Proposed Target Area. 1. The Santa Cruz County (SCC) Continuum of Care (CoC) is **not** requesting participation in the YHDP as a rural community. 2. We are applying as a geographic area that corresponds to our **entire SCC CoC**. 3. The total community population for SCC in between the ages of 10-24 is **64,663 (24.2% of the population)** (US Census, 2014).

Leadership Capacity. 1. Addressing Similar Systemic Challenge: SCC is located on the central coast of California, 75 miles south of San Francisco. A relatively small county, it is one that is highly impacted by homelessness, with an estimated rate of 729 per 100,000 people experiencing homelessness on any given night (Applied Survey Research, 2015 PIT Count). Among those experiencing homelessness, 66% are unsheltered (vs. 31% nationally). With an estimated population of 274,146, SCC is large enough and close enough San Francisco to experience the problems of major cities but small enough to implement innovative systems changes to address them. With the limited resources of a smaller, non-metropolitan area, our challenge to prevent and end homelessness has at times felt daunting. However, despite these challenges, our County CoC, the Homeless Action Partnership (HAP) has repeatedly launched very successful cross-sector change initiatives. The County of SC Planning Department serves as the Collaborative Applicant for our CoC. During the last five years, the CoC/HAP and its members have successfully implemented several innovative models for system-wide change demonstrating promising results both locally and nationally. Examples are provided below.

Veteran Homelessness. Leaders among SCC homeless service organizations recognized the growing trend of homeless veterans and launched innovative and effective strategies, including the *Zero 2016 Campaign* and the *Mayor's Challenge*, to address the veteran homelessness issue in our community. Zero: 2016 is a rigorous national initiative, launched in late 2014 by Community Solutions, to help communities end chronic and veteran homelessness outright by

December 2016. The CoC/HAP joined the Zero: 2016 effort and succeeded in engaging the County Board of Supervisors, and the mayors of all four cities in the county in signing onto the 2014 Mayors' Challenge to End Veteran Homelessness. Through both efforts, we have optimized our local resources, tracked progress against monthly housing goals, and accelerated the spread of strategies that are being tested and shared by enrolled communities. Incorporating Zero: 2016 strategies, we identified six outcome measures, two systems measures and primary and secondary drivers related to our aims and to our theory of change. The collaborative initiative has included partnership with: the CoC/HAP, Housing Authority, VA, Veterans Resource Center, and several non-profit organizations. As of October 2016, we successfully housed 208 veterans, and our current "By Name List" has 80 unsheltered veterans remaining on it- a 62% reduction in Veterans homelessness in two years. Significant federal resources, including the HUD VASH, SSVF and technical assistance, have played a pivotal role.

180/180 Initiative. In 2012, City and County governments, non-profit housing and homeless service providers, with the Housing Authority and Veterans Resource Center, partnered in the Community Solutions national 100,000 Homes Campaign, with the goal of moving 180 chronically homeless individuals into permanent supportive housing by July 2014. 180/180 reached its goal of housing in May of 2014 and to date, has housed 520 chronically homeless, medically vulnerable people. Detailed description of the 180/180 Initiative and systems changes achieved is provided in the Capacity for Innovation section-question 1.

Coordinated Entry. Prioritized in our County Strategic Plan, *All In,* SCC is planning and launching our *Smart Path* CES in May 2017. The most innovative aspect of *Smart Path* is the engagement of community health clinics and hospitals as active partners. With a shared understanding of homelessness as a critical social determinant of health, our health partners will

use innovative technology to connect them right into CES and support and track their progress. In support of this vision, Dignity Health, Packard Foundation, United Way of SCC and our local Medi-Cal Managed Care organization have each invested in the development of *Smart Path*. The collaborative relationships established, lessons learned and confidence built through the initiatives described above prepares SCC to embrace the audacious goal to prevent and end YYA homelessness. We are a community driven by values of justice, equity and dignity for all and believe in our collective ability to solve problems by testing new ideas and shifting community norms and systems. Our size allows us to be fast and nimble. Our drive to innovate allows us to operate effectively as a laboratory community. On the heels of our yearlong work in 2015 to research, map and set measurable goals for our homeless YYA population as part of our *All In* plan, we are hungry for the opportunity to participate as a YHDP community.

2. YHDP lead agency. 2a. Name: Encompass Community Services (Encompass) will serve as our YHDP lead agency. **2b. Type of Organization:** Encompass is a not-for-profit community based organization that was established in 1973. Encompass provides services throughout the county and focuses in three primary areas: Child Development, Integrated Behavioral, and, Community-Based Support Services including permanent supportive housing and programs for homeless YYA, with a focus on former foster youth. Encompass has been an active member of the CoC/HAP since it was formed and has led our community's strategic planning effort focused on YYA for over 10 years. With an annual budget exceeding $28 million, Encompass has extensive federal grant experience. It currently operates multiple HUD grants, a SAMHSA Homeless grant and has served as the Head Start/Early Head Start grantee for SCC since 1983.

2c. Staff Leading YHDP: Christine Sippl, MPH, Senior Director for Community Partnerships and Impact at Encompass will lead the YHDP. Christine has over 25 years of experience leading

initiatives focused on ending homelessness. She served as director of our community's Health Care for the Homeless programs, brought hospitals and community agencies together to invest in a homeless medical respite center and is a founding steering committee member of our 180/2020 Initiative. SCC YHDP will be co-led by Susan Paradise, LMFT, who has directed Encompass TAY programs for for 15 years. Ms. Paradise organized and lead our *All In* strategic plan working group on homeless youth and has successfully brought youth voices and experiences into our planning. Ms. Paradise was awarded the John Burton Foundation's 2015 Community Hero award in recognition for her "visionary leadership and unwavering dedication to the lives of transition age foster youth." **2d. Dedication of a Full-Time Position:** Encompass WILL dedicate a full-time position to lead the YHDP and manage day-to-day operations of the inter-agency collaborative. Encompass will allocate additional staff to assist the YHDP team and will allocate 1.0 FTEs of combined MSW and undergraduate program interns, and various paid youth positions to support the development and implementation of the YHDP plan. **2e. Experience-Prevent and End Youth Homelessness:** Through its Transition Age Youth (TAY) programs, Encompass has over 15 years of experience and success in leading initiatives and serving as a model to address youth homelessness. Encompass TAY programs have developed a continuum of opportunities and services offered to youth (15-24) through their transition out of foster care. These include multiple transitional housing programs. All TAY housing programs assist participants in finding and maintaining independent housing and provide assistance with rent, utilities, food, transportation, and educational expenses. A unique and vital component of the TAY programs is the Independent Living Resource Center (ILRC). The ILRC offers a food pantry, clothing distribution, laundry facility, hot meals; and a safe and welcoming space to gain support from peers and case managers. The ILRC provides a school site, a nurse and a County

benefits representative. In the last year, 25 parenting youth have been assisted participating in a weekly mother's support group, and 39 youth have been supported to attend college.

