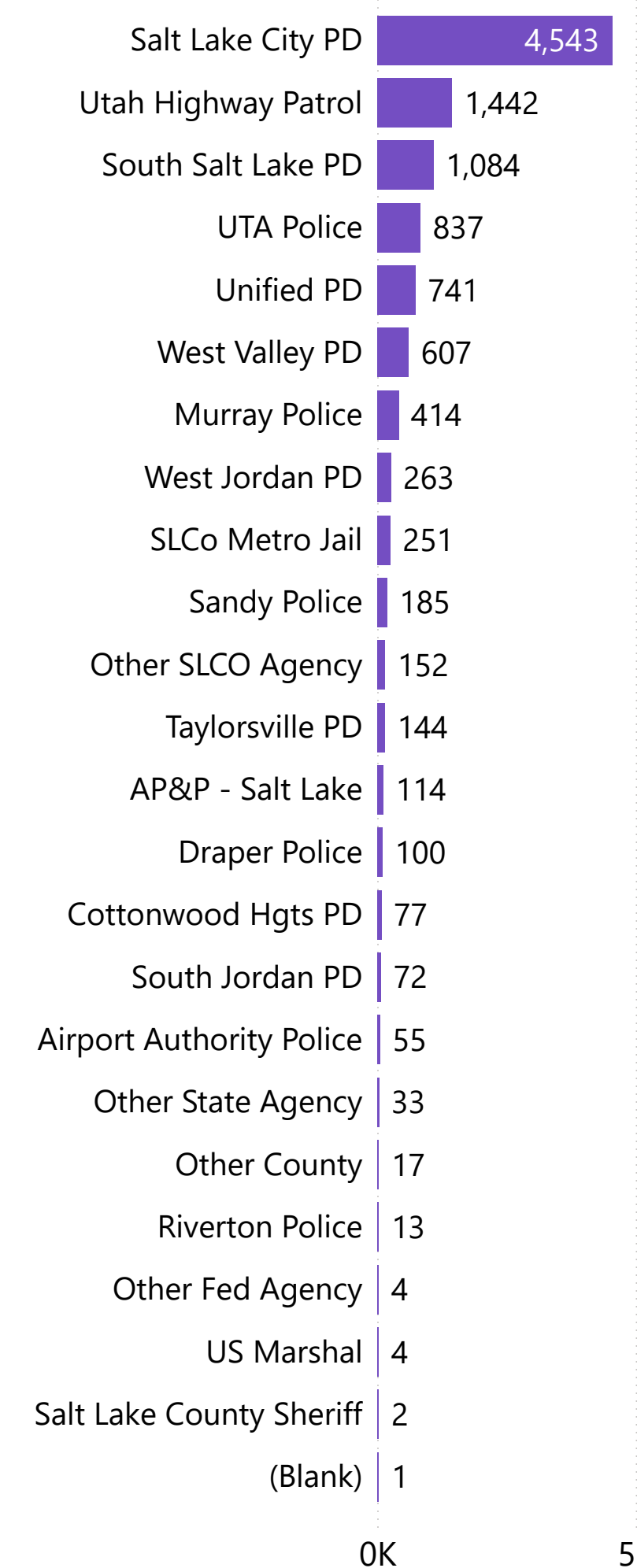
Degree of Lead Charge



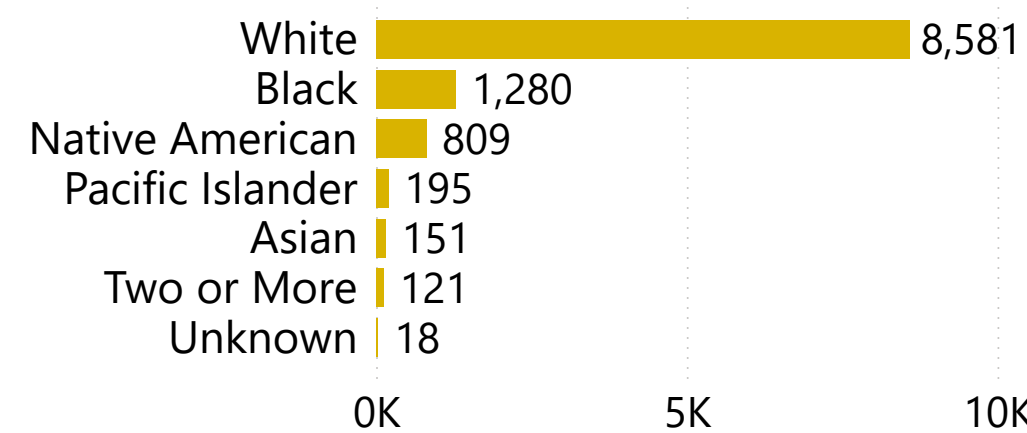
Crime Type of Lead Charge



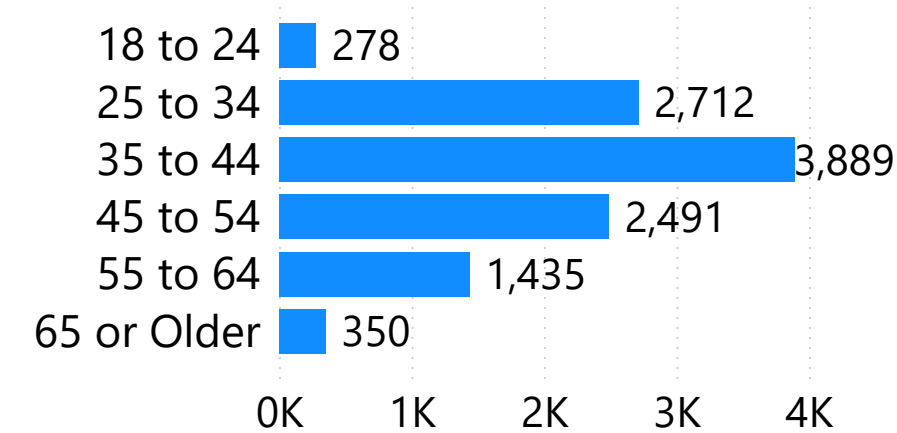
Arresting Agency



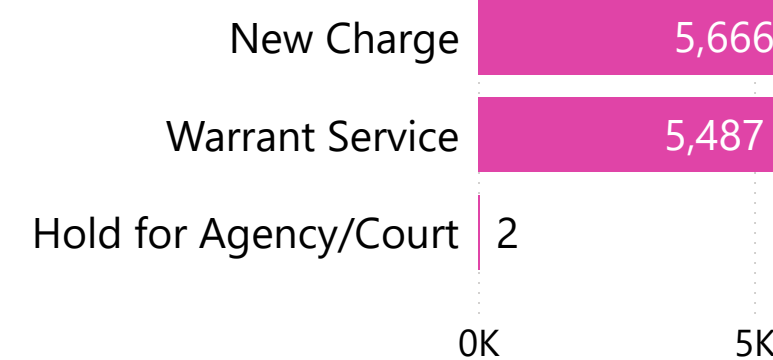
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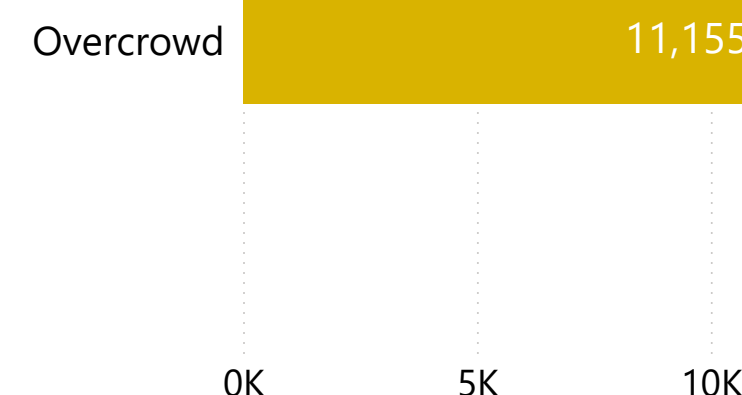
Age Groups



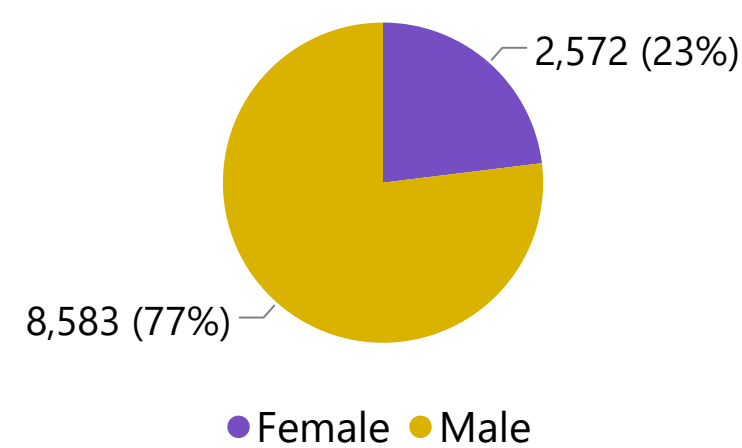
Booking Reason



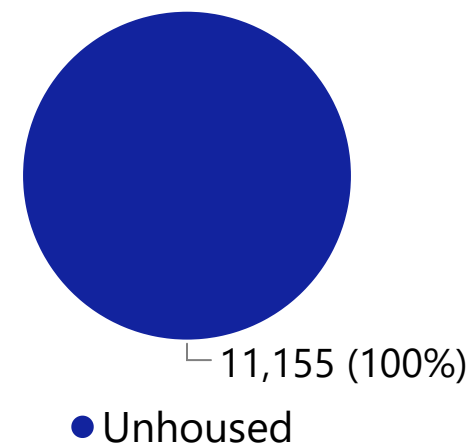
Releases Grouped



Sex



Housing Status



This report shows release information for the last six completed years plus the most recently completed months year-to-date.

The crime types are based on the federally-defined NCIC groupings.

The homeless indicator is based on self-reported information at the time of bookings.

The jail has over 50 release types that have been used over the last seven or more years. A broader set of release type groups was created to categorize similar release types together. The table on this page shows how the jail's release types were assigned to the broader groupings.

Release Types Within the Groupings		
Release Group	Release Type	Counts
Federal Agency	FBI - REL TO FBI AUTHORITY	9
Federal Agency	FED - REL TO FEDERAL AUTH	14
Federal Agency	IMG - REL TO IMMIGRATION	4,413
Federal Agency	MIL - REL TO MILITARY	3
Federal Agency	USM - RELEASE TO US MARSHAL	2,110
Judge Ordered	ORL - ORDER RELEASE	21,335
Judge Ordered	ORP - ORDER REL PRETRIAL SERV	26,357
Medical Related	HSP - REL TO STATE HOSP	346
Medical Related	IMD - INTAKE MEDICAL DEFERRAL	1
Medical Related	MHR - MENTAL HEALTH RELEASE	37
Medical Related	RTH - REL TO HOSPITAL	236
Medical Related	UOU - RELEASE TO U OF U HOSP	13
Other Releases		604
Other Releases	247 - 247 PROGRAM	210
Other Releases	ADM - ADMIN CLOSURE	127
Other Releases	BIE - BOOKED IN ERROR	154
Other Releases	DEC - DECEASED	1
Other Releases	DIS - CHARGES DISMISSED	39
Other Releases	EVL - EVALUATION 60 DAY	3
Other Releases	IN CUSTODY DEATH	10
Other Releases	INFRACTION RELEASE	22
Other Releases	JUV - REL TO JUVENILE AUTH	38
Other Releases	NOC - NO COMPLAINT	519
Other Releases	NPC - NO PROBABLE CAUSE	496
Other Releases	OCD - OTHER COUNTY DECLINED	355
Other Releases	RIN - RELEASE INTOX	1,431
Other Releases	SIE - SERVED IN ERROR	5
Other Releases	SUM - BOOK & RELEASE SUMMONS	58
Other Releases	TSI - TIME SERVED IMMIGRATION	8
Other Releases	WPB - WRONG PERSON BOOKED	41

Release Types Within the Groupings (Cont)		
Release Group	Release Type	Counts
Other State or County	RCO - REL TO OTHER COUNTY	7,705
Other State or County	RST - REL OTHER STATE	1,374
Overcrowd	OCR - OVERCROWD RELEASE	29,745
Pre-Trial, Bail, Bond	BAL - CASH BAIL	2,242
Pre-Trial, Bail, Bond	BND - BONDED	14,977
Pre-Trial, Bail, Bond	FIN - CASH FINE	11
Pre-Trial, Bail, Bond	PAC - PAID FINE AT COURT	7
Pre-Trial, Bail, Bond	PFR - PREFILE RELEASE	7,341
Pre-Trial, Bail, Bond	PPR - PRETRIAL & PROGRAM	1
Pre-Trial, Bail, Bond	PRB - PROPERTY BOND	54
Pre-Trial, Bail, Bond	PT\$ - PRE-TRIAL & CASH	610
Pre-Trial, Bail, Bond	PTA - PROMISE TO APPEAR	848
Pre-Trial, Bail, Bond	PTB - PRE-TRIAL & BOND	3,041
Pre-Trial, Bail, Bond	PTR - PRE-TRIAL OWN RECOG	13,551
Pre-Trial, Bail, Bond	PTS - PRE-TRIAL SUPERVISED RELEASE	8,878
Pre-Trial, Bail, Bond	UNSECURED BOND	533
Programs or LDA	CMH - COMMUNITY MENTAL HEALTH PRG	1,454
Programs or LDA	LDA - RELEASE TO LDA	1,637
Programs or LDA	ROP - REL TO OTHER PROGRAM	4,508
Time Served	TMS - TIME SERVED	21,528
Utah DOC	APP - REL UTAH AP&P	6,893
Utah DOC	USP - SENTENCED TO USP	3,056

Jail Programs

Utah Department of Corrections



“A State and Local Partnership that Works”

Brian Redd
Executive Director

January 2024

Updated Annually

February 14, 2024

This publication has been produced by the Utah State Department of Corrections (UDC), Inmate Placement Program (IPP). The booklet contains information regarding UDC's relationship with county jails in the state, how state offenders are placed in jails, and how the state and individual counties benefit from this relationship.

Any questions regarding the information contained in this booklet, UDC or the Inmate Placement Program in general, please contact me at (801) 656-8584.

Travis Knorr

Travis Knorr, Director
Inmate Placement Program
Utah Department of Corrections

JAIL PROGRAMS IN UTAH

A State and County Partnership That Works!

IPP Vision:

Inmate Placement Program envisions a culture where we partner with the local Sheriff's Office's, where honor, accountability, and integrity are reflected. In so doing, we foster an environment rich in professionalism, compassion, collaboration, and dedication. Together with the local Sheriff's Office's we are a fair, focused, innovative, and energized team.

IPP Mission:

Inmate Placement Programs dedicated team of professionals ensure public safety by effectively managing contracts and state inmates housed in the county jails. This is accomplished by maintaining a close collaboration with the local Sheriff's Office's. Our team of Inmate Placement Program staff along with the local Sheriff's is devoted to providing maximum opportunities for inmates to make lasting changes through accountability, treatment, education, and positive reinforcement within a safe environment.

Background of Jail Contracting

The Utah Department of Corrections and the 26 counties that operate jails across the State have formed a cooperative relationship serving all the citizens of the State. There have been significant savings through this relationship within their criminal justice systems while improving public safety.

For a number of years, the State prison system has rented county jail beds to house prison overflow. Originally, this was a small-scale operation using temporarily unoccupied beds in the counties. In recent years, counties have built many more beds than they will need in the foreseeable future, so they rent them to the State of Utah.

In 1993, Corrections was contracting for 117 county jail beds. In FY 2023, Corrections determined to house above 1450 at an average of 1572.

