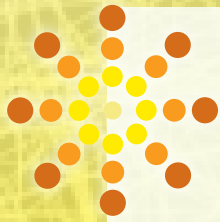UTAH FOUNDATION

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Exploring Homeless Service Gaps in Salt Lake County

AUGUST 2021

MENDING THE NET

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Research Report 788

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INTRODUCTION

Homelessness remains a major concern in Utah, and particularly in Salt Lake County where about half of the state's homeless population can be found. The challenge of addressing homelessness has only intensified in recent years.

This research report is the third in a series on homelessness in Salt Lake County. It addresses gaps in the current homeless service system and connections among service providers.

This report builds on the first two of this series, released in 2020, which focused specifically on (1) understanding the effects of the coronavirus pandemic on the Salt Lake County homeless service system and (2) exploring the coping strategies and innovations that providers are adopting to withstand the effects of the pandemic.

This third report draws from a wide-ranging survey of homeless service providers to explore the overarching service gaps. In particular, this report identifies areas where there is the greatest need for service expansions or enhancements. It also explores whether adequate collaboration is occurring to ensure that the homeless service providers are functioning together as a system, rather than in a fragmented manner.

KEY FINDINGS OF THIS REPORT

- More than half of all sheltered and unsheltered Utahns experiencing homelessness reside in Salt Lake County.

- The unsheltered homeless population in the state and Salt Lake County seem to have been increasing over the long term – though homelessness officials say methodological changes in measuring homelessness in 2021 prevent a clear comparison.

- In response to the Utah Foundation's survey on unmet needs in their service areas, homeless service providers most often identified the need for more housing options, such as emergency beds, transitional housing and long-term housing (38% of total gaps reported).

- Employment services were also commonly mentioned as a services gap (21% of service gaps reported).

- Homeless service providers noted a gap in general support services, such as transportation, child-care services and financial education (18% of service gaps reported).

- Unmet health needs were also cited, with an emphasis on primary and preventative health care as well as nutritious food (15% of service gaps reported).

- Some service providers identified mental health and substance use services as insufficient, particularly psychiatric treatment and detox services (4% of service gaps reported).

- Some service providers noted deficiencies in collaboration and coordination within the service system (4% of service gaps reported).

- There are 17 "key" homelessness service organizations in Salt Lake County, with 560 unique connections, signifying a complex and significant network.

- The work of helping people step out of homelessness requires real coordination and collaboration among entities because no one provider has all the resources needed.

- Service providers report that they are more likely to collaborate with governmental agencies in sharing resources and building programs and services, but are more likely to collaborate with nonprofits in linking people to housing.

- Service providers want stronger community partnerships across the service system to maximize the success of homeless interventions.

- Looking to the future, concerns remain about the adequacy of resources to address the gaps that providers have identified in the homeless service system.
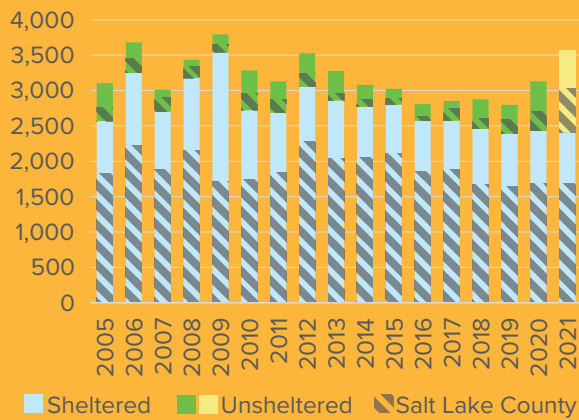
BACKGROUND

Homelessness takes a variety of forms. For some people, it is being literally homeless – lacking a regular nighttime residence.[1] This might be a person sleeping in places not meant for human habitation, such as a car or a park. It also includes people living in shelters. From the service provider perspective, addressing homelessness might also mean meeting the needs of people in imminent danger of losing their regular nighttime residence (within the following two weeks) and have no options for a place to stay and no support networks to help them. Homelessness is more broadly defined for children. For instance, service providers define doubling up with another family under temporary arrangements as homelessness. Finally, people attempting to flee domestic violence are considered homeless if they do not have the resources or networks to obtain a regular nighttime residence.

