

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: UT-500 - Salt Lake City & County CoC

1A-2. Collaborative Applicant Name: Salt Lake County Government

1A-3. CoC Designation: CA

1A-4. HMIS Lead: State of Utah

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	3
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	2
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	3
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	3
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	3
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	3
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	3
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

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

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

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

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

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

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

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

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

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

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

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

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

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

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

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

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

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

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

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

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

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

Implementation is supported by CoC Program funds, State Office of Homeless Services allocations, and Salt Lake County/City contributions, consistent with state statute requiring projects to address identified needs and prioritize matching funds. The CoC continues aligning with partners across local government, service providers, police, and behavioral health.

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

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	8%

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

(limit 2,500 characters)

Not Applicable

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

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

(limit 2,500 characters)

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

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

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

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

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

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

(limit 2,500 characters)

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

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

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

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

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

(limit 2,500 characters)

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

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

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

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

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

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

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

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Salt Lake City Justice Court hosts a Familiar Faces Court, following the Miami model, primarily serving lower-level offenders who struggle with mental health and are often experiencing homelessness. The court holds participants accountable while addressing underlying barriers to stability. Court-ordered graduation plans require participants to secure housing as a condition of successful completion, leveraging the court order directly toward housing stability: the CoC's Coordinated Entry team attends Familiar Faces Court in person and enrolls all eligible participants in housing prioritization on the spot. At the District Court level, the CoC's provider network engages with Mental Health Court, Veterans Court, and Adult and Family Recovery (Drug) Courts. Salt Lake County's Department of Behavioral Health Services (DBHS) funds a Mental Health Court Coordinator for the 2 District Court Mental Health Courts, along with staff supporting the Family Recovery Court and 5 Adult Recovery Courts. Participants in these and other specialty courts, including Familiar Faces, can access treatment services through the DBHS provider network as a condition of their court-ordered plans. These courts are seeing strong outcomes: Drug Court has a 70% graduation rate, Veterans Court an 81% graduation rate, and Mental Health Court participants have seen an 85% reduction in jail days.

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

The CoC also coordinates with the Eviction HOME Court, a specialized District Court created through a partnership between DBHS and a local housing authority for individuals at risk of eviction who have a serious mental illness. Rather than proceeding with eviction, HOME Court allows participants to maintain their housing under a judge's order to attend court and comply with treatment. If eviction proceeds despite this intervention, the individual's treatment provider continues engagement and assists with applying for alternative housing options, ensuring the court order sustains movement toward stability even when the original housing is lost. HOME Court also includes a Civil Commitment Court pipeline for individuals with serious mental illness who do not meet civil commitment criteria but voluntarily choose to enter HOME Court.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

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

(limit 500 characters)

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

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	30

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

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

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

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

(limit 500 characters)

Not Applicable. There is currently no CoC Program-funded project operating sober housing in accordance with 24 CFR 578.93(b)(5). First Step House operates Trolley Lane, a recovery housing project, funded through HUD's Recovery Housing Program (RHP) and a Salt Lake County Housing and Community Development grant. Salt Lake County Division of Behavioral Services (DBHS) also operates a sober living voucher program serving 300+ individuals monthly across multiple providers.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

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

(limit 2,500 characters)

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

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

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

Because Unsheltered Utah provides case management in accessible community locations—day centers, resource fairs, food banks—staff often reconnect with individuals who have disengaged from other systems. Staff regularly complete HAST assessments, participate in Coordinated Entry, and work with supportive-housing providers to help participants obtain and retain housing. When staff encounter individuals or families at imminent risk of homelessness, they connect them to prevention resources, hotel vouchers, benefits, treatment, food, and housing before a crisis occurs. This relationship-based approach closes gaps between programs, strengthens continuity of care, and supports successful transitions to stable housing.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$12,559,190
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$4,188,283
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	33%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$7,340,752
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	92%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

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

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

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

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC coordinates with emergency shelters as part of the Coordinated Entry (CE) system. Shelter providers serve as key access points through the community's No Wrong Door approach and help households connect to CE and other resources. Shelter staff assist with CE enrollment and HMIS requirements. The Housing Assistance Screening Tool (HAST) is the standardized CE assessment and triage tool; its information, along with prioritization practices, household circumstances, program eligibility, available resources, and participant choice, informs prioritization and referrals. The CE team maintains a By-Name List and conducts regular prioritization while coordinating with housing providers on available units and vouchers. This allows households accessing shelter to be considered for housing opportunities across the community. CE connects households to the most appropriate available intervention and is not a traditional housing waitlist; enrollment or referral does not guarantee housing and remains subject to available resources and program eligibility.

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

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

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

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

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

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

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

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

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

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

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

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

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

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

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

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

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

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

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

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

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

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

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

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

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

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

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

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

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

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

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

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

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

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

(limit 2,500 characters)

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

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

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

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

(limit 2,500 characters)

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

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

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

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

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

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

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

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

(limit 2,500 characters)

Salt Lake City (SLC)

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

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

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

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

South Salt Lake

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

Unified Police Department

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

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

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

(limit 2,500 characters)

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

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

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

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

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

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

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

(limit 2,500 characters)

Salt Lake City Police Department

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

South Salt Lake Police Department

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

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

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

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

(limit 2,500 characters)

Legal Framework: Utah Code § 26B-5-331 allows temporary involuntary commitment when mental illness creates a “substantial danger” to self or others. § 26B-5-102 defines this as serious risk of suicide or bodily harm, inability to meet basic needs resulting in serious harm, or severe impairment in judgment, reason, or behavior. Peace and mental health officers may initiate the process with probable cause and must document danger and consider less-restrictive options. § 26B-5-505 allows courts to order involuntary substance-use treatment when a person poses an “imminent threat of serious harm” due to a substance use disorder. Utah Admin. Code R523-18-5 governs Mobile Crisis Outreach and requires assessment of imminent danger and the least restrictive setting. SLCPD Policy 431 outlines procedures for mental-health and emotional crises.

Scale of Need: NAMI Utah reports about 1 in 3 unsheltered Utahns has a serious mental illness. Statewide chronic homelessness reached 1,004 people in the 2023 PIT count, up 96% from 2019. In Salt Lake County, unsheltered people with serious mental illness increased from 88 to 265, while those with substance use disorders reached 692, from 2022–2023.

Helps: These laws provide risk-based, non-criminal intervention options and require consideration of less-restrictive alternatives. CCT and Mobile Crisis Outreach place clinicians alongside officers to assess crises in the field. Utah has about 40% fewer mental health providers than the national average.