A description of the SCC YHDP Team is provided in attachment *YHDP Team.*

3. CoC support for YHDP Lead Agency: The local CoC/HAP, with 40 community representatives of all homeless stakeholders and populations groups, will support the lead agency with the development and implementation of a coordinated community approach to prevent and end youth homelessness through its existing and new committees detailed below. CoC/HAP Board: Makes CoC decisions between HAP meetings, carries out grant allocation processes; Nine non-conflicted members representing County departments, Cities, non-profits, homeless and formerly homeless people, varied homelessness populations, and county sub-regions; Will make major YHDP policy and funding decisions. CoC/HAP Jurisdictional Executive Committee: Aligns County and City funding and mainstream resources around the goals of the CoC and *All In*; Members from four interested County departments and all four Cities; Will align County and City mainstream programs and policies around the goals of the YHDP, and will help to identify local matching resources for YHDP planning and projects. CoC/HAP HMIS Technology Committee: Develops policy, technology, and data report strategies and recommendations, serves as HMIS user group forum, staffing from Community Technology Alliance **(**CTA); Will ensure the policies, technology capacity, data quality, and reporting for full integration of the YHDP into HMIS, provides forum for discussion, learning, and troubleshooting for YHDP HMIS representatives; Will ensure data completeness and quality for the YHDP evaluation purposes. The Smart Path/Coordinated Entry Steering Committee: Plans and leads implementation of CES; 30 members including public, nonprofit, and community CES stakeholders; Will develop youth-specific policies and procedures for CES that are reflective of

the unique issues and needs of YYA. The CoC/HAP Youth Advisory Board: Meets monthly; Minimum of five youth members and two adult supporters; Also member of YHDP Team; Integrates youth voice and insight into every step of the planning and implementation of the project. The CoC/HAP YHDP Team: A detailed description of the YHDP Team including membership, roles and objectives is provided in attachment "YHDP Team".

4. Youth Participation: During the development of the *All In* Strategic Plan, a subcommittee dedicated to YYA homelessness was formed. Youth were an integral part of the subcommittee participating in data collection, development of outcomes, selection of strategies and writing of the plan. Youth participants were trained to survey other youth in the community to gain further input and insight on the development of youth effective strategies. Their input shaped the *All In* Priority # 7: *Initiating a Response to Youth & Young Adult Homelessness*. SCC has been conducting separate youth PIT counts since 2009. The designated methodology of counting and surveying homeless YYA (described in Community Need section) includes training youth to participate in the count and survey. In November 2016, the CoC/HAP approved the formation of a Youth Advisory Board (YAB) as a formal component of the CoC and has committed to including the YAB's members as participants in the review of the CoC's coordinated community plan to prevent and end youth homelessness. At their first meeting on November 16, 2016, YAB members established their principles and core values, and they reviewed and provided input on the *All In* Priority # 7, as well as the SCC YHDP draft Youth Systems Map and narrative.

5. Engage Non-CoC Youth Providers: Non CoC/HAP youth partners include school districts and higher education institutions, Children's Mental Health, Juvenile and Adult probation, LGBTQ and gang prevention advocacy group. The CoC/HAP engaged all these groups in the *All In* planning process, and will invite them to join the YHDP Team.

6. Engaging Other Entities: SCC's cross-sector collaboration has earned us state and national recognition for leadership in addressing a range of challenges including: disproportionate minority confinement, juvenile and adult detention alternatives, high utilizers of emergency health services, and others. Several efforts are underway to augment the work of the CoC/HAP in engaging other entities in our work to prevent and end youth homelessness. These efforts include: The Youth Violence Prevention Task Force (YVPT), a countywide program that targets youth violence with evidence-based prevention, intervention and suppression strategies; SCC Probation's FUERTE program which addresses the individual and family therapeutic needs of criminal justice involved YYA; and Smart Solutions to Homelessness, a diverse group of community members dedicated to addressing community perceptions on homelessness. Each of these systems and programs will serve as CES access points for YYA.

Current Resource Capacity. 1. Crisis Response System: Attachment "Crisis Response System" offers a full description of the interventions and resources currently available to YYA.

Community Need. 1. Youth Specific Homelessness Needs Assessment: The SCC biennial PIT count is carried out with the help of Applied Survey Research (ASR), a locally based social research firm with extensive experience in homeless enumeration and research. ASR is currently engaged in conducting the PIT and special Chapin Homeless Youth Voices project counts for 33 communities across the nation. A youth specific count and survey was conducted in 2015 by youth enumerators who were currently homeless or had recently experienced homelessness.

2. Description of Needs Assessment: The goal of the 2015 dedicated youth count was to be more inclusive of homeless children and youth, under the age of 25. **2a. Methodology:** Local providers identified locations where homeless YYA were known to congregate. Service providers also engaged YYA currently experiencing homelessness with knowledge of where to

locate and enumerate youth experiencing homelessness. The youth street count was conducted out of a deployment center in downtown SC. Homeless and previously homeless youth were recruited by local agencies to help with the count. A planning and training meeting before the count identified areas where homeless YYA were likely to be during the hours of the count. It was determined that homeless YYA would be more prominent on the street during late morning/early afternoon hours, rather than in the early morning when the general count was conducted. The youth count was thus conducted from approximately 12 PM to 4 PM on January 22, 2015. Youth workers were paid $10 per hour for their time. **2b. Youth Systems:** The 2015 youth count included youth homeless service providers and other systems and organizations that interface with homeless YYA. Partner organizations included: homeless services organizations, faith based groups, gang prevention, Latino, and LGBTQ advocacy groups, universities, the County Office of Education, and County Planning Department. **2c. Scope of Assessment:** On the day of the count the youth arrived to the deployment center in downtown SC and split up the areas for enumeration. There were three separate teams; one team covered the downtown and SC beach areas, one team covered from downtown to the Capitola Mall, and the third team had a volunteer driver that enabled them to cover the Capitola Mall all the way down to South County Watsonville. **2d. Description of Targeted Youth:** In 2015 a total of 22 unaccompanied youth participated in the SCC Homeless Census Survey. A summary of YYA survey respondents is provided: Race: (61% white, 0% African-American, 39% Multi-racial, 6% American Indian/Alaska Native, 0% Asian, 0% Native Hawaiian/Pacific Islander); Ethnicity (50% Hispanic/Latino); Other demographics: (male 66% - female 33%, LGBTQ 23%); Foster care involvement (24%); Health conditions: (Alcohol/Drug Use 46%, emotional disturbance 27%, physical disability 14%, PTSD 19%, Chronic Health 5%, Brain Injury 5%, HIV/AIDS 0%).

