Clark County Homeless Action Plan

DRAFT

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INTRODUCTION

Clark County has been working to prevent and end homelessness since the 1980s. During that time, great strides have been made:

- A continuum of care that spans from outreach and emergency shelter to rental assistance and case management has been developed;
- More sophisticated data is collected and analyzed to ensure the programs are working; and
- A more efficient and humane system has been implemented by creating a single entry-point and eligibility determination for the various housing programs.

Most importantly, between 2005 and 2014 the number of people in the one-day homeless count has fallen by almost half.

However, the work is far from finished. The 2014 point-in-time counted 217 people living outside and another 227 people that spent that night in emergency shelters. Of the 217 people found outside, 64 were under the age of 18. The point-in-time count is just a one-day snapshot. There is also a waiting list for homeless services. The coordinated assessment system determined that there are 358 households that are homeless and waiting for housing assistance, including 124 families with children in 2014.

The scope of this Clark County Homeless Action Plan ("Plan") is limited to the continuum of care of homeless services, which is a crisis-response system. The homeless crisis response system is designed to meet people's immediate needs when they lose their housing and to help them return to a stable housing situation as quickly as possible. To ever achieve an end to homelessness, however, the broader issues affecting the demand for homeless services, including livable wages, access to health care (both physical and behavioral), and most especially the lack of affordable housing, need to be addressed.

PURPOSE

As the broader issues that lead to homelessness are addressed, the goal of the Plan is to ensure the system is as effective, efficient, and humane as possible. Towards that end, the Plan is designed to guide the community's efforts to prevent and end homelessness over the next several years with the expectation that:

- Funders will use the Plan in making decisions regarding allocations of resources,
- Providers of homeless services will use the Plan to inform service delivery and program design, and
- Task-forces will be developed to implement specific parts of the Plan.

To successfully align efforts and implement this Plan will involve having an efficient, effective, and humane homelessness system along with achieving a community where chronic homelessness, homelessness among families, and homeless unaccompanied youth are rare and brief.

An underlying principle of this document is the need to maintain the comprehensive continuum of care that has been developed over the last several decades. This Plan is not meant to be a comprehensive review of the homeless continuum of care; rather, this Plan assumes the continuum of care is present and identifies specific areas where more or improved efforts can be done. After discussion on maintaining and improving the response to homelessness, the Plan focuses on three subpopulations. This focus does not mean that services will be discontinued for people who are homeless who do not fit into one of these categories. Instead, the focus signifies the prioritized additional attention in these areas over the next several years.

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This Plan is organized into four priorities with equal weight:

Element I: Maintaining and Improving the Response to Homelessness

Element II: Homelessness among Families with Children

Element III: Chronic Homelessness

Element IV: Unaccompanied Youth who are Homeless

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ELEMENT I: MAINTAINING AND IMPROVING THE RESPONSE TO HOMELESSNESS

Great strides have been made in creating a comprehensive response to homelessness over the past few decades. The system must be maintained while addressing areas where improvements or enhancements are needed. This element briefly covers the different aspects of the community's homelessness system, highlighting what is needed to maintain and identifying areas for improvement.

This element contains eight parts: A. Homelessness Prevention, B. Outreach, C. Emergency Shelter, D. Rapid Re-Housing, E. Transitional Housing, F. Permanent Supportive Housing, G. System Coordination, and H. Indicators and Outcomes.

A. Homelessness Prevention

The most humane and cost-effective way for the community to respond to homelessness is to prevent it from happening in the first place. The most effective ways to prevent homelessness—access to affordable housing, physical and behavioral health services, and living wage jobs—are outside the control of the homelessness system. However, active partnership in these broader advocacy efforts is required so that the policies and strategies are inclusive of the needs of people who are homeless or at-risk of homelessness.