Hinders: High statutory thresholds mean some people may not qualify until a crisis becomes severe, often after voluntary services have failed. Limited mental health spending and workforce capacity restrict earlier care. Salt Lake County also lacks data on involuntary commitments and crisis responses involving people experiencing homelessness.

CoC Plan: Train CCT, HRO, and Mobile Crisis teams to document danger indicators under § 26B-5-102. Use CJAC and the Weekly Homeless Services Meeting to standardize referrals. Pursue a records request to establish a local baseline. Use CJAC and DHHS relationships to address data gaps.

Mitigating Limits: The CoC cannot change statutory thresholds or expand the mental health workforce. Those changes require state legislative or budget action. The CoC's role is coordination, data, and advocacy.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

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

(limit 2,500 characters)

Local Law/Policy: SOMAC and HB 370 – Sex Offender Oversight Amendment
Utah's Sex Offense Management Advisory Committee (SOMAC), supported by the Department of Criminal Justice, functions as a specialized think tank synthesizing clinical data and legislative trends into actionable offender management strategies. The committee is chaired by Dr. Michele Leslie, reported to have over 10 years of experience working with the sex offender population. Four years ago, Utah created a board to support an evidence-based sex offender registry aimed at protecting public safety.

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

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

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

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

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

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC uses a coordinated, low-barrier outreach strategy to reach individuals and families experiencing homelessness, particularly those unsheltered or not otherwise engaged in services. Outreach providers meet people where they are—parks, encampments, libraries, food pantries, shelters, day centers, community events, and other high-need locations identified through partner agencies, first responders, and community reports. Staff provide immediate assistance and connect households to shelter, food, health/behavioral health care, benefits, diversion resources, supportive services, and housing. Outreach teams provide multiple pathways into Coordinated Entry (CE), rather than requiring a single location or provider. Staff help participants complete HMIS enrollment and the Housing Assistance Screening Tool (HAST), the community's standardized triage tool. Information collected contributes to the By-Name List and housing-prioritization process. Staff also provide warm handoffs, coordinating directly with receiving agencies, assisting with documentation and appointments, arranging transportation, and following up to reduce gaps in services.

The CoC extends its geographic reach through partnerships with organizations that regularly encounter people outside the traditional homeless-response system. Along the Jordan River corridor, where unsheltered individuals frequently seek refuge, Jordan River Commission staff help identify unmet needs and connect people with outreach, housing, and supportive-service providers, and coordinate with local homeless councils, service providers, government agencies, volunteers, and communities along the river. As a new CoC-funded provider, Unsheltered Utah will expand mobile case management at community centers, food pantries, libraries, shelters, day centers, and community events. Through trauma-informed engagement and practical assistance—emergency warming/cooling shelter, food, water, hygiene supplies, transportation, and peer support—staff and volunteers build trust with people who have historically disengaged from services. Unsheltered Utah coordinates with the SLC HEART Team, law enforcement and police social workers, Downtown Ambassadors, Fourth Street Clinic, MCOT, faith communities, and other providers to reconnect participants with care, benefits, employment resources, CE, and housing. Outreach contacts, assessments, referrals, and outcomes are documented in HMIS to support continued engagement and system coordination.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No

7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

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

(limit 2,500 characters)

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

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

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

(limit 2,500 characters)

Young adults who aged out of foster care in Salt Lake County qualify for a Foster Youth to Independence (FYI) voucher through Utah's Department of Child and Family Services (DCFS). Youth providers' case managers support these young adults in applying, finding a residence, and securing housing. The DCFS Transition to Adult Living (TAL) Administrator and the DCFS Lived Experience TAL Assistant Coordinator participate in the Youth and Education Homelessness Task Group to share current resources for youth aging out of care, including transitional living programs, family reunification, FYI vouchers, Family Unification Program (FUP) vouchers, access to higher education, Medicaid coverage until age 26, and DCFS aftercare support such as bus passes, one-time funding for driver's education and emergency needs, and connections to Medicaid providers for health services and housing. When a young person nears transition out of custody with limited housing options at discharge, DCFS hosts high-level staffing meetings with experts across disciplines to identify housing and wraparound supports, with the goal of exiting the youth into safe housing in the community. DCFS also provides the Olene S. Walker TAL Scholarship, assisting qualified youth in completing a post-secondary program at a Utah System of Higher Education institution; youth providers actively promote this to youth in their care. The CoC's Coordinated Entry (CE) system provides an additional pathway for eligible youth experiencing homelessness to connect with housing resources. Youth-serving providers connect young people to CE and appropriate housing interventions while coordinating with existing DCFS supports, allowing housing needs to be addressed alongside other transition supports for youth leaving public systems of care. The CoC coordinates with DCFS and Housing Connect through the FYI program: Housing Connect has 52 FYI vouchers for eligible young adults ages 18–24 leaving or having left foster care who are experiencing or at risk of homelessness. CoC partners assist with identification, referral, housing navigation, and connection to supportive services. Salt Lake County Youth Services' Milestone Transitional Living Program also coordinates with DCFS when young adults need transitional housing and case management.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

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

(limit 2,500 characters)

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

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

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

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

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

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The Road Home Housing for Survivors of Domestic Violence
The Road Home Rapid Rehousing for Families
YHDP Renewal Rapid Rehousing-some capacity for parenting youth households

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

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

(limit 2,500 characters)

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

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

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

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

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

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

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

(limit 2,500 characters)

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

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

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

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

(limit 2,500 characters)

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

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

For the YHDP-RRH project, support is individualized and assessed through regular case management and a strength-based Self-Sufficiency Matrix. For parenting households, the assessment addresses childcare, children's education, parenting skills, healthcare, family relationships, income, transportation, and other factors affecting housing stability. Case managers use these needs to coordinate referrals and warm handoffs to community resources. For childcare, staff assess availability of reliable, affordable care and help families connect with subsidized or community childcare when it's a barrier to employment, education, or housing stability. Parenting support includes connections to parenting education, essential supplies, and family supports. Pregnant and parenting youth are connected to healthcare partners for prenatal, postpartum, and child/family health services, including the Salt Lake County Health Department's Nurse-Family Partnership, which supports first-time parents with prenatal care and post-birth services.

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

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

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

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

 nbsp;

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

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

1C-16. Collaboration with Justice System Re-entry Partners.