By the Numbers

An estimated 10,846 Utahns experiencing homelessness during 2020 sought and gained access to shelter – either temporary or permanent – with others remaining unsheltered.[2] Many additional homeless Utahns are uncounted because they are living in vehicles, temporarily staying with friends or relatives, or myriad other situations. Utah's January 27, 2021, Point-in-Time Count estimated that over 3,500 people were experiencing homelessness on that date. Nearly one-third of those Utahns were unsheltered. A majority of both the sheltered and unsheltered Utahns reside in Salt Lake County. (See Figure 1.) While there was an increase in the number of unsheltered Utahns counted on January 27, 2021, homelessness officials point out that a change in methodology prevents comparisons to prior years. The change included pandemic-related adjustments to estimate the number of unsheltered homeless populations – instead of surveying everyone – in an effort to reduce interactions with volunteers. Nationally, the number of people experiencing homelessness has crept up since 2016, though it remains below levels seen a decade ago.[3]

The Coronavirus Pandemic and Homelessness

The coronavirus pandemic increased the volatility of health and mental health conditions among people experiencing homelessness. In general, this group has a higher rate than the general public for many acute and chronic illnesses.[4] Respiratory illnesses are especially common in this population for reasons such as poor nutrition, environmental stresses and dense living areas such as shelters.[5] Such conditions amplified the complexities of assisting the homeless during the pandemic largely because respiratory diseases – among other health issues like hypertension, diabetes, cancer and other comorbidities – increase the risk of severe health complications when contracting the coronavirus.[6]

In addition to high rates of respiratory and other diseases, access to health care is also a complicating factor for this population. However, the Salt Lake homeless resource centers, which opened in 2019, are meant to help increase health care access.

Since the second report in this series was published in late 2020, there has been a significant decrease in the number of active positive cases among individuals experiencing homelessness in Salt Lake County, and the vaccine rollout has reached homeless populations.[7]

In late September 2020, there were reports that many homeless service providers were experiencing high increases in the number of people they served.[8] However, Utah's Department of Workforce Services offers a Homelessness Data Dashboard tracking data from approximately 60 homeless resource providers which actually shows a decrease in the number of people receiving their services when compared to the same date range from the year before. This may be due to curtailed or discontinued services under the pandemic (see the first and second reports in this series), or due to fears of contracting coronavirus among the homeless. In a comparison of these same date ranges, the number of people exiting the system decreased during 2020, which indicates that many people are experienced homelessness for a longer period of time than during this date range in 2019; the number of people who exited the system was 6,213, a 39% decrease from this date range in 2019.[9] This too may be due to the pandemic and the economic shutdown. It should be noted that exiting the system may not mean that the Utahns have found housing, just that they are no longer being tracked.

METHODOLOGY

This research report is based on original data collected via an online survey administered to homeless service providers in Salt Lake County from February 9 to March 5, 2021. The survey consisted of eight questions to understand the service sector represented, homeless populations served, gaps in the service system, and network connections.

Our research team relied on multiple information sources to identify a sample of 143 service providers and other stakeholders. The team received a total of 52 completed surveys for a completion rate of 36%. Of the 52 respondents, 62% were nonprofit organizations and 31% were government agencies. There was one business entity, one university, one community group and one education-related organization (the latter three are categorized as "other" in Figure 2).

We asked respondents to report the service area(s) in which they worked. A vast majority of the respondents' organizations provide human services (21 respondents) and housing services (17 respondents). (See Figure 3.) Advocacy, health and education services were the next most common service types. In the "other" category were services such as poverty reduction, employment of people with disabilities, mental health assistance, street outreach, and general homeless services.

Respondents serve a variety of homeless subpopulations. About half of the respondents served all homeless populations. Of the remaining subpopulations, organizations were mostly likely to serve single men or single women (37%), followed by individuals with substance use needs (27%), families (27%), domestic violence survivors (25%) and those with mental health needs (25%). Refugee and immigrant Utahns, younger people and veterans accounted for most of the remaining subpopulation groups. (See Figure 4.)

Most survey respondents were from the nonprofit sector.

Figure 2: Service Sector of Respondents (N=52)
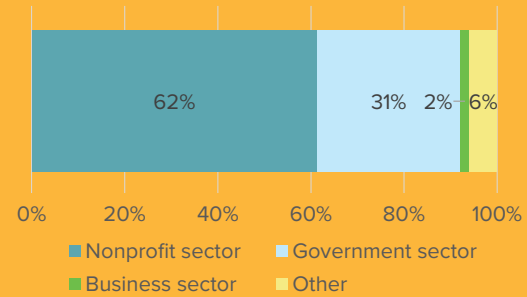
Human services and housing services top the list among survey respondents.

