



Salt Lake Valley Coalition to End Homelessness

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October 13, 2026

Regulations Division
Office of General Counsel
Department of Housing and Urban Development
451 7th Street, SW
Washington, DC 20410

Re: Docket No. HUD-2026-1453, FR-6628-N-01 Notice of Research Justifying Additional Incentives for Certain Activities to Reduce Homelessness

1. Introduction

The Salt Lake Valley Coalition to End Homelessness (the Coalition) appreciates the opportunity to comment on HUD's notice, Research Justifying Incentives for Certain Activities to Reduce Homelessness. We share HUD's goal of reducing homelessness. We also have concerns about how this notice and its research may affect our Continuum of Care. We respectfully ask HUD to revise or withdraw several elements of the notice, and we offer specific recommendations below.

The Coalition was created in April 2019. Our goal is to build a strong and effective homelessness response structure. We support a community-wide commitment to ending homelessness, unite communities and service providers in new ways, and work to increase self-sufficiency among people experiencing homelessness. The Coalition is led by a 15-member Steering Committee with expertise across the homelessness response system in Salt Lake County.

This letter is an attachment to the comment we filed on Regulations.gov. It responds to five activities in the notice. We did not respond to every section, and our silence on any other section should not be read as agreement.

2. Overall Feedback on the Notice

A. Timing and Process

The comment period is short for the length and complexity of the research. HUD opened public comment on September 11, 2026, and released the FY2026 Continuum of Care Notice of Funding Opportunity (NOFO) on September 18, 2026. Communities will prepare funding applications without the benefit of these comments. That outcome conflicts with the stated purpose of seeking public input before incentivizing these activities.

Our request: Please explain how HUD will consider and incorporate public comments, and publish a response to the comments received. If the comments cannot inform the FY2026 competition, please say so plainly and describe when they will be used.

B. Strength of the Evidence

Much of the notice relies on opinion pieces, social media posts, op-eds in partisan outlets, and polling from a single think tank. It does not rely mainly on peer-reviewed research. The notice describes these activities as proven effective. We do not believe the sources cited meet that standard.

Our request: For each proposed activity, please identify the specific studies HUD relies on, the population studied, the outcome measured, and how the evidence meets the “proven effective” requirement. Where the evidence comes from a narrow subpopulation, please do not apply it to everyone.

C. Correlation Is Not Causation

The notice ties the rise in national homelessness mainly to the shift toward Housing First funding. It does not address other major drivers, such as rents and housing costs that have grown faster than incomes. Our local experience shows why this matters. Our Housing Now report finds a need for 2,773 affordable housing units for households who are homeless or at risk of homelessness, plus an additional 1,355 units each year according to Salt Lake County’s 2025 Housing Now update. Long waiting lists for deeply affordable housing are a direct result of that shortage.

Our request: Please correct this framing, or support it with analysis that accounts for housing cost trends.

D. Local Flexibility

No single intervention can meet the needs of everyone experiencing homelessness. We ask HUD to preserve local flexibility so communities can invest in the full range of housing and services based on local data, demonstrated outcomes, and individual need.

3. Activity-Specific Comments

3.1 Transitional Housing with Supportive Services

Position: Support with conditions

Evidence

The Coalition supports HUD’s proposal to incentivize transitional housing and supportive services that promote employment, behavioral health care, independent living skills, and long-term housing stability. We recognize the value of these interventions for youth and young adults. However, no single housing intervention can meet the diverse needs of these populations.

Youth and young adults. Salt Lake Valley has invested significant time and resources in a coordinated approach to youth homelessness. Through the Youth Action Board, engagement with young adults who have experienced homelessness, and the Youth Homelessness

Demonstration Program (YHDP), our community identified housing needs, set priorities, and secured about \$2.77 million in federal funding. These efforts shaped the Coordinated Community Plan to Prevent and End Youth Homelessness.

The 2024 Salt Lake Valley Youth Housing Needs Report identified 647 youth and young adults experiencing homelessness in 2023. It estimated a need for:

- 197 additional permanent supportive housing units
- 259 rapid rehousing opportunities
- 32 transitional housing beds
- 124 prevention and diversion opportunities

These findings show that transitional housing has a real but limited role. Our needs extend across many interventions.