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

(limit 500 characters)

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

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

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

(limit 500 characters)

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

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

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

(limit 500 characters)

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

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Road Home: TRH Shelter Plus Care II
Housing Connect: HC SPBB Bud Bailey, HC SP3 New Chronic, HC COCR
Reallocated, HC SP Renewal

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

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

(limit 2,500 characters)

The Road Home: TRH Shelter Plus Care II
Housing Connect: HC SPBB Bud Bailey, HC SP3 New Chronic, HC COCR
Reallocated, HC SP Renewal

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

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

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

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

(limit 2,500 characters)

The Road Home: TRH Shelter Plus Care II
Housing Connect: HC SPBB Bud Bailey, HC SP3 New Chronic, HC COCR
Reallocated, HC SP Renewal

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

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

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Road Home: TRH Shelter Plus Care II
Housing Connect: HC SPBB Bud Bailey, HC SP3 New Chronic, HC COCR
Reallocated, HC SP Renewal

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

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

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

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/11/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/11/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. Reallocation Process:

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

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

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

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

3. Reallocation Outcome:

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

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

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

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	CaseWorthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. Changes to unsheltered PIT count implementation between 2025 and 2026: The CoC continued to use a census-based count in 2026, with more than 350 volunteers organized into over 60 teams surveying throughout Salt Lake County. While the number of volunteers was slightly lower than in previous years, the count covered more completed census tracts and geographic areas than in prior years.

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

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

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

2. How these changes affected results:

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

2A-4. Reduce Encampments—Actions to Reduce Encampments.

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

(limit 2,500 characters)

Coordinated Response through Shelter the Homeless

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

Law Enforcement Partnerships

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

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

Jurisdictional Outcomes

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

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

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	61
2. Enter the reduction in the number of encampments during your evaluation period.	17

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	92
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2. Enter the reduction in the number of people in encampments during your evaluation period.

26

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

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

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

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

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

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

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

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

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

(limit 2,500 characters)

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

The CoC identifies and houses households with the longest lengths of time homeless by analyzing data and through Coordinated Entry activities. CoC service providers coordinate in weekly triage meetings using By-Name Lists pulled from HMIS. Priority ranking is based on those with the longest lengths of time homeless and high (Housing Assistance Screening Tool)HAST scores. The Coordinated Entry (CE) team supports this work by maintaining the community By-Name List, coordinating weekly prioritization, and working with housing providers to identify available housing opportunities and make timely referrals. The team also tracks households through the referral process to identify barriers and delays that may contribute to longer periods of homelessness.

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

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	59.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

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

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,768	205	1,907	96.65%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	227	132	350	97.49%
4. Rapid Re-Housing (RRH) beds	841	25	866	100.00%
5. Permanent Supportive Housing (PSH) beds	2,326	0	2,315	99.53%
6. Other Permanent Housing (OPH) beds	156	0	156	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

All bed types have HMIS coverage greater than 84.99.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	UT-500 1C-1 List ...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	UT-500 1C-1f. Lis...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	UT-500 1C-3 Langu...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	UT-500 1C-10 Evid...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	UT-500 1D-1 Local...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	UT-500 1D-2c Loca...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	UT-500 2A-8b FY20...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	UT-500 3A-1 HUD-2...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	UT-500 3A-DP Subs...	09/30/2026
11. Other	No		

Attachment Details

Document Description: UT-500 1C-1 List of TH-RRH-PSH Projects and Treatment Providers with OnSite Substance Use Treatment

Attachment Details

Document Description: UT-500 1C-1f. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Attachment Details

Document Description: UT-500 1C-3 Language from Project Supportive Service Agreements

Attachment Details

Document Description: UT-500 1C-10 Evidence of Coordination Non-Interference w Public-Safety Efforts

Attachment Details

Document Description: UT-500 1D-1 Local Competition Scoring Tool

Attachment Details

Document Description: UT-500 1D-2c Local Competition Selection Results

Attachment Details

Document Description: UT-500 2A-8b FY2026 HDX Competition Report

Attachment Details

Document Description: UT-500 3A-1 HUD-2996 Certification for Opportunity Zone Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: UT-500 3A-DP Substance-Use Compliance Policy for CoC

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/30/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

UT-500

1C-1. List of TH/RRH/PSH Projects and Treatment Providers with OnSite Substance Use Treatment

Agency	Project Name(s)	Component Type
First Step House	Reentry Transitional Housing (FSH – Outpatient)	TH

UT-500 1C-1f. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Agency	Project Name(s)	Component Type	Number of Units
First Step House	Reentry Transitional Housing (FSH – Outpatient)	TH	30

1C-3. Participation Requirements for Supportive Services

UT-500 Language from Project Supportive Service Agreements

Table of Contents

Agency	Project Name(s)	Component Type	Project / Agreement Name	Page
First Step House	Reentry Transitional Housing (FSH – Outpatient)	TH	CoC Transitional Housing Participant Agreement	2
Housing Authority of Salt Lake Count (dba Housing Connect)	HC COCR Reallocated	PSH	Continuum of Care Supportive Services Participation Agreement	4
	HC SP3 New Chronic	PSH		
	HC SPBB Bud Bailey	PSH		
	HC SP Renewal	PSH		
Shelter the Homeless	Acquisition-UCHP for DV Survivors	TH	Transitional Housing Client Service Plan Agreement (Draft)	5
	Ops SS-UCHP for DV Survivors	TH		
The Road Home	TRH, Shelter Plus Care II	PSH	Supportive Housing Program Participant Agreement (Draft)	6
	Housing for Survivors of Domestic Violence	RRH		
	Rapid Rehousing for Families	RRH		
Volunteers of America (VOA)	YHDP Renewal Permanent Supportive Housing	PSH	Program Participant Rights and Responsibilities	9
	YHDP Renewal Rapid Rehousing	RRH		

CoC FY27 Transitional Housing — Participant Agreement

First Step House, The Road Home, and Utah Department of Corrections

Program / Project: _____ Grant year: _____

As a participant in this HUD Continuum of Care (CoC) Transitional Housing project, I agree to take part in supportive services and to follow the occupancy terms listed below. Participation in services and compliance with the occupancy agreement are conditions of the program and of continued occupancy, consistent with 24 CFR 578.75(h). I understand I am expected to take part in at least 20 hours of supportive services each week, consistent with HUD's transitional housing standard.

A. Supportive services — I agree to:

1. Complete a needs assessment at intake, and an updated assessment at least once a year.
2. Complete a biopsychosocial assessment at intake and actively participate in treatment planning.
3. Actively engage in substance use disorder treatment and work with my treatment team on my plan.
4. Work with my case manager to build and follow an individualized case management, housing, and reentry plan.
5. Meet with my case manager regularly as I work toward and maintain permanent housing, and keep required supervision check-ins.
6. Take part in reentry supports in my plan, which may include peer support, mentorship, and life skills.
7. Take part in employment services, including job coaching and placement and, as part of my plan, job readiness, GED, or vocational training.
8. Allow First Step House to assist me with Medicaid and SNAP benefits, and do everything possible to maintain my Medicaid eligibility.
9. Take part in at least 20 hours of supportive services each week.