Figure 3: Service Area of Respondents
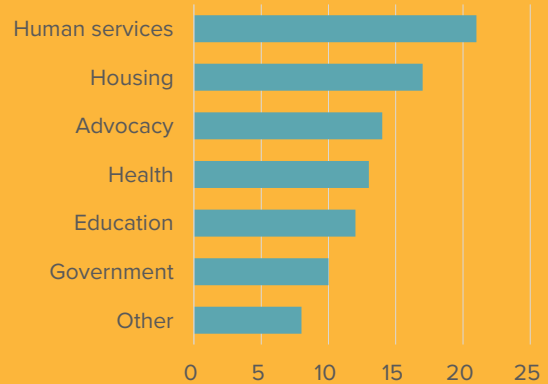
About half of survey respondents serve all populations.

Figure 4: Homeless Populations Served

	Number	Percent
All	25	48%
Target Subpopulations/Services	27	52%
Single men or women	19	37%
Substance use needs	14	27%
Families	14	27%
Domestic violence survivors	13	25%
Mental health needs	13	25%
Refugees and immigrants	12	23%
Young children and their caregivers	12	23%
Veterans	11	21%
Other	10	19%
Youth or young people	8	15%
College students	4	8%

SERVICE GAPS WITHIN SPECIFIC SERVICE AREAS

The Utah Foundation survey asked Salt Lake County homeless service providers: "Within your agency's service area(s), what service gaps exist?" Responses were coded into six different categories: housing, health care, employment, mental health / substance use, human services, and collaboration. (See Figure 5.)

Most often (38% of total gaps reported), service providers identified the need for more affordable housing of all types, including short-term housing such as emergency beds and transitional housing as well as long-term housing needs such as pe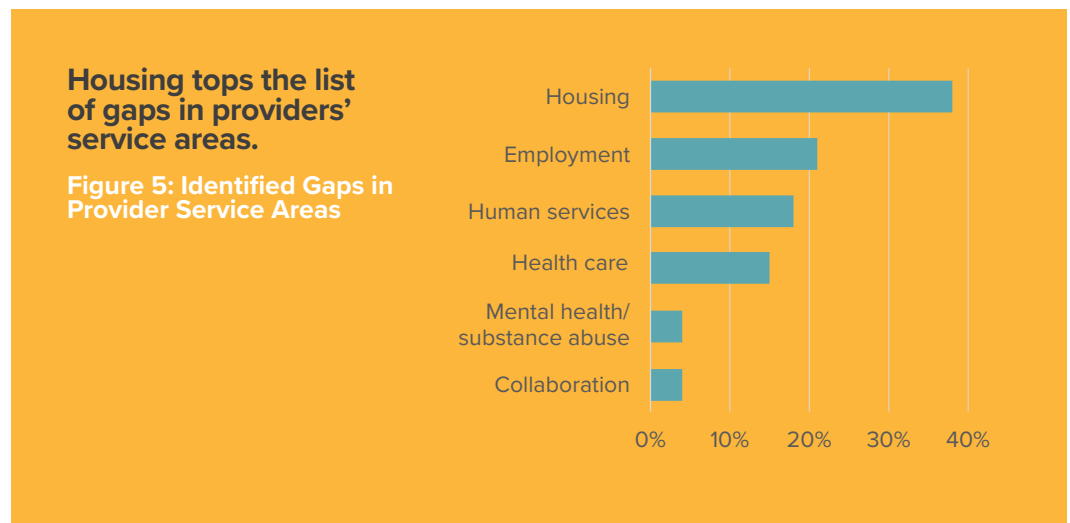rmanent supportive housing and affordable apartments. Other housing-related needs included instituting flexibility in housing policies, increasing resources that help individuals with housing-related costs (i.e., deposits and application fees), and additional housing case management services.

Employment services were also commonly mentioned as a services gap (21% of service gaps reported). These services seek to provide tools people might need to exit the homeless services system and become self-sufficient. Providers reported a need for more employment opportunities and training. Catholic Community Services launched one such program in 2021; St. Vincent's Kitchen Academy aims to provide Utahns experiencing homelessness with 12 weeks of culinary training. Program attendees receive a Food Handler's Permit, a Line Cook Certification and a wide range of kitchen skills for the food service industry. However, other service providers note that, for a person with no regular nighttime residence and no bank account with mental health issues and significant trauma, employment is only one of numerous services that they may require on the path to housing and self-sufficiency.