Local outcomes also support a mix of interventions. The 2024 needs assessment found that 70% of young adult households ages 18–24 who exited rapid rehousing in the 2023 system model moved to permanent housing. Salt Lake County’s youth transitional housing program served and transitioned 30 young adults in 2025, with a 97% successful transition rate. We define “successful” as stably housed and employed or enrolled in school at exit. These figures cover different periods and use different outcome definitions, so they are not directly comparable. Both show positive results.

Domestic violence survivors and families. While transitional housing is an important resource for some survivors of domestic violence, it is not the best solution for everyone. Survivors need access to a range of housing options, including Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH), that reflect their individual safety needs and factors. Prioritizing transitional housing at the expense of permanent housing could reduce access to sustained stability and put survivors at greater risk of returning to unsafe situations.

A key concern is that transitional housing is time-limited, generally to 24 months, while permanent housing offers greater lasting stability. For survivors, reaching the end of a transitional housing program without a permanent housing option can create another housing crisis. Shifting funding away from permanent housing could also destabilize survivors who are already safely housed. Additionally, requirements to participate in supportive services, treatment, or employment activities as a condition of housing could create barriers for survivors and undermine the autonomy that is essential to recovering from abuse.

For CoCs working to end homelessness, the concern is not whether transitional housing should be available, but whether it needs to be prioritized over other proven housing interventions. Transitional housing should be one option within a more extensive continuum of housing resources, not a replacement for permanent housing. Redirecting existing funding without increasing the overall housing supply could leave survivors with fewer options and greater housing instability. A survivor-centered homeless response must preserve housing choice, voluntary services, confidentiality, and access to permanent housing to support long-term safety and stability.

The housing market problem. For transitional housing to succeed, a household must leave the unit it has lived in for up to 24 months and move into a new unit it can afford. The average rent in Salt Lake County is \$1,570, which requires an income of about \$60,000 to qualify as a tenant. HUD has indicated that most transitional housing participants are expected to exit to market-rate rent without a subsidy. A household that was homeless only 24 months earlier would need to earn roughly \$29–\$30 per hour full time to afford the average rent. (Note: $\$60,000 \div 2,080$ hours is about \$28.85.) Transitional housing may work for a specific part of the population. It does not solve the affordability gap.

Transitional housing also often requires a move at the end of the program. Rapid rehousing is a very similar program, but it allows the household to stay in its unit. That creates stability during the program and afterward.

Cost. Transitional housing is the most expensive housing model. Moving funding away from permanent supportive housing renewals would have costs of its own. One HUD funded provider in our community projects a minimum loss of 103 PSH units alone, plus an additional housing provider's inability to compete in the current competition. The number households who were chronically homeless at entry who have been stably housed will lose rental assistance as a result. Average income of current participants for the provider's programs are \$9,886 annually vs the estimated \$60,000 needed to afford average rent without subsidy. Transitional Housing programs that we are adding in our community will not serve this same population. High likelihood of returns to homelessness due to funding loss.

Gaps

The Coalition is concerned that HUD generalizes from narrow subpopulation evidence to a broad conclusion that transitional housing resolves homelessness. The 24-month timeframe can itself be a barrier to stabilization. In addition, disproportionately incentivizing transitional housing could reduce funding for rapid rehousing, permanent supportive housing, and other critical resources. That could undermine investments already made through YHDP and other community efforts, and limit our ability to meet documented needs.

The notice also states that the CoC competition was meant to be a key feature of the program's design, and that HUD later moved away from transitional housing toward permanent supportive housing. It cites a 60% drop in transitional housing availability since 2007. We agree this history is real. But the notice does not show that restoring transitional housing, at the expense of other models, will reduce homelessness.

Solutions

1. Recognize transitional housing as one strategy among others, and target it to the populations where evidence supports it, such as youth and survivors of domestic violence.
2. Preserve existing housing resources and support a full continuum, so communities can set priorities using local needs assessments, youth voice, and measurable outcomes.
3. Measure outcomes that matter: prevention, successful moves to permanent housing, housing stability, employment and education progress, and fewer returns to homelessness.