3. Ability to Collect & Report Data: Like most communities, SCC collects unsheltered data biennially; therefore the latest complete PIT count is from 2015. **3a. Number of Unaccompanied Youth Sheltered**: 21; **3b. Number of Parenting Youth**: 25; **3c. Number of Unaccompanied Youth (24 or younger) Unsheltered**: 249; **3d. Number of Parenting Youth Unsheltered PIT Count**: 14. We know that these numbers are an undercount of the reality of YYA homelessness and recognize that an effort to improve the accuracy of data, including counts, needs, and outcomes, on YYA and sub-populations within YYA is critical. **3e1. Youth Specific PIT Count Time:** The SCC youth specific PIT count was conducted on the same day (January 22, 2015) as the full PIT count, but at a later time (afternoon rather than the morning). **3e2. Targeted Counting Strategies:** *Yes*, the counting strategies were designed to find, accurately identify and engage homeless youth. These strategies included: working with homeless youth volunteers and youth serving agencies, and targeting locations in the community where youth congregate. **3e3**. **Youth Specific PIT Count Timeline:** ***Yes***, a youth PIT count separate from the regular CoC 2015 PIT count time line was conducted. **3e4. Methodology of Youth Specific PIT Count:** The youth specific PIT Count methodologies are described in detail in question 2a of this section. **3e5. Data Collected Not Required by HUD:** More than a PIT count, the biennial SCC random survey collects rich data for each city and region in the CoC from 38 survey questions on unrequired topics such as living accommodations, recurrence of homelessness, causes of homelessness, services and assistance accessed, employment and income, health, domestic violence, and justice system involvement. Description of non-HUD required data that was collected on unaccompanied YYA is provided in 2d above. **3f. LEA Number of Unaccompanied Homeless Youth:** As an additional and valuable contribution to our effort to count homeless youth, the Santa Cruz County Office of Education (SCCOE)

administers the Confidential Student's in Transition Survey to school districts across the county. The latest count available is from academic year 14/15 and includes 3,024 homeless students, 27 of which were identified as unaccompanied. This data is available by grade and living situation. The SCCOE confirms that this population is the most difficult to identify and suspects the numbers to be an underrepresentation. **3g. Factors Contributing to Youth Homelessness:** According to the 2015 SCC Homeless Census and Survey, 14% of youth reported that an argument with a family or friend who asked them to leave was a primary cause of their homelessness. Five percent of youth respondents reported domestic violence as the primary cause of their homelessness. Health conditions also impact youth homelessness. As mentioned above, the primary health conditions reported by youth include drug and alcohol abuse (46%) and psychiatric or emotional disturbances (27%). System and community factors also contribute greatly to youth homelessness in SCC. During our *All In* Strategic Plan development, work groups and community forums brought community members together to provide input on homelessness including causes, barriers, and needs. This process identified many of the needs and gaps experienced by homeless YYA that now drive our planning work. Needs/Gaps included: prevention services to divert people from homelessness in the first place; housing options; supportive services for coping with the personal, family, economic, and health challenges often interlinked with homelessness; funding resources; and, a lack of a fully-developed coordinated entry system. Specific to community and systemic factors impacting youth homelessness, the workgroups identified that even though there are adult shelter and day services in the county available to YYA ages 18-24, this population does not utilize them. Reasons for not accessing services include the fear of re-traumatization through accessing services, and fear for safety including fear of sexual assault and fear of running into former

abusers or people connected to them. Many of the YYA shared that they were also unable to understand or tolerate the barrage of questions and paperwork required to access adult services.

Capacity for Innovation. 1. CoC Success-Methodology & System Change: As a response to high rates of chronic homelessness (35% vs. 16% nationally), in 2012, a broad coalition of public and private partners came together strategized and launched the *180/180 as part of the national 100,000 Homes Campaign.* Our audacious goal was to move 180 of our community's most vulnerable, long-term, chronically homeless individuals into permanent supportive housing by July 2014. 180/180 reached its initial goal of housing 180 people in May of 2014, a full two months ahead of schedule, and to date, has housed 520 chronically homeless, medically vulnerable people with a 93% retention rate. Having far surpassed its original goal, we now continue as 180/2020, enrolled in the Community Solutions Zero: 2016 Campaign with a bold goal of reaching functional zero for chronic homelessness by 2020. Through 180/180 we built a community-based, data driven, multi-agency collaboration, bringing together disparate resources and partners to build momentum and reach a clearly defined and publicly shared goal. Some of our systems change breakthroughs included: Adoption of Housing First model among all CoC/HAP members; additional vouchers available through the creation of a Housing Authority Section 8 waiting list preference for chronically homeless, medically vulnerable adults; early institution of a countywide standardized housing needs assessment practice and adoption of the VI-SPDAT; the development of a by-names, prioritized list with everyone who is chronically homeless across the county; creation of a shared authorization to release information across programs; and the formation of multi-agency "Housing Workgroup" that continues to meet weekly to prioritize and match participants to housing openings. This initiative also recruited and trained two teams of community volunteers –housing navigators and hot spotter social support

visitors. We built momentum through two successful 100-Day Dash Challenges organized with the support of the Rapid Results Institute, one at our initiative launch, offered as a Community Solutions boot camp, and another, focusing action on downtown areas in our two largest cities – Santa Cruz and Watsonville. All strategies combined to increase in our housing placement rate for chronically homeless adults from 5 per month to 12 per month.