Benefits of Jail Contracting

STATE OF UTAH

The State of Utah has realized many benefits from participating in county jail contracting.

- 1) Cost savings for the State are dramatic when you consider the cost if Utah were to build prison space for the currently contracted and funded 1,450 beds.
- 2) By contracting with the counties for prison housing, the need for additional State full time employees is reduced.
- 3) Inmates can be housed in their local areas near families, jobs, and community ties.
- 4) Jail contracting allows the State to provide for inmate protection and house state inmates in smaller, more manageable groupings.

LOCAL COUNTIES

During 2023, 20 of the 26 counties (77%), operating jails in Utah, participated in jail contracting. This is evidence of the benefits realized through this state/local partnership.

- 1) The primary benefit for counties is the infusion of funding to help establish effective jail systems and to expand resources for future local growth.

The cost of jail expansion often is beyond the revenue stream of small counties. Finding ongoing funding sources to help pay off construction bonds is a necessary component of any expansion in jail space. The State of Utah offers a solution by contracting for beds in local jurisdictions. The funds generated by these contracts can then be used to offset the cost of construction.

State inmates housed in county jails also contribute significant labor which helps reduce the costs of operating the county jails. In addition, inmates have assisted in the construction of county jail facilities, saving substantial dollars on jail expansion projects.

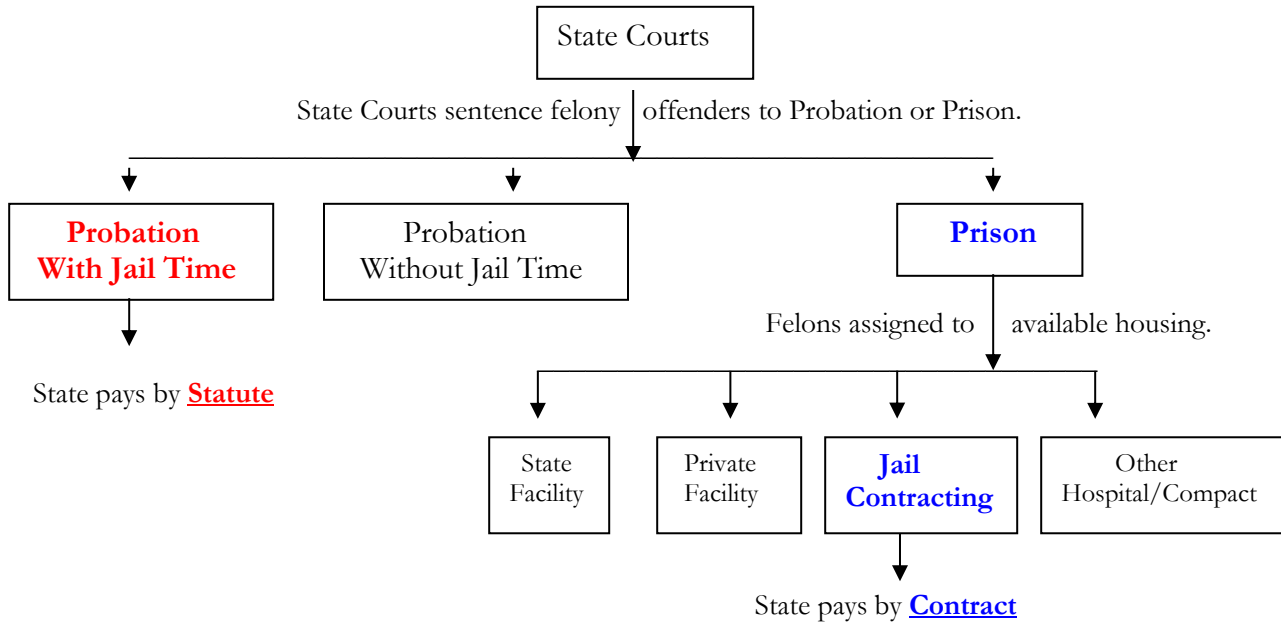
- 2) The overall economy of counties participating in contracting has been improved through the infusion of state funds. In some areas, the county jail has become a significant employer.
- 3) Contract inmates in the county jails provide labor for important community projects, such as repair of county facilities, assistance to the forest service and many community projects.

How do state-sentenced offenders end up in local county jails?

There are several ways that offenders sentenced by state courts end up in local county jails. Below is a diagram that outlines the two major programs under the State's Jail Program System.

Felony Offenders

Sentencing, Condition of Probation, Jail Contract Housing



JAIL CONTRACTING FY23

- Courts sentence to prison, not jail.
- County participation is voluntary and by contract.
- Board of Pardons has jurisdiction of inmate.
- Bed cost is by contract for 71.57% of the actual state daily incarceration rate as approved by the Legislature, 88.53% for Contract Facilities with UDC approved Substance Abuse or Sex Offender Treatment Programs, and 79.52% for Cognitive Behavior/Vocational Training (HB157).
- Medical and transportation costs are Corrections' responsibility.

JAIL CONTRACTING

Offenders who are housed under jail contracting are sentenced to prison by the court. The Department of Corrections refers the offender to a Contracted County Facility. The Contracted County Facility has the authority to approve or deny the referral. If approved the offender is housed in the Contracted County Facility as a state offender. The Department reimburses each Contracted County Facility for housing these offenders as explained in the diagram above.

PROGRAMMING IN THE COUNTY JAILS

Programming/Class statistics are for FY23, not calendar year 2023. Programs/Classes listed are those active in calendar year 2023.

It is the practice of IPP to pay for one program or HB157 class at a time. Many counties allow the inmate to enroll in more than one at a time so the number taking the class and successfully completing can be higher than stats reported for the HB157 class. Most Substance Use or Sex Offender programs combine cognitive behavioral classes with the program.

The statistics reported here are for a Substance Use (to include Pre) or Sex Offender (to include Pre) program or HB157 cognitive behavioral classes or vocational trades in the contract county jails. We do not report the statistics for non HB157 cognitive behavioral classes that are taken and successfully completed while in a program or other HB157 class.

The Contracted County Jails provide a variety of education, programming, classes, and religious services. During FY23 Contract County Facilities assisted 93 state inmates in earning their High School diploma, this includes the HS Completion Diploma aka GED. 38 in Beaver, 7 in Cache, 2 in Davis, 3 in Duchesne, 11 in Garfield, 2 in Kane, 8 in Millard, 7 in San Juan, 3 in Sevier, 1 in Tooele, 8 in Uintah, 1 in Wasatch, and 2 in Washington.

In May of FY23 Pre-Substance Use was introduced in Kane County. No successful completions due to the short time running during FY23.

FY23 successful transitions from Substance Use Programming for state inmates totaled 229. There were 99 in Beaver, 28 in Cache, 36 in Garfield, 27 in Kane, 25 in Millard, and 14 in Tooele.

FY23 state inmates housed in the contract county jails successfully completing Pre-SOTP totals to 93. There were 39 in Kane, 26 in San Juan, and 28 in Sanpete.

FY23 successful transitions from Sex Offender Treatment Programming for state inmates totaled 101. There were 32 in Kane, 33 in San Juan, and 36 in Sanpete.

In March of FY23 PV Living in Balance Program was introduced in Davis County. No successful completions due to the short time running during FY23.

NOTE: As mentioned above Counties with Pre-SATP, SATP, Pre-SOTP, SOTP, and PV Living in Balance programs do not get paid for an inmate participating in a HB157 class at the same time they are in the program. The inmate is enrolled and tracked in the class but not counted as being paid under HB157. Their numbers will be lower for HB157 successful completions. *For instance, MRT, Inside Out Dad, may be included as part of the program curriculum and not counted as a successful completion in these stats for HB157. This should be noted when reviewing HB157 stats. Also, counties with multiple HB157 classes have inmates enrolled in multiple classes at the same time but get paid in just one of the classes, although the inmate does get credit for the class.

Challenge is only offered in two counties. As of November 2021, Tooele no longer has an instructor and IPD does not have anyone to train more instructors. Uintah had 5 successful completions; however, it was not held after October 2022. Information regarding a company that will train facilitators for the Challenge class was emailed to both counties.

Functional Behavior is taught in Cache County only. They had 16 successful completions.

15 counties offer the Inside Out Dad class. The class must have seven to enroll/participate or it is not held. The inmate may only take and successfully complete this class one time. Beaver and Millard did not have any HB157 successful completions, however, inmates take this class with the SUTP program. Successful completions are: 13 in Cache, 8 in Davis, 8 in Garfield, 28 in Kane, 11 in Sanpete, 13 in Sevier, 8 in Summit, 4 in Tooele, and 4 in Washington. There were 97 successful completions for Inside Out Dad.

There were 293 successful completions of MRT. 93 in Beaver, 1 in Box Elder, 31 in Cache, 5 in Davis, 20 in Duchesne, 26 in Garfield, 1 in Grand, (Juab began in May of 2023, but no successful completions due to the short time the class was running.), 20 in Kane, 4 in Sanpete, 22 in Sevier, 15 in Summit, 18 in Uintah, 18 in Wasatch, and 19 in Washington.

Smart Steps is run the same as Inside Out Dad. The class must have seven to enroll/participate or it is not held. The inmate may only take and successfully complete this class one time. 1 in Sanpete, 20 in Tooele, and 17 in Wasatch successful completed.

Two counties have NIC Thinking for a Change. Cache had 9 successful completions. Duchesne also had 18.

Vocational Trades is approved and taught in Duchesne. UBATC had 28 successful completions.

Victim Impact had 5 successful completions. Tooele did not have an instructor the full fiscal year. Uintah had 5 successful completions. IPD was notified training for instructors was needed but there has not been a resolution.

FY23 HB157 classes had a grand total of 509 successful transitions from various counties for various IPD approved Cognitive Behavioral and Vocational Trades classes.

The following is a summary of the programming approved to receive the funding given by the Legislature for FY23, \$2,292,200.

Approved inmate Substance Use and Sex Offender Programs:

- Beaver: “Beaver Residential Treatment” (B.R.T.) – Residential Substance Use: 12-18 months – 145 participants
- Cache: “Bear River Addiction Therapy” (B.R.A.T.) – Intensive Outpatient Substance Use: 20 weeks for Safety Level 4 male inmates – 16 participants
- Garfield: “Dare to Soar” – Intensive Outpatient Substance Use: 6-12 months – 42 participants
- Kane:
 - ❖ Pre- “FOCUS” (SUTP): 12 months – 20 participants
 - ❖ “FOCUS” – Intensive Outpatient Substance Use (SO SUTP and Non-SO SUTP): 6-12 months - 33 participants
 - ❖ Pre-SOTP: 26 weeks – 32 participants
 - ❖ Sex Offender Therapy Program – 30 participants
- Millard: “R-Hope” – Intensive Outpatient Substance Use: 6-12 months - 18 participants
- San Juan:
 - ❖ Pre-SOTP: 26 weeks – 16 participants
 - ❖ Sex Offender Therapy Program – 20 participants
- Sanpete:
 - ❖ Pre-SOTP: 26 weeks – 10 participants
 - ❖ Sex Offender Therapy to include Relapse Prevention – 22 participants
- Tooele: “Lasting Outreach Treatment & Understanding Sobriety (L.O.T.U.S.) – Intensive Outpatient Substance Use: 20 weeks - 12 female participants
- Davis: PV Living in Balance Program – 6 months – 10 participants

The following amounts were paid for FY23 programming days (Pre-SUTP, SUTP, Pre-SOTP, SOTP, PV Living in Balance) from the funding granted by the Legislature at the rate of \$14.47 per day per inmate: (Rounded/Average)

<u>Jail</u>	<u>Inmate Days</u>	<u>Average # of Inmates/Month</u>	<u>Amount Paid</u>
Beaver County	51,966	159	\$ 751,948
Cache County	2,857	117	\$ 41,341
Davis County	863	47	\$ 12,488
Garfield County	16,701	48	\$ 241,663
Kane County	29,787	116	\$ 431,018
Millard County	6,521	20	\$ 94,359
San Juan County	14,501	46	\$ 209,829
Sanpete County	12,202	36	\$ 173,669
Tooele County	2,532	8	\$ 36,638
Total	137,730	597	\$1,992,953

The following amounts were paid for FY23 HB157 days (Challenge, Functional Behavior, Inside Out Dad, MRT, Smart Steps, T4C, Victim Impact, and VT) from the funding granted by the Legislature at the rate of \$6.78 per day per inmate: (Rounded/Average)

<u>Jail</u>	<u>Inmate Days</u>	<u>Average # of Inmates/Month</u>	<u>Amount Paid</u>
Beaver County	7,414	26	\$ 50,267
Box Elder County	65	1	\$ 441
Cache County	8,079	30	\$ 54,776
Davis County	1,141	4	\$ 7,736
Duchesne County	7,668	30	\$ 51,989
Garfield County	3,644	14	\$ 24,706
Grand County	62	2	\$ 420
Juab County	210	1	\$ 1,424
Kane County	8,141	29	\$ 55,196
Sanpete County	1,317	6	\$ 8,929
Sevier County	3,149	12	\$ 21,350
Summit County	1,548	10	\$ 10,495
Tooele County	670	4	\$ 4,543
Uintah County	4,894	17	\$ 33,181
Wasatch County	4,239	15	\$ 28,740
Washington County	2,748	10	\$ 18,631
Total	54,989	211	\$ 372,824

CONTRACT HOUSING

PV intake flips – Allows a parolee who has violated their parole to be housed at the county jail they were booked into and remain there as a state inmate instead of returning to a prison site for housing as long as they are medically cleared, the jail agrees to house them, and the intake paperwork is appropriate for Contract County housing.

PVP – Allows a parolee who has violated their parole to remain housed at the county jail nearest them for a Board ordered stay of up to 30 days.

Research and Planning developed a DBA report to display all inmates housed at a Contract County facility that were on outcount during the past billing month. This report is used to pay the Contract County for the days the state inmate was out of their facility for the billing month. Contract Counties hold the bed for the state inmate to return from outcount. The most common reasons for a state inmate to be on outcount are medical/dental, court, or BOPP hearings.

BEAVER COUNTY

Total Jail Beds: 379

Contracted Beds: 365

Available for Housing to Corrections: 355

Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$4,180,800	
FY08 – \$5,891,801	
FY09 – \$5,856,198	
FY10 – \$5,810,658	
FY11 – \$5,885,165	
FY12 – \$6,058,669	\$ 55,022
FY13 – \$6,269,697	\$ 158,805
FY14 – \$6,171,486	\$ 157,796
FY15 - \$6,432,613	\$ 204,053
FY16 - \$6,309,763	\$ 397,839
FY17 - \$6,704,694	\$ 514,300
FY18 - \$6,792,926	\$ 598,837
FY19 - \$6,777,433	\$ 703,984
FY20 - \$6,973,123	\$ 725,685
FY21 - \$6,557,784	\$ 688,935
FY22 - \$7,547,885	\$ 744,482
FY23 - \$7,590,457	\$ 751,948

HB157 Paid:

FY19 - \$	33,235
FY20 - \$	33,589
FY21 - \$	23,943
FY22 - \$	29,222
FY23 - \$	50,267

FY23:

High School Diploma/H.S.
Completion Diploma: 38

“B.R.T.” successful transitions: 99

HB157: Inside Out Dad – 0, MRT – 93
Total: 93

- **Inmate Jobs Available:** 85
 - Community Worker – 7
 - Janitor – 25
 - Kitchen – 19
 - Laundry – 3
 - Librarian – 5
 - Painter – 4
 - SA Peer Leader – 7
 - SA Program Coordinator – 5
 - SATP Mentor – 8
 - Tutor – 2
- **Programs/Classes:**
 - Residential Substance Use Treatment Program – (“B.R.T.” - 145 seats) includes MRT for BRT participants
 - High School/Utah H.S. Completion Diploma – Beaver School District Adult Ed
 - Anger Management
 - Basic Music Theory
 - Guitar
 - Inside Out Dad (USU) (HB157 & Program)
 - Moral Reconciliation Therapy (MRT) (HB157 & Program)
 - NIC Thinking for a Change
 - Parenting
 - Relationships
 - Relationships (USU)
 - Smart Steps (USU - Program)
- **Religious Services/Activities:**
 - Baptist
 - Bible Study
 - Catholic
 - Church of Jesus Christ of Latter-Day Saints
 - Extractions Program – Local LDS volunteers
 - Islamic/Muslim Prayer
 - Jehovah’s Witnesses
 - LDS 12 Step
 - LDS Indexing
 - Non-Denominational
 - Native Americans can listen to their chants on CD.