4. Strengthen individualized supportive services across all housing types. Keep them responsive to each person's goals and free of unnecessary barriers to housing.
5. Recognize broader factors that affect housing stability, including the supply of affordable housing and the gap between housing costs and income.

Our youth planning and our Housing Now initiative both recognize the importance of permanent supportive housing, rapid rehousing, shared housing, deeply affordable housing, and long-term subsidies. Continued federal investment should build on these efforts rather than favor one model over others. Giving young people access to the right housing and services, and meeting them where they are, is essential to making youth homelessness rare, brief, and non-recurring.

3.2 Supportive Service Participation Agreements

Position: Oppose

Evidence

We agree with HUD that case management and supportive services are valuable. The notice cites the experience of participants in the SAMHSA PATH program, who valued case management. We agree that it has value. But the notice does not show that requiring participation, or ending housing when someone does not participate, improves outcomes.

Two practical facts in Salt Lake County show why this proposal would strain the system:

- **Caseloads are already too high.** The Housing Now report finds a significant shortage of supportive services for people in housing. Typical caseloads are 20–30 for permanent supportive housing and 40–50 for rapid rehousing. Recommended caseloads are 15 and 30.
- **There is no new resource.** Supportive Services Only dollars cannot be used for households already in housing, as they no longer meet the eligibility requirements (24 CFR 578.3). The administrative work of tracking and documenting participation would be added to case managers who are already stretched.

Gaps

The Fair Housing Act and the Americans with Disabilities Act protect people with substance use disorders and mental illness as people with disabilities. The biggest risk of a participation requirement is that the people with the highest needs are the ones most likely to be removed from assistance for failing to meet it. That would send them back to homelessness, which is the opposite of the program's purpose. The notice does not address these protections or how reasonable accommodations would work.

Solutions

1. Do not make required service participation a condition of keeping CoC-funded housing.
2. Instead, incentivize and fund voluntary, person-centered, culturally responsive engagement, including outreach and assertive engagement strategies.
3. Fund case management capacity so caseloads can move toward recommended levels.

4. If HUD keeps any participation expectation, require that it never be the sole basis for ending assistance, include reasonable accommodations, and allow providers to document efforts to engage.
5. Publish an analysis of how the FY2026 NOFO changes affect permanent supportive housing renewals.

3.3 Supportive Services

Position: Support with conditions

Evidence

We agree with HUD that supportive services matter. Housing paired with services produces better outcomes than housing alone, and the notice is right to say so. Our community has acted on that belief. For about a decade, local providers have built services into permanent supportive housing and rapid rehousing projects because HUD required it. Our community receives nearly \$2 million in CoC funding for Supportive Services, with additional support through leveraged service partnerships. The notice describes the risks of housing-only approaches but does not acknowledge this investment.

The notice points to the SAMHSA/HUD/ONDCP Best Practices Toolkit and to HUD-VASH as models. These stress behavioral health care and services that improve employment. We support those services. But the evidence is mostly specific to behavioral health.

Gaps

- **Mismatch between evidence and conclusion.** The notice stretches behavioral health evidence to support broader needs, such as child care, health clinics, dental care, and legal services. These may be valuable, but the evidence cited does not show they reduce homelessness. Please identify the research that does.
- **Employment is not the right outcome for everyone.** The notice treats employment and self-sufficiency as the central outcome. For some people, such as older adults, people with disabilities awaiting benefits decisions, caregivers, and survivors in safety planning stable housing, health, safety, and benefits access are better measures of success. A single outcome measure could penalize programs serving the people with the greatest need.
- **Possible access inconsistency.** We ask HUD to confirm whether the funding competition for this activity is limited to people who are literally homeless (Category 1). If so, people at imminent risk, fleeing violence, or recently housed could lose access to services.

Solutions

1. Keep supportive services paired with housing, and do not let new Supportive Services Only incentives pull funds away from housing.
2. Allow outcome measures that fit each population, including housing stability, health, income from all sources, and benefits access.
3. Recognize and build on the services already in place in permanent supportive housing and rapid rehousing.

