III THE POLICY AGENDA

Utah and Salt Lake City Policy Innovations in Homelessness, Poverty, and Health

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The proper size of government permeates public policy discussions about homelessness, poverty, and health care. The left and right debate varying degrees of government involvement, typically failing to act and often deteriorating into a state of policy paralysis.

The size of government matters, but so does the nature of what government does and, even more importantly, what people do. By focusing less on bigger government and more on "bigger people," Utah is forging a brand of innovative, data-driven, and collaborative approaches to homelessness, poverty, and health care that provides an instructive example for other states to follow.¹

Getting to Know the Beehive State, Salt Lake City, and "the Utah Way"

Those not from Utah will know Utah for many things—a state settled by the Mormon pioneers, a large interior salty sea, a world-quality ski destination, extraordinary red rock national parks, and even the Utah Jazz. What may be less familiar to many is Utah's claim as a state where collaboration still occurs. In Utah and Salt Lake City, people still innovate and collaborate to prevent and solve problems.

Former Utah Gov. Mike Leavitt, who also served as the Environmental Protection Agency administrator and Department of Health and Human Services secretary during the George W. Bush administration, characterized the value of Utah's collaborative spirit in this way:

I've found during my years of public service that every significant public policy breakthrough is a product of collaboration. Collaboration does not eliminate discord, but it lessens its sting. Collaboration does not eliminate litigation, but it minimizes it. Collaboration does not prevent hard decisions, but it improves acceptance of decisions made. Collaboration is a beachhead for progress.²

Utah community leaders commonly refer to Utah's collaborative spirit, along with data-driven and innovative approaches, as "the Utah way." There is no set definition of the Utah way, but community leaders describe it using words and phrases such as collaboration, good-faith compromise, innovation, consensus building, data-driven policy, civil discourse, and other forms of civic progress and responsibility. In every case, Utah's approach is centered around the actions of people, not government.

The phenomenon has been described in local newspaper articles and public radio.³ Many local community leaders, including both Republican and Democratic officeholders, describe the Utah way positively. Utah Gov. Spencer Cox said it is

a mindset to think creatively about solutions to community problems and invite a wide range of parties to come to the table. . . . [It] involves intense collaboration, real selflessness and a desire to find actual solutions as opposed to cheap political victories.⁴

Clark Ivory, a prominent business leader, described it as "a data-driven focus, not right or left." Finally, Salt Lake City Mayor Erin Mendenhall said, "It's how Salt Lakers and Utahns are at their best, focused on the real needs of the people around us." The Utah way is not just a topic of civic commentary; the collaboration component is evident in social science research.

The US Congress Joint Economic Committee (JEC) sponsors the Social Capital Project, an investigation of the evolving nature, quality, and importance of our associational life. The JEC uses the term "associational life" to refer to the web of social relationships through which we pursue joint endeavors. Associational life includes families, communities, workplaces,

and religious congregations. It's also a corollary for social capital and the degree to which communities innovate and collaborate to solve problems.

The JEC Social Capital Index, which includes 32 measures of associational life such as family unity, social support, community health, institutional health, collective efficacy, and philanthropic health, ranks Utah the highest in the nation.⁸

High levels of collaboration, data-informed policy, and social capital all embedded in the Utah way-provide the state and Salt Lake City with impressive assets to combat homelessness, intergenerational poverty, and health and well-being.

Policy Innovations in Homelessness, Poverty, and Health

Every state and large city in the country faces challenges of homelessness, poverty, and poor health. They are evergreen examples of some of the most important and challenging public policy issues state and local governments face.