Beaver County Community Service Projects or Other Savings to Taxpayers:

- State inmate inside jobs - \$25,000/year

The Beaver County Correctional Facility continues to be aggressive in their commitment to inmate programming. Inmates are screened upon arrival and offered placement in the Residential Treatment Program as soon as openings occur. Beaver has been able to keep their programming seats full. The Residential Treatment Program was recently expanded to 145 seats to accommodate those that need a longer program. MRT has been integrated into the Residential Treatment Program.

Beaver School District has had a great year and revised their curriculum and was successful in graduating inmates with a high school diploma. Beaver County School District also offers a financial literacy class.

The inmate community work crews continue to provide a valuable resource to the county. The crew is able to offer many man hours of labor at a much more affordable price to the local cities and county. The crew is in demand and receives good feedback from the community.

A music program in which inmates are instructed in music theory and playing guitar is offered at the Beaver County Correctional Facility.

Beaver County Jail offers inmates employment with jobs in the culinary, janitorial, laundry, instructional, painters, and inmate work crews. This work program creates huge savings to the county each year and gives the inmates the tools to become successful upon release.

Life Skills- Thinking for a Change which is a cognitive restructuring class is offered to all inmates with six (6) groups running at a time. MRT is also offered to both SA program participants and non-SA participants.

Volunteers at the facility conduct religious services. LDS Indexing, LDS 12-Step, and AA help inmates at the Beaver County Correctional Facility deal with their needs.

BOX ELDER COUNTY

Total Jail Beds: 168

Contracted Beds: 40

Available for Housing to Corrections: 14
Male Housing

Contract Funding Paid:

FY07 – \$358,950
FY08 – \$375,390
FY09 – \$503,954
FY10 – \$401,497
FY11 – \$445,357
FY12 – \$434,815
FY13 – \$421,036
FY14 – \$461,609
FY15 - \$448,689
FY16 - \$400,759
FY17 - \$380,004
FY18 - \$207,764
FY19 - \$ 72,835
FY20 - \$ 90,715
FY21 - \$ 54,623
FY22 - \$121,267
FY23 - \$234,355

HB157 Paid:

FY23 - \$ 441

FY23:

High School Diploma/H.S. Completion
Diploma: 0

HB157: MRT – 1
Total: 1

- **Inmate jobs available: 12**
 - Janitor – 1
 - Kitchen – 8
 - Laundry – 2
 - Warehouse – 1
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Box Elder School District
 - Moral Reconciliation Therapy (MRT)(HB157)
- **Religious Services**
 - Church of Jesus Christ of Latter-Day Saints
 - Mennonite
 - Non-Denominational
- **Activities**
 - AA – Local Volunteers
 - Addiction Recovery Program (ARP) – LDS Volunteers
 - Crochet
 - LDS Indexing - LDS Volunteers

Box Elder County Community Service Projects or Other Savings to Taxpayers:

- Sheriff's Dept. Building and Grounds - \$120,000/year
- Inmate Work Crew Internal Labor in the Facility - \$102,000/year

Box Elder County has been successful in the High School/High School Equivalency Program for their county inmates.

The Box Elder County Community Service Program maintains inmate work programs intended to prepare inmates for successful integration into our communities. Work programs benefit the inmate by teaching or reinforcing positive work habits. The program benefits the community by providing labor to accomplish tasks that may otherwise need to be funded by taxpayers.

The jail provides inmates with the opportunity to participate in a variety of classes listed above. The jail also promotes an inside work program with work in the kitchen, laundry, and maintenance.

CACHE COUNTY

Total Jail Beds: 374

Contracted Beds: 120

Available for Housing to Corrections: 100

Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$1,225,474	
FY08 – \$1,027,925	
FY09 – \$ 869,960	
FY10 – \$ 698,673	
FY11 – \$ 721,597	
FY12 – \$ 736,318	
FY13 – \$ 832,527	
FY14 – \$ 820,115	
FY15 - \$ 937,190	
FY16 - \$1,193,300	
FY17 - \$1,261,664	
FY18 - \$ 740,183	
FY19 - \$1,371,816	
FY20 - \$1,790,544	
FY21 - \$2,091,877	\$ 71,884
FY22 - \$2,582,729	\$ 55,377
FY23 - \$2,429,482	\$ 41,341

HB157 Paid:

FY19 - \$ 53,175
FY20 - \$ 59,903
FY21 - \$ 82,463
FY22 - \$ 60,871
FY23 - \$ 54,776

FY23:

High School Diploma/H.S. Completion Diploma: 7

“B.R.A.T.” successful transitions: 28

HB157 Functional Behavior - 16, Inside Out Dad – 13, MRT – 31, & NIC Thinking for a Change – 9
Total: 69

- **Inmate jobs available: 61**
 - Call Out – 8
 - Car Wash – 4
 - Culinary – 2
 - Groundskeeper - 2
 - Janitor - 2
 - Kitchen – 24
 - Laundry – 8
 - Librarian – 2
 - Pod Cleaner - 8
 - Sewing – 1
- **Programs/Classes:**
 - Intensive Outpatient Substance Use Treatment Program – (“B.R.A.T.” 16 seats SL4 male)
 - High School/Utah H.S. Completion Diploma – Cache County School District
 - Addiction Recovery
 - Functional Behavioral Program (HB157)
 - Inside Out Dad (USU) (HB157)
 - Life Skills
 - Moral Reconation Therapy (MRT) (HB157)
 - Relapse Prevention
 - Substance Abuse Education
 - Thinking for A Change (HB157)
- **Religious Services:**
 - Baptist Bible Study
 - Catholic Bible Study – St. Thomas Aquinas Catholic Church
 - Church of Jesus Christ of Latter-Day Saints
 - Jehovah’s Witnesses (Spanish & English)
 - Non-denominational (Spanish & English)
- **AA**
- **NA**

Cache County provides inmates with the opportunity to participate in a variety of classes listed above. The jail also promotes an inside work program with work opportunities in the kitchen, laundry, library, maintenance, and Life Skills.

The Cache County Jail continues to provide high school education through the local school district. Inmates may take this opportunity to further their education by obtaining their high school diploma. Administration and staff at Cache County Jail believe education is a key factor for reducing recidivism.

Cache County facilitates Project Reality. This provides inmates with the opportunity to share their experiences and thoughts with high school students, youth programs and court ordered participants.

CARBON COUNTY

Total Jail Beds: 85

Contracted Beds: 0

Available for Housing to Corrections: 0

Male Housing

Contract Funding Paid:

FY07 – \$ 84,178

FY08 – \$101,430

FY09 – \$108,585

FY10 – \$ 97,605

FY11 – \$ 88,502

FY12 – \$ 18,270

FY13 – \$ 0

FY14 – \$ 0

FY15 - \$ 0

FY16 - \$ 0

FY17 - \$ 0

FY18 - \$ 0

FY19 - \$ 0

Contract not renewed in FY20.

DAGGETT COUNTY

Total Jail Beds: 86

Contracted Beds: 0

Available for Housing to Corrections: 0

Male Housing

February 17, 2017, all state inmates were removed from the facility.

Contract Funding Paid:

FY07 – \$1,022,579

FY08 – \$ 795,489

FY09 – \$1,073,283

FY10 – \$1,089,534

FY11 – \$1,111,092

FY12 – \$1,119,645

FY13 – \$1,153,260

FY14 – \$1,286,220

FY15 - \$1,275,442

FY16 - \$1,354,432

FY17 - \$ 924,508

DAVIS COUNTY

Total Jail Beds: 926

Contracted Beds: 130

Available for Housing to Corrections: 65

Male Housing

(1.27.2022 no longer referring state female inmates for housing.)

Contract Funding Paid:

Housing	Programming
FY07 – \$ 505,444	
FY08 – \$1,608,419	
FY09 – \$1,458,900	
FY10 – \$1,188,457	
FY11 – \$1,269,964	
FY12 – \$1,433,257	
FY13 – \$1,485,151	
FY14 – \$1,551,162	
FY15 - \$1,310,659	
FY16 - \$1,299,154	
FY17 - \$1,587,057	
FY18 - \$ 783,700	
FY19 - \$1,148,547	
FY20 - \$1,317,587	
FY21 - \$1,019,996	
FY22 - \$1,593,066	
FY23 - \$1,812,652	\$ 12,488

HB157 Paid:

FY19 - \$ 11,783
FY20 - \$ 19,411
FY21 - \$ 6,645
FY22 - \$ 11,885
FY23 - \$ 7,736

FY23:

High School Diploma/H.S. Completion
Diploma: 2

HB157: Inside Out Dad – 8, MRT - 5
Total: 13

- **Inmate jobs available:** 42
 - Janitor – 17
 - Kitchen – 17
 - Laundry - 8
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Davis Adult Education
 - PV Life in Balance Program – SA (10 seats)
 - 16 Week Substance Abuse Cell Study
 - Anger Management
 - Cognitive Change (Adapted from NIC Thinking for a Change)
 - Conflict Resolution
 - Coping Skills
 - Inside Out Dad (USU) (HB157)
 - Moral Reconciliation Therapy (MRT) (HB157)
 - Parenting
 - Self-Reliance
- **Religious Services:**
 - Catholic
 - Christian Services
 - Church of Jesus Christ of Latter-Day Saints
 - Jehovah’s Witnesses
 - LDS Institute
 - Tree of Life
- **AA** – Local Volunteers
- **NA** – Local Volunteers

DUCHESNE COUNTY

Total Jail Beds: 203

Contract Beds: 150

Available for Housing to Corrections: 100

Male Housing

Contract Funding Paid:

FY07 – \$2,058,781
FY08 – \$1,844,590
FY09 – \$1,555,375
FY10 – \$1,457,527
FY11 – \$1,518,675
FY12 – \$1,600,437
FY13 – \$1,656,672
FY14 – \$1,662,029
FY15 - \$1,629,771
FY16 - \$1,613,624
FY17 - \$1,530,208
FY18 - \$1,044,444
FY19 - \$1,107,443
FY20 - \$1,318,562
FY21 - \$1,445,082
FY22 - \$2,164,551
FY23 - \$2,168,823

HB157 Paid:

FY19 - \$ 16,588
FY20 - \$ 20,945
FY21 - \$ 28,305
FY22 - \$ 65,278
FY23 - \$ 51,989

FY23:

High School Diploma/H.S. Completion
Diploma: 3

HB157 Uintah Basin ATC Certificates: 28

HB157: Inside Out Dad – 0, MRT – 20, NIC
Thinking for a Change – 18
Total: 38

HB157 Grand Total: 66

- **Inmate jobs available:** 83
 - Building Trades – 15
 - County Road Crew – 12
 - Education Asst - 2
 - Janitor – 10
 - Kitchen – 25
 - Laundry – 3
 - Librarian – 6
 - Maintenance - 3
 - Translator - 2
 - Trustee – 1
 - Tutor - 4
- **Programs/Classes:**
 - Building Trades/Residential Construction – Uintah Basin Applied Tech Center (HB157)
 - High School/Utah H.S. Completion Diploma – Jail Staff
 - Financial Literacy
 - Inside Out Dad (USU) (HB157)
 - Moral Reconciliation Therapy (MRT) (HB157)
 - Thinking for a Change (T4C) (HB157)
- **Activities:**
 - Crochet
 - Drawing
 - Guitar
- **Religious Services:**
 - Baptist Services – Baptist Church
 - Church of Jesus Christ of Latter-Day Saints
 - Presbyterian
 - Jehovah Witness
 - Non-Denominational

Duchesne County Community Service Projects or Other Savings to Taxpayers:

- Community Maintenance Jobs – approx. \$90,480/year per worker
- Building Trades – Approx. \$94,800/year per worker
- County Fair – Approx. \$3,480/year per worker
- Inside Work Programs - \$15,080/year per worker
- DOT Outside Work Crews - \$94,800/year per worker

*All figures based on minimum wage and yearly man-hours worked.

The Duchesne County Jail continues to provide high school education through the local school district. Inmates may take this opportunity to further their education by obtaining their high school diploma. Many inmates have taken advantage of this program and furthered their education during their incarceration. Administration and staff at Duchesne County Jail believe education is a key factor for reducing recidivism in our county jail.

The Building Trades program offered at the Duchesne County Jail continues to provide inmates with the opportunity to learn viable skills that will serve them well upon release back into the community. These skills are good trade skills that can help them achieve employment when released from the facility. Inmates finishing the Building Trades program receive a certificate in carpentry. This provides the inmate with substantial advantage of gainful employment. The Work Crew program provides the inmates with the ability to work supervised on the outside perimeter of the facility. It also provides increased skills and work ethics returning back into the workforce.

EMERY COUNTY

Total Jail Beds: 80

Contracted Beds: 15

Available for Contract to Corrections: 15

Male Housing

Contract Funding Paid:

FY20 - \$ N/A

FY21 - \$ 158,969

FY22 - \$ 174,729

FY23 - \$ 181,076

- **Inmate jobs available: 13**
 - Janitor – 1
 - Kitchen – 3
 - Laundry – 1
 - Road Crew - 4
 - Section Janitor - 4
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Emery County School District
 - Moral Reconciliation Therapy (MRT)
 - Staying Quit
- **Activities:**
 - LDS 12 Step
 - Four Corners MH Men’s Group
- **Religious Services:**
 - Baptist Church
 - Church of Jesus Christ of Latter-day Saints

GARFIELD COUNTY

Total Jail Beds: 114

Contracted Beds: 96

Available for Housing to Corrections: 96

Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$1,439,568	
FY08 – \$1,498,672	
FY09 – \$1,382,138	
FY10 – \$1,259,280	
FY11 – \$1,305,765	
FY12 – \$1,449,135	\$ 2,479
FY13 – \$1,546,565	\$ 29,318
FY14 – \$1,543,473	\$ 28,020
FY15 - \$1,568,619	\$ 43,352
FY16 - \$1,621,214	\$127,417
FY17 - \$1,700,712	\$151,376
FY18 - \$1,733,892	\$185,662
FY19 \$1,713,284	\$231,097
FY20 - \$1,851,687	\$244,937
FY21 - \$1,814,825	\$238,280
FY22 - \$2,083,137	\$231,231
FY23 - \$2,169,311	\$241,663

HB157 Paid:

FY19 - \$	14,330
FY20 - \$	6,596
FY21 - \$	8,005
FY22 - \$	19,696
FY23 - \$	24,706

FY23:

High School Diploma/H.S. Completion Diploma: 11

“Dare to Soar” successful transitions: 36

HB157: Inside Out Dad – 8, MRT – 26
Total: 34

• **Inmate Jobs Available: 69**

- Barber - 2
- Car Wash – 9
- Commissary – 2
- Gardener – 2
- Janitor - 5
- Kitchen – 12
- Laundry – 1
- Librarian - 2
- Maintenance – 3
- Print Shop - 6
- Road Crew - 6
- SATP Mentor - 14
- Teacher Assistant – 4
- Windshield Repair - 1

• **Programs/Classes:**

- Intensive Outpatient Substance Use Treatment Program “Dare to Soar” – (42 seats)
- High School/Utah H.S. Completion Diploma – Garfield County School District
- After Care – “Dare to Soar”
- Anger Management
- Auto Glass Repair
- Blueprint Reading
- Building Trades
- Carpentry
- Cognitive Behavioral Intervention (CBI) - SA
- Computer-Aided Drafting (Auto-CAD)
- Computer Graphics
- Computer Literacy
- Criminal Thinking
- Crochet
- Culinary Arts
- Financial Peace
- Foreign Languages
- Getting Out By Going In (GOGI)
- Inside Out Dad (USU) (HB157 & Program)
- Job Skills
- LDS 12 Step
- Life Skills
- Moral Reconciliation Therapy (MRT) (HB157 & Program)
- Parenting from Prison
- Relapse Prevention
- Relationships/Marriage
- Success After Prison
- Victim Impact
- Welding (Advanced & Beginning)

• **Religious Services/Activities:**

- Bible Study
- Catholic Services
- Church of Jesus Christ of Latter-Day Saints
- Jehovah’s Witness
- LDS Indexing

• **AA – LDS Church**

• **NA**

Garfield County Community Service Projects or Other Savings to Taxpayers:

- Inside work program - \$125,100/year
- Outside work program - \$150,000/year
- A total of seven volunteers provides 80 hours of service per month at the Garfield County Jail.