4. Clarify eligibility so services reach everyone who needs them.

3.4 Drug-Free and Sober Housing

Position: Support with conditions

Evidence

Sober and drug-free housing meets a real need and works for a subset of the population. It is already offered in Salt Lake County through community partners and other funding streams outside the CoC program.

What local mortality data shows. The Utah Department of Health and Human Services homeless mortality report identified 216 people experiencing homelessness at the time of death in 2023. [Utah Department of Health and Human Services. Homeless Mortality Report]

- Substance use caused 35% of deaths among people experiencing homelessness, compared with 5% in the housed population. Most of these were accidents.
- Chronic diseases such as heart disease, diabetes, and pulmonary disease caused 33% of deaths among people experiencing homelessness. They caused 59% in the general population.

These deaths have many causes, and no single action will prevent them. Studies have found that people often use substances to cope with homelessness. Examples include using stimulants to stay awake to protect belongings or avoid assault, and using depressants to sleep in crowded or unsafe places. People experiencing homelessness also face more barriers to treatment than the general population. When treatment is available, treatment compliance is higher among people with housing. Strengthening access to routine primary care is a strong strategy for both chronic disease and substance use deaths.

Choice is the active ingredient. Sober housing is most effective when people choose it. Peer-run models such as Oxford House show positive results because residents choose the setting and govern it together. HUD's own 2010 Recovery Housing Policy Brief says communities should build a continuum that gives people choice, and that many people with a substance use disorder will choose a recovery-supportive setting when it is available. The brief says recovery housing should be one option among others. Research on sober living residents also found that people with more severe medical, psychiatric, and family problems did not improve as much, which points to the need for more services in these settings.

The risk of mandates. Requiring abstinence to keep CoC-funded housing has greater negative consequences. People who return to use, or who are not ready for an abstinence-based setting, would lose housing and return to unsheltered homelessness. That is where the risk of accidental overdose and death is highest. A policy that ties housing to abstinence could increase the harms the CoC program is meant to reduce. The notice also uses deaths and overdoses to frame exits from permanent supportive housing. Our local data shows that these outcomes have many causes.

Gaps

- **Missing emphasis on choice.** The notice does not say that participation should be voluntary.

- **Fair housing exposure.** The same Fair Housing Act and Americans with Disabilities Act concerns apply here as with participation agreements.

Solutions

1. Expand voluntary sober and drug-free options within the full housing continuum, as one choice among many.
2. Do not create a preference that diverts funds from permanent supportive housing or narrows options for people with the highest needs.
3. Do not require abstinence as a condition of keeping CoC-funded housing.
4. Pair recovery housing with the medical, behavioral health, and family services residents need.
5. Identify the federal law and the research the notice relies on for its statements about drug-free housing.

3.5 Coordination with Law Enforcement

Position: Support with conditions

Evidence

Public safety is an essential part of addressing encampments and unsheltered homelessness. Encampments can raise real concerns about crime, substance use, health, and safety, for the people living there and for the wider community. Coordination between law enforcement, first responders, and homelessness providers is already standard practice in our community. We do not oppose incentivizing it. We support strong partnerships among law enforcement, EMS, behavioral health providers, homelessness service organizations, and other partners.

An effective response takes more than enforcement alone. People encountered in crisis may have behavioral health needs, substance use, medical needs, or a history of victimization. They need a response that fits their situation.

Local law enforcement. Local agencies have taken concrete steps at the city and county levels. All officers have completed Crisis Intervention Team (CIT) training, which builds skills in recognizing behavioral health and substance use crises, de-escalation, and connecting people to services. The agency also uses a co-response model that pairs officers with an experienced behavioral health professional. The officer handles immediate safety. The co-responder brings skills in engagement, assessment, and connection to resources.

Co-response shows why multiple response options matter. Some situations require enforcement because of criminal activity or an immediate threat. Others are better addressed through behavioral health care, EMS, voluntary engagement, or diversion. These approaches complement enforcement. They help officers tell the difference.