At the same time work to address the root causes of homelessness is occurring, efforts within the homelessness system aimed at prevention must continue by:

1. *Providing time-limited rental assistance and/or housing search and stabilization services to households that are most likely to become homeless based on evidence-informed predictive factors; and*
2. *Making connections with other systems, such as schools, healthcare providers, child welfare agencies, and jails, that can help identify households that are at high risk of homelessness as early as possible.*

Funding	Clark County, City of Vancouver, Vancouver Housing Authority, Emergency Food and Shelter Program, foundations, faith community, and private donations
Partners	Impact NW, The Salvation Army, Share, Janus Youth Programs, Council for the Homeless, St. Vincent de Paul, Clark County, City of Vancouver, Vancouver Housing Authority, school districts, healthcare providers, child welfare agencies, jails, United Way, and faith community

B. Outreach

Whether it is because of a mental health issue, chemical dependency, or lack of knowledge of where to receive assistance, there are people who are homeless who do not contact homeless service providers asking for help. Having well-trained outreach teams who can find people who are homeless, build relationships, and help them connect to the resources and services needed for them to regain housing, is critical to a successful homelessness system.

Efforts to have comprehensive and effective outreach must be continued by:

1. *Having sufficient outreach capacity to cover the entire geographic area of Clark County;*
2. *Utilizing strategies such as trauma-informed care, peer mentorship and other evidence-informed practices to successfully engage people who are living outside; and*
3. *Maintaining a high-level of coordination between outreach workers and the coordinated assessment system to ensure access to housing.*

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Funding	Clark County, City of Vancouver, and United States Substance Abuse and Mental Health Services Administration
Partners	Share, Community Services NW, Janus Youth Programs, law enforcement, Clark County, City of Vancouver

C. Emergency Shelter

Having immediate access to shelter from the elements when a household experiences a housing crisis is an essential and potentially life-saving part of the homelessness system. The demand for short-term emergency shelter is dependent on the community's success at preventing people from becoming homeless and how quickly they are able to regain housing once they have accessed emergency shelter.

While working to lower the demand on the emergency shelter system, efforts must continue to provide emergency shelter by:

1. *Maintaining the current level of emergency shelter until such a time when the demand for such shelter is less than the supply;*
2. *Eliminating barriers such as lack of transportation or clean and sober requirements that might prevent people who are homeless from accessing emergency shelter; and*
3. *Focusing services in shelters to help people quickly regain housing.*

Funding	Clark County, City of Vancouver, private donations
Partners	Share, YWCA, Winter Hospitality Overflow, Council for the Homeless

D. Rapid Re-Housing[i]

Once a household is experiencing homelessness, the goal is to help them return to stable, permanent housing as quickly as possible. Rapid Re-Housing is an emerging best practice that combines assistance identifying housing in the rental market with time-limited rental assistance and case management services that help the household stabilize. Unlike traditional transitional housing programs that provide assistance for a set period of time, a core tenet of rapid re-housing is that assistance is provided for as short a duration as possible, while still allowing the participating household to achieve housing stability.

Efforts to rapidly re-house households who are homeless will continue by:

1. *Identifying and addressing housing barriers;*
2. *Helping households locate rental housing; and*
3. *Utilizing a service-enriched progressive engagement model that provides the level and duration of support needed for each unique household's needs.*

Funding	Clark County, Vancouver Housing Authority, private donations
Partners	Share, Janus Youth Programs, Community Services NW, Council for the Homeless, Clark County, Vancouver Housing Authority

E. Transitional Housing

Transitional housing assistance in the community can be broken into two categories: site-based transitional housing, where people who are homeless can live and receive services for a period of time before graduating and moving out, and scattered-site transitional housing (or transition-in-place), where the rental assistance and services are time-limited, but the program participant can continue to live in the same rental unit after assistance ends. Both of these types of transitional housing have specific benefits and drawbacks, which make them most effective and cost-efficient when narrowly targeted.