B. Occupancy — I agree to:

- Abide by the lease or occupancy agreement and house rules provided by The Road Home.
- Use the unit as my primary residence and keep it reasonably clean and safe.
- Allow reasonable unit inspections with notice, and report damage or needed repairs.
- Follow guest, visitor, and safety rules, including any check-in expectations.
- Report changes in income, household, or contact information.
- Understand that continued occupancy depends on ongoing participation in the program's required services.

C. As a participant, I will:

- Attend appointments in a fit state, not under the influence of drugs or alcohol.
- Take part in case management, substance use disorder treatment, and self-sufficiency services to the best of my ability.
- Provide accurate information about myself and my household.
- Keep scheduled appointments or give timely notice if I need to reschedule.
- Keep information about other participants confidential.
- Treat staff, other participants, and neighbors with respect; threats, violence, or harassment may end my participation and occupancy.

D. As a participant, I have the right to:

- Humane treatment in an atmosphere of dignity and respect.
- Receive services without discrimination based on race, religion, sexual orientation, gender identity, national origin, disability, or membership in any other protected group.
- Privacy and confidentiality to the fullest extent of the law.
- Raise any concern with staff or file a grievance at any time, including anonymously, and request a copy of the grievance procedure.
- Review my own services records upon written request.

I have read and understand this agreement. I understand that taking part in these services and following the occupancy terms are conditions of the program and of continued occupancy.

Participant name (please print): _____

Participant signature: _____ Date: _____

Staff witness: _____ Date: _____



CONTINUUM OF CARE SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

Head of Household: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Participants receiving a Continuum of Care rental subsidy through Housing Connect are **required** to participate in supportive services delivered by a partner service organization. The goal of these services is to help participants increase their income and improve their self-sufficiency. Supportive services may include, but are not limited to, the following:

- Case management and service planning
- Employment assistance and job training
- Education support and vocational training
- Life skills training (budgeting, tenancy skills...etc.)
- Housing search and landlord support
- Mental health or substance use referrals
- Health or medical coordination
- Transportation assistance

By signing this agreement, you agree to:

- Work collaboratively with service providers to develop goals related to housing stability and self-sufficiency
- Actively participate in supportive services provided by service providers.
- Attend scheduled meetings with service providers or provide timely notice to reschedule.
- Comply with the requirements of your rental assistance program and promptly report any changes that may affect your eligibility or assistance to service providers and Housing Connect.

Your signature also indicates that you have read and understand this Supportive Services Participation Agreement, acknowledge the requirement to participate in supportive services, and understand that failure to meet this requirement will result in termination of your household's rental assistance.

Signature Printed Name Date



TRANSITIONAL HOUSING CLIENT SERVICE PLAN AGREEMENT

Program Name: _____ [Program Name]
Participant Name: _____
Case Manager/Advocate: _____
Agreement Date: _____

Purpose. Participants enrolled in [Program Name] will work with a Case Manager or Advocate to develop an individualized service plan and participate in regular meetings. Services will be survivor-centered, trauma-informed and focused on personal safety, housing stability and progress toward permanent housing. The participant will help identify their own goals, priorities and service needs. Safety concerns and individual circumstances will be considered when scheduling meetings and establishing service expectations.

PARTICIPANT RESPONSIBILITIES	CASE MANAGER/ADVOCATE RESPONSIBILITIES
1. Work collaboratively with the Case Manager or Advocate to develop, review and carry out an individualized service plan. 2. Meet with the Case Manager or Advocate at least weekly and communicate when safety concerns, work, health needs or other barriers affect participation. 3. Participate in housing planning, including identifying housing needs, completing applications, gathering documents and taking reasonable steps toward permanent housing. 4. Provide current information and documentation needed to confirm program eligibility, income and continued participation. 5. Follow the occupancy agreement and program rules, including requirements that protect the safety, privacy and confidentiality of other residents. 6. Participate in non-disability-related services included in the individualized plan, such as case management, housing planning, benefits enrollment, financial or life-skills activities and employment or education planning, when applicable.	1. Explain program expectations, participant rights and grievance procedures. 2. Develop an individualized plan with the participant based on their goals, strengths, housing needs and safety concerns. 3. Provide survivor-centered safety planning and respect the participant's decisions regarding personal safety. 4. Meet regularly with the participant and provide reasonable flexibility when safety concerns or other significant barriers affect participation. 5. Assist the participant in identifying permanent housing options and addressing barriers to housing. 6. Provide referrals and connections to benefits, employment, education, healthcare, legal advocacy and other services selected by the participant. 7. Protect the participant's personal information and location. Information will not be shared without written authorization unless disclosure is required by law. 8. Discuss participation concerns and provide an opportunity to address barriers before termination is considered.

Important: Participants will not be required to participate in counseling, mental health treatment, medical treatment, substance use treatment or other disability-related services as a condition of remaining in the program.

PARTICIPANT ACKNOWLEDGMENT

The participant understands that a minimum of 20 hours per week of regular participation in case management, housing planning, education, employment, etc. and the individualized service plan is a condition of the transitional housing program. Failure to participate in required non-disability-related services may affect continued participation. Before termination is considered, the program will review safety concerns, disability-related needs and other barriers; provide written notice; and follow applicable grievance, appeal, confidentiality and survivor-protection requirements.

The participant will not be denied housing or terminated because they are a survivor of domestic violence, dating violence, sexual assault or stalking, or because of abuse committed against them. By signing below, the participant confirms that this agreement has been explained in a language and format they understand and that they have had an opportunity to ask questions.

Participant Signature and Date: _____

Case Manager/Advocate Signature and Date: _____

Housing Program Participant Agreement



Instructions: Complete this form to ensure participants understand program requirements.

Participant Name: _____ Project Name: _____

Unit Address: _____

Effective Date: _____

Purpose

Welcome to The Road Home's Supportive Housing Program. This program is funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and is designed to support you in achieving and maintaining stable housing.

This agreement describes how program staff and participants will work together toward housing stability, increased well-being, and progress toward individual goals. Supportive services and case management are provided as important tools to help participants build and maintain long-term housing success.

We believe that each participant is the expert in their own life. Our role is to provide support, resources, and guidance that align with your strengths, goals, and needs.

Working Together on Your Service Plan

You will be partnered with a Housing Case Manager who will work with you to develop an individualized Service Plan based on your goals, strengths, and priorities. Your Case Manager will meet with you regularly, including at least once monthly check-in, to:

- Review progress toward goals
- Address challenges or barriers
- Connect you to community resources
- Update your Service Plan as your needs and goals change
- Celebrate accomplishments and milestones

To support progress toward housing stability, the program provides supportive service activities throughout the week. Together with your Case Manager, you will identify activities that best support your goals, interests, and circumstances.