Jail and reentry. Many people experiencing homelessness have been incarcerated and face co-occurring mental health and substance use needs. Local partners work to build a path from custody to stabilization, housing, and return to the community.

- **Programs in the jail.** The Jail's Programs Division offers treatment and reentry services, including therapeutic community substance use treatment, mental health counseling, and vocational programs. People in custody can work toward a GED or diploma, a résumé, government-issued identification, and job skills in areas such as baking, commercial painting, and arborist certification.
- **Criminal Justice Services.** Salt Lake County Criminal Justice Services works with the Sheriff's Office and Jail to connect people with services before and after release. Its programs include EARS and Re-Ignite case management with peer support, the Jail Resource and Reentry Program (a transition point at jail exit that helps with food, clothing, transportation, and Medicaid enrollment), and a weekly Community Resource Fair held with the Utah Department of Corrections.
- **Jail Mental Health Team.** The team provides individualized care plans for people with serious and persistent mental illness, medication continuity, crisis assessment, a medication-assisted treatment program, and participation in Mental Health Court and Project Rio. It is working toward becoming an Opioid Treatment Program and implementing the Justice-Involved Medicaid 1115 Waiver.

Despite these efforts, barriers remain. Release dates are often unknown and notice can be an hour or two. Only about 20% of patients are adjudicated, which makes planning hard. Waiting lists for treatment and programming leave gaps in housing and medication.

Gaps

- **Framing.** HUD's framing centers on camping bans and clearing encampments, not just connecting people to services. We are concerned that "coordination" could be turned into enforcement in a future NOFO.
- **Missing outcomes.** The studies cited on declines in unsheltered counts do not track where people ended up: housed, jailed, or displaced. A lower count is not the same as fewer people homeless.
- **Anchorage.** The Anchorage example combined enforcement with shelter and housing investment at the same time. The notice cites it as if enforcement alone caused the result.
- **Source quality.** Crime and encampment statistics come largely from one advocacy think tank (the Cicero Institute) and a small number of opinion pieces. The notice describes people experiencing homelessness in ways that associate them with crime. The notice does not show that most people experiencing homelessness are involved in crime.

Solutions

1. Define coordination with law enforcement and first responders as connecting people to services, treatment, and housing, in addition to public safety response.
2. Give communities flexibility to use enforcement when needed, and the resources to de-escalate, divert, and connect people to services when enforcement is not the best response.
3. Support locally developed partnerships such as CIT training, co-response teams, EMS, outreach, and diversion.

4. Support discharge and reentry planning, including advance notice of release, warm hand-offs, medication continuity, and housing and treatment capacity.
5. Require any incentive to measure where people go (housing, treatment, jail, or displacement), not only changes in counts.

Public safety and crisis intervention are not competing goals. When law enforcement, behavioral health professionals, EMS, and community providers work together, communities can respond to the full range of situations tied to unsheltered homelessness. Salt Lake County's Public Safety Plan offers further local context.

4. Summary of Requests to HUD

1. Explain how public comments will be considered and incorporated, and publish a response.
2. Show how the evidence for each activity meets the "proven effective" requirement, and correct the framing that links rising homelessness mainly to Housing First without accounting for housing costs.
3. Treat transitional housing as one strategy among many. Do not shift funds away from rapid rehousing and permanent supportive housing.
4. Do not require participation in services as a condition of housing assistance. Fund voluntary, person-centered case management.
5. Keep supportive services paired with housing, and use outcome measures that fit each population.
6. Expand voluntary sober and drug-free options. Do not require abstinence to keep housing, and identify the legal basis for the claim that drug-free housing is federally required.
7. Define coordination with law enforcement as service connection and crisis response, and require outcome tracking beyond changes in counts.

5. Conclusion

Thank you for the opportunity to review the research and provide input. We welcome other opportunities to engage with HUD on these issues.

Respectfully submitted,

Salt Lake Valley Coalition to End Homelessness

Sources

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5. Salt Lake Valley. Coordinated Community Plan to Prevent and End Youth Homelessness. [Link](#)
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