Providers also reported a gap in general human services that may help stabilize and support individuals and families in stepping out of homelessness (18% of service gaps reported). These services include things like access to transportation, child-care services and technology (i.e., to connect with clients to provide telehealth). Respondents also noted a gap in flexible resources to address unique needs as well as resources to engage with clients after they have been successfully placed in housing as a way to prevent future homelessness. In a related area of concern, providers reported a need for financial education (i.e., how to open and manage a bank account) and for staff to address human services challenges.

Service providers identified health care gaps that centered primarily on generating access to services such as access to primary and preventative health care and nutritious food (15% of service gaps reported). Providers also reported the need to help individuals access Medicaid and health insurance. They also noted that some of these health care challenges may be alleviated by onsite and mobile clinics, improved care coordination and wrap-around services.

Some service providers identified significant mental health and substance abuse service gaps in Salt Lake County's homeless service system (4% of service gaps reported). Providers noted specific shortfalls in psychiatric treatment and crisis stabilization services (i.e.,

Housing tops the list of gaps in providers' service areas.

Figure 5: Identified Gaps in Provider Service Areas

beds or locations when hospitalization is not warranted) as well as detox services and beds for those experiencing substance abuse challenges. Providers noted a gap in workforce – specifically, shelter staff and mental health workers such as case managers and therapists.

Finally, outside of specific service gaps, some respondents noted gaps in collaboration and coordination within the service system (4% of service gaps reported). Specifically, several respondents identified a gap in communication between providers as well as between homeless populations and providers. For example, individuals experiencing homelessness may not understand how the system works and the services available to them. Respondents also noted a need for improved coordination between providers and police and fire departments.

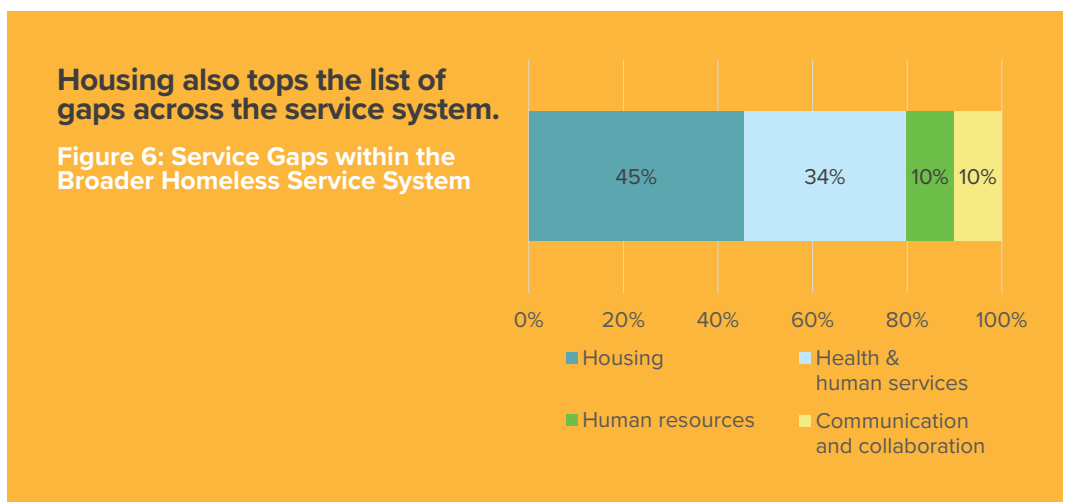## SERVICE GAPS WITHIN THE BROADER SERVICE SYSTEM

Next, we asked Salt Lake County homeless service providers to think about service gaps, but as they applied to the broader homeless service system beyond just their area of work (i.e., outside of their focus on health, housing, etc.). We coded the responses into four broad themes: housing, health and human services, human resources, and communication and collaboration. (See Figure 6.)

First, there was a general consensus from respondents of a large shortfall of temporary and permanent housing solutions (45% of service gaps). While respondents noted the value and importance of investing resources in the shelter system, they also assert that resources are needed for housing options that help individuals and families transition into permanent living. Respondents also noted a gap in understanding and applying solutions to the challenges facing Salt Lake County around unsheltered populations and encampments.

In the arena of health and human services (34% of service gaps), providers identified gaps around the continuum of care needs of individuals experiencing homelessness ranging from nutrition to employment training and opportunities.

Providers noted a need for more human resources to tackle the challenges around homelessness (10% of service gaps). Specifically, service providers said there is a lack of available workers as well as resources to recruit and retain employees such as case managers. Additionally, they pointed to the importance of trauma-informed training and the value of training existing employees across the service system in order to better serve homeless populations.