Participants are encouraged to engage in a minimum of 20 hours per week of supportive service activities. Service plans may be adjusted to reflect employment, disability-related needs, age, caregiving responsibilities, or other individual circumstances.

Examples of supportive service activities include:

- Employment assistance and job training
- Vocational rehabilitation services
- Education and career development

- Life skills training, such as budgeting, communication, and household management
- Behavioral health and mental health services
- Substance use treatment and recovery supports
- Healthcare access and coordination
- Childcare resources
- Food and transportation assistance
- Housing stability and tenancy support
- Legal services
- Other services identified by you and your Case Manager

Rental Contribution

Participants contribute toward housing costs in accordance with HUD regulations by agreeing to pay 30% of adjusted gross household income towards rent, utilities and other housing costs monthly. To ensure the rent calculation remains accurate, participants are asked to provide income and household information when requested for program enrollment, recertification, or income updates.

Communication and Partnership

Open communication helps us provide the most effective support possible. Participants are encouraged to keep program staff informed of significant changes, including:

- Income or employment changes
- Changes in household composition
- Changes that may affect participation in services
- Concerns with housing, property management, or tenancy
- Legal matters or other circumstances that may affect housing stability

Program staff are available to help problem-solve challenges and connect participants with resources whenever possible.

Supporting Housing Stability

Participants are asked to:

- Stay engaged with their Service Plan
- Attend scheduled appointments and meetings
- Communicate with staff when challenges arise
- Maintain their housing unit in a safe and sanitary condition
- Work collaboratively with property management and program staff
- Follow lease terms, program policies, and applicable laws

Our team is committed to providing services in a respectful, trauma-informed, and person-centered manner.

When Challenges Arise

We understand that circumstances change and that challenges are a normal part of the journey toward housing stability. If participation in services becomes difficult, staff will work with you to understand what is happening and identify ways to support continued success. This may include:

- Discussing barriers and concerns
- Adjusting the Service Plan when appropriate
- Connecting you with additional resources
- Exploring alternative approaches that better fit your needs

Our goal is to resolve concerns through communication, partnership, and problem-solving whenever possible.

In situations where ongoing program participation or housing assistance may be affected, decisions will be made in accordance with program policies, applicable regulations, and participant rights.

Confidentiality

Information shared with the program will be protected and used for program administration, service coordination, and housing assistance purposes in accordance with HUD requirements, applicable federal and state laws, agency policies, and HIPAA requirements when applicable.

Participant Acknowledgment

By signing below, you acknowledge that:

1. This agreement has been reviewed with you.
2. You understand the participation expectations and services available through the program.
3. You understand the importance of participating in supportive services and working toward the goals identified in your Service Plan.
4. You understand that program staff will partner with you to support your housing stability and personal goals.
5. You have had the opportunity to ask questions about this agreement.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Program Participant Rights and Responsibilities



Participant Rights

1. You have the right to be treated with dignity and addressed in a respectful and age-appropriate manner in all circumstances.
2. You can expect our staff will not engage with you socially or sexually.
3. You have the right to be free from abuse, neglect, corporal punishment, intentional staff action that could potentially cause harm, or acts of violence and other mistreatment.
4. You have the right to be free from seclusion and restraint.
5. You have the right to express non-violent self-protection, including saying no. Staff may be required to intervene when your safety is in jeopardy.
6. You have the right to religious freedom and reasonable accommodation for religious expression.
7. You have the right to receive services in a clean and safe environment.
8. You have the right to not be denied admission or services because of race, gender, gender expression, sexual preference, creed, marital status, disability, national origin, or age.
9. You have the right to be admitted to the program despite a previous administrative discharge, conditional upon your compliance with program expectations and fulfillment of any restrictions due to previous behavior.
10. You have the right to know the reasons for involuntary termination of our program services, as well as the criteria for re-admission to services.
11. You have the right to be involved in decisions about your mental or behavioral health care.
12. You have the right to have your service plan explained to you.
13. You have the right to participate in an evaluation and to receive a referral into a treatment program appropriate to your individual needs.
14. You have the right to refuse your treatment referral.
15. You have the right to have your information and records kept confidential in accordance with federal and state laws and regulations.
16. You have the right to request copies of your treatment records.
17. You have the right to refuse or grant authorization for the release of your confidential information. Your services here will not be affected by your refusal to grant authorization.
18. You have a right to have our confidentiality practices explained to you.
19. You have the right to have the program expectations explained to you.
20. You have the right to have the fee for service explained to you.
21. You have the right to file a grievance and voice concerns about the services and care you receive at this facility.

Participant Responsibilities

1. I will participate in enrollment, the initial service-needs assessment, development of my individualized service plan, and scheduled plan reviews.
2. I will maintain contact with my assigned staff at the frequency identified in my service plan and will notify staff when I cannot attend or need to reschedule.

Program Participant Rights and Responsibilities



3. I will participate in the non-disability-related supportive services identified in my plan and communicate when a service is not working, is inaccessible, or needs to be changed.
4. I will make reasonable efforts toward my goals and will discuss barriers, setbacks, or changes in priorities with staff so the plan can be adjusted.
5. I will provide accurate information needed to determine eligibility, coordinate services, and document progress. I understand that youth are not required to provide third-party documentation of homelessness as a condition of receiving eligible services.
6. I will notify staff of changes in my contact information, living situation, household composition, income, benefits, employment, education, or other circumstances that may affect my service plan.
7. I will treat staff, other participants, visitors, and community partners respectfully and will not engage in behavior that threatens health or safety.
8. I will use any transportation, documents, supplies, or other assistance provided by the project for the approved purpose and will provide receipts or other documentation when required.
9. I will participate in reassessment of my service needs at three months, six months, and annually thereafter if I remain enrolled.
10. I understand that the SSO project supports access to housing and community resources but does not provide rental assistance or guarantee that an outside agency will approve an application.
11. I understand that repeated non-engagement in all agreed services may result in a review of my continued enrollment after documented outreach and an opportunity to reconnect or revise my plan.

Ending or Pausing SSO Services

Services may end when the participant completes the service plan, requests closure, transitions to another appropriate program, moves outside the service area, is no longer eligible, or does not participate in any agreed non-disability-related supportive service after repeated outreach and an opportunity to revise the plan. Serious safety concerns may result in an immediate pause or restriction while the situation is reviewed. Involuntary closure will be a last resort and will include written notice of the reason, effective date, steps available to avoid closure when applicable, grievance rights, and re-admission criteria.