The pre-COVID-19 (January 2020) point-in-time count of homeless people in the US tallied 580,466.9 Modest improvements have been made over the past 13 years, but COVID-19 has almost certainly made matters worse. Significant variation also exists among subgroups by gender, race, ethnicity, and veteran status.10

Policymakers face similar challenges alleviating poverty and addressing residents' health care needs. Poverty rates in the US have oscillated between 10 and 15 percent for over five decades, without any real claim to sustained progress.11 US health outcomes such as access to care, administrative efficiency, and equity and health care outcomes, even before the pandemic, leave a lot to be desired, especially for socioeconomically disadvantaged communities. A recent study by the Commonwealth Fund found the US ranked last overall in health outcomes among 11 high-income countries, despite spending far more.12

Utah takes a different approach. Through a combination of innovative ideas, data-driven research, and effective collaboration—all components of the Utah way—Utah is pioneering three public policy approaches that show promise. They include a community-based approach to homelessness, an

intergenerational approach to poverty, and a social-determinants-of-health approach to improved health.

A Community-Based Approach to Homeless Services

In April 2021, Mayor Mendenhall announced the formation of a partnership to create a tiny-home village that will serve Utah's homeless population. The Other Side Village, as it is known, proposes housing approximately 430 people on 37 acres of land in Salt Lake City. It will be a peer-based community where people heal and thrive through community and connection.

At first blush the concept sounds like an investment in "bricks and mortar," but that would miss the mark. The governing philosophy of the village asserts that building community is the ultimate solution to homelessness. "At the heart of homelessness is a catastrophic loss of family," said Other Side Academy CEO Tim Stay.¹³ The village combines high-quality, permanent housing with a strong family culture of personal growth, support, and connection.

As Joseph Grenny, Other Side Academy and village chairman, said, "Community is the key to healing. No matter how broken you are . . . the key is always community. It is always connection." 14

Supported by guiding beliefs—such as the universal worth of human beings, accountability, self-reliance, and personal faith—the village is about much more than tiny homes. Supporters of the village make clear that the size of the homes is the least important part of the effort. They warn that some tiny-home neighborhoods around the country will likely become disinvested in short order. Instead, Salt Lake City's approach focuses on creating connection with others, along with catalyzing strong social norms that invite people to achieve their potential through work and self-improvement.

The village concept includes homes with approximately 400 square feet, including a bedroom, living space, a bathroom with a shower, and kitchen appliances for each resident. Planned public amenities at the village include a community garden, chapel, coffee shop, amphitheater, grocery store, park, and various social enterprises. The village is not an initiative of

the Church of Jesus Christ of Latter-day Saints (the Mormon church), but rather a nonprofit, community endeavor.

The village will target individuals who are chronically homeless and who often have one or more serious disabilities. It will provide wraparound services focused on what the sponsors identify as "dignity, love, respect, abundance, and acceptance."15 Services for residents will include medical and mental health care, caseworkers, a neighborhood support network, a food pantry and community gardens, and opportunities for paid jobs in the community.

The Other Side Village has the support of not only Salt Lake City leaders but also Gov. Cox and the Utah Legislature. This means this communitybased, social-enterprise approach to homeless services will involve a powerful state-local-private collaboration.¹⁶

The village collaboration carries credibility with Utah leaders, including the philanthropic community, because of the founders' reputation and their successful related (but different) venture, the Other Side Academy.¹⁷

The academy is a self-sustaining, residential, vocational, and life skills training program for men and women determined to break their cycle of long-term criminality, substance abuse, and homelessness. Operations are funded through donations and an award-winning moving company, two clothing boutiques, and a construction company. The enterprise is self-sufficient and not dependent on government funding.

Internal records and surveys conducted by the academy indicate promising results from 2015 to 2019.¹⁸

- Retention Rate: 51 Percent. This is the percentage of people who commit to stay two years and who are still present at the end of the two years.
- Employed upon Graduation: 100 Percent. This is the percentage of people who had a job when they graduated from the academy.
- Recidivism Rate of Graduates: 15 Percent. This is the percentage of people who have completed the minimum two-year program and have been rearrested after graduation.

• Drug-Free, Crime-Free, and Employed Rate of Graduates: 70 Percent. This is the percentage for all graduates of the academy.