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Site-based transitional housing provides the opportunity to deliver a higher level of services and to provide housing without relying on finding a landlord or property management company willing to rent to the participant (because the site-based transitional housing provider is the landlord). It also allows participants to build a positive rental history. However, site-based transitional housing is a more costly intervention than rapid re-housing.[ii] It is also less effective than rapid re-housing because participants have to move at the end of the program and find a landlord or property management company willing to rent to them.[iii]

Scattered-site transitional housing has the benefit of being able to communicate to a potential landlord or property management company that the program length is at least as long as the lease agreement, but is also considered a more costly intervention than rapid re-housing.
Efforts to utilize transitional housing effectively will be continued by:

1. *Limiting site-based transitional housing to special populations who would have difficulty accessing or being successful in scattered-site housing (i.e., youth under 18 or people exiting a system of care); and*
2. *Targeting scattered-site transitional housing to households that would be unable to find landlords willing to rent to them if they received a shorter rental subsidy.*

Funding	Clark County, City of Vancouver, Vancouver Housing Authority, private donations
Partners	Open House Ministries, Second Step Housing, Share, The Salvation Army, Community Services NW, Janus Youth Programs, Council for the Homeless

F. Permanent Supportive Housing[iv]

People who are homeless and have the highest needs require Permanent Supportive Housing, long-term housing assistance and supportive services, in order to achieve housing stability. Permanent Supportive Housing can either be site-based or scattered-site and provides non time-limited rental assistance and the supportive services required by people who have significant mental health, chemical dependency, and/or physical health challenges. The "housing first" model of service delivery is a best practice, where access to housing comes first and then services are offered once someone is stably housed.[v]

Efforts to utilize permanent supportive housing effectively will be continued by:

1. *Utilizing a housing first model that includes comprehensive and effective services;*
2. *Narrowly targeting intervention toward people who are chronically homeless or homeless and at-risk of chronic homelessness; and*
3. *Prioritizing those who have the highest needs as determined by an evidence-based assessment.*

Funding	HUD CoC, Clark County, Medicaid (for services), Vancouver Housing Authority
Partners	Community Services NW, Share, Second Step, Impact NW, Columbia United Providers, Molina, Columbia River Mental Health, Lifeline, law enforcement, Vancouver Housing Authority, Council for the Homeless, Clark County, Regional Health Alliance

G. System Coordination

Coordination is crucial to having an effective, efficient and humane homelessness system. System coordination begins with the coordinated assessment system, which provides access to the community's homelessness prevention, emergency shelter, and housing programs for people who are homeless. By combining the eligibility and assessment process for dozens of programs, coordinated assessment makes access easier for people seeking services and eliminates duplication of eligibility determinations. The assessment process also identifies housing barriers; finding landlords and/or property management companies willing to rent to people who have poor credit, past evictions, a criminal record or other felonies is extremely difficult in the current rental market.

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A system-wide approach to this problem is imperative. The Homeless Management Information System ("HMIS") allows for tracking the services provided and measure the progress made toward the goals. It is also essential to work to eliminate any barriers to accessing services and for those services to be as integrated as possible with other supports that people need to be successful.

Efforts to maintain and increase the system coordination include:

1. *Operating a coordinated assessment system that focuses resources toward diverting people from the homelessness system when appropriate, coordinates with the Veterans Administration and domestic violence services, places people in appropriate programs and services based on their eligibility and need as determined by a vulnerability assessment, identifies the level of each household's housing barriers, and connects people to other services outside the homeless system;*
2. *Creating a system-wide landlord incentive program and matching each household's level of housing barriers with an incentive level a landlord could receive if offering housing;*
3. *Utilizing, and expanding the capacity of not-for-profit landlords to provide housing for those with the highest level of housing barriers;*
4. *Creating data-sharing agreements with school districts to improve data and continuing to utilize HMIS to track community's outcomes;*
5. *Ensuring equal access to services by people with disabilities by providing additional disability rights and fair housing training and identifying and eliminating barriers;*
6. *Implementing trauma-informed service delivery across programs; and*
7. *Working with health providers and the Regional Health Alliance to integrate services as much as possible with behavioral health and physical health services for the Medicaid population.*

