



ENDING YOUTH HOMELESSNESS IN TUCSON AND PIMA COUNTY

YOUTH GAPS ANALYSIS OF THE PIMA
COUNTY CONTINUUM OF CARE

2019

PREPARED
BY ORGCODE
CONSULTING



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**OrgCode Consulting, Inc.
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Introduction

To effectively end youth homelessness¹, communities must improve upon the data collecting methodologies and evaluation of the data we collect on youth and youth homelessness. They must also increase their understanding of the definitional and eligibility differences that exist between the various youth serving systems to ensure youth experiencing homelessness have access to homeless and housing resources. Finally, program design must incorporate youth voice and choice and be implemented in a way that provides a variety of developmentally appropriate programming that is grounded in Housing First, Trauma-Informed Care, and Positive Youth Development.

OrgCode Consulting, Inc. was contracted by Our Family Services on behalf of Tucson Pima Collaboration to End Homeless in 2018 to conduct a youth-specific, gaps analysis within the Pima County/Tucson Continuum of Care. This gaps analysis occurred within two distinct, but interconnected domains:

1. Services
2. Housing

Through the review and analysis of provided documents and materials we are pleased to present you with this analysis of your community's gaps and opportunities.

Executive Summary

Youth homelessness as it exists across the Pima/Tucson Continuum of Care is an entirely solvable issue if current resources are used appropriately and new resources are used to fill in gaps and increase opportunities for youth homelessness to be rare, brief, and non-reoccurring. Overall, there has been a 19% reduction in youth homelessness across Pima County, however there isn't enough dedicated youth shelter or Rapid Re-Housing which are critical components to managing a coordinated into, as well as a coordinated exit out of, the homelessness response system.

In summary, your community can reduce youth homelessness by:

¹ Youth Homelessness defined as youth who meet HUD Category 1, Category 2, or Category 3 definition of homelessness, and who meet the Runaway Homeless Youth definition of homeless.



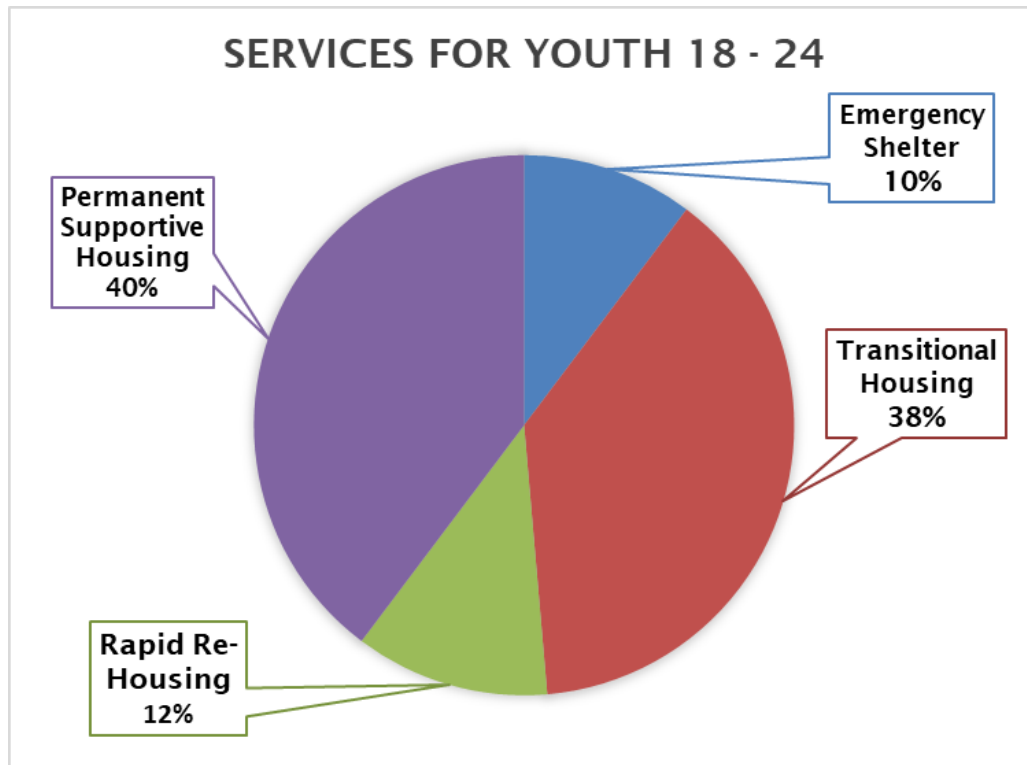
- **Ensuring Service Delivery is Grounded in Best and Promising Practices.** including Housing First, Trauma Informed Care, and Positive Youth Development which includes having young people with lived experience be part of the development, design, and leadership of the programs from which they receive services.
- **Increase Prevention and Diversion.** These should be resourced interventions targeted to reduce the inflow of youth coming into the homelessness response system. It's important to look inter-sectionally to identify young people in the child welfare and juvenile justice systems who are at risk of becoming homelessness, as well as identify opportunities for family mediation and reunification, if it is safe and appropriate, for youth who do become homeless.
- **Increasing Emergency Shelter and Rapid Re-Housing for Youth and Young Families.** At the time of analysis there were zero Rapid Re-Housing resources designated for youth reported in the data that was made available, although there are now 17 RRH beds for youth which came online in July 2018.
- **Decreasing Recidivism.** At the time of analysis, it was found that 29% of all households housed return to homelessness. This reflects overall household data; youth specific data was not available for analysis. As with all populations, the back end of services - 'coordinated exit *out of* - the system, all youth moving into housing should be provided with robust, evidence-based, developmentally and culturally appropriate housing stability support services which include case management and other wrap-around services to reduce the chance of youth returning to homelessness in the future.