Boyd Matheson, a popular public affairs talk radio host, said when referring to the Other Side Academy and village:

It is Utah at its finest.... This is not about handouts. This is about accountability around a set of principles and giving people a chance to really move up and become self-reliant and add value to our communities.¹⁹

Intergenerational Poverty

As Casey Cameron, executive director of Utah Department of Workforce Services, said, "Ending the cycle of poverty takes good data, community collaboration, and a determination to invest now, to avoid more investment later."²⁰

Utah's political leadership, in a way that may surprise observers, given its generally conservative electorate, embraces an active role for government in combating poverty. This proactive and positive approach begins with a focus on intergenerational poverty—when unmet basic needs such as food, health care, and housing are passed from parents to children to grandchildren.

Utah, along with Nebraska, stands out as a red state in a sea of blue that recognizes and initiates polices to combat intergenerational poverty. The blue and purple states include New England standouts such as Maine, Massachusetts, and Vermont; Great Lakes region states such as Ohio, Pennsylvania, and Wisconsin; and western states such as Hawaii, Nevada, and Washington.

The commonality among these states is that they distinguish between two-generation approaches to poverty and situational poverty and recognize that the interventions for each are different. Utah policymakers define "intergenerational poverty" as adults who participated in public assistance for 12 cumulative months as a child and 12 cumulative months as an adult. It also includes the children of intergenerational poverty adults. A

distinction is made with situational poverty, which occurs because of a job loss, divorce, major health event, or death.

Utah's approach began with the unanimous passage in both houses of the legislature of the Intergenerational Poverty Mitigation Act in 2012. The law requires Utah government entities to share administrative data across agencies, develop a system to track intergenerational poverty, identify trends, and study and develop plans and programs to help individuals and families break the cycle of poverty. This data-driven approach focuses on children and now includes 10 years of collecting data, building awareness, and studying policy interventions.

In 2020, approximately 56,508 Utah children (or 6.1 percent of Utah's child population) experienced intergenerational poverty.²¹ An additional 48,838 adults experienced intergenerational poverty (3.6 percent of Utah's adult population).²²

But after a decade of work, Utah now has measurable results. The Annie E. Casey Foundation's 2020 Kids Count Data Book ranked Utah fourth in the nation for overall child well-being,²³ moving past seven states from the 11th spot in 2012 when the Intergenerational Poverty Mitigation Act passed.

More good news can be found in educational attainment. High school graduation rates continue to increase for Utah's intergenerational poverty children, increasing from 50 percent in 2012 to 79 percent today.²⁴

Utah's Intergenerational Welfare Reform Commission credits this progress to a strategic focus on helping all children succeed by starting a quality rating system for childcare centers, increasing school-based behavioral health services, and aligning services to better serve children throughout the state.25

The commission also celebrates what it calls "promising practices." One such practice is the Weber Prosperity Center of Excellence in one of Utah's most high-need areas. This initiative assigns resource-integration coaches to work directly with families to meet needs, assist with skill development, and support advantageous childhood experiences. Coaches tap into a network of 135 partners and resources to support children and adults. For example, the Western Governors University, headquartered in the Salt Lake metro area, offers full scholarships to any intergenerational poverty adult.

As part of its intergenerational poverty efforts, Utah also began implementing a Child Care Quality System in 2019 to help parents make informed choices about childcare programs and ensure government childcare subsidies supported quality programs. In 2020, approximately one in six intergenerational poverty children ranging from newborn to age 5 in Utah participated in the state's childcare subsidy program. ²⁶ These children are sure to benefit from improvements made in the quality of childcare.