Acknowledgment

By signing below, I acknowledge that the agreement has been reviewed with me, I had an opportunity to ask questions, and I understand my rights, responsibilities, individualized service expectations, and the grievance process. I understand that this agreement may be updated with my involvement when my needs or goals change.

Client Signature: _____ Date: _____



To Whom It May Concern:

Salt Lake City and Salt Lake County jointly implement a coordinated, cross-disciplinary Encampment Impact Mitigation protocol designed to address public health and safety challenges associated with encampments. This approach integrates expertise from public health, public safety, fire services, environmental management, outreach, and sanitation to ensure safe, consistent, and service-oriented operations.

Key partners include Salt Lake City Public Services and Urban Services, the Salt Lake County Health Department, Salt Lake City Police and Fire Departments, Public Lands, contracted sanitation crews (Advantage Services), homeless outreach teams, and City/County public information officers. Together, these agencies conduct weekly stakeholder reviews, jointly plan interventions, assess health and safety risks, coordinate resources, and provide outreach aimed at connecting individuals with shelter and support services.

This collaborative structure demonstrates strong interagency capacity, unified decision-making, and a holistic approach to mitigating encampment impacts while prioritizing health, safety, and humane engagement.

Sincerely,
Allison



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Local Competition Scoring Tool

1D-1. Local Competition Scoring Tool

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**Local Scoring Guidelines: New Projects
FY2026 HUD CoC Competition**

Threshold Requirements:

- Match at 25% for eligible activities (all budget line items, except leasing)
- As applicable, participate in the most recent PIT, HIC, and LSA
- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”
- Participates in HMIS
- Accepts referrals through Coordinated Entry
- Meet all requirements listed in the NOFO (part of esnaps review)

Category	Evaluation Criteria	Weight/Points Possible
Threshold Compliance	Meets all HUD and CoC threshold requirements	Pass/Fail
Narrative (50 Points Possible)	Target Population & Rationale	10
	Project Plan: Housing + Services + Engagement	10
	Anticipated Outcomes	10
	Coordination with Other Organizations	10
	Use of CoC Funding & Budget Justification	10
Project Readiness (20 Points Possible)	Experience & Capacity	10
	Implementation Feasibility	10
Budget & Cost Effectiveness (10 Points Possible)	Reasonableness, Match, Admin Cap	10
Project Type – TH (20 Points Possible)	Supportive Services Strategy	5
	Prior Experience	3
	Exit Outcomes	5
	Leveraging Resources	2
	Mandatory Service Participation	2
	Service Intensity Justification	2
	Cost Reasonableness	1
Project Type - SSO Standalone (20 Points Possible)	Necessity for Exit & Assessment	5
	Strategy for Unsheltered/Non-Engagers	5
	Leveraging Resources	5
	Cost-Effectiveness	5

**Local Scoring Guidelines: New Projects
FY2026 HUD CoC Competition**

Category	Evaluation Criteria	Weight/Points Possible
Project Type - SSO Street Outreach (20 Points Possible)	Leveraging Resources	4
	Strategy for Unsheltered/Non-Engagers	4
	Partnership with First Responders	4
	Outreach Experience & Effectiveness	4
	Cost-Effectiveness	4
Project Type – PSH (20 Points Possible)	Housing Type & Unit Fit	4
	Supportive Services for Retention	4
	Prioritization Strategy	3
	Mandatory Services Agreement	3
	Cost Reasonableness	3
	Leveraging Resources	3
Project Type – RRH (20 Points Possible)	Rental Assistance Determination	4
	Supportive Services for Stabilization	4
	Project Experience	3
	Mandatory Services Agreement	3
	Cost Reasonableness	3
	Leveraging Resources	3
Total Points Possible		100

Local Scoring Guidelines: Renewal Housing Projects

Threshold Requirements:

- Match at 25% for eligible activities (all budget line items, except leasing)
- As applicable, participate in the most recent PIT, HIC, and LSA
- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”
- Participates in HMIS
- Accepts referrals through Coordinated Entry
- Meet all requirements listed in the NOFO (part of esnaps review)

Projects which meet all the threshold requirements will be scored according to the following guidelines:

WEIGHT	CATEGORY	EVALUATION CRITERIA
30%	Project Effectiveness	• How well does the program fit participant needs • Services designed to ensure housing retention • Supportive Services participation • Leverage Mainstream resources • Review of HUD monitoring results • Commitments from range of service providers; integration of education, health, etc. • Commitments to provide case management coverage • Utilize coordinated entry and identifying housing units to quickly move persons experiencing homelessness into stable housing
20%	Budget/Application Quality	• Drawdown rate • Expenditure History • Followed instructions • Submitted on time, with all required attachments • Responses provide sufficient detail and are appropriate for the type of project and target population
50%	Need & Performance	• Occupancy / Average Daily Unit Utilization • Returns to homelessness • Employment income performance measure • Supportive service participation requirements

Local Scoring Guidelines: Renewal Housing Projects
Detailed Committee Scoring

Criteria Category	Renewal Evaluation Criteria	Reference Questions in Local Application	Point Range	Total Possible	Scoring Category
Project Effectiveness	How well does the program fit participant needs	1	Score of 1-5	5	
	Services designed to ensure housing retention	2	Score of 1-5	5	
	Supportive Services participation	3	Score of 1-5	5	
	Leverage Mainstream resources	4	Score of 1-5; Multiplied by .5	2.5	
	Review of HUD monitoring results	5	Score of 1-5; Multiplied by .5	2.5	
	Commitments from range of service providers; integration of education, health, etc.	6	Score of 1-5; Multiplied by .5	2.5	
	Commitments to provide case management coverage	7	Score of 1-5; Multiplied by .5	2.5	
	Utilize coordinated entry and identifying housing units to quickly move persons experiencing homelessness into stable housing	8	Score of 1-5	5	
Budget/ Application Quality	Quarterly Drawdowns	9	Score of 1-5	5	Objective
	Expenditure History	10-11	Score of 1-5	5	Objective
95% or more 5 points 90-95% 3 points less than 90% 0 points					
Budget/Application Quality	Followed instructions, Timely submission, with attachments	Overall Application	Score of 1-5	5	
Budget/Application Quality	Responses sufficient detail and appropriate	Overall Application	Score of 1-5	5	
Total Points Possible				50	