Garfield County Jail continues to progress with their "Dare to SOAR" Substance Abuse Treatment Program and After Care Program. The Jail is looking forward to the addition of a Pre-Substance Use Treatment Program to supplement treatment opportunities available to offenders housed in Garfield County.

The smaller number of residents in the program and the staff involvement make this a very cohesive and successful unit. The inmates feel that they gain a lot from the relaxed atmosphere. The classes are intensive and cover the many facets of addiction, and the road to recovery and success outside prison life.

As always, the education department at the Jail shines. The diligence of the Adult Education Coordinator is apparent in the number of successful graduates. The jail has focused on addiction recovery and a plan to succeed outside the prison walls. The classes and education available are meant to give viable tools for employment upon release and success in personal and family life. The jail has recently added a guitar class, and an arts class that not only provide a positive outlet for offenders to make the best use of their leisure time but will also count towards adult education credits towards electives or arts if progress is being made towards earning a high school diploma.

The road crew and car wash crews are rotated together, the car wash inside and the road crew of four is outside of the facility. Both of these crews, along with the Jail Ink print shop provide offenders with employment opportunities as well as services to the local community.

They have introduced Building Trades where small buildings that can be transported off the facility are being constructed to specific orders. They have a Basic Welding program that teaches a new skill to help with employment as well as a program for Silk Screening and Embroidery to teach new trades and skills also. These various employment and job skills classes are all designed to slow recidivism and help build acceptable lifestyles for those who participate and are released.

GRAND COUNTY

Total Jail Beds: 60
Contracted Beds: 20
Available for Housing to Corrections: 12
Male Housing

Contract Funding Paid:

FY07 – \$ 98,098
FY08 – \$ 80,100
FY09 – \$ 85,635
FY10 – \$ 66,870
FY11 – \$ 80,595
FY12 – \$ 93,735
FY13 – \$100,137
FY14 – \$120,030
FY15 - \$ 84,934
FY16 - \$125,307
FY17 - \$ 29,588 Jail remodel
FY18 - \$ 0 Jail remodel
FY19 - \$ 51,466
FY20 - \$109,370
FY21 - \$ 77,714
FY22 - \$110,159
FY23 - \$188,334

HB157 Paid:

FY21 - \$ 242
FY22 - \$ 3,058
FY23 - \$ 420

FY23:

High School Diploma/H.S. Completion
Diploma: 0

HB157: MRT – 1

- **Inmate jobs available:** 18
 - Janitor – 2
 - Kitchen – 8
 - Laundry – 2
 - Librarian – 2
 - Volunteers - 4
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Grand County School District
 - Moral Reconciliation Therapy (MRT) (HB157)
- **Religious Services**
 - Bible Study
 - Church of Jesus Christ of Latter-Day Saints
 - Others upon request
- **Activities**
 - Group Therapy – Four Corners Health
- **AA**
- **NA**

Grand County Community Service Projects or Other Savings to Taxpayers:

- Inside Jobs:

UDC inmates have the opportunity to participate in MRT, High School, and religious services. Grand County anticipates and is working on offering other programming such as NIC Thinking for a Change. The jail has an inside work program for UDC inmates which includes Janitor, Kitchen, Laundry positions.

IRON COUNTY

Total Jail Beds: 256

Contracted Beds: 10

Available for Housing to Corrections: 10

Male Housing

Iron has an approved Legislative Resolution for an additional 25 state contract beds.

Contract Funding Paid:

FY07 – \$ 13,966

FY08 – \$ 18,045

FY09 – \$ 25,465

FY10 – \$ 82,726

FY11 – \$115,905

FY12 – \$161,436

FY13 – \$163,897

FY14 – \$167,289

FY15 - \$175,035

FY16 - \$188,846

FY17 - \$188,660

FY18 - \$189,405

FY19 - \$191,355

FY20 - \$191,841

FY21 - \$189,592

FY22 - \$211,469

FY23 - \$221,600

FY23:

High School Diploma/H.S. Completion
Diploma: 0

HB157: Inside Out Dad - 0

- **Inmate Jobs Available:** 18
 - Kitchen – 10
 - Laundry – 2
 - Librarian - 1
 - Maintenance – 2
 - Tierman - 3
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Iron County School District
 - Inside Out Dad (HB157)
- **Religious Services**
 - Catholic
 - Church of Jesus Christ of Latter-Day Saints
 - Clergy & Counselor – Piute Tribe Volunteers
 - Jehovah’s Witness
 - Non-denominational Services
- **AA** – Local Volunteers
- **NA** – Local Volunteers
- **Activities Not in O-Track**
 - American Community Corrections Institute (ACCI) cell study classes. 13 different study classes.
 - Cell Study Substance Abuse
 - English as a Second Language (ESL)
 - Hustle 2.0
 - LDS 12 Step

Iron County Jail houses ten state inmates for the express purpose of working in the culinary and maintenance departments. The inmates placed here are expected to provide base stability for the county inmate workers, as the county workers are employed for a much shorter time. The program works well and provides the state workers a steady job and the opportunity to save money for release.

JUAB COUNTY

Total Jail Beds: 58

Contracted Beds: 15

Available for Housing to Corrections: 15

Male Housing

Contract Funding Paid:

FY07 – \$ 96,236
FY08 – \$ 64,665
FY09 – \$ 51,390
FY10 – \$ 0
FY11 - \$ 8,550
FY12 – \$ 31,905
FY13 – \$ 33,638
FY14 – \$ 52,004
FY15 - \$ 68,473
FY16 - \$ 79,043
FY17 - \$ 78,000
FY18 - \$141,400
FY19 - \$147,159
FY20 - \$158,500
FY21 - \$193,333
FY22 - \$332,919
FY23 - \$330,844

HB157 Paid:

FY23 - \$ 1,424

FY23:

High School Diploma/H.S. Completion
Diploma: 0

HB157: MRT - 0

- **Inmate Jobs Available:** 22
- Janitor – 5
- Kitchen – 10
- Laundry - 2
- Librarian – 2
- Section Janitor - 3
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Juab County School District
 - Moral Reconciliation Therapy (MRT) (HB157)
 - LDS 12 Step
- **Religious Services:**
 - Church of Jesus Christ of Latter-Day Saints (Family Home Evening, Relief Society, Sunday Services)
 - First Baptist
- **Activities Not in O-Track**
 - LDS Indexing
 - Inside Out Dad

Juab County houses up to 15 state inmates on a regular basis. The majority of inmates housed in this jail have established parole dates or are waiting for placement into needed treatment programs offered by the UDC. These inmates are hand selected based on behavioral and offense criteria, as they work in a trustee type position. They are responsible to perform all internal work positions, such as janitor, food service, laundry, and cook. They also grow an impressive garden each year, which is a notable cost reduction for Juab's produce needs.

KANE COUNTY

Total Jail Beds: 206

Contracted Beds: 166

Available for Housing to Corrections: 166

Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$ 165,742	
FY08 – \$ 154,815	
FY09 – \$ 168,710	
FY10 – \$ 155,160	
FY11 – \$ 158,310	
FY12 – \$1,144,001	\$ 1,246
FY13 – \$2,651,851	\$ 91,237
FY14 – \$2,645,807	\$ 78,902
FY15 – \$2,679,265	\$ 88,873
FY16 – \$2,823,284	\$167,011
FY17 – \$3,085,202	\$214,137
FY18 – \$3,136,952	\$368,151
FY19 – \$3,123,689	\$396,895
FY20 – \$3,235,207	\$326,486
FY21 – \$3,207,912	\$295,824
FY22 – \$3,659,908	\$385,857
FY23 – \$3,663,814	\$431,018

HB157 Paid:

FY22 – \$ 44,551

FY23 – \$ 55,196

FY23:

High School Diploma/H.S. Completion
Diploma: 2

Pre-“FOCUS”: 0

“FOCUS” successful transitions (SO-SUTP &
Non-SO SUTP): 27

Pre-SOTP successful completions: 39

SOTP successful transitions: 32

HB157: Inside Out Dad – 28, MRT – 20
Total: 48

• Inmate Jobs Available: 70

- Culinary – 19
- Janitor – 2
- Laundry – 8
- Librarian – 3
- Road Crew - 4
- Tierman – 9
- Tutor – 15
- Volunteers – 10

• Programs/Classes:

- Pre-SUTP (20 seats) (MEE Journals class)
 - Intensive Outpatient Substance Use Treatment Program “FOCUS” – (33 seats)
 - Pre-SOTP (32 seats)
 - Sex Offender Therapy Program (30 seats)
 - High School/Utah H.S. Completion Diploma – Kane Co School District Adult Ed
 - Anger Management
 - Computer Aided Design Course: Sketchup
 - Computer Basics
 - Computer Programming Course 1: HTML
 - Crochet
 - Drug Education for Offenders
 - Effective Communications
 - Financial Literacy
 - History
 - Inside Out Dad (USU) (HB157 & Program)
 - Keys to a Loving Relationship
 - Microsoft Office Suite Course 1
 - Moral Reconciliation Therapy (MRT) (HB157 & Program)
 - Music Composition
 - Music – various levels
 - Real Families Real Answers
 - Successful Parenting
 - Thinking Errors
 - Understanding Boundaries
 - Victim Impact
- ## • Religious Services:
- Catholic
 - Church of Jesus Christ of Latter-Day Saints
 - Jehovah’s Witness
 - Native American Prayer & Discussion Services
 - Non-Denominational Services
- AA – Local Volunteers
 - NA – Local Volunteers

Kane County Community Service Projects or Other Savings to Taxpayers:

- Inmate work inside the facility – \$45,000/year
- A total of 36 volunteers provides approximately 100 hours of service per month at the Kane County Jail.

The inmates at Kane County have the opportunity to complete indexing for the Church of Jesus Christ of Latter-Day Saints. The information they glean goes to Ancestry.com.

Kane County Jail has developed an extensive and well-organized programming department. Kane County Jail is structured in a Therapeutic Community setting. Jail Deputies/Security staff are trained in the (TC) Therapeutic Community Treatment Model; this provides the highest professional standard of maintaining a secure environment and supporting effective therapy. With the TC approach, Deputies working with offenders are better trained and skilled in supporting the overall goal of the program while dealing with this unique population.

The Residential Substance Abuse Treatment

FOCUS:

The goal of the FOCUS Program is to provide offenders with both sex offense and substance abuse issues quality programming, using current evidence based best practices, motivational interviewing and up to date assessment and measurement tools.

The program has another program within titled "Bigger Than Me". The inmates do projects as a service project for others. The inmates have donated crocheted items for the local care center (the biggest request was for a crocheted bag that buttons on the side of a walker so they can take items with them when they go from place to place), they made Valentines cards for a veteran's center that they could send to their loved ones, and they have donated other artwork to the local thrift shop to help them raise money. They have worked on numerous projects benefiting organizations in surrounding states. In some cases, items have even been sent overseas.

Pre-FOCUS:

The pre-program housing unit gets offenders into the routine of programming and starts them on their way with assignments and reading opportunities. This helps the offender utilize the actual programming time more successfully. They have also incorporated several Cognitive Life Skills classes including MRT (Moral Reconciliation Therapy) into the "FOCUS" program.

Sex Offender Pre-Treatment

The goal of the SOTP pre-treatment program is to prepare offenders for placement in the main or core sex offender treatment.

Sex Offender Core Treatment

The goal of the Core SOTP program is to prepare offenders to transition into life on the outside. This program helps to reduce the recidivism rate among offenders.

General Housing

Services provided for all offenders housed at the Kane County Jail include Cognitive Life Skills classes, Education and Leisure/Recreation.

The many facets encompassed in the programming developed at Kane County help offenders prepare for entering sex offender treatment.

MILLARD COUNTY

Total Jail Beds: 107

Contracted Beds: 64

Available for Housing to Corrections: 45

Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$823,656	
FY08 – \$851,889	
FY09 – \$772,003	
FY10 – \$780,713	
FY11 – \$821,565	
FY12 – \$862,623	\$ 7,387
FY13 – \$854,274	\$21,190
FY14 - \$801,791	\$22,230
FY15 - \$820,436	\$21,713
FY16 - \$826,164	\$40,389
FY17 - \$918,772	\$52,577
FY18 - \$913,537	\$66,110
FY19 - \$934,030	\$76,888
FY20 - \$959,438	\$79,748
FY21 - \$851,953	\$89,252
FY22 - \$982,949	\$90,814
FY23 - \$994,728	\$94,359

FY23:

High School Diploma/H.S. Completion
Diploma: 8

“R-Hope” successful transitions: 25

HB157: Inside Out Dad - 0

- **Inmate jobs available: 22**
 - County Road Crew – 12
 - Janitor – 1
 - Kitchen – 4
 - Laundry – 1
 - Painter - 2
 - Section Janitor – 2
- **Programs/Classes:**
 - “R-Hope” – Intensive Outpatient Substance Use Treatment Program (18 seats)
 - High School/Utah H.S. Completion Diploma – Millard School District
 - Inside Out Dad (USU) (HB157)
- **Religious Services**
 - Baptist
 - Church of Jesus Christ of Latter-Day Saints
 - Jehovah’s Witness
- **AA – Local Volunteers**
- **Activities Not in O-Track**
 - LDS 12 Step offered but not tracked.

Millard County Community Service Projects or Other Savings to Taxpayers:

- Outside work for Millard County – \$85,000/year
- Inside jobs include: Janitor/Tier workers, Laundry, Cooks, Car Wash – \$15,220/year

The Millard County Jail operates two six-man work crews that assist the county and other government agencies with various projects in Millard County.

Adult Education is an important program at the jail. Computer Literacy is also taught in conjunction with the education program.

The Residential Substance Abuse Program continues to be successful at the Millard County Jail. It is a 12-month program in which offenders are assessed and diagnosed to determine specific needs for treatment. Members of the program are housed in a modified therapeutic community, and by peer pressure, are held to a higher than average standard. In addition to substance abuse treatment, the offenders also receive treatment in prescriptive life skills, i.e., Anger Management, Victim Impact, Cognitive Thinking and Relapse Prevention.

MORGAN COUNTY

Total Jail Beds: 0

Contracted Beds: 0

Available for Housing to Corrections: 0

Contract Funding Paid: \$0

Note: Morgan County does not have a jail. Offenders, who are sentenced to serve jail time, are transported to either Weber County or Davis County Jail.

PIUTE COUNTY

Total Jail Beds: 0

Contracted Beds: 0

Available for Housing to Corrections: 0

Contract Funding Paid: \$0

Note: Piute County does not have a jail. Piute County offenders who are sentenced to serve jail time are transported to Sevier County Jail.