2. Youth Homelessness Providers- New Innovation or System: The Human Services Department (HSD) Child Welfare Agency's Roots and Wings initiative is an example of a primary prevention strategy designed to get *upstream* in our system and reduce the risk for homelessness among foster youth. The program improves permanency and stability for children in foster care by increasing the number of prepared and effective resource parents available in the community. The initiative was funded through a five-year federal ACF grant. We were motivated by high placement rates and a lack of prepared resource parents. The initiative involved the adaptation of a comprehensive model of resource parent recruitment, retention and support. Priority goals for the project included: increasing the number of caregivers recruited as resource parents; increasing resource parent retention; and increasing child permanency. Beginning in 2009, HSD measured steady increases in: number of resource parents engaged and completing required trainings; number of placements for traditionally 'hard to place' sub-groups of youth; and number of children adopted and placed in guardianship. The annual number of finalized adoptions increased by 76% from a low of 41 in 2008 to a high of 72 in 2014 and the average number of licensed foster homes during the year increased by 25%, from a low of 100 in 2009 to a high of 125 in 2015. One challenge experienced was making the normative shift from 'traditional' family reunification to the broader understanding of "permanency" that could include connections with caring adults outside of the nuclear family. Another challenge was

finding resource homes for older youth. Through extensive and targeted outreach and recruitment, HSD was able to identify homes accepting and open to older youth. The Roots and Wings model was integrated into HSD's practices and continues to sustain the gains made.

3. Housing First & Other Models for Youth: Encompass TAY Program fully integrates a Housing First model through its Transitional Voucher Program (TVP), a joint program with the SC Housing Authority. Through TVP, the Housing Authority provides Section 8 Family Reunification Program (FUP) Housing Choice Vouchers to eight participants, ages 18-24. The Section 8 Housing Choice Voucher allows TAY participants to secure scattered site rental housing and receive federal assistance for rent support for up to 36 months. TAY programs also participate in the HUD Family Self Sufficiency Program and now extend vouchers up to five years, providing an escrow account to participants working towards self-sufficiency.

4. Potential Future Interventions: The *All In* identifies *Initiating a Response to Youth and Young Adult Homelessness* as one of eight Strategic Priorities. Ten short and long-term action strategies and three measurable indicators were identified to achieve a clearly defined result to prevent and end youth homelessness. Our attached *Youth System Map* captures our current systems, programs and resources and also includes our aspirations for the future. These aspirations are only seeds today, but will be further designed, tested and grown as part of the YHDP. The attached digital map may be viewed through conventional zooming features of Adobe or accessed through the *interactive prezi viewer link*. Our future interventions planned are as follows: *1. Prevent.* Essential to preventing our YYA from entering into homelessness is coordinated and aligned systems that interface with youth including at risk youth including schools, child welfare, and juvenile justice. A coordinated system for early identification will be created so that youth and families can be engaged and receive individualized family and youth-

based prevention services. 2. *Outreach & Engagement*. Street outreach efforts implemented through CoC/HAP agencies are currently only geared toward adults. The SCC YHDP proposes a targeted and youth-appropriate approach to locate and engage YYA. Outreach workers specifically trained to work with YYA will build trust and support YYA towards a path to health, permanent connects, and housing stability. 3. *Keep Safe & Healthy.* Despite making up nearly 30% of the homeless population in SCC, children under 18 and transitional age youth have no emergency shelter or day center to access services. The Encompass TAY Program ILRC is the only youth program in the county that offers a safe drop in center that provides access to basic needs and support but only serves criminal justice and/or foster care system involved YYA. SCC YHDP proposes to build off of the success of this program and expand the services and resources to all YYA experiencing homelessness as well as provide emergency shelter specifically for YYA. SCC YHDP also proposes to offer services that target the specific needs of high risk/high need sub-groups including parenting or pregnant, LGBTQ, and minor age youth. Finally, YYA lack access to essential integrated behavioral health services. The SCC Health Services Agency's Homeless Person's Health Project (HPHP) provides comprehensive care to homeless adults and proposes to expand these services to YYA. HPHP currently provides a medical home, integrated behavioral health, substance abuse services including medication-assisted treatment for opioid disorders, case management, and housing services. Case managers assist with making referrals, housing navigation, benefits advocacy, and accessing medical care. HPHP proposes to expand their reach so that they may offer these services to YYA. Expanded services would include youth outreach through Community Health Outreach Workers, expanded integrated behavioral health services, oral health services, benefits enrollment including Medi-Cal, and permanent supportive housing as eligible through Shelter Plus Care. *4. Assess and Prioritize.* Though we

have begun the roll out of the *Smart Paths* coordinated entry system, we have learned through our research and collaboration with outside communities and the youth in our own community, that a general CES is not sufficient nor effective for homeless YYA. The SCC YHDP will learn from other communities and consult members of the YAB to develop a youth specific CES (further description in Collaboration Section, Question 3). 5. *Navigate to Housing and Re-Housing.* There are currently very few options for transitional, permanent supportive, or permanent housing for YYA in SCC. Homeless Services Center (HSC) proposes to expand their Transitional Housing program-Page Smith Community House- to include specific units for YYA. This project would dedicate a five-bed house to YYA referrals for stays up to 24 months. Through this program, each resident will be assigned an on-site case manager to support the building of life skills and develop a permanent housing plan. Finally, Encompass TAY programs proposes to build on the success of the Transitional Housing Program-Plus (THP Plus) and Transitional Voucher Program (TVP) that is currently limited to foster youth, and expand the services to all YYA experiencing homelessness. *6. Grow Independence.* Currently limited resources are available through the Community Action Partnership (CAB), a CoC/HAP member and non-profit organization that offers employment support. The CAB proposes to expand its services to assess vocational and employment gaps and needs and develop employment assistance services that meet the unique needs of homeless YYA. Services would include: job training, job search, job placement, job coaching, apprenticeships, and subsidized employment. CAB also proposes to help prevent YYA homelessness by providing emergency rental assistance to young families and adults with disabilities. *7. Create Lasting Connections for Healing and Thriving.* The Continuum of Care Reform (CCR) that the County Child Welfare Agency is engaged in offers a unique opportunity to shape and tailor permanency services for this

population. CCR emphasizes effective assessment of needs and data gathering mechanism, a streamlined system to find appropriate placement for children, and a continuum of support to build the capacity of caregivers thus improving permanency in housing and connections. Through our Child Welfare Agency's leadership in CCR, our community expects to have renewed efforts around family engagement, re-unification and alternative family finding, counseling and support for family re-unification, and support for resource family connection.