Funding	Clark County, City of Vancouver, HUD CoC, Vancouver Housing Authority
Partners	Council for the Homeless, homeless service providers, government, behavioral and physical health, faith community, schools, law enforcement, domestic violence services, transportation, Regional Health Alliance

H. Indicators and Outcomes

The following indicators and outcomes will be used to measure progress in this section:

IMPROVEMENTS TO THE RESPONSE TO HOMELESSNESS

Indicator	Outcome
Number of school districts that enter into data-sharing agreement	More complete understanding of need and increased ability to serve students.
Percentage of programs using vulnerability-based assessment (80% by 2017; 90% by 2018)	Increase in housing stability through more effective needs assessment.
Percentage of site-based transitional housing that is limited to special populations (50% by 2016; 75% by 2017; 85% by 2018)	More efficient use of resources resulting in more housing stability per dollar spent in homelessness system.
Percentage of households placed into a scattered-site program through coordinated assessment able to secure housing (70% by 2016; 80% by 2017; 85% by 2018)	Decrease in length of time and number of times people are homeless.
Percentage of households helped through prevention, rapid re-housing, transitional housing, and permanent supportive housing that do not later experience homelessness (80%)	Decrease in the number of people who experience homelessness and the number of people who are homeless multiple times.

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ELEMENT II: HOMELESSNESS AMONG FAMILIES WITH CHILDREN

It is unacceptable for there to be any children who are living in cars, tents, or other similar situations. This element of the Plan is designed to move from a community where this is tragically common to one where help to return to stable housing is quickly provided when a family with children experiences homelessness.

Efforts in this element fall into two categories: A) growing and aligning resources to best meet the needs of families with children who are homeless; and B) strengthening rental assistance programs that are targeted to families with children to ensure that once a family is helped they do not fall back into homelessness.

A. Growing and Aligning Resources

There are over 124 families with children that are homeless and waiting to be connected to a program designed to help them. Depending on the family's circumstances, the waiting period can be six months or more. The homelessness system must be able to respond to a family's housing crisis immediately — not after the family has experienced six months of trauma and the children have fallen further behind in their education. Additional resources must be brought to bear on this issue and resources aligned to be used most efficiently and effectively.

GROWING RESOURCES

Problem	Families with children are waiting for help that needs to be delivered immediately.
Solution	Increase resources by raising flexible dollars that can be used to help families avoid homelessness or regain stable housing.
Partners	Council for the Homeless, the faith community, civic organizations, service providers, foundations, the community-at-large.
Funding and Cost	Private fundraising, foundations, government general funds (or other flexible sources); $1.5 million annually.

ALIGNING RESOURCES

Problem	Some funding resources are restricted by federal, state, and/or local laws and regulations and do not always match the need.
Solution	Use flexible funding sources for prevention, diversion, and families who are homeless that just need very short-term assistance, which will free up public funding for families who are homeless with moderate and high needs.
Partners	Clark County, City of Vancouver, Council for the Homeless, Homeless Service Providers.
Funding and Cost	No funding required.

B. Ensuring Families Served do not Fall Back into Homelessness

Many successful housing programs in Clark County use best practices to help families get back into stable housing and stay there. There are, however, areas on which to concentrate that will improve outcomes for all programs:

1. *Creating a better connection to employment services for those who are not immediately "job ready;"*
2. *Increasing access to disability benefits for those who cannot work and are eligible for SSI/SSDI Outreach, Access and Recovery (SOAR);*
3. *Creating a safety net for those who need more than a short-term rental subsidy; and*
4. *Increasing training around motivational interviewing and harm reduction.*

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Better Connection to Employment

Problem	The employment system is best suited to work with people who are "job ready," but many of the people facing homelessness have significant barriers to employment.
Solution	Create a pathway to job readiness using mentorship and wrap-around services.
Partners	Southwest Washington Workforce Development Council, Chamber of Commerce, Vancouver Downtown Association, workforce development providers, homeless service providers, employment service providers, the faith community, and the business community.
Funding and Cost	Foundations, Southwest Washington Workforce Development Council, DSHS; $50,000 in staff costs to coordinate, and $20,000 in operating for stipends, volunteer recruitment, mileage, etc.