Of course, many significant challenges remain. The commission notes several examples in its annual report, including the high rates of intergenerational poverty among American Indian adults and children, the growing share of Utah young adults experiencing intergenerational poverty, and the continuing challenge of providing behavioral health services and substance abuse treatment.²⁷ To Utah's credit, policy leaders acknowledged these challenges and introduced and passed legislation in the 2022 Utah General Legislative Session to transition Utah's work on intergenerational poverty from a commission-led initiative to an embedded, operationally led function in the communities and government agencies most able to guide future progress.²⁸

Utah Alliance for the Determinants of Health

In his first two weeks as governor of Utah, Cox released a list of strategic priorities to guide his first 500 days in office. Gov. Cox chose to focus on what he called "the upstream drivers of improved health" and included an action step to "identify and invest in priority services and infrastructure needs that impact social determinants of health."²⁹

Gov. Cox's focus builds on a nongovernment-led initiative that had already been formed: the Utah Alliance for the Determinants of Health. The alliance, which is sponsored by Intermountain Healthcare and includes a three-year community collaborative that connects people in need with health care and social services, is a \$12 million demonstration project focused on addressing the social determinants of health or nonmedical factors that affect health such as food insecurity, affordable housing, and transportation. The alliance is making a measurable difference in health outcomes.³⁰ Health professionals attribute about 60 percent of health outcomes to social and behavioral factors.³¹

Marc Harrison, CEO of Intermountain Healthcare, said:

Many people say that your ZIP code plays more of a role in your health and health care than any other factor. When we look at the factors that influence a person's health, we think it's about 20 percent medical care, 20 percent your genetics, and about 60 percent social and behavioral factors.³²

Utah's demonstration project takes place in Washington and Weber counties in Utah. These two geographies were selected because of their size, need, and community readiness. The population in both areas has lower life expectancy, higher behavioral health needs, lower education and income levels, and higher emergency department usage than the state average. Importantly, both communities also share a culture of collaboration, innovative public health efforts, and a willingness to work collectively.33

The alliance reports several promising outcomes:34

- Screenings. Since the beginning of 2020, social need screening rates have improved 40 percent in clinics and 45 percent in emergency departments. Importantly, these screenings have helped normalize conversations about food, housing, transportation, and safety.
- Emergency Department Use. Emergency department visits over a 12-month period declined 25.2 percent. The alliance acknowledges the likely impact of COVID-19 on this trend but notes the downward trend has continued as patient volumes have returned to normal levels.
- COVID-19. The alliance notes and has helped address increases in dental care needs, food insecurity, and mental health needs since the onset of COVID-19. The pandemic has also laid bare the health disparities among different groups of people.

Recognizing the need for interconnectivity among providers and partners, the alliance teamed up with Unite Us to launch a digital referral and connection platform. Known as the Connect Us Network, the platform brings together a network of partners, including a coordination center, an alliance of community health workers, and other partners into a statewide communications framework.³⁵

An evaluation team lead by the Children's Hospital of Philadelphia is actively collecting information from participants, community partners, community-based organizations, and policymakers. In-depth interviews, surveys, and a formal quantitative analysis of the demonstration's outcomes are all underway.

Conclusion

In November 2021, the *Economist* featured a cover story on the triumph of big government. It describes in vivid terms the "supersized state" and "the great embiggening" that continues its relentless march forward.³⁶ According to the *Economist*, this march toward a larger state presence will continue to gain momentum as the population ages. Bigger government, in its view, is here to stay.

Maybe so, but it's not bigger government that matters; it's better government focused on people that should be society's aim.

As policymakers continue to debate government's role, they would do well to consider better government in the form of innovative ideas, data-driven research, and effective collaboration. The Utah way embodies these characteristics and places people, not government, at the center of improving outcomes in poverty, homelessness, and health. In doing so, Utah pulls away from the polarized extremes, inspires individual action, and pioneers a brand of constructive policymaking that produces positive results. It's a successful model for other states to follow.

Notes

1. The concept of "bigger people" stems from a comment made in Utah Gov. Spencer Cox's 2021 State of the State address. He said, "It's not government that makes our country special. It's volunteer organizations and churches and philanthropists and neighbors taking care of each other and solving problems, so government doesn't have to. In short, if we want smaller government, we need bigger people."

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