Local Scoring Guidelines: Renewal Housing Projects

Detailed Administrative Scoring

Criteria Category	Renewal Evaluation Criteria	Source of Criteria	Full Points	Half Points	0 Points	Total	Scoring Category
Need and Performance (All Projects)	Occupancy / Average Daily Unit Utilization	Unit Utilization Rate / 2022 Application Data	>90%	80-90%	<80%	15	Objective, System Performance
	Returns to homelessness	HMIS Report: Measure 2a and 2b: Persons who Exit Homelessness to PH Return to Homelessness	<15%	15%-45%	>45%	5	Objective, System Performance
	Percentage of adult stayers who increased earned income	APR Q19	>10%	5-10%	<5%	20	Objective, System Performance
	Percentage of adult leavers who increased earned income	APR Q19	>10%	5-10%	<5%	20	Objective, System Performance
Project Specific Need and Performance (PSH)	Percentage of participants who remain in PSH or exited to permanent housing	The % of stayers and leavers to permanent housing during the operating year	>80%	70-80%	<70%	40	Objective, System Performance
Project Specific Need and Performance (RRH)	Percentage of participants who exited to permanent housing	The % of stayers and leavers to permanent housing during the operating year	>70%	60-70%	<60%	25	Objective, System Performance
	On average, participants spend XX days from project entry to residential move-in	APR Q22c	<60	61-180	>180	15	Objective, System Performance
Points Possible Admin							100
Points Possible Committee							50
Total Adjusted Points Possible (100* (Admin+Committee/150))							100

Local Scoring Guidelines: Renewal Coordinated Entry

Renewal Coordinated Entry Project

WEIGHT	CATEGORY	EVALUATION CRITERIA
30%	Capacity/Application Quality	• No/minor past audit or monitoring findings or concerns (fiscal or program) from HUD or independent auditors • Grant management system in place for complying with government grants • Involvement in the local homeless housing and services system or local low-income housing and services system. • Effective record of administering government funded housing programs for homeless persons or housing for low-income persons. • Followed instructions • Submitted on time, with all required attachments • Responses provide sufficient detail and are appropriate for the type of project and target population
70 %	Need	• System Function ○ Clients are prioritized/referred as appropriate • Inclusive coordination with stakeholders • System design that is accessible for all persons seeking information regarding homelessness assistance ○ (DV) Trauma-informed policies • Advertised program to reach homeless persons with the highest barriers • Standardized assessment process • Ensuring that program participants are directed to appropriate housing and services

**Local Scoring Guidelines: Renewal Coordinated Entry
Detailed Coordinated Entry Scoring**

Criteria Category	Renewal Evaluation Criteria	Reference Questions in Local Application	Points Range	Total Possible
Capacity	No/minor past audit or monitoring findings or concerns (fiscal or program) from HUD or independent auditors	1	Score of 1-5; Multiplied by 2	10
	Grant management system in place for complying with government grants	2	Score of 1-5; Multiplied by 2	10
	Involvement in the local homeless housing and services system or local low-income housing and services system.	3	Score of 1-5; Multiplied by 2	10
	Effective record of administering government funded housing programs for homeless persons or housing for low-income persons.	4	Score of 1-5; Multiplied by 2	10
Need	System Function -Clients are prioritized/referred as appropriate	5	Score of 1-5; Multiplied by 4	20
	Inclusive coordination with stakeholders	6	Score of 1-5; Multiplied by 5	25
	System design that is accessible for all persons seeking information regarding homelessness assistance	7	Score of 1-5; Multiplied by 5	25
	Advertised program to reach homeless persons with the highest barriers	8	Score of 1-5; Multiplied by 4	20
	Standardized assessment process	9	Score of 1-5; Multiplied by 5	25
	Ensuring that program participants are directed to appropriate housing and services	10	Score of 1-5; Multiplied by 5	25
Application Quality	Followed instructions, Timely submission, with attachments	Overall Application	Score of 1-5; Multiplied by 2	10
	Responses sufficient detail and appropriate	Overall Application	Score of 1-5; Multiplied by 2	10
Total Points Possible				200
Total Adjusted Points Possible (100* (Score/200))				100

Organization	Project Name	Final Score	Status	Rank	Requested Funding Amount	Reallocated Funds	Source
Salt Lake County Government	SLCo Coordinated Entry Project	92.75	Accepted	1	\$ 304,540	\$ -	
Department of Workforce Services	UHMIS	-	Accepted	2	\$ 304,551	\$ -	
Housing Connect	HC SP3 New Chronic	90.81	Reduced Reallocated	3	\$ 1,578,731	\$ (170,195)	
Housing Connect	HC COCR Reallocated	87.42	Reduced Reallocated	4	\$ 1,102,519	\$ (663,936)	
Housing Connect	HC SP Renewal	80.47	Reduced Reallocated	5	\$ 960,285	\$ (1,228,039)	
The Road Home	TRH Shelter Plus Care II	76.83	Reduced Reallocated	6	\$ 2,615,009	\$ (653,753)	
Volunteers of America, Utah	YHDP-PSH	61.36	Reduced Reallocated	7	\$ 624,150	\$ (112,472)	
Volunteers of America, Utah	YHDP-RRH	62.08	Reduced Reallocated	8	\$ 549,993	\$ (128,016)	
The Road Home	TRH RRH for Families	73.22	Accepted	9	\$ 740,230	\$ (8,364)	
The Road Home	TRH- RRH for Survivors of Domestic Violence	39.79	Accepted	10	\$ 431,181	\$ -	
Housing Connect	HC SPBB Bud Bailey	65.81	Accepted	11	\$ 359,465	\$ -	
First Step House	Reentry Transitional Housing	88.17	Accepted	12	\$ 1,270,451	\$ 1,270,451	Reallocation
Volunteers of America, Utah	Supportive Services Only – Youth Resource Center	87.81	Accepted	13	\$ 240,487	\$ 240,488	YHDP Reallocation
First Step House	Recovery Pathways SSO	86.25	Accepted	14	\$ 297,568	\$ 297,568	Reallocation
Unsheltered Utah	Mobile Case Management Program	82.33	Accepted	15	\$ 223,392	\$ 223,392	Reallocation
The Road Home	TRH- Family Resilience Outreach Team	81.08	Accepted	16	\$ 288,420	\$ 288,420	Reallocation
Shelter the Homeless	Utah Community Housing Project for Domestic Violence Survivors- Acquisition	80.88	Accepted	17	\$ 1,210,000	\$ -	CoC Bonus

Organization	Project Name	Final Score	Status	Rank	Requested Funding Amount	Reallocated Funds	Source
Shelter the Homeless	Utah Community Housing Project for Domestic Violence Survivors-Supportive Services	80.88	Accepted	18	\$ 569,650	\$ -	DV Bonus
Salt Lake Legal Defender Association	SLLDA New Project Application	78.54	Accepted	19	\$ 71,500	\$ 71,500	Reallocation
Unsheltered Utah	UU Day Program	76.46	Accepted	20	\$ 76,615	\$ 76,615	Reallocation
The Road Home	TRH- Right to Work	72.71	Accepted	21	\$ 841,791	\$ 841,791	Rellocation + CoC Bonus
The Road Home	TRH Scattered Site Properties	N/A	Fully Reallocated	Not Ranked	\$ -	\$ (23,761)	
Salt Lake County Government	UT-500 CoC Planning	N/A	Accepted	Not Ranked	\$ 627,960	N/A	Planning