Increase Access to Disability Benefits for Those Who Cannot Work and are Eligible for SOAR

Problem	The SOAR program does not currently have capacity to assist everyone who is homeless and in need of disability benefits.
Solution	Increase local SOAR capacity through training and agency commitments.
Partners	Clark County, homeless service providers.
Funding and Cost	No funding required.

Safety Net for Families with Time-Limited Rental Assistance

Problem	Even with services, not every family is going to be able to successfully afford the full rent in a short period.
Solution	Create a bridge program with the VHA to serve people timing out of time-limited rental assistance.
Partners	VHA, rapid rehousing and transitional housing providers.
Funding and Cost	Vancouver Housing Authority; realignment of VHA funds, but no net increase in cost.

Increased Training for Motivational Interviewing and Harm Reduction

Problem	Substance abuse is a large problem in the homeless system, but not everyone has made the decision to seek help.
Solution	Provide ongoing training to providers regarding 1) motivational interviewing to help encourage people to seek help, and 2) in harm reduction to help them in the meantime.
Partners	Homeless Service Providers, behavioral health providers.
Funding and Cost	Public funding (Clark County, City of Vancouver) or foundations; $10,000 annually for training.

C. Indicators and Outcomes

The following indicators and outcomes will measure progress in this section.

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Families with Children

Indicator	Outcome
Percentage of unsheltered families in the PIT (15 in 2016; 10 in 2017; 5 in 2018).	Reduction in number of families who are sleeping outside.
Number of families on coordinated assessment waitlist (60 in 2016; 40 in 2017; 30 in 2018).	Reduction in number of families who are waiting for housing assistance.
Average time on coordinated assessment waitlist (4 months in 2016; 2 months in 2017; 1 month in 2018).	Reduction in time that families have to wait for housing assistance.
Percentage of families who are stably housed 1 year after program exit (80% in 2016; 85% in 2017; 88% in 2018).	Reduction in families who experience homelessness multiple times.

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ELEMENT III: CHRONIC HOMELESSNESS

A person or family is considered to be chronically homeless if they have been homeless continually for over a year or at least four times in the past three years and have a disabling condition. People who are chronically homeless often need a special type of long-term assistance called permanent supportive housing. Permanent supportive housing offers long-term rental assistance and services to provide housing stability while progress is made towards their health and other goals.

The "housing first" model of permanent supportive housing is the most effective method with this population. The housing first model provides stable housing first, and then provides the services needed for participants to thrive, but housing is not conditioned upon service participation. There are numerous studies that show it is more cost effective as a society to provide subsidized housing and services to this population than for them to live outside or in emergency shelter. Ending chronic homelessness by having sufficient permanent supportive housing in the community is better for the people served, the community at-large, and it lessens demand on emergency shelter and other emergency services so other populations have better access.

Efforts in this element fall into three categories: A) improving access to housing first programs; B) increasing the amount of housing first capacity; and C) providing ongoing training to housing first providers.

A. Improving Access

People who are chronically homeless often distrust homeless service providers and may not apply for help on their own. It is crucial to have a system that provides access to this vulnerable population and does not put barriers between them and housing. This can be accomplished by the following:

1. *Expanding the network of access points; and*
2. *Tightening the connection with outreach and housing first.*

EXPAND NETWORK OF ACCESS POINTS

Problem	People who are the most vulnerable may distrust the homelessness system and not be willing to engage.
Solution	Identify other places where population already frequents and train staff on Vulnerability Assessment Tool.
Partners	Council for the Homeless, Clark County Jail, Community Voices Are Born, behavioral and physical health providers.
Funding and Cost	Council for the Homeless; $10,000 for VAT training.