RICH COUNTY

Total Jail Beds: 7

Contracted Beds: 0

Available for Housing to Corrections: 0

Contract Funding Paid: \$0

Note: The Rich County Jail currently houses no State Contract Inmates due to very limited bed space.

SALT LAKE COUNTY

Total Jail Beds: 2000

Contracted Beds: 0

Available for Housing to Corrections: 0

Contract Funding Paid: \$0

Note: Salt Lake County Jail does not contract with the Department of Corrections for State Inmates.

SAN JUAN COUNTY

Total Jail Beds: 105
Contracted Beds: 110
Available for Housing to Corrections: 76
 Male Housing

San Juan received an approved Legislative Resolution for 40 additional beds in the 2011 General Session. The 40 beds do not exist, there would need to be an addition to the facility built for these beds.

Contract Funding Paid:

Housing	Programming
FY07 – \$1,075,316	
FY08 – \$1,130,400	
FY09 – \$1,152,425	
FY10 – \$1,122,044	
FY11 – \$1,121,358	
FY12 – \$1,118,815	
FY13 – \$1,147,505	
FY14 – \$1,151,901	\$ 32,621
FY15 - \$1,268,408	\$ 85,116
FY16 - \$1,313,677	\$157,018
FY17 - \$1,394,120	\$203,250
FY18 - \$1,368,239	\$240,308
FY19 - \$1,332,836	\$283,857
FY20 - \$1,435,401	\$267,998
FY21 - \$1,351,970	\$235,643
FY22 - \$1,602,770	\$209,555
FY23 - \$1,641,768	\$209,829

FY23:

High School Diploma/H.S. Completion Diploma: 7

Pre-SOTP successful completions: 26

SOTP successful transitions: 33

- **Inmate jobs available:** 61
 - Janitor – 5
 - Kitchen – 8
 - Laundry – 2
 - Maintenance - 4
 - Sewing – 2
 - Tutor – 30
 - Volunteers – 10

- **Programs/Classes:**
 - Pre-SOTP (16 seats)
 - Sex Offender Therapy Program (20 seats)
 - High School/Utah H.S. Completion Diploma
 - 7 Habits of Highly Effective People
 - America’s Long Struggle Against Slavery
 - Art
 - Better Vocabulary
 - Computer Literacy
 - Crochet
 - Effective Communications
 - Entrepreneurship
 - Everyday Engineering
 - Everyday Spanish
 - Freedom Behind Bars
 - Freelance to Freedom
 - Gardening
 - Guitar
 - How to Program
 - Internal Combustion Engines
 - Job Success
 - Money Management Skills
 - Moral Reconation Therapy (MRT) (HB157 & Program)
 - MS Access
 - MS Excel
 - MS PowerPoint
 - MS Word
 - Multimedia
 - Music/Piano
 - Nutrition Made Clear
 - Optimizing Brain Fitness
 - PE – Insanity DVD
 - Personal Finance
 - Principles of Management
 - Scientific Secrets for a Powerful Memory
 - SketchUp
 - The Addictive Brain
 - The Everyday Gourmet Cooking
 - Understanding Investments
 - Writing
- **Religious Services/Activities:**
 - Baptist
 - Catholic
 - Church of Jesus Christ of Latter-Day Saints
 - Episcopal
 - Jehovah’s Witnesses
 - LDS Indexing

San Juan County Jail continues to be very active in programming and educating inmates. The main emphasis continues to be the Sex Offender Treatment Program (SOTP). Currently there are 36 inmates in the Pre-SOTP and SOTP program at all times. The program follows the UDC Sex Offender outline.

Educational classes are offered through the San Juan School District for those needing a high school diploma, or for those students that need to brush-up in certain areas. In addition to the educational classes there are a variety of other classes available in the education center such as computer aided drafting, internal combustion (small engines). The jail has also implemented a musical keyboarding, and guitar class, jail garden project and the LDS Indexing. The jail garden project has been a great success. The crop helps supplement the jail kitchen with fresh vegetables.

San Juan during FY23 did not have an outside work crew program. In January 2024, a work crew security plan was approved for workers in their garden as well as county facilities and property. They have a number of jobs inside working in culinary, laundry, janitorial, sewing and tutoring. The LDS 12 Step program is available, as well as a variety of religious services. The inmates have been given the opportunity to apply their artistic abilities by painting a number of murals on the walls of the jail.

The inmates at the San Juan County Jail spend countless hours and a lot of talent crocheting various projects such as afghans, hats, booties, and stuffed animals, donating them to the local communities, charities, and VA hospitals.

SANPETE COUNTY

Total Jail Beds: 135
Contracted Beds: 76
Available for Housing to Corrections: 70
 Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$ 51,066	
FY08 – \$ 58,449	
FY09 – \$ 229,603	
FY10 – \$ 731,420	
FY11 – \$ 744,803	
FY12 – \$ 786,923	
FY13 – \$ 810,230	
FY14 – \$1,106,998	\$ 18,607
FY15 - \$1,239,506	\$ 45,270
FY16 - \$1,198,257	\$ 82,852
FY17 - \$1,242,632	\$104,552
FY18 - \$1,270,664	\$127,311
FY19 - \$1,278,569	\$146,000
FY20 - \$1,235,746	\$123,958
FY21 - \$1,209,012	\$147,521
FY22 - \$1,627,365	\$156,146
FY23 - \$1,698,953	\$173,669

HB157 Paid:

FY19 - \$ 3,671
FY20 - \$ 9,080
FY21 - \$ 5,624
FY22 - \$ 7,634
FY23 - \$ 8,929

FY23:

High School Diploma/H.S. Completion
 Diploma: HS is offered through CUCF

Pre-SOTP successful completions: 28

SOTP successful transitions: 36

HB157: Inside Out Dad – 11, MRT – 4
 Total: 15

• **Inmate jobs available: 29**

- Janitor – 2
- Janitor – Tierman - 4
- Kitchen – 13
- Laundry – 7
- Maintenance - 1
- Tutor - 2

• **Programs/Classes:**

- Pre-SOTP (10 seats)
- Sex Offender Therapy Program (22 seats)
- High School/Utah H.S. Completion Diploma – S. Sanpete School District – CUCF
- Inside Out Dad (USU) (HB157 & Program)
- Intro to Lead Guitar
- Intro to Rhythm Guitar
- Intro to Songwriting
- Moral Reconation Therapy (MRT) (HB157 & Program)
- Psychology of Criminal Conduct (SOTP participants)
- Relapse Prevention (SOTP participants)
- Smart Steps (USU) (HB157)

• **Activities**

- Crocheting

• **Religious Services**

- Bible Study
- Bishop’s Interviews
- Church of Jesus Christ of Latter-Day Saints
- LDS Seminary

• **AA – Jail Staff**

Sanpete County currently houses 76 state inmates, with the majority being male beds and a few for female as needed. The focus is on those that are required to complete Sex Offender Treatment Program prior to receiving a release date, or to keep an existing release date. There is a total of 32 active treatment seats, and the rest of the beds are used for pre and post treatment.

This program is now going into its fourth year and has been running very well. Sanpete has also expanded in the programming area and now offers Victim Empathy, Anger Management, Thinking Errors, and Relationship Skills that work in harmony within the Sex Offender Program.

Sanpete has also implemented a “good time” credit program for their county offenders to meet the new JRI requirements. This consists of numerous cognitive and life skills-based programs as well as an RSAT and Aftercare RSAT for the graduates.

SEVIER COUNTY

Total Jail Beds: 141

Contracted Beds: 70

Available for Housing to Corrections: 70

Male Housing

Contract Funding Paid:

FY07 – \$1,021,860
FY08 – \$1,099,080
FY09 – \$1,060,330
FY10 – \$1,017,378
FY11 – \$1,054,140
FY12 – \$1,117,104
FY13 – \$1,132,597
FY14 – \$1,142,567
FY15 - \$ 997,194
FY16 - \$1,026,744
FY17 - \$1,022,244
FY18 - \$1,018,085
FY19 - \$1,084,373
FY20 - \$1,145,627
FY21 - \$1,131,876
FY22 - \$1,300,427
FY23 - \$1,330,332

HB157 Paid:

FY19 - \$ 21,562
FY20 - \$ 14,650
FY21 - \$ 13,564
FY22 - \$ 14,516
FY23 - \$ 21,350

FY23:

High School Diploma/H.S. Completion
Diploma: 3

HB157: Inside Out Dad – 13, MRT – 22
Total: 35

- **Inmate jobs available: 25**
 - County Road Crew – 4
 - Food Handler – 6
 - Janitor – 8
 - Kitchen – 4
 - Laundry – 2
 - Librarian – 1
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Sevier County School District
 - Inside Out Dad (USU) (HB157)
 - Moral Reconciliation Therapy (MRT) (HB157)
- **Activities**
 - LDS 12 Step
 - LDS Indexing
- **Religious Services:**
 - Church of Jesus Christ of Latter-Day Saints
 - Non-denomination Services

Sevier County Community Service Projects or Other Savings to Taxpayers:

- Outside work programs - \$130,000.00/year

The jobs the work crews help with are assisting with the local Snow College – Richfield and the Black Hawk Arena. They help set up before and clean up after events, as well as any other projects the college and arena may need assistance with. They also do various town projects such as tree trimming, gutter cleaning, cemetery upkeep etc. It has been a great year for our work crews, we appreciate all they do.

Another highlight of the work crew is when it snows, Sevier County Jail allows elderly citizens that have difficulty in clearing their driveways and sidewalks to call. The work crews are sent to remove their snow. The elderly are very appreciative of this service.

Sevier County Jail still has “A+”, a very successful computer-based program. It allows inmates the ability to earn their High School Diploma or the High School Equivalency by working at their own pace on individual subjects needed for graduation.

SUMMIT COUNTY

Total Jail Beds: 99

Contracted Beds: 35

Available for Housing to Corrections: 35

Male Housing

(1.27.2022 no longer referring state female inmates for housing.)

Contract Funding Paid:

FY07 – \$501,032
FY08 – \$481,360
FY09 – \$498,000
FY10 – \$410,193
FY11 – \$457,236
FY12 – \$521,795
FY13 – \$547,148
FY14 – \$481,529
FY15 - \$431,463
FY16 - \$441,190
FY17 - \$546,136
FY18 - \$575,421
FY19 - \$545,014
FY20 - \$570,422
FY21 - \$567,405
FY22 - \$629,830
FY23 - \$658,453

HB157 Paid:

FY19 - \$ 17,538
FY20 - \$ 15,777
FY21 - \$ 17,357
FY22 - \$ 13,336
FY23 - \$ 10,495

FY23:

High School Diploma/H.S. Completion
Diploma: 0

HB157: Inside Out Dad – 8, MRT – 15
Total: 23

• Inmate jobs available: 34

- Greenhouse – 2
- Janitor – 4
- Kitchen – 7
- Laundry – 6
- Librarian – 2
- Road Crew – 12
- Translator – 1

• Programs/Classes:

- High School/Utah H.S. Completion Diploma – Park City School District
- Anger, Communication, & Money Management
- Crafts for Service
- Finance (USU)
- Fit to Recover
- Inside Out Dad (USU) (HB157)
- LDS 12-Step
- Men's Life Skills
- Moral Reconciliation Therapy (MRT) (HB157)
- Motiversity

• Religious Services/Activities:

- Church of Jesus Christ of Latter-Day Saints
- Jehovah's Witnesses
- Mountain Life Christian Church
- St. Mary's Catholic Church

• Activities:

- Crochet (F)
- LDS Indexing
- LDS Institute/Family Home Evening
- One on One Therapy with U of U MH as needed

- AA – Local Volunteers
- NA – Local Volunteers

Summit County Community Service Projects or Other Savings to Taxpayers:

- Inside work program = \$60,000/year
- Outside work program = \$40,000 +/-year

UDC inmates at the Summit County Jail have the opportunity to complete CAP goals by participating in programming, education, and work programs. Religious services are provided for multiple denominations and inmates may volunteer for church projects (Indexing).

Summit County Jail has an inside facility work program that includes culinary, library, laundry and janitorial duties.

Summit County Jail has an outside facility work program for qualifying inmates. The outside facility duties include but are not limited to: greenhouse/gardening, snow removal for county owned properties and elderly/disabled citizens, county owned building maintenance, forest service grounds maintenance, state park grounds maintenance, and UDOT owned property maintenance. They also assist with recyclable and waste material collection from various county departments. The program also helps with community events such as rodeos and the county fair.

TOOELE COUNTY

Total Jail Beds: 280
Contracted Beds: 100
Available for Housing to Corrections: 94
 Male and Female Housing

Contract Funding Paid:

Housing	Programming
FY19 - \$ 59,379	
FY20 - \$1,195,368	
FY21 - \$1,024,926	\$17,438
FY22 - \$1,515,863	\$21,719
FY23 - \$1,628,097	\$36,638

HB157 Paid:

FY20 - \$	18,727
FY21 - \$	34,100
FY22 - \$	14,089
FY23 - \$	4,543

FY23:

High School Diploma/H.S. Completion
Diploma: 1

“L.O.T.U.S.” successful transitions: 14

HB157: Challenge – 0 (no instructor), Inside
Out Dad – 4, MRT – 0 (no instructor), Smart
Steps – 20, Victim Impact – 0 (no instructor).
Total: 24

- **Inmate jobs available:** 19

- Janitor - 5
- Kitchen – 12
- Librarian – 2

- **Programs/Classes**

- Intensive Outpatient Substance Use Treatment Program - (“L.O.T.U.S.” – Female – 12 seats)
- High School/Utah H.S. Completion Diploma – Tooele School District
- Inside Out Dad (USU) (HB157)
- Moral Reconciliation Therapy (MRT) (HB157 & Program)
- Smart Steps (USU) (HB157 & program)

- **Activities**

- LDS Indexing
- Prime for Life

- **Religious Services**

- Bible Study
- LDS Self Reliance
- Bishop’s Interviews
- Church of Jesus Christ of Latter-Day Saints
- Jehovah’s Witness
- LDS Seminary
- New Life Baptist

- **AA – Local Volunteers**

The Tooele County Detention Center provides inmates paid jobs in the kitchen and jail library. Tooele offers inmates an opportunity to complete their High School education, as well as a Life Skills classes such as Moral Reconciliation Therapy (MRT) and Victim Impact. For female inmates, the Tooele County Detention Center in conjunction with Valley Behavioral Health offers a Cognitive Behavioral Substance Use Treatment Program. Tooele County has a therapist who is trained in CBI-SU and is currently conducting sessions for the inmates in the program in person and via Telehealth. Weekly religious services for inmates to attend are also provided by local volunteers.