Lastly, service providers identified gaps in communication and collaboration across the service system (10% of service gaps). They raised concerns about silos across the sectors and service agencies, both in Salt Lake County and across the state. In order to tackle the complexities of homelessness, they said there needs to be robust coordination and collaboration among providers. Part of the challenge involves improved awareness of the network of providers and the resources that each offers.

Housing also tops the list of gaps across the service system.

Figure 6: Service Gaps within the Broader Homeless Service System

Housing	Health & human services	Human resources	Communication and collaboration
45%	34%	10%	10%

The homelessness challenges in Salt Lake County largely align with those identified in the statewide strategic plan.

Figure 7: Matrix of Identified Services Gaps: Salt Lake County Survey Compared to the Statewide Strategic Plan

	Salt Lake County survey	Statewide Strategic Plan
Affordable Housing	X	X
Health Care	X	X
Mental Health	X	X
Human Services*	X	X
Collaboration**	X	X
Case Management	X	X
Prevention, Diversion and Outreach		X

* Transportation needs were identified in the Statewide Strategic Plan as a standalone gap, but here it is coded as part of Human Services.

** Data Systems were identified as a standalone gap in the Statewide Strategic Plan, but here it is coded as part of collaboration gap.

UTAH HOMELESSNESS STRATEGIC PLAN

Utah's Department of Workforce Services' Division of Housing and Community Development is in the process of implementing a statewide strategic plan that aims to make homelessness in Utah "rare, brief and non-recurring."[10] The plan sets forth multiple ways in which the gaps between services and shelters are being assessed and treated with the goal of closing those gaps. The plan identifies six different types of service gaps: affordable housing, permanent supportive housing and emergency beds; mental health services and substance use disorder treatment; case management; prevention, diversion and outreach services; data systems that capture more of the full story of Utahns experiencing homelessness; and available transportation.[11]

The gaps in the statewide strategic plan are not specific to any one community in Utah, but rather apply consistently across the state. In this current research, we focus specifically at the gaps in Salt Lake County's homeless service system. In Figure 7, the gaps between those in Salt Lake County versus those identified statewide are compared.

Overall, the identified service gaps align in at least five dimensions: affordable housing, health care, mental health, human services and case management. There are, however, some notable differences. Providers in Salt Lake County highlighted gaps in collaboration in the areas of communication across the sectors and providers, increased awareness of homelessness, and coordination with fire and police departments. The statewide strategic plan, meanwhile, identified a need for increased data sharing and investment in prevention, diversion and outreach as key gaps. That said, addressing these needs would no doubt assist Salt Lake County providers in areas of need they identified, such as collaboration and human services.

UTAH OFFICE OF HOMELESS SERVICES

Overcoming homeless service gaps will be squarely within the purview of the state's new homelessness coordinator and the state's new Office of Homeless Services. The office will provide funding for homeless services and "cooperate with local homeless councils" to "develop a common agenda and vision for reducing homelessness" — in essence helping create better connection across the service system.

Source: Utah Legislature, HB374, https://le.utah.gov/~2021/bills/static/HB0347.html.

UNSHELTERED UTAHNS, ENCAMPMENTS AND TINY HOUSES

The homeless service gaps are clearly exemplified by Utah's unsheltered population. However, this is a more difficult group to fully understand. Although many of the homeless service providers keep track of some datapoints of their clients, it is much harder to investigate trends among the unsheltered homeless population. Some unsheltered persons may be avoiding shelters for fear of contracting the coronavirus or from an unwillingness to live within shelter restrictions. Still others may be unable to get access to shelters due to insufficient space and other barriers.

There have been efforts to remedy this. Service providers collaborated through the Salt Lake Valley Coalition to End Homelessness, which recommended a range of actions for winter capacity management and overflow.[a] As part of this effort, in December 2020, Switchpoint, a homeless resource center that primarily operates in St. George, began operating a temporary homeless shelter in Millcreek to provide 60 to 75 beds.[b] The space at this temporary shelter was large enough to comply with pandemic social distancing recommendations. The Coalition also asked Switchpoint to operate an overflow shelter with more than 100 additional beds at the Airport Inn Hotel.[c] Other efforts include the Stay Safe, Stay Home Hotel operation that includes 80 hotel vouchers at an undisclosed facility offering space for 130 people, as well as the St. Vincent de Paul Dining Hall, offering space for 40 to 60 people.[d] Another effort to provide additional options includes a hotel voucher program operated by Volunteers of America. Ultimately, winter 2020-21 had more emergency beds than previous winters.[e] Less formal collaborations have brought together unsheltered homeless populations with services. For instance, Camp Last Hope, a now-defunct encampment containing dozens of tents, provided some services to the residents of the encampment by supplying food and clothing.[f]