5. Engage in New Project Models & Methodologies: SCC has served as an incubator for testing innovative models and methodologies to address complex social issues. Our alacrity to let go of 'business as usual' and try on innovative models has resulted in measurable results and state-wide and national recognition around ending veteran and chronic homelessness, criminal justice system reform, and system level prevention efforts including mental health, violence, substance use and education, to name a few. Our community's youth have spoken up and are demanding solutions to YYA homelessness. SCC YHDP will adopt an integrated approach to YYA homelessness that positively shifts services, policies, individuals and the community from a system that is culturally disconnected, fragmented and incomplete to one that is culturally fitting and compassionate, unified, and comprehensive. Our local agencies and stakeholders have shown political will and are invested in solving this complex problem. With unprecedented cross-sector backing, we are uniquely poised to join a national effort and likeminded communities to take a significant step forward in ending YYA homelessness.

Collaboration. 1.CoC's Strategic Plan. In 2003, SCC was one of the first communities in America to adopt a ten-year plan to end homelessness. In 2014, the community, including housing and service providers, health providers and educators, joined by City and County government representatives, people with homeless experience, business leaders, philanthropic

partners, faith communities, and many other committed SCC residents – recommitted to finding and implementing solutions for ending homelessness so that our whole community could be healthy, have opportunities and thrive. The result was our strategic plan, *All In*. *All In* has eight strategic priorities (cross-systems and population-specific) that reflect the most innovative thinking, drawn from both local and national experience, on strategies for preventing and ending homelessness. **Strategic Priority area #7-Initiate a response to youth and young adult homelessness-**focuses on youth homelessness. The identified long-term result for this priority is to: Initiate a comprehensive, developmentally appropriate system of services for unaccompanied youth and young adults experiencing homelessness, ages 14-24, including youth formerly in foster care. Action strategies identified include: *Short-Term:* 1. Convene a stakeholder group to examine best practices for YYA focused housing and services; 2. Create a central point-of-contact and services for YYA that includes a day center with counseling and comprehensive resources and an emergency shelter; 3. Support and increase all programs for existing and former foster youth; 4. Increase mobile outreach with basic needs resources at locations where youth gather; and 5. Communicate with an app for YYA resources. *Long-Term:* 1. Develop a menu of additional YYA focused housing options, including transitional housing, permanent supportive housing, affordable housing, increased Family Unification Program vouchers, college housing, and group housing; 2. Expand permanency and family unification counseling; 3. Request all systems serving YYA to ask about housing status, and connect YYA to coordinated entry; 4. Work with foundations to advocate for YYA program funding; and 5. Reduce cultural barriers to mainstream benefits access by offering enrollment at YYA friendly locations. The plan was created over a full year of extensive community participation and feedback from over 250 stakeholders, including YYA who had experienced homelessness themselves. Lead agencies in

the YYA work group included: SCC Human Services Department, SCC Planning Department, United Way of SCC, CoC/HAP, Encompass, Juvenile Probation, and SCC Office of Education.

2. Stakeholder Chart. Attached – List and description of engaged partners.

3. Coordinated Entry Process. Our SCC CoC Coordinated Entry System (CES) is known as *Smart Path for Housing and Health: Coordinated Assessment and Referral System (Smart Path)*. In developing our system, we have studied HUD's Youth Specific FAQs for CE, and we are committed to ensuring that homeless youth have ease of access to services and programs in a welcoming and safe manner that is tailored to their individualized needs. When completely developed, the needs and special circumstances of youth will be fully accounted for in every aspect of *Smart Path*. The youth specific goals of *Smart Path* are to: increase ease of access to the homeless response system for YYA; reduce the amount of time spent by YYA locating appropriate agencies and services; and facilitate the ability for multiple service providers and sectors to collaboratively meet YYAs' specific needs. During the last 18 months, the *Smart Path* programs committee has investigated promising and effective models for serving the largest groups of persons who are homeless while also exploring how to meet the unique and individualized needs of specific sup-populations such as YYA. As part of this investigation process, in October 2016, *Smart Path* staff attended a SF Bay Area Regional Steering Committee forum focused on Youth Homelessness, hosted by Homebase, a San Francisco based non-profit, public policy law firm dedicated to building community capacity to end homelessness and reduce poverty. Staff incorporated several recommendations from the forum into *Smart Path*. One recommendation included accessing expertise of local youth and youth service providers in the planning process. In this regard, *Smart Path* is utilizing the knowledge and experience of the YAB members to ensure that youth experiencing homelessness can easily access all of the

assistance for which they qualify, regardless of whether the service is specific to youth, and that these services are offered in a manner that meets their specific needs and situations.

3a-3b. CES Access & Youth Prioritization. *Smart Path* is scheduled for a "soft launch" in May 2017, with full implementation by December 2017. The system is designed to be decentralized with the capacity for engaging individuals and conducting assessments and referrals in locations throughout the county. These locations include street outreach areas, homeless shelters and other homeless assistance programs, government social service agencies, nonprofit safety net service providers, schools, and other locations that are frequented by YYA. Encompass TAY programs will serve as one youth specific entry point. *Smart Path* is currently exploring other youth appropriate access points in the community. Once they have reached an access point, individuals and families will "enter" *Smart Path* by completing an initial assessment that identifies immediate health and safety needs. The initial assessment also includes the use of the VI-SPDAT, and the associated specific assessments for family and TAY. *Smart Path* will use the assessment scores to prioritize limited housing resources for the most vulnerable and highest need individuals, including YYA. Utilizing information gleamed from the YAB, the VI-Transitional Age Youth-SPDAT (VI-TAY-SPDAT) will be conducted in a safe and relevant manner, with consideration given to not re-traumatizing youth. This will include, to the extent possible, assessments conducted through trained peer mentors. To achieve the *Smart Path* goal of providing consistent, streamlined, compassionate and culturally appropriate services across assessment points, all staff, volunteers, including paid youth peers, will be required to participate in comprehensive trainings, including the principles and practices involved in Trauma-Informed Care, Housing First, and crisis intervention, as well as technical training related to conducting the VI-SPDAT and VI-TAY-SPDAT. Specialized trainings will include

protocols for serving victims of domestic violence and human trafficking, unaccompanied youth under 18, and developmentally appropriate solutions for youth over 18. **3c. CoC & ESG Funded Resources.** *Smart Path* has established agreements with all CoC and ESG funded agencies/resources to ensure that they are incorporated into the CES and that essential resources and services are available to YYA through the coordinated entry process. **3d. Integration of Other YYA Providers.** As the "soft roll out" of *Smart Path* begins and staff and lead agencies continue with their exploration of model practices, they will pursue approaches to integrate other stakeholders providing services to homeless and at risk youth into the CE process. Data-driven metrics and other evaluation tools will be used to assess *Smart Path's* overall level of service provision and its effectiveness in streamlining access to services and housing. With the comprehensive data on YYA experiencing homelessness and their needs collected through *Smart Path*, SCC will be poised to test and implement the service strategies outlined in this proposal.