**Certification for Opportunity Zones
Preference Points**

U.S. Department of Housing and
Urban Development

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

***Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization: Various, See Attached List

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267, Continuum of Care Competition and Youth Homelessness Demonstration Program Grants

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

Various, See Attached List

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

Various, See attached list

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☒ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☐ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☒ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

UT-500 OZ Certification

Applicant Organization	Project Name	Opportunity Zone Census Tracts	Narrative
Volunteers of America, Utah	YHDP Renewal Permanent Supportive Housing YHDP Renewal Rapid Rehousing	49035100600, 49035102500, 49035102600, 49035102702, 49035111500, 49035111600, 49035111802, 49035112403, 49035112907, 49035113305, 49035113513, 49035113802, 49035113906, 49035114000, 49035114500	Tenant-Based Rental Assistance throughout Salt Lake County, currently in the above Ozs
	YHDP Supportive Services Only	County-wide	Supportive Services for Youth delivered throughout Salt Lake County
First Step House	Recovery Pathways SSO (FSH – HCM)	49035100600	supportive services — case management, employment support, and peer support — to single adults who are literally homeless and entering residential substance use disorder (SUD) treatment, following each participant from treatment intake through recovery and into housing.
	Reentry Transitional Housing (FSH – Outpatient)		TH project, housing with substance use and mental health treatment and correctional supervision, moving justice-involved adults out of homelessness and into recovery, employment, and self sufficiency.
Unsheltered Utah	Day Program Mobile Case Management	49035102100, 49035102100, 49035100306, 49035113312, 49035102100	Outreach, employment searches, housing navigation, life skills, food access and basic needs
Housing Connect	HC SPBB Bud Bailey FY2026	49035111600	
	HC COCR Reallocated FY2026	Tenant-Based Rental Assistance throughout Salt Lake County	Permanent Supportive Housing, TBRA, providing housing to chronically homeless adults
	HC SP3 New Chronic FY2026		
	HC SPBB Bud Bailey FY2026		
	HC SP Renewal FY2026		
	Right to Work FY26	49035102900, 49035111802	Outreach, employment searches, housing navigation, life skills, food access and basic needs
	Family Resilience Outreach Team FY26		

UT-500 OZ Certification

Applicant Organization	Project Name	Opportunity Zone Census Tracts	Narrative
The Road Home	TRH, Shelter Plus Care II, FY2026	Tenant-Based Rental Assistance throughout Salt Lake County	Permanent Supportive Housing, TBRA, providing housing to chronically homeless adults
	Housing for Survivors of Domestic Violence FY26		RRH, TBRA supporting survivors of domestic Violence
	Rapid Rehousing for Families FY26		RRH, TBRA supporting families
Shelter the Homeless	Acquisition-UHP for DV Survivors	TH Address not yet established	Transitional Housing for survivors of domestic violence
	Ops SS-UHP for DV Survivors		
Salt Lake Legal Defender Association	SLLDA New Project Application 2026	49035102100	housing navigation and placement assistance, landlord engagement, benefits assistance, transportation, behavioral health and substance use treatment coordination, legal advocacy, employment and life-skills support, and housing stabilization



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

*Approved by Salt Lake Valley Coalition to End Homelessness Steering Committee
August 10, 2026*

Purpose

The Salt Lake Valley Coalition to End Homelessness (SLVCEH) administers Continuum of Care (CoC) funding in accordance with all applicable federal, state, and local laws, regulations, and grant requirements. This policy establishes expectations for CoC-funded housing projects regarding prohibited substance-related activities while affirming SLVCEH's commitment to supporting evidence-based treatment, recovery, and behavioral health services.

Compliance with Federal and State Requirements

Consistent with Utah Code § 76-9-1309 (supervised drug consumption sites); § 76-10-801 and § 76-10-803 (drug-involved premise); § 78B-6-1101-1114 (civil and nuisance abatement); and § 26B-5-121 (mobile medication units), SLVCEH-funded programs and facilities are required to comply with all applicable statutory requirements governing substance-use activities.

Accordingly, CoC-funded housing projects shall not:

- Operate drug-injection sites, supervised drug consumption sites, or other facilities intended to permit the supervised consumption of controlled substances prohibited under state law;
- Knowingly distribute drug paraphernalia on or off property under their control;
- Knowingly permit the use, possession, or distribution of illicit drugs on property under their control; or
- Conduct prohibited activities under the pretext of harm reduction.

These requirements are intended to ensure that CoC-funded projects remain consistent with federal grant requirements, Utah law, and the purpose of Continuum of Care funding to support safe, stable, and effective housing interventions.

Supporting Treatment, Recovery, and Behavioral Health Services

SLVCEH recognizes that individuals experiencing homelessness may experience substance use disorders and related behavioral health challenges that require compassionate, coordinated, and evidence-based responses.

Nothing in this policy shall be construed to prohibit or restrict lawful services and interventions, including:

- Substance use disorder treatment;
- Recovery housing;
- Behavioral health services;
- Treatment referrals and care coordination; or

SLVCEH encourages CoC-funded projects to support meaningful connections to treatment, recovery services, and other appropriate behavioral health resources within or outside of the Continuum of Care.

Program Requirements Related to Sobriety and Treatment Participation

Consistent with 24 CFR 578 and applicable HUD requirements, CoC-funded housing projects may establish program requirements related to sobriety or participation in treatment as a condition of assistance, provided those requirements are implemented in accordance with applicable federal, state, and local laws, including fair housing requirements.

Compliance Monitoring and Remedies

Recipients of Continuum of Care funding are responsible for ensuring compliance with all applicable statutory, regulatory, and grant requirements throughout the term of their funding agreement.

SLVCEH will monitor compliance through its established CoC oversight, monitoring, and performance review processes. If a CoC-funded project is determined to be in violation of the requirements outlined in this policy, SLVCEH may implement appropriate remedies, which may include:

- Technical assistance and corrective guidance;
- A corrective action plan with defined timelines;
- Increased monitoring or reporting requirements;

- Suspension of activities or funding, when appropriate;
- Referral to applicable oversight authorities; or
- Other remedies consistent with HUD requirements and CoC governance procedures.

Conclusion

The Salt Lake Valley Coalition to End Homelessness remains committed to administering CoC resources in a manner that complies with federal and state requirements while supporting approaches that improve housing stability, promote recovery, and strengthen the community's response to homelessness.