UINTAH COUNTY

Total Jail Beds: 384
Contracted Beds: 248
Available for Housing to Corrections: 135
 Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$ 412,719	
FY08 – \$ 519,295	
FY09 – \$ 524,300	
FY10 – \$ 401,925	
FY11 – \$ 451,945	
FY12 – \$ 503,894	
FY13 – \$ 514,818	
FY14 – \$ 740,894	
FY15 - \$1,253,431	
FY16 - \$1,571,601	
FY17 - \$1,715,860	
FY18 - \$2,184,799	\$41,317
FY19 - \$1,939,764	\$49,354
FY20 - \$2,268,848	\$41,855
FY21 - \$2,048,965	Program transferred
FY22 - \$2,391,277	
FY23 - \$2,196,602	

HB157 Paid:

FY19 - \$ 9,675
FY20 - \$ 27,429
FY21 - \$ 33,485
FY22 - \$ 42,124
FY23 - \$ 33,181

FY23:

High School Graduates/H.S. Completion Diploma: 8

HB157: Challenge - 5, Inside Out Dad – 0, MRT – 18, Victim Impact - 5
 Total: 28

- **Inmate Jobs Available:** 41
 - Call Out – 6
 - Car Wash - 2
 - Janitor – 3
 - Kitchen – 12
 - Laundry – 6
 - Librarian – 1
 - Teacher’s Assistant – 2
 - Tierman – 9

- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Uintah School District
 - Computer classes -Corrections learning network = *
 - 5 Secrets to Finding a Job *
 - Alcohol*
 - Anger Management *
 - Arc Welding – No hands on
 - Becoming a Priority Manager
 - Beyond Anger *
 - Bi-Polar Disorder & Addiction*
 - Business Ownership
 - Communication & Interpersonal Relationship *
 - Comparing Economic Systems
 - Consumer Credit
 - Depression & Addiction*
 - Drugs*
 - English *
 - Financial Literacy*
 - Financial Planning
 - Financial Tips & Tools
 - Health of the Economy
 - HIV/AIDS*
 - How to Win Customers & Grow Business
 - Inside Out Dad (USU) (HB157)
 - Keys to Your Business Success
 - Learn to Earn*
 - Managing the Money
 - Marketing Research & Analysis
 - Marketing Strategies
 - Marketing Strategies Continued
 - Moral Reconciliation Therapy (MRT) (HB157)
 - My Life Skills Workbook
 - Parenting*
 - Parenting from the Inside*
 - Parenting with Love & Logic
 - Planning, Research & Your Industry
 - Preventing Relapse*
 - Roadmap for Recovery*
 - Role of Savings
 - Sign Language*
 - Spanish*
 - Stress Management*
 - Success on the Job*
 - Transition: Employment*
 - Transition: Job Success*
 - Victim Awareness*
 - Victimology*
 - Victim Impact (HB157)
 - Where’s the Money
 - Will Your Idea Work
- **Religious Services**
 - Church of Jesus Christ of Latter-Day Saints
 - Jehovah’s Witnesses
 - LDS Firesides – LDS Church
 - Vernal Christian Church
 - **AA** – Local Volunteers
 - **NA** – Local Volunteers

Uintah County Jail offers High School diploma and TABE testing. They also have Life Skill classes as well as MRT, and Parenting with Love and Logic that is taught in a group setting.

UTAH COUNTY

Total Jail Beds: 1200

Contracted Beds: 0

Available for Housing to Corrections: 0

*1020 is the bed capacity before release

*Self-determined capacity of 85% of total capacity

Contract Funding Paid: \$0

Note: Utah County does not participate in contract housing with the Department of Corrections.

WASATCH COUNTY

Total Jail Beds: 88

Contracted Beds: 55

Available for Housing to Corrections: 55

Male and Female Housing

Contract Funding Paid:

FY07 – \$ 727,936
FY08 – \$ 789,975
FY09 – \$ 791,550
FY10 – \$ 662,680
FY11 – \$ 711,773
FY12 – \$ 802,515
FY13 – \$ 854,473
FY14 – \$1,082,886
FY15 - \$ 561,185
FY16 - \$ 513,450
FY17 - \$ 620,118
FY18 - \$ 663,833
FY19 \$ 706,129
FY20 - \$ 997,383
FY21 - \$ 880,680
FY22 - \$ 936,322
FY23 - \$1,101,408

HB157 Paid:

FY19 - \$ 26,582
FY20 - \$ 18,851
FY21 - \$ 26,696
FY22 - \$ 28,273
FY23 - \$ 28,740

FY23:

High School Diploma/H.S. Completion
Diploma: 1

HB157: Inside Out Dad – 0, MRT – 18, Smart
Steps – 17
Total: 35

- **Inmate jobs available: 51**
 - Barber - 2
 - Commissary – 2
 - DOT Road Crew – 6
 - Education Asst. - 2
 - Gardener – 3
 - Hallway Janitor - 2
 - Janitor - 5
 - Kitchen – 14
 - Laundry – 2
 - Maintenance - 3
 - Sewing - 1
 - State Issue – 4
 - Tierman – 5
- **Programs/Classes:**
 - High School/Utah H.S. Completion Diploma – Wasatch School District
 - Anger Management
 - Getting Motivated to Change
 - Ideas for Better Communication
 - Inside Out Dad (USU) (HB157)
 - LDS 12-Step
 - Leisure Step Up
 - Life Skills for Personal Development
 - Moral Reconciliation Therapy (MRT) (HB157)
 - Smart Steps (USU) (HB157)
 - Thinking Errors
- **Activities Not in O-Track**
 - Book Club
 - LDS Indexing
- **Religious Services:**
 - Baptist Church
 - Catholic
 - Church of Jesus Christ of Latter-Day Saints
 - Jehovah's Witnesses
 - LDS Enrichment
- **AA** – Local Volunteers
- **NA** – Local Volunteers

Wasatch County Community Service Projects or Other Savings to Taxpayers:

- Outside Work Crew – \$350,000/year
- Inside Work Programs - \$415,000/year

The Wasatch County School District continues to offer High School and computer skills to inmates. Education continues to be a top priority at Wasatch County Jail.

Volunteers dedicate approximately 123 hours per week to holding church meetings, drug and alcohol support groups and life skills classes.

The two county work crews continue to be a great success. The crews are involved in a number of jobs that benefit the community. They are responsible for lawn care, snow removal, and general cleaning at 12 county buildings in addition to the Wasatch County Event Center, Fair Grounds, and cleaning of County vehicles. The crews also assist with special events throughout the year.

Inmates continue to volunteer large amounts of hours on projects to help others in need.

The Wasatch County Jail takes pride in teaching fundamental skills such as sewing, cooking, cleaning, and laundry to the inmates as they can use these skills in their daily lives upon their release.

WASHINGTON COUNTY

Total Jail Beds: 506

Contracted Beds: 200

Available for Housing to Corrections: 100

Male Housing

Contract Funding Paid:

Housing	Programming
FY07 – \$2,570,958	
FY08 – \$2,209,203	
FY09 – \$2,048,784	
FY10 – \$1,974,711	
FY11 – \$2,274,453	
FY12 – \$2,406,855	
FY13 – \$2,556,123	
FY14 – \$2,701,671	
FY15 - \$2,589,833	
FY16 - \$2,673,193	
FY17 - \$2,807,803	
FY18 - \$2,640,881	\$35,250
FY19 - \$2,468,914	\$49,232
FY20 - \$2,299,782	\$26,827
FY21 - \$1,344,107	Program transferred
FY22 - \$1,619,980	
FY23 - \$2,064,461	

HB157 Paid:

FY19 - \$	15,986
FY20 - \$	10,691
FY21 - \$	9,019
FY22 - \$	12,374
FY23 - \$	18,631

FY23:

High School Diploma/H.S. Completion
Diploma: 2

HB157: Inside Out Dad – 4, MRT – 19

Total: 23

- **Inmate jobs available:** 85
 - Commissary – 3
 - Community Worker – 26
 - Janitor – 8
 - Kitchen – 36
 - Laundry – 4
 - Librarian – 2
 - Maintenance – 2
 - Tutor – 4

- **Programs/Classes:**
 - Pre-SUTP (10 seats) (MEE Journals class)
 - High School/Utah H.S. Completion Diploma – Southwest High School
 - Inside Out Dad (USU) (HB157)
 - Moral Reconation Therapy (MRT) (HB157)
- **Activities**
 - Spanish Bible Study -Volunteers
- **Religious Services/Activities:**
 - Baptist
 - Calvary Chapel
 - Catholic
 - Church of Jesus Christ of Latter-Day Saints
 - Jehovah's Witnesses
 - Non-Denominational

Washington County Community Service Projects or Other Savings to Taxpayers:

- Work Crew for Various City/County/State & Federal agencies - \$130,000/year
- Work Crew for construction and landscape savings - \$10,000
- Inside Work Crew for Laundry/Kitchen/Janitorial/Tutoring (based on 30 inmates) - \$300,000/year
- Community Service Hours (County & State Inmates) – 3,900 Hours

Washington County Jail continues to provide excellent employment opportunities for inmates. They have active outside work crews that provide many hours to local communities. They also have many inside jobs that help those who are not eligible for outside work.

The jail has been working on developing more programming for inmates. The religious community provides many hours of volunteer efforts to help them provide the services they currently offer. The inmates are allowed to enter art projects they have created in the Washington County Fair. There are many ribbons of different colors won here.

WAYNE COUNTY

Total Jail Beds: 0

Contracted Beds: 0

Available for Housing to Corrections: 0

Note: Wayne County does not have a jail. Offenders who are sentenced to jail are transported to Sevier County Jail.

Contract Funding Paid: \$0

WEBER COUNTY

Total Jail Beds: 1184

Contracted Beds: 0

Available for Housing to Corrections: 0

June 30, 2019, Weber County contract was discontinued at the request of the County.

Contract Funding Paid:

Housing	Programming
FY07 – \$2,183,533	
FY08 – \$1,682,096	
FY09 – \$1,002,635	
FY10 – \$ 723,248	
FY11 – \$1,443,945	
FY12 – \$1,690,075	
FY13 – \$1,836,542	
FY14 – \$2,233,825	\$14,230
FY15 - \$2,319,624	\$41,595
FY16 - \$2,124,934	\$56,550
FY17 - \$2,046,689	\$78,486
FY18 - \$1,568,464	\$92,246
FY19 - \$1,266,063	\$88,599

Appendix H

Sentencing & Case Disposition Actions & Recommendations Materials

In order to support the Downtown Safety Initiative efforts in a consistent way, the Salt Lake City Prosecutor’s office will exercise heightened scrutiny to strategically enforce accountability for public safety outcomes.

The following matrix will serve to guide consistency in these cases.

DOWNTOWN SAFETY INITIATIVE GUIDELINES

Single case	In custody offers and recommendations	Out of custody offers and recommendations	
No history	PIA 12 mos 20 hours peer support OR GUILTY 5 days jail	PIA 12 mos 20 hours peer support or GUILTY with max jail suspended, max probation, conditions including trespass and other resources	
Moderate hx	Familiar Faces if eligible OR GUILTY 15 days jail if no other immediate services are available	Familiar Faces if eligible OR GUILTY with max jail, all but 10 days suspended, max probation, conditions including trespass and other resources. Ten days to be served unless there are other immediately available services	
Long Hx	Familiar Faces if eligible OR GUILTY 30 days jail if no other immediate services are available	Familiar Faces if eligible OR GUILTY with max jail with all but 15 days suspended, max probation, conditions including trespass and other resources. Fifteen days to be served unless there are other immediately available services.	
Multi case	In Custody	Out of custody	Definitions
Moderate HX	Familiar Faces if eligible OR GUILTY, minimum 45 days or 3 days per case on calendar charged (whichever is higher) if no other immediate services are available	Familiar Faces if eligible OR GUILTY with max jail, all but 45 days or 3 days per case on calendar charged suspended (whichever is higher), max probation, conditions including trespass and other resources. Non suspended jail time to be served unless there are other immediately available services.	Moderate hx (10 convictions within the last 5 years) or 2- 5 pending cases
Long HX	Familiar Faces if eligible OR GUILTY minimum 60 days or 5 days per case on calendar charged (whichever is higher) if no other immediate services are available	Familiar Faces if eligible OR GUILTY with max jail, all but a minimum of 60 days or 5 days per case on calendar charged (whichever is higher) suspended, max probation, conditions including trespass and other resources. Non suspended jail time to be served unless there are other immediately available services.	Long hx (11 or more convictions within the last 5 years) or 6+ pending cases
Notes:	DSI case types subject to this matrix: POCS, PODP, Trespass, Intox, Camping, Retail Theft, Public Urination, Loitering on sidewalk, open container, disorderly (fact dependent)	Resources: Needs assessment Peer support SAET MHET Assignments to: apply for housing, apply for Medicaid, apply for snap	Other services: In patient treatment IOT Intensive case management (i.e. VOA FACT) Immediate housing placement

Drug Court Working Group

Key Findings

During the 2022-2023 interim session, a joint working group of the Utah Commission and Criminal Justice and the Sentencing Commission came together to determine whether Utah's drug court system was functioning well, what hurdles it faced, whether de-felonization of drug offenses has hurt drug court participation, and what policy changes could make drug courts more successful. The working group heard presentations from the counties, state courts, the department of health and human services, treatment providers, prosecutors, defense attorneys, and other experts.

What are drug courts?

- Non-adversarial, cooperative courts focused on individuals with a high-risk of reoffending and high needs driven by substance use disorders.
- Drug courts provide intensive evidence-based treatment and supervision, including swift and certain incentives and sanctions.

Participants must:

- Plead guilty to or have a conviction for an offense related to their drug use.
- Agree to regular drug and alcohol testing, intensive supervision and treatment, regular check-ins with the court.
- Meet other criteria determined by the local jurisdiction.

Participants gain:

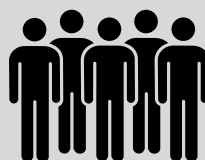
- A chance to reenter the community outside of incarceration.
- In some counties, a reduction in their charge, plea in abeyance, or dismissal upon successful completion.
- Other incentives determined by the local jurisdiction.

Drug courts work!

- Drug Courts are the most studied, most validated forms of therapeutic justice. There are over 4,000 drug courts nationwide ([OJP summary](#)).
- National studies on drug courts have found they can reduce recidivism by up to 35 percent and save the public an average of \$6,700 per participant vs. traditional criminal justice ([NIJ study summary 2008](#); [NIJ study summary 2011](#)).
- A study of Utah's drug courts also found significant reductions in recidivism for drug court participants, particularly for persons crimes ([2013 UCJC study](#)).

And they are expanding! In 2023 we have...

26 Drug Courts with 2,474 participants, & 3,550 across all treatment courts!



- Mental Health
- Veterans
- DUI

Drug Court Working Group

Key Findings

Utah drug courts have seen improvements.

- Gaps in statewide data-collection, as well as pandemic impacts, make it difficult to meaningfully track trends in overall drug court participation. Based on the most recent data we have from courts and DHHS, drug court enrollment is rebounding after some recent decline.
- Per-court enrollment decreased since 2013 in part due to an evidence-based policy decision to cap the number of participants-per-court in courts receiving state funding. But as the number of courts continues to grow, the overall participation rate appears to have stabilized.
- A [2015 audit](#) found gaps in oversight, clear standards, and data-tracking/analysis of Utah drug courts. The Administrative Office of the Courts (AOC) has since:
 - Hired a statewide treatment court coordinator;
 - Developed clear standards and best-practices for drug courts;
 - Begun tracking statewide treatment court enrollment data;
 - Begun certifying, auditing, and re-certifying drug courts according to best-practices.

And they face some challenges...

- The biggest limiting factor for drug court participation in Utah is a lack of intensive treatment resources providing the full continuum of care for drug court participants, particularly in rural counties.
- Another significant limiting factor is narrow eligibility criteria in some jurisdictions, who may limit enrollment only to certain offense categories—rather than focusing on high-risk, high-needs criteria as a primary consideration.
- Drug courts also face funding gaps, as state funding has not kept pace with growth and counties have picked up more of the tab.
- De-felonization of drug offenses has **not** been a significant challenge for drug courts statewide. National best practices and the AOC's state certification criteria direct local jurisdictions to target high-risk, high-needs individuals for drug courts, without restricting eligibility to only drug possession offenses.

Policy Recommendations

- **Clarify, educate, and emphasize best-practices for drug court statewide, including eligibility criteria and incentives proven to work.**
- **Increase access to treatment services providing the full continuum of care statewide.**
- **Launch a new study to evaluate the effectiveness of Utah treatment courts since the AOC established consistent standards and certification criteria statewide.**
- **Obtain a clear picture of how much treatment courts reduce recidivism and costs compared to traditional courts.**



Salt Lake City Justice Court Familiar Faces

Mission Statement

Familiar Faces is a community court that seeks to divert those experiencing homelessness, have multiple low-level offenses, and have frequent contact with law enforcement and the court system from the criminal justice system.