While it is difficult to estimate the number of homeless in encampments, reports indicate that the ubiquity of encampments is growing in cities across the nation.[g] Some observers have expressed concerns over allowing these encampments to continue, citing community quality of life problems, health issues (due to lack of toilets, etc.), violence, and alcohol and drug abuse. Others worry that the encampments could diminish charitable giving, as philanthropists observing the encampments may conclude that their investments are not yielding positive results. In addition, these encampments increase policing costs and draw on community resources.[h]

In response, some have suggested sanctioned encampments (as opposed to makeshift tent communities along roadways), located in discrete areas with toilets, showers and garbage facilities. Sanctioned encampments typically have some form of infrastructure to manage hygiene and are supported by local organizations.[i] These encampments may offer homeless the comfort of knowing they will not unexpectedly be removed, though perhaps at the cost of living in a place they prefer (but where they may impose quality of life impacts on other Utahns).

The Salt Lake City Mayor has rejected the idea of sanctioned encampments in favor of the possible development of a tiny-home village for the homeless. Tiny houses range from around 50 to 400 square feet, some with en suite bathrooms and kitchenettes and others that require shared bathrooms and common cooking areas.[j] Austin, Texas, has a tiny-home village that provides shelter and offers vocational training to 180 residents.[k] Seattle has created 10 villages. Seattle's Human Services Departments recently reported that the program saw significant successes in promoting public safety and transitioning individuals to permanent housing. The tiny house villages were sparked by the housing-first model, which claims that by solving housing issues, individuals can pursue employment or resolve addiction issues, while reducing quality of life impacts.[l] Though the cost of tiny house construction is far lower than typical housing, it is far higher than the cost of providing space for an encampment. A recent study of tiny house villages found the average cost is $21,160 per unit.[m]

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CONNECTIONS ACROSS THE SERVICE SYSTEM

The federal Continuum of Care Program works to foster collaboration to end homelessness. It provides funding for rehousing, promotes access to programs and rapid rehousing, and supports self-sufficiency. The federal program helps fund three Continuums of Care programs in Utah: Salt Lake, Mountainlands and Utah Balance of State. The Salt Lake group supports one of 13 "Local Homeless Coordinating Committees," which operate as the Salt Lake Valley Coalition to End Homelessness. They focus on:

1. Identifying gaps in the system.
2. Using data, research and resources to establish creative, effective strategies to address gaps.
3. Supporting, informing, and collaborating on funding.
4. Educating the public and stakeholders regarding homelessness prevention and solutions.[12]

This collaboration gathers dozens of major providers across the valley, and a total of over 400 members – which include individuals, organizations and other stakeholders.

Frequency of Collaboration

As this report has noted, one area of importance and increased need in Salt Lake County is for collaboration and connections across the service system. The work of helping people step out of homelessness requires real coordination and collaboration because no one provider has all the resources needed. To burrow into this issue, we provided service providers with a preliminary list of 14 key organizations that serve the homeless population, along with an opportunity to identify additional organizations. This resulted in dozens of entities, but for this analysis resulted in three additional "key" organizations – those that were identified by at least three or more survey respondents – for a total of 17 "key" homeless service providers in the community. In Figure 8, these entities are anonymized and simply labeled in numerical order, sector orientation and service area.

As with the larger sample of survey respondents, the majority (13) of these key entities are nonprofit organizations; governmental entities account for four. There is wide variety in the kind of work in which nonprofit providers engage: human services, substance use treatment, health care, domestic violence and mental health care.

Across these 17 organizations, the analysis identified a total of 519 unique connections – signifying a complex and significant network. These unique connections are defined as those that respondents noted that connected with an organization at a frequency of at least "rarely." For example, organization No. 9 in Figure 8 – a nonprofit organization focused on housing-related services – has the most connections, with 42 unique connections to other organizations in the homeless service system. The organization with the least connections in the network is a governmental entity (26 total connections).

The key service providers cover a broad range of service areas.