4. System-Level Discharge Strategy. The SCC CoC/HAP has worked closely with the foster care, criminal justice (adult and juvenile), and health services systems to develop policies and protocols to prevent homelessness among YYA existing systems. A description of each of these system policies and protocols is provided here. *1. Foster Care System.* The County of Santa Cruz Families and Children's Services (FCS) policies and protocols to prevent emancipated youth from becoming homeless are as follows- Foster youth needing assistance are identified before the age of 21. Then, the unit works through the youth's social worker to reunite the youth with family, or to identify an adult to provide support. At 15, youth are eligible for the Encompass Independent Living Program (ILP). Each YYA is assigned an Independent Living Coordinator, who convenes planning meetings with the youth to identify support systems and help find housing. Routine placements include: ILP, THP-Plus, and TVP reunification with family.

Discharge planning for youth leaving foster care is coordinated by the FCS social worker and the ILP Coordinator. *2. Juvenile and Adult Justice Systems.* SCC Jail has developed comprehensive discharge protocols that provide a coordinated system of care for mentally ill inmates that includes key justice system, social, and health partners. A Jail Discharge Planner works with the client while in jail, establishes a discharge plan, and monitors aftercare services. The County Jail discharge planner coordinates with multiple systems including jail staff, courts, mental health, probation, district attorney and public defenders, and family to develop and put in place a discharge plan that will prevent homelessness. Juvenile Probation's FUERTE program supports efforts to prevent youth homelessness upon juvenile hall discharge. Family and Children's Services social workers are engaged and working closely with FUERTE to ensure that there is a coordinated approach to supporting family stability and well-being and permanency outcomes for youth in care. *3. Health Care System.* The County Health Services Agency's Homeless Persons' Health Project (HPHP) leads implementation of policies and protocols for homeless people leaving hospital care. HPHP's Project Connect provides frequent users of emergency rooms with intensive services to prevent hospitalization and homelessness. Hospital discharge planners contact HPHP when a homeless person is hospitalized. HPHP nurses and caseworkers visit and coordinate with all local hospitals and community clinics to ensure homeless individuals receive case management and housing upon discharge. HPHP also works with the following providers to place those who are ready for permanent housing: Housing Authority, Encompass, Homeless Services Center, HPHP housing programs, South County Housing, Santa Cruz AIDS Project, and Abode Housing. Homeless Services Center Recuperative Care Center (RCC) is a vital program that ensures prevention of lapsing to homelessness once a homeless person is released from local hospitals. One of the RCC's primary goals is to end the practice of

unsafe and high-risk hospital discharge of homeless adults to the streets or to nighttime-only sheltering situations in SCC. The RCC makes it possible for homeless adults to recover and recuperate following a hospital stay by providing integrated care and services to address the full range of complex issues that led to RCC admission. *4. Mental Health System.* The SCC Health Services Agency has an established formal procedure for discharging clients from psychiatric and other behavioral health units to a Mental Health Services Team for follow-up care.

5. PCWAs Role in YYA. SCC Family and Children's Services (FCS) has a multi-faceted role in serving homeless children under 18 and youth 18-24. The three overarching goals of FCS, critical in preventing homelessness, include safety, permanency, and wellbeing. FCS has specifically focused on the goal of permanency (legal and emotional) for the last number of years, in order to ensure safe, loving homes for children and youth to grow up in. 1. *Children with Families.* For children who are homeless and with their families, a multitude of services are offered based on assessed needs and include (and are not limited to): mental health services, substance abuse services, benefits support such as Cal WORKS, and linkages to housing support agencies. 2. *Unaccompanied under 18.* For children under 18 who are "unaccompanied", FCS conducts family finding and engagement efforts to locate family members or family friends who are able and willing to care for the child. If there are no viable options, FCS assess the child's needs in order to place the child in the most appropriate placement setting which can include a foster home, a foster family agency home, or congregate care. To avoid re-traumatization, FCS integrates a Trauma Informed Care approach and assesses needs for resources such as children's mental health and educational support. 3. *Unaccompanied 18-24.* SCC FCS provides a full spectrum of housing, permanency and support services for the 18-24 population. Eligible foster youth are designated as "non-minor dependents" (NMDs). NMDs are eligible for the three

following types of placements: 1. Remain in existing home of a relative or non-related extended family member; licensed foster family home; certified foster family agency home; home of a non-related legal guardian; or group 2. THP-Plus Foster Care (THP+FC) that includes three models: host family, single site, and remote site. 3. Supervised Independent Living Placement (SILP) - this placement option allows youth to live independently in an apartment, house, condominium, room and board arrangement or college dorm, alone or with a roommate(s), while still receiving the supervision of a social worker/probation officer. NMDs are provided case management by FCS social workers and are connected with various independent living skills programs, educational advising and services, mental health and substance abuse services and credit support. **Financial Resources. 1. Additional Funding for Planning Process:** SCC is fortunate to have both the political will and the committed investment needed to shift from managing homelessness to preventing and ending it. This is a shift we made together as a community as we created our *All In* Strategic Plan. Each of the four city councils and the County Board of Supervisors formally passed resolutions to approve and accept *All In* as a guide for prioritizing and committing resources for its implementation. Because developing and implementing a plan to prevent and end youth homelessness is a primary strategy of *All In*, we know we have a commitment for match dollars for our YHDP work from each of the city jurisdictions and the County. For example, the County is funding 100% of an *All In* Coordinator, Rayne Marr working in the County Administrator's Office, who will serve as a lead member of our YHDP Team. Also, to date we have secured commitments for matching funds from one public and one private source: the SCC Human Services Department (HSD) and the Community Foundation of SCC to support the planning work of YHDP. HSD has committed to providing $15,000 in unrestricted funds for up to 12 months upon grant receipt. The Community

Foundation of SCC, a tax-exempt philanthropy organization, is prepared to provide up to $15,000 in unrestricted funds for up to 12 months upon grant receipt. Letters of commitment from both sources are provided in attachments *Funding Letter of Commitment-HSD & FLC-Community Foundation*.