TIGHTEN CONNECTION WITH OUTREACH AND HOUSING FIRST

Problem	Some people who are chronically homeless may not frequent any services.
Solution	Utilize outreach teams to identify and assess people who are chronically homeless for housing.
Partners	Council for the Homeless, Share, Community Services NW, Janus Youth, Veterans Administration.
Funding and Cost	No funding required.

B. Increasing Housing-First Capacity

During the one-day count in 2014, 80 people who were chronically homeless were identified. The numbers are actually higher – at least 110 – based on the number of people who are chronically homeless who are waiting for housing assistance at the coordinated assessment center. The Vancouver Housing Authority has plans to build Lincoln Place, a site-based housing-first development that will serve 30 people. In addition, over the next year through HUD Continuum of Care funding, 30 people will be served through a scattered-site housing-first model. While this is incredible progress, at least another 50 site-based or scattered-site units are needed to meet the need in this community.

Increase Housing-First Capacity by at Least 50

Problem	There is not enough housing-first capacity to serve everyone who needs it.
Solution	Through partnerships with the VHA and other systems of care, increase the housing-first capacity.
Partners	Vancouver Housing Authority, Regional Health Alliance, Health System, housing-first providers, law enforcement.
Funding and Cost	Vancouver Housing Authority, Medicaid system, Clark County, City of Vancouver; $165,000 in housing support services; 50 Section 8 vouchers.

Create Network of Housing First so Site-Based and Scattered-Site Work Together

Problem	Scattered-site may be a better fit for some and Site-based for others.
Solution	Coordinate between Scattered-site and Site-based so people can move to the best fit.
Partners	Vancouver Housing Authority, housing-first providers, Council for the Homeless.
Funding and Cost	No funding required.

C. **Ongoing training**

It is not an easy switch for a housing provider to adopt a housing-first model. It is important for the housing-first philosophy to be adopted at all levels of an organization from the board of directors to the direct-service staff. New skills need to be developed and implemented into service delivery.

Housing First Cohort

Problem	It is difficult for providers to shift to a housing-first approach.
Solution	Ongoing dialogue among housing-first providers to share ideas and learn for both directors and front-line staff.
Partners	Housing-first providers, Council for the Homeless.
Funding and Cost	No specific funding required.

Provide Ongoing Training Opportunities for Housing-First Providers

Problem	Service providers who are new to housing-first may not have all the necessary skills.
Solution	Provide ongoing training in harm reduction, trauma informed care, and crisis intervention.
Partners	Housing-first providers, behavioral health providers.
Funding and Cost	Health system, public funding, $10,000 annually for training.

D. Indicators and Outcomes

The following indicators and outcomes are used to measure progress in this section.

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Chronic Homelessness

Indicators	Outcomes
Number of people who are chronically homeless in the PIT (30 in 2016; 15 in 2017; 5 in 2018).	Reduction in the number of people who experience chronic homelessness.
Percentage of people who are chronically homeless on coordinated assessment waitlist (40 in 2016; 20 in 2017; 10 in 2018).	Reduction in the number of people who experience chronic homelessness.
Average time on coordinated assessment waitlist (9 months in 2016; 5 months in 2017; 2 months in 2018).	Shortening the amount of time people who are chronically homeless wait for housing assistance.
Percentage of people who are chronically homeless who are stably housed 1 year after program exit (80% in 2016; 85% in 2017; 88% in 2018).	Reducing the number of people who are chronically homeless and return to homelessness after served by a housing program.

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ELEMENT IV: UNACCOMPANIED YOUTH WHO ARE HOMELESS

Unfortunately, not all youth who are homeless are part of an intact family unit. Clark County has a growing number of unaccompanied youth who are homeless (i.e., people under the age of 25 who, if they are under 18, are not in the physical custody of a parent or guardian). This population has high incidences of histories of abuse and trauma. Due to bad experiences, youth who are homeless can also be very distrusting of adults. Youth-focused programs that are designed to meet the unique needs of youth are the most effective with this population.