Figure 8: List of Key Homeless Service Providers in Network

Organization	Sector	Service Area
Organization 1	Nonprofit	Human Services
Organization 2	Nonprofit	Substance Use Treatment
Organization 3	Nonprofit	Health Care
Organization 4	Nonprofit	Mental Health Care
Organization 5	Government	Government
Organization 6	Government	Government
Organization 7	Nonprofit	Housing
Organization 8	Nonprofit	Domestic Violence
Organization 9	Nonprofit	Housing
Organization 10	Government	Government
Organization 11	Nonprofit	Human Services
Organization 12	Government	Government
Organization 13	Nonprofit	Human Services
Organization 14	Nonprofit	Domestic Violence
Organization 15	Nonprofit	Housing
Organization 16	Nonprofit	Substance Use Treatment
Organization 17	Nonprofit	Mental Health Care

Our survey asked respondents to report the frequency of collaboration, ranging from never to always. (See Figure 9.) With greater frequency, service providers report that they collaborate with other organizations in the homeless service system very often (N=162) or sometimes (N=159). The "never" category received the least frequency of reporting, implying that providers collaborate more often than not.

In addition, results indicate that providers tend to collaborate most with governmental agencies – suggesting the importance of connecting across the sectors. For example, the organization with the most "always" connections (organization No. 12) is a governmental entity. Overall, however, service providers tend to have more connections with nonprofit agencies than with governmental entities.

While providers see the need for more collaboration, connections already occur regularly.
Figure 9: Number and Frequency of Connections

Organization	Never	Rarely	Sometimes	Very often	Always	Total*	Frequent**
Organization 11	2	3	13	14	10	40	37
Organization 9	1	6	12	14	10	42	36
Organization 6	**1**	**5**	**10**	**16**	**9**	**40**	**35**
Organization 13	1	5	8	18	9	40	35
Organization 12	**1**	**6**	**10**	**13**	**11**	**40**	**34**
Organization 3	2	6	14	10	8	38	32
Organization 1	2	7	13	12	6	38	31
Organization 2	3	5	13	12	6	36	31
Organization 7	3	7	12	8	10	37	30
Organization 14	3	9	13	11	1	34	25
Organization 5	**2**	**8**	**7**	**9**	**9**	**33**	**25**
Organization 8	6	9	13	5	4	31	22
Organization 4	7	10	10	6	3	29	19
Organization 10	**8**	**7**	**9**	**6**	**4**	**26**	**19**
Organization 15	0	1	0	3	3	7	6
Organization 16	0	0	1	3	0	4	4
Organization 17	0	0	1	2	1	4	4
TOTAL	**42**	**94**	**159**	**162**	**104**	**519**	**425**

Note: Bolding signifies that the organizations are governmental agencies. Also, organizations no. 15 through 17 were not on the list provided to respondents; they were suggested by several respondents.

* Total reflects total connections with a minimum frequency of rarely.

** Frequent reflects total connections with a minimum frequency of sometimes.

Types of Collaboration Across the Homeless Service System

Respondents also addressed how they collaborated with their various community partners. Specifically, our survey asked them to identify whether they engage in information-sharing, sharing resources, building programs and services, and/or linking people to housing with other service providers. (See Figure 10.)

The most common activity on which providers across the service system collaborate is information-sharing. This is an interesting contrast to what some providers reported in the service gaps analysis, which suggested that more information-sharing was warranted. Sharing resources and building programs and services were the next most common forms of collaboration, almost identical in their frequency. The least of the types of collaboration was linking people to housing – in which providers report a gap simply due to a lack of affordable housing.

Interestingly, providers report that they are likely to collaborate with both nonprofits and government alike in the area of information-sharing. Service providers report that they more frequently share resources and build programs and services with the public government sector. However, in collaborating to link people to housing, providers more frequently connect with nonprofit agencies.

Homeless service providers collaborate in various ways.

Figure 10: Types of Collaboration Across the Service System

Organization	Information sharing	Sharing resources	Building programs & services	Linking people to housing	Total
Organization 9	32	20	22	20	94
Organization 13	30	22	25	17	94
Organization 6	**30**	**23**	**24**	**14**	**91**
Organization 11	26	19	20	20	85
Organization 7	26	17	23	12	78
Organization 12	**27**	**18**	**19**	**11**	**75**
Organization 5	**25**	**18**	**22**	**9**	**74**
Organization 2	21	15	19	16	71
Organization 3	25	19	20	6	70
Organization 1	28	17	14	10	69
Organization 14	22	13	15	10	60
Organization 8	18	14	10	8	50
Organization 4	20	12	8	4	44
Organization 10	**19**	**8**	**9**	**5**	**41**
Organization 15	3	5	5	5	18
Organization 16	2	3	2	2	9
Organization 17	1	3	2	2	8
TOTAL	**355**	**246**	**259**	**171**	**1031**

Note: Bolding signifies that the organizations are governmental agencies. Also, organizations no. 15 through 17 were not on the list provided to respondents; they were suggested by several respondents.