2. Six Month Budget for Community Plan: The CoC/HAP has developed a preliminary six-month budget that outlines resources allocated for planning activities. It includes both in-kind and cash match funding. Funds will primarily be used to support the costs of a consultant familiar with our work who will support our team and community through all aspects of research and development of our plan. Activities will include: coordination, research, convening and staffing the YAB, YHDP Team and other sub-committee meetings as appropriate. Meetings will be utilized for goal planning, project planning, and developing governance structure. Funds will be used to support the drafting and publication of the community plan and to provide TA to local youth homeless service providers and participating members. The consultant will support the process for the lead agency, Encompass, to initiate the role and work that its dedicated staff will take on as implementation begins. The outline of the six-month budget is: **a. Cost Item: Staffing:** CoC/HAP Staffing (*Coordination of process, research, meeting staffing, grant administration);* **Quantity**: 0.1FTE for 6 months; **Amount**: $2,000; **Source**: County Planning Dept. In-kind (Existing CoC Planning Grant). b. **Cost Item: Staffing:** Homeless Services Coordinator (*Coordination of process, meeting staffing, convene & facilitate youth advisory board, manage stipends);* **Quantity**: 0.2FTE for 6 months; **Amount**: $8,000; **Source**: County Planning Dept. In-kind (other Planning funds). c. **Cost Item: Staffing:** YHDP Program Coordinator (*Coordination of process, convening & facilitating youth planning group and committees, lead implementation of process and projects);* **Quantity**: 1FTE for 3 months;

Amount: $18,750; **Source**: County Planning Dept. Youth-Specific CoC Planning Grant. d. **Cost Item: Consulting:** Consulting Services (*Coordination of process, research, convene & facilitate youth planning group and committees, writing of plan)* **Quantity**: 220 hrs. @ 125 hrs; **Amount**: $27,500; **Source**: HSD & Community Foundation. e. **Cost Item: Other non-staff costs:** Youth Stipends {approximately 3 youth}(*Attending youth advisory board & youth planning group meetings)* **Quantity**: $50 per meeting 4 youth, 12.5 meetings each; **Amount**: $2,500; **Source**: SCC HSD & Community Foundation of SCC. f. **Cost Item: Other non-staff costs:** Administrative and Logistics (*Meeting space, copying, supplies, communications)* **Quantity**: NA; **Amount**: $1,250; **Source**: Planning Dept. In-kind. **TOTAL COMMITMENT: $60,000**

Data and Evaluation Capacity. 1. Percentage of Homeless Beds in HMIS: The percentage of all homeless beds currently participating in HMIS is 68% (non-DV) (2016 HIC). This breaks out by program type and population as follows: ES-HH w/out Children 93%; ES-HH w/Children 87%; ES-HH w/Only Children N/A; TH-HH w/out Children 68%; TH-HH w/Children 100%; TH-HH w/Only Children N/A; SH-NA; PH-HH w/out Children 53%*; PH-HH w/Children 37%*; PH-HH w/Only Children N/A. * The low percentage of PH beds reflects a relatively high number of HUD-VASH and CalWORKS (TANF) subsidy beds. **2. Percentage of Types of Beds Covered by HMIS**: Currently, there are no beds for youth under 18 (2016 HIC). Zero percent of beds dedicated to homeless young adults (18-24) participate in HMIS. The only program dedicated to this young adult population is the Encompass non-HUD-funded THP-Plus Program with 13 transitional housing beds, and eight HUD FUP Vouchers for young adults exiting foster care. **3. Recruitment to HMIS for Youth Dedicated Projects:** The CoC/HAP successfully recruits and encourages HMIS participation by all types of homelessness programs, including those dedicated to youth. CoC/HAP staff give presentations regarding the value of HMIS

participation, and local funding sources have made HMIS participation a condition of funding. In addition, CoC/HAP and HMIS staff regularly reach to non-HMIS-participating programs to encourage and support use of HMIS. Discussions focus on the client, program, and community benefits of HMIS, any tech or resource challenges related to HMIS participation, and strategies for overcoming challenges, including discounts on agency user fees. Several new programs have recently joined HMIS, including three separate SSVF projects, the Housing Authority Chronically Homeless Housing Choice Voucher Program, Encompass TAY THP-Plus and the CHAMPS RRH Program. All projects requesting YHDP assistance will be required to demonstrate willingness to participate in HMIS. Finally, new RRH projects targeting families, individuals, and youth receive extra points in the annual local CoC and ESG processes and if funded are required by HUD to participate in HMIS. **4. Support Transition of New Projects to HMIS:** CTA, our HMIS administrative agency, eases the transition of new HMIS programs and staff through orientation, training, and on-call support. Each new agency signs a participation agreement and designates an HMIS "super user" as the lead agency contact for CTA and the HMIS Technology Committee. CTA staff meet with designated agency staff to orient them to the system and its requirements, obtain a user agreement, and provide initial HMIS and privacy/security training. Training offerings include periodic new user trainings, comprehensive refresher trainings for existing users, and video trainings on data quality issues, report generation and confidentiality. All agencies have access to monthly HMIS user groups for peer discussion and problem solving. Agencies also access CTA's HMIS helpdesk by calling or emailing CTA, or submitting a help request through the on-line portal, which has all HMIS guides, manuals, policies and procedures, and forms posted. All assistance requests are tracked with software from initiation through problem resolution. CoC/HAP staff work with agencies to build HMIS budgets