For qualifying defendants, the individual appears weekly in a familiar and accessible environment where they are connected to resources to meet their individualized resource needs by accessing on-site support from community partners. Resources include but are not limited to housing, employment, peer support, and benefits. Participants can have cases dismissed by demonstrating incremental tasks each week that promote community reintegration, self-sufficiency, improve quality of life, and access to resources to exit homelessness.

The court aims to resolve legal barriers, intercept the revolving door of incarceration, promote accountability, support stability, and promote access to justice and collaboration across community partners and city and state services.

Goals

1. Minimize interactions with the court and law enforcement.
2. Reduce barriers to access of resources.
3. Connect participants with peer support services.
4. Facilitate provision of services and connect individuals to resources and housing.
5. Provide opportunities for participants to work towards stability and self-reliance.

Criteria

- Qualifying Offenses: Misdemeanor offenses.
- Disqualifying offenses: Active assault, battery, threats, sexual crimes, DV, DUI, and other crimes of violence.
- Disqualifying factors: History of violent offenses.



**Salt Lake City Justice Court
Public Safety Administrative Memorandum**

Judge Jojo Liu
Presiding Judge

01/13/2025

Kate Fairchild
Court Administrator

The mission of the Salt Lake City Justice Court (SLCJC) is to adjudicate cases within its limited jurisdiction in an equitable, standardized, and impartial manner, with the goal of improving outcomes for the community and the individuals who come before the court.

Thank you for this opportunity to provide case and disposition data and information about the court's operations to inform the Public Safety Plan.

The researchers have also asked the court to provide information about resource and service gaps affecting court outcomes for the unsheltered population, to the extent the court has insights stemming from its homeless outreach court programs.

The SLJC's homeless outreach court programs and Familiar Faces calendar are access to justice programs that focus on facilitating service connections within the court's jurisdiction.

These initiatives are made possible through a partnership with the Office of the City Prosecutor, Legal Defender Association, volunteer Peer Support Specialists, and volunteer representatives from community treatment agencies. These efforts seek to address the underlying causes of criminal behavior among the unsheltered population such as unmet mental health, substance use, intellectual disability, and housing needs. The court recalls outstanding warrants and dismisses cases if participants meet certain benchmarks towards stability and are in compliance with the service referrals and resource connections facilitated by the outreach team.

At present and with limited resources, the court focuses on a small subset of the unsheltered population that interacts with the criminal justice system and outcomes are limited by resource gaps in three categories: 1) service capacity across several domains (for example, jail beds, treatment beds, day shelter capacity, ACT Team availability, housing); 2) information; and 3) coordinated re-entry including case management services for defendants, both previously incarcerated and not.

For example, the court's ability to make detailed orders and tie compliance to a comprehensive treatment plan is limited by the availability of information about an individual's treatment and service history. Without coordinated case management services that operate across agencies and jurisdictions, there is no mechanism to assist defendants in navigating complex treatment systems, and no mechanism for issues of noncompliance to be quickly brought to the court's attention so that appropriate sanctions can be imposed. Additionally, if the court could have the option to order defendants to social services and case management plans, individuals could continue receiving services through coordinated efforts even after the court loses jurisdiction.

We welcome the opportunity to answer any additional questions about our court's programs and operations.

Appendix I

Re-Entry



Probation, Assessment, & Report Services

KELE GRIFFONE
Director
385-468-3425

JESSICA THAYER
Associate Director
385-468-3475

MADISEN DRURY
Associate Director
385-468-3485

Our services are research based and targeted to reduce recidivism and address community safety by promoting client accountability and behavior change.

SUPERVISION CRITERIA

- Class B Misdemeanors
- Class A Misdemeanors where:
 1. The individual is not supervised by AP&P
 2. The conviction does not involve sexual violence or physical violence against a person involving a weapon
- Sex offender conditions or registration is not part of probation order
- Probation conditions include more than a fine only
- Individual must be a Salt Lake County resident and referred by a Salt Lake County area court

STANDARD CONDITIONS OF RISK LEVEL PROBATION

- Report as directed
- Comply with Behavior Change Plan
- No alcohol or illegal drug use
- Submit to random drug/alcohol testing as deemed appropriate
- Obey all state, federal, and municipal laws and court orders

RISK/NEEDS ASSESSMENT & EVIDENCE BASED PRACTICES

- Risk/Needs Assessment- Case Managers complete a LS/CMI to determine appropriate supervision level and behavioral interventions
- Behavior Change Plans- Individualized plan to target criminogenic needs
Interventions include cognitive behavior skills practice, classes, and/or assignments

INTENSIVE SUPERVISION PROGRAM (ISP)

- Collaboration with Salt Lake County CJS, Sheriff's Office and Behavioral Health
- High risk individuals with Class A or B Misdemeanors
- Enhanced supervision includes field visits
- Assistance securing treatment assessment and program funding

PRESENTENCE REPORT PREPARATION

- A period of 45 days from PSR referral to sentencing is required from the courts
- Client must reside within the state of Utah

145 E 1300 S,
Suite 501
Salt Lake City, UT 84115

385-468-3500



Jail Resource Reentry Program (JRRP)



A photograph showing a group of people's hands clasped together in a supportive gesture, symbolizing community and mutual aid. The hands are of various skin tones and are stacked on top of each other. The background is slightly blurred, focusing attention on the hands.

JRRP provides a short-term location to wait for information, services, and referrals

- **Help** navigate the transition from jail back into the community by offering access to services and support they may need to stabilize, stay healthy and regain self-sufficiency.
- **Reduce** disruptive behavior in the community after release.
- **Decrease** the likelihood that the person will re-offend and return to jail.

The Soft Opening

- April 1, 2022
- Began helping clients who were exiting the jail, provided hands-on staff training and enhanced relationships with stakeholders.
- We were able to identify barriers and establish pathways to solutions.





Top Client Needs



Legal and
Supervision

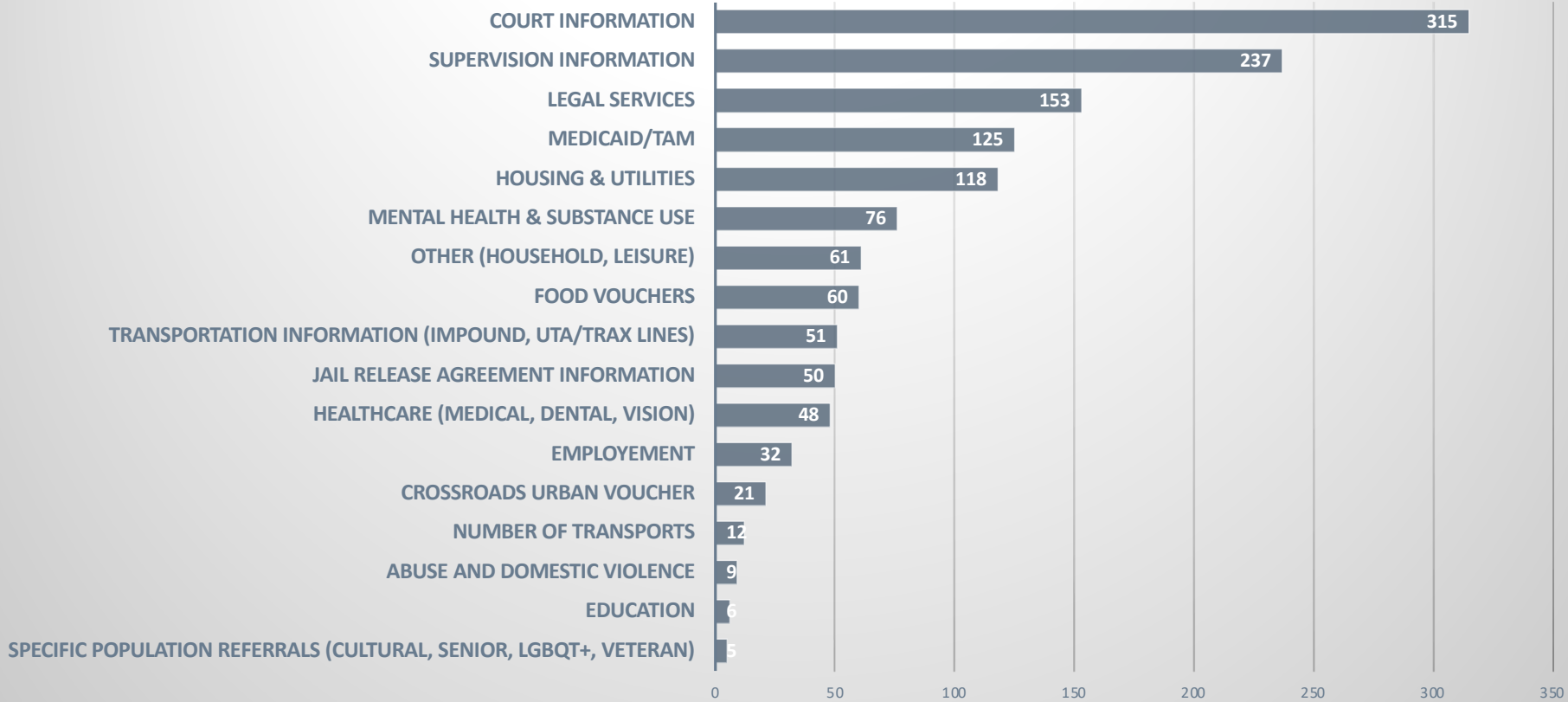


Medicaid



Housing

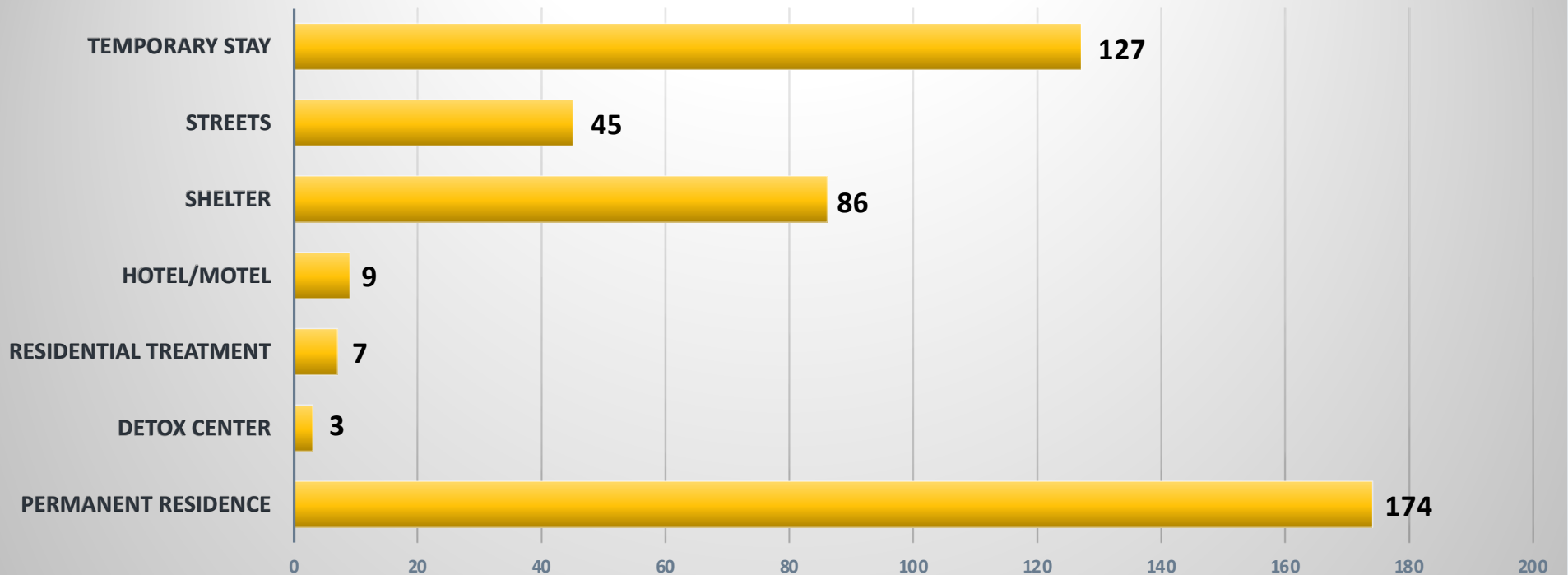
Referrals & Services



Shelter Survey Results



"Where are you staying when you leave the jail?"



7-8-22

DEAR MAYOR OR WHOM IT MAY
CONCERN. I AM VERY IMPRESSED
WITH YOUR JAIL RECOVERY PROGRAM
(OF CRIMINAL JUSTICE SERVICES) AND THE
PERSONNEL, RESOURCES, INFORMATION,
AND CIVILITY. THIS IS AN EXCELLENT
IDEA AND I AM A FORTUNATE FIRST
TIME USER OF THIS PROGRAM. I
REALLY APPRECIATE THE SUPPORT,
ASSISTANCE & ADVICE POST JAIL
RELEASE, SINCERELY [REDACTED]

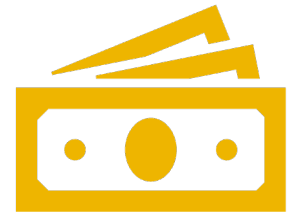
One of
Many Wins

Project Budget and Funding

Project Budget Three Years: \$5,307,740

Funding: Grant, County & ARPA

- \$1,000,000 Bureau of Justice Grant: Innovations in Re-entry Initiative Building System Capacity and Testing Re-entry Strategies
 - Planning
 - Implementation
 - Evaluation
- \$1,000,000 County Match
- \$3,307,740 ARPA



Moving Forward

Hire and train

- Continue recruitment with all agencies
- Expand to seven days a week 7 am – 11 pm
- Consistent training on community resources

Use Data

- Provide services based on data and identified needs
- Look at reduction in recidivism
- Reduce the length of time between charges

Enhance Program

- Enhance warm-hand off services with treatment providers
- Direct communication with community supervision
- Increase safe short-term housing options





JRRP Data Update

May 1 – July 18, 2022



Data Notes

An “Interaction” is defined as a Smartsheet entry

An individual only handed water or who charges their phone will NOT count

“Qualifying Releases” are releases through the JRRP, not into someone else’s custody.