The Need for Stronger Connections

Our survey asked service providers about their connections across the service system and whether there was a need for a stronger connection with each community partner. As noted, the network analysis identified a total of 553 unique connections across the service system between the respondents and the list of 17 key organizations that serve homeless populations.

Survey respondents note that they wished they had a stronger connection across 181 connections of the 553 connections identified. (See Figure 11.) In other words, they desired stronger community partnership about 35% of the time, expressing a need to work on establishing a strong connection in order to achieve greater things in the community.

The coronavirus pandemic has challenged many of these organizations' capacities and collaborative partnerships (see the first two reports in this series), and with the reopening of the economy and stabilization of Utah's recovery efforts, it is possible that organizations are beginning to revisit their partnerships for the future.

In addition, service providers seem to report a need for a strong connection across the sectors, with both nonprofit agencies and governmental entities noting a similar need for strong connection. Of the top five organizations with which respondents wish a stronger relationship, only one is a government agency and the rest are nonprofits focused in the areas of mental health, human services, housing, and domestic violence.

LOOKING INTO THE FUTURE: EMERGING GAPS AND UNMET DEMANDS

Finally, the Utah Foundation survey asked homeless service providers to look into the future and think about emerging gaps and unmet service demands to be aware of and begin addressing now. The majority of responses remain similar to the gaps previous reported. There remains a concern about the need for deeply affordable housing of all types, continued eviction protections, nutritious food, mental health services, substance use treatment, transportation services, case management services and workers, and employment assistance and training. All critical services for addressing the continuum of care needs of individuals experiencing homelessness.

Respondents reported other emerging challenges that had not been identified through previous questions, and these center around the themes of the economy, public health and social concerns.

Near-term economic concerns were directly connected to the coronavirus pandemic. Specifically, providers were thinking about the economic impacts of the pandemic on households and the financial recovery process that needs to take place for very low to lower-income households. Providers also worry about future increases in homelessness from rising housing prices.

Public health concerns are expected to continue into the future with challenges around vaccination of the homeless population. Service providers noted the continued need for coronavirus testing and having dedicated spaces for quarantine and isolation. Social concerns included policing challenges, racism, violence against

Of the top five organizations with which respondents wish a stronger connection, four are nonprofits.

Figure 11: Key Organizations and the Number of Service Providers Wanting Stronger Connections with Them

Note: Bolding signifies that the organizations are governmental agencies. Also, organizations no. 15 through 17 were not on the list provided to respondents; they were suggested by several respondents.

Organization	Number
Organization 4	18
Organization 1	15
Organization 5	**15**
Organization 7	15
Organization 14	14
Organization 8	13
Organization 10	**13**
Organization 13	12
Organization 9	11
Organization 12	**11**
Organization 3	10
Organization 6	**10**
Organization 11	10
Organization 2	9
Organization 16	2
Organization 17	2
Organization 15	1
Total	**181**

vulnerable women and the digital divide. Providers also raised concern about challenges in the K-12 education system.

CONCLUSION

Long after the start of the coronavirus pandemic, homeless service providers in Salt Lake County continue to keep their doors open to a vulnerable population in our community, having addressed numerous challenges along the way. Looking ahead, it is critical to understand the gaps in the homeless service system and the richness and effectiveness of connections and collaboration within that system.

The service gaps are significant and multidimensional. Salt Lake County homeless service providers told the Utah Foundation that they require assistance and resources in areas such as case management, transportation and health care. The data loudly spoke to the need for deeply affordable housing of all types, including shelter beds, permanent supportive housing, transitional housing, rental units and specialized beds (i.e., for individuals experiencing a mental health crisis).

The connections across the homeless service system are many, some strong, with varying levels of focus on the types of collaborative activities. The majority of these connections are focused on sharing information, sharing resources, and building programs and services in the community. However, even with the robust involvement of the Salt Lake Valley Coalition to End Homelessness, many service providers see a need for stronger collaboration, both within nonprofit and governmental actors and across the two sectors.

Looking to the future, concerns remain about the adequate level of resources to address the gaps that providers have identified in the homeless service system. As state and local officials collaborate and create strategies to take on homelessness, it will be critical for them to address the gaps identified in this report – both for strategies to keep people out of homelessness in the first place and for services for homeless people. They will also need to set priorities for filling those gaps based on the intensity of the need and potential for progress in alleviating homelessness.

ENDNOTES

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