into their projects, and if needed, grant a user fee discount. **5. HUD data reporting requirements:** The CoC/HAP **has** met all data reporting requirement for HUD in the past 12 months, including the on-time submission of PIT and Housing Inventory Chart (HIC) data into the HDX. **6. AHAR Table Shells**: The CoC/HAP did submit all 2015 AHAR table shells to HUD; five of the six program table shells and five of the six veteran-specific shells were accepted by HUD. **7. Other Sources of Youth Data:** The CoC/HAP works closely with the Santa Cruz County Office of Education (SCCOE) that provides data through an annual homeless survey completed across all school districts. Data collected includes: student homeless status and general living situation, barriers to student success for these students, and student support services needed for those who are homeless or at risk of becoming homeless. The SCCOE maintains a multi-year survey database. The data in analyzed and provided to the community for planning and evaluation purposes. A more detailed description of the SCCOE data is provided in the Community Need section-question 3f. **8. CoC Performance Measures and Monitoring Process:** In 2016, the HAP/CoC used the following performance measures to assess all CoC projects: **Housing Stability:** 1. For PSH only: percentage of persons remaining in PH for at least 7 months**.** Universe: All program clients - leavers and stayers**.** Performance Target: At least 80% remain in housing at least 7 months 2. For TH and RRH only: percentage of leavers exiting to permanent destinations**.** Universe: All program clients leaving the program**.** Performance Target: At least 80% exit to permanent destinations. **Income:** 3. Percentage of clients with earned and/or other income**.** Universe: All program clients: leavers and stayers**.** Performance Target: At least 75% of clients have earned and/or other income**.** 4. Percentage of ADULT leavers and stayers with earned income**.** Universe: All program ADULT clients: leavers and stayers**.** Performance Target: At least 25% of adult clients have earned income. **Non-Cash**

Mainstream Benefits: 5. Percentage of leavers and stayers (at follow-up) with at least one non-cash benefit**.** Universe: All program clients: leavers and stayers**.** Performance Target: At least 50% of clients with non-cash benefits. **Program Occupancy:** 6. Average bed utilization rate for the operating year. Universe: All the program beds**.** Performance Target: At least 90% of program beds were occupied for the operating year. **Returns to Homelessness:** 7. Percentage of program leavers exited to non-permanent housing destinations**.** Universe: All program clients leaving the program**.** Performance Target: No more than 25% of clients exit to non-permanent destinations. **Length of Stay:** 8. For PSH only: average length of stay in PH days for leavers. Universe: All program clients leaving the program**.** Performance Target: Average length of stay is higher than previous operating year (more days) 9. For TH and RRH only: average length of stay in TH or RRH measured in days for leavers. Universe: All program clients leaving the program**.** Performance Target: Average length of stay is lower than previous operating year (fewer days). The data used for the above are collected from HMIS through the APR report. The CoC/HAP Board conducts project evaluation and capacity assessment annually. Additional data, gathered through a review form completed annually by programs, include whether the program is a high priority type, the consistency of the program with the goals of *All In* (including ending YYA homelessness), the quality of the program, the level of Housing First emphasis, agency or collaborative capacity, success in spending all funds and timely billing, percentage of chronically homeless clients, and mainstreaming strategies used. Client satisfaction data is gathered through focus groups or interviews, and audits and HUD monitoring correspondence are also reviewed. HMIS data quality reports are also reviewed every two months to identify data quality issues. CTA also monitors compliance with applicable data privacy and security requirements. Results of the annual evaluation are reported back to the agency, and CoC/HAP staff regularly answer

questions and clarify issues. CoC/HAP staff provide direct TA to help resolve any performance issues; failure of the agency to resolve those issues could lead to a written performance improvement plan or reallocation of funds. **9. Use of Data:** As part of our *All In* strategic planning process, both quantitative and qualitative data collected through our annual PIT Count and Survey and other sources was used to narrow down, select and prioritize our ten short-term and long-term action strategies. Through our review of available data we identified essential systems with which we must engage for primary prevention and know we are lacking data needed to understand the needs of specific sub-populations of YYA. Our survey data confirmed that LGBTQ youth and youth with mental health and substance use challenges are at higher risk of becoming and staying homeless. Our data show that nearly a third of all homeless YYA had been justice and/or child welfare system involved, confirming the need for a robust prevention effort within each of these systems. **10. Outcome Measures and Defining Success:** When we are successful, all SCC YYA will be housed, thriving and experience a healthy transition into adulthood; we will have shifted the community norm that accepts youth homelessness as inevitable, and increased local investment in solving YYA homelessness; and our systems will be connected, aligned and working towards common publicly shared results. Proposed measurable outcomes are provided below. Baseline data will be established as part of the YHDP project. Methods of measurement will include existing systems for data collection including HMIS, AHAR, and Smart Paths. New methods of measurement will be needed and will be developed as part of the YHDP process. **Proposed demonstration outcome measures: *1. Youth***: All SCC YYA will be housed, thriving and experience a healthy transition into adulthood. Measure changes in: a. Safety, Social-Emotional Wellbeing, Resilience; b. Stable Housing; c. Permanent Connections; and d. Education and Employment. a. *Safety, Social-*

Emotional Wellbeing, Resilience: a.i. Homeless YYA populations do not experience re-traumatization during the transition services.. a.ii. Improved Quality of Life for YYA populations. a.iii. Services and systems change models incorporate youth voice as a primary source of input. a.iv. Increased YYA leadership roles though YAB and other YHDP efforts. a.v. YYA report feeling accepted and part of the larger community. *b. Stable Housing.* b.i. Functional zero for YYA homelessness by2020. b.ii. Decreased length of time between engagement, temporary shelter and housing. b.iii. Decreased length of time between engagement and permanent housing. *c. Permanent Connections.* c.i. Increase in the number of YYA who identify family reunification goals and achieve them. c.ii. Increase in number of YYA who report that they have a permanent connection to at least one adult for a safe, stable relationship, guidance and emotional support. *d. Education or Employment.* d.i. Increase in the number of YYA who engage in educational, vocational and employment pathways services. d.ii. Increase in YYA who obtain and retain high wage, high skilled growth industry jobs that help build a thriving, prosperous community. **2. Community:** SCC will have improved community perception and investment in YYA homelessness. a. Shift in community norms from YYA homelessness as an acceptable reality to urgent and solvable. b. Increased community investment in addressing YYA homelessness through funding, advocacy and volunteerism. **3. Systems:** SCC systems will be connected, aligned and working towards common results. a. A confident comprehensive data measurement system is developed to identify and count all sheltered, unsheltered, doubled-up/couch surfing, ‘hidden’ youth. b. A youth-welcoming CES accurately assesses needs of youth and effectively links youth to appropriate services. c. Increased number of local systems engaged and integrated in the countywide effort to end YYA homelessness.