Data Notes

Qualifying Releases

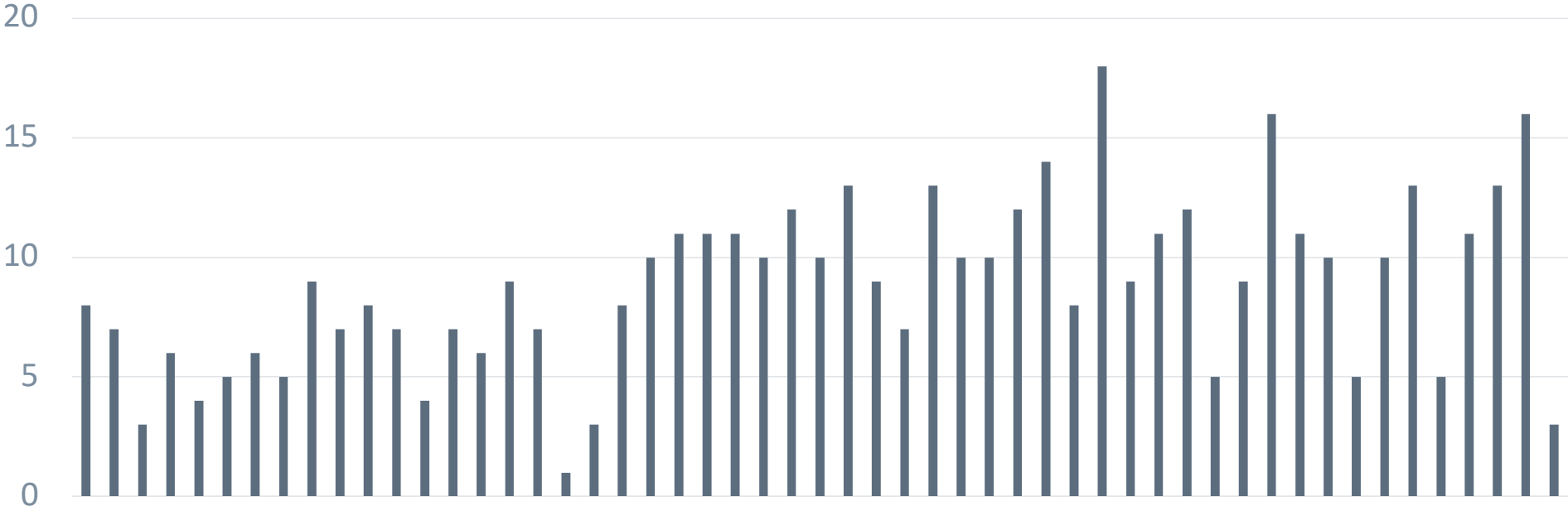
- These were the top release types that could have JRRP interactions
- This counts only the *last* release type

Release Type	Releases
Order Release to Pretrial Services	1162
Overcrowding Release	843
Time Served	539
Other Order to Release	460
Pre-File Release	240

General Statistics

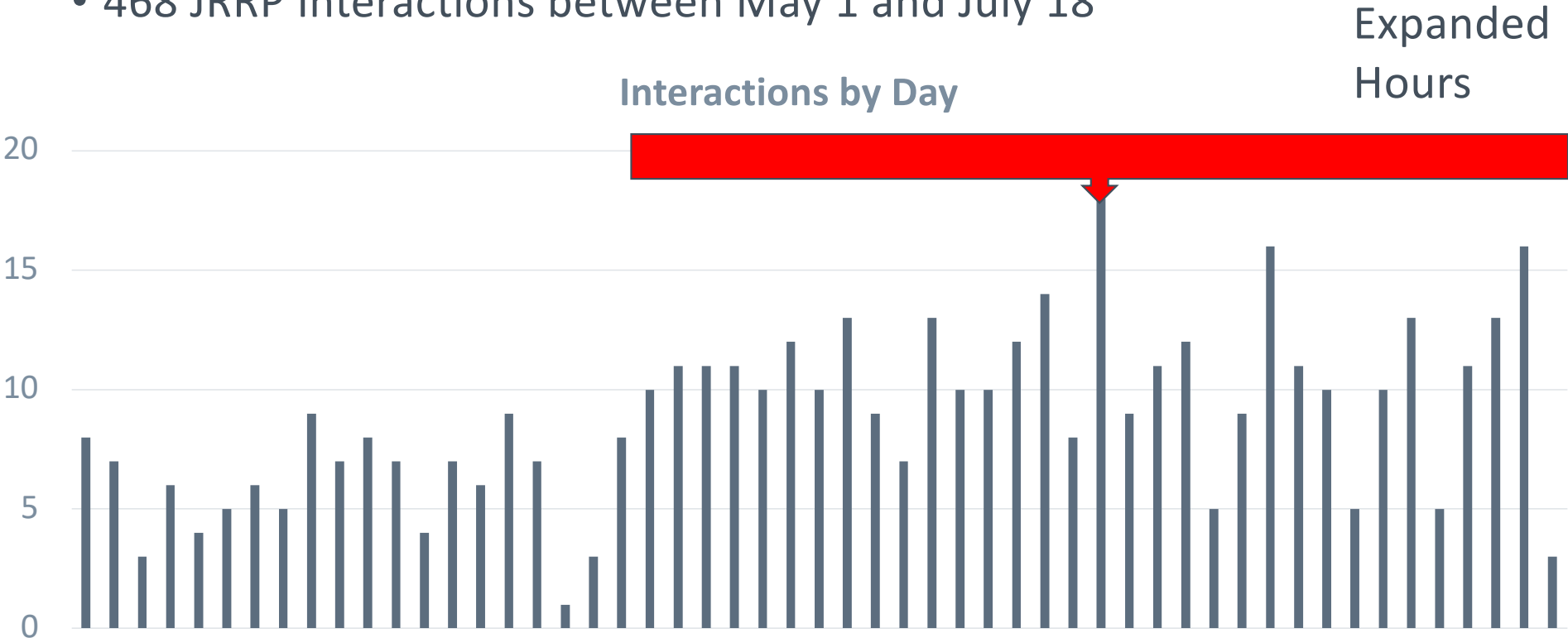
- 468 JRRP Interactions between May 1 and July 18

Interactions by Day



General Statistics

- 468 JRRP Interactions between May 1 and July 18



Example Case: Sean

- JRRP Interaction on 6/9
 - Referral to Medicaid
 - Housing and Transportation Information
- Released on Time Served after serving a sentence
- Waited in the JRRP an hour before the center was open
- One of two Time Served releases to get a Medicaid referral so far

Interactions by Selected Release Types

- Some release types have more JRRP Interactions than others
- Table only counts releases during JRRP Hours

Release Type	JRRP Interactions	All Releases	Percent of Releases
Order Release to Pretrial Services	133	430	31%
Overcrowding Release	69	240	29%
Other Order to Release	59	203	29%
Pre-File Release	43	118	36%
Time Served	4	42	10%
Grand Total	422	1428	30%

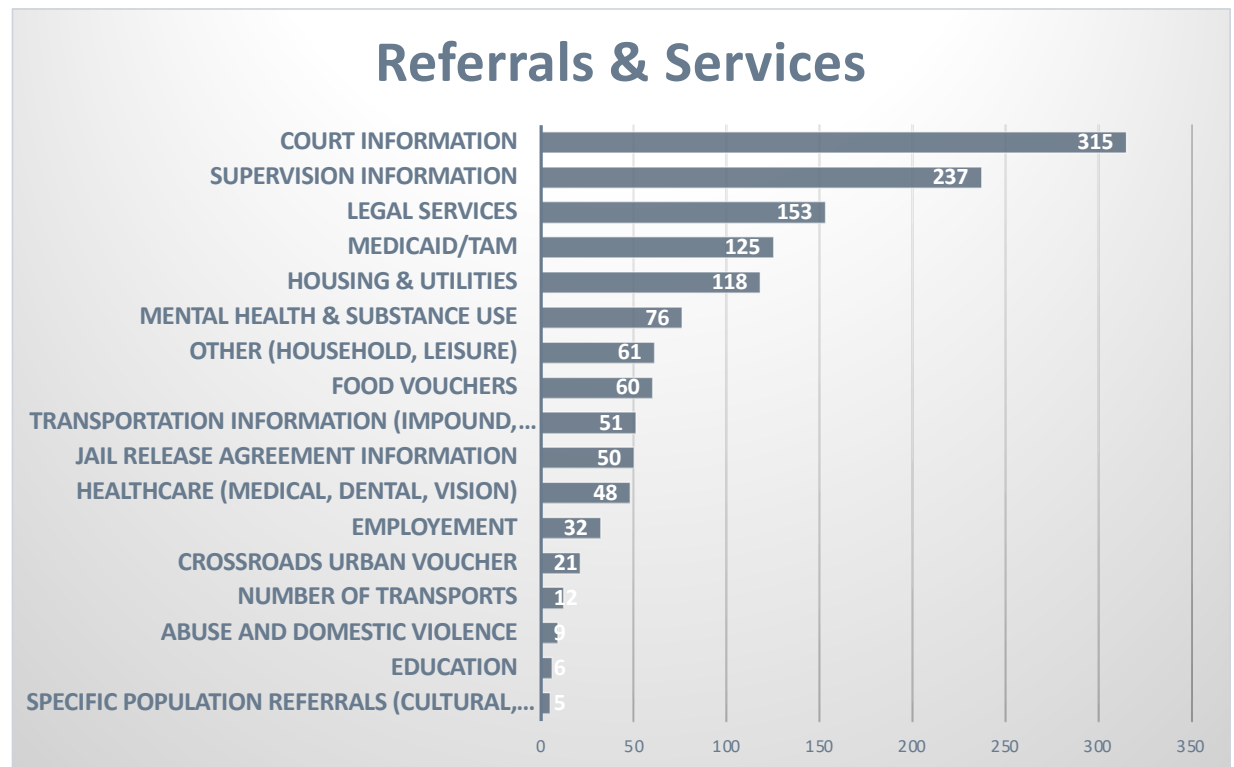
JRRP Demographics

- Individuals with JRRP interactions mirror the demographics of all jail releases
- Charge severity and charge type are very similar between both groups
- Exception is a much shorter average length of stay

Demographic	JRRP	All Qualifying Releases
Female	26%	24%
Male	74%	76%
Average Age	37.4	37.0
% Felony Charges	47%	41%
Drug Charges	37%	37%
Property Charges	35%	31%
<i>Length of Stay</i>	<i>4.9 days</i>	<i>26.5 days</i>

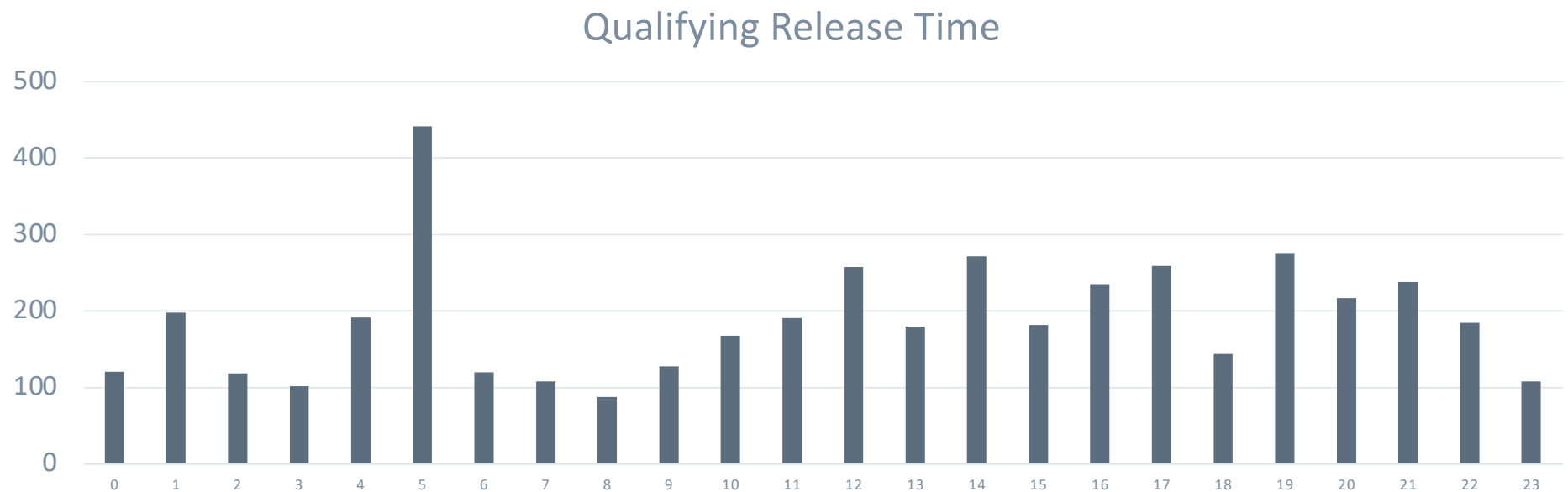
Interactions by Service Provided

- The top services provided are information about court and supervision
- This may be a function of release types



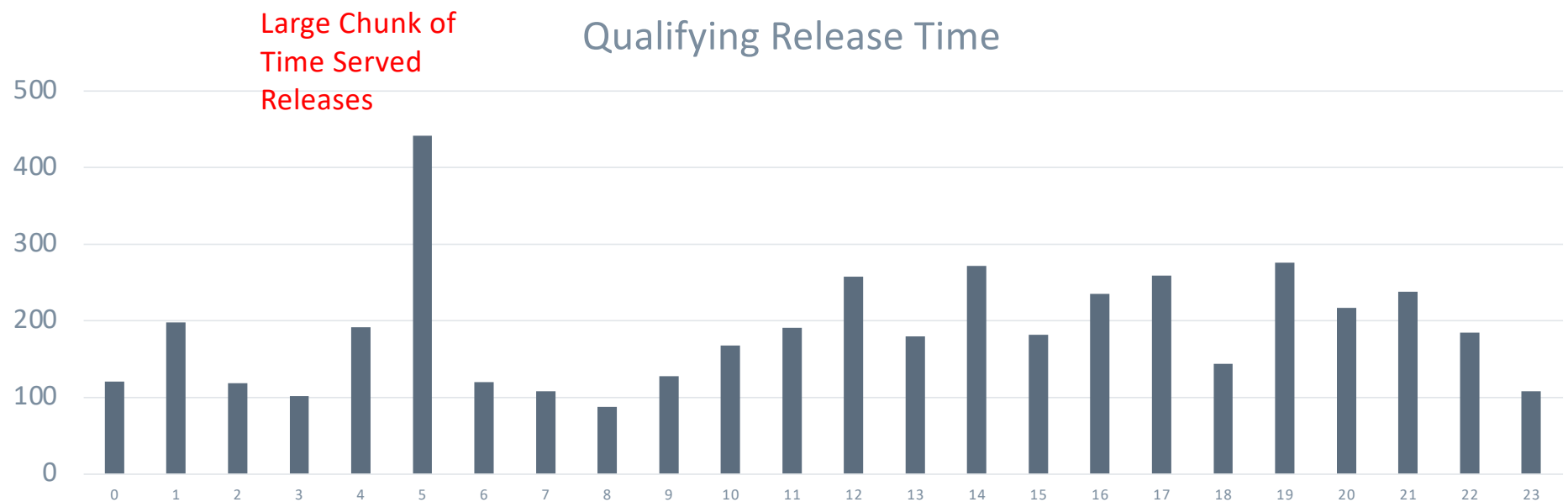
When do qualifying releases happen?

- From May 1 to July 18:



When do qualifying releases happen?

- From May 1 to July 18:



Interactions by Service Provided

- The top services provided are information about court and supervision

Release Type	Provided Court Information?	Provided Supervision Information?	Coordinated Referral to Medicaid/TAM?
Order Release to Pretrial Services	43%	61%	23%
Overcrowding Release	70%	16%	19%
Other Order to Release	44%	31%	24%
Pre-File Release	74%	28%	28%
Time Served	0%	25%	50%

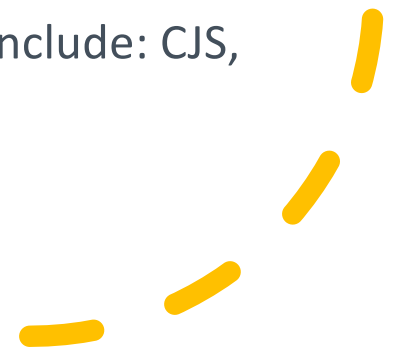


Outcomes to be Tracked – BJA and ARPA

- Recidivism
 - Reduce number of future bookings
 - Increase time between bookings
 - Reduce number of FTAs/warrants
- Community service connectivity
 - Warm hand-offs to treatment
 - Medicaid referrals
 - Term of engagement in services
- Initial data reporting to occur 6-12 months after program start.

Conclusion and Next Steps

- JRRP is still very new, with many planned resources and data still to come
- Continue to explore data and evaluate system and resource gaps more thoroughly
- Recommendation: Establish work group to examine release times
 - Representation from agencies to include: CJS, Sheriff, LDA, DA, and Others?





Thank you!





SALT LAKE CITY MAYORS OFFICE

CITY HALL

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