Efforts in this element fall into two categories: A) improving access to services; and B) creating programs that serve the unique needs of this population to move them out of homelessness for good.

A. Improving Access to Services

A full understanding of the extent of access issues for this population is unknown due to constraints with information sharing. The day-program for youth who are homeless and homeless liaisons in the school districts are the main points of contact for this population, other than the coordinated assessment. The data-sharing challenges must be overcome so that the extent of the problem can be better understood to design access points that do not put unnecessary barriers between youth and assistance. This can be done by locating access points at locations where youth who are homeless already frequent and have built trust.

DATA SHARING

Problem	The day shelter for youth, coordinated assessment, and homeless school liaisons are not able to share information.
Solution	Create a data sharing agreement between the day shelter for youth, coordinated assessment, and the homeless school liaisons.
Partners	Janus Youth Programs, Council for the Homeless, school districts.
Funding and Cost	No funding required.

BETTER ACCESS

Problem	Unaccompanied youth often have trust-issues with adults.
Solution	Create additional access points where this population is comfortable and may already have established relationships, such as the day shelter or schools.
Partners	Janus Youth Programs, Council for the Homeless, school districts.
Funding and Cost	No funding required.

B. Serving Unique Needs

Targeting mainstream homeless services toward unaccompanied youth will not be successful due to the unique needs of this population. Short- and long-term assistance must take into account the young age, brain development, lack of trust in adults, and experience of trauma, abuse and neglect.

CRISIS RESPONSE

Problem	Youth who are over 18 do not have an immediate place to get off the streets other than adult shelter that many will not utilize.
Solution	Create short-term crisis beds that can provide immediate respite while long-term options are reviewed.
Partners	Janus Youth Programs, Council for the Homeless, Vancouver Housing Authority.
Funding and Cost	Vancouver Housing Authority, Clark County, City of Vancouver; cost of operations depends on location of crisis beds, but will include cost of overnight staffing.

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SUPPORTIVE HOUSING

Problem	Unaccompanied youth often need intensive services and a supportive living environment before independent living.
Solution	Create site-based transitional housing with supportive services for youth under 18 and scattered-site options with intensive services for youth over 18.
Partners	Janus Youth Programs, Council for the Homeless, Vancouver Housing Authority.
Funding and Cost	Vancouver Housing Authority, SWWDC, DSHS, Clark County, City of Vancouver; site-based transitional housing will be most cost effective if repurposing current transitional housing; scattered-site rental assistance and services can be funded with Community Funds, HOME, and CDBG; estimated cost of $10,000 per household in rental assistance and $4,000 per household in services.

C. Indicators and Outcomes

The following indicators and outcomes will be used to measure progress in this section.

UNACCOMPANIED YOUTH

Indicator	Outcome
Percent of data sharing agreements for unaccompanied youth (At least 2 by 2016)	Increased understanding of the need, which will inform allocation of resources.
Number of unaccompanied youth on community wide list (Create baseline by 2016; reduce by 25% by 2017 and 50% by 2018)	Reduction in number of unaccompanied youth experiencing homelessness.
Number of unaccompanied youth in the PIT count (50 in 2016; 37 in 2017; 25 in 2018)	Reduction in number of unaccompanied youth experiencing homelessness.

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[i] For more information on rapid re-housing, see: https://www.hudexchange.info/news/snaps-in-focus-rapid-re-housing-as-a-model-and-best-practice/.
[ii] For a comparison of rapid re-housing and transitional housing, see: http://www.endhomelessness.org/library/entry/rapid-re-housing-successfully-ending-family-homelessness.
[iii] See "evidence of effectiveness" at: http://www.endhomelessness.org/library/entry/rapid-re-housing-a-history-and-core-components.
[iv] For more information about permanent supportive housing, see: http://usich.gov/usich_resources/solutions/explore/permanent_supportive_housing.
[v] For more information about the housing first model, see: https://www.hudexchange.info/news/snaps-weekly-focus-adopting-a-housing-first-approach/.