Services

There were 1,380 people experiencing homelessness and 1,165 households identified during the 2018 January Point-in-Time Count throughout the Pima/Tucson Continuum of Care. Of those:

- 133 (11% of the total) households were youth age 18 - 24.
- Of the 133 total youth experiencing homelessness, 104 (78%) were single, unaccompanied youth,
- 29 (22%) were young families with a head of household between 18 - 24 years old.
- Within the 29 young families, there were 31 children identified.

- Overall reductions in homelessness from the previous year were impressive among several specific populations, including a 19% reduction among youth age 18-24 years old.



There is a significant shortage of shelter beds designated for unaccompanied homeless youth. The 2018 Housing Inventory Count (HIC) reflects 4 Emergency Shelter beds dedicated to youth aged 12 - 17 through RHY Basic Center Program funds and 0 shelter beds dedicated to youth ages 18-24. In addition to the beds reported in the 2018 HIC, an emergency motel voucher program not dedicated for youth includes 3 units targeted to youth and a CDBG-funded shelter program for homeless youth survivors of human trafficking ages 18-24 was established in July 2018. This project includes 8 Emergency Shelter beds for eligible homeless youth ages 18-24. Targeted sheltering and housing for young people 18 - 24 is critical in any community's efforts to end Chronic Homelessness as 50% of Chronically Homeless adults report being homeless between 18 and 24 years old. It's important not to overlook these interventions as prevention of chronic homelessness as well as developmentally appropriate interventions for those identified as needing these resources now.

Bed utilization also remains relatively low for Transitional Housing Programs. There are four TH programs for youth, representing 56 TH beds in total. Of the

56 TH beds, two programs report 100% utilization, one program reports 80%, and one just 58%. The lowest reporting program at just 58% is a program serving parenting youth, which represents 22% of the total youth identified as homeless in the 2018 PIT. Getting Emergency Shelter and Transitional Housing programs to capacity is a key opportunity for system-level performance outcomes as well as an avenue to reduce unsheltered homeless youth.

Underutilization of Emergency Shelter and Transitional Housing beds while still reporting 133 youth, suggest a need to increase not only program capacity, but function. Program monitoring of Emergency Shelters and Transitional Housing Programs within the Continuum of Care would be an important step in identifying opportunities for program enhancements and to ensure that programs are operating with best and promising practices for effective sheltering, including a low-barrier, housing-first service orientation and providing trauma-informed service delivery. Shelters must function as a process, not a destination, and low-barrier, housing-focused sheltering is a critical step in ensuring a coordinated entry into, as well as a coordinated exit out of homelessness. Also, while there are 56 TH beds available for youth aged 18 – 24, programs must be able to report that youth are successfully transitioning to safe, permanent housing upon exit.

Regarding the concept of permanency, there are two Permanent Supportive Housing programs for youth making up 58 beds of which both programs report 100% utilization. This is positive. Unfortunately, it isn't easy to separate youth data from the general adult population in analyzing the data provided to determine rates of recidivism, however it's important to note that across the entire populations reported, 29% of all households housed did return to homelessness so it's likely there are opportunities for enhancements to decrease recidivism within the youth-specific programs.

It's also critically important for interventions to happen quickly. Broader data analysis suggests that youth who wait longer for housing placements have a higher risk for reentering homelessness systems even after receiving those placements. For every type of program exit, and controlling for overall risk scores, the longer young people waited for an exit, the more likely they were to reenter the homelessness system after exiting. Every additional day of waiting between assessment and housing placement is associated with a 2% increase in a youth's likelihood of returning to the homelessness system after exiting into

a housing program.²

Continuing to experience homelessness or losing permanent housing to return to homelessness perpetuates the cycle of trauma associated with surviving in places not meant for human habitation or shelter and comes with tremendous system-wide costs. Unsheltered homelessness for youth is very dangerous and increases the likelihood of young people becoming victims or perpetrators of crimes and violence, including sex trafficking. Homelessness is exceedingly expensive, both financially and in the costs of human suffering. With the last Point-in-Time count reporting 36 unsheltered youth households, there is an opportunity to decrease the number of unsheltered households through increased utilization of shelter beds and hotel vouchers within your community.

Concerningly, more people return to homelessness across Tucson/Pima County than similarly sized Continuum of Care, with a substantially high 29%³ total returns to homelessness, including the following returns by bed type:

- Exits from Emergency Shelter Returning to Homelessness within Two Years: 44%
- Exits from Transitional Housing Returning to Homelessness within Two Years: 16%
- Exits from Permanent Housing Returning to Homelessness within Two Years: 22%
- Total Exits Returning to Homelessness within Two Years: 29%

With the significant work required to move people experiencing homelessness into permanent housing, additional support to maintain that housing once it is secured will not only prevent future episodes of homelessness, but further reduce new inflow into homelessness overall. Housing First, but not housing *only*, is an important consideration. Housing stabilization services that provide holistic, objective-based case management, using assessments to identify and inform service planning and the need to broker additional services for successful community integration is critical for assisting vulnerable households to not just exit homelessness, but reduce the chances of that household returning to homelessness in the future.

² <https://www.chapinhall.org/wp-content/uploads/Chapin-Hall-Youth-Collaboratory-Toward-A-System-Response-To-Youth-Homele....pdf>

³ Total reported not just youth 18 – 24.



Many communities across the country have positions dedicated to cultivating relationships with landlords to incentivize participation and ensure access to the private rental market, especially in tight housing markets. Positions like this – called Housing Navigators or Housing Locators – can also seek to develop or strengthen relationships with Public Housing Authorities and play a key role in identifying youth friendly housing solutions must be investigated where there is a lack of affordable housing, these options may include master leasing, or shared housing to promote community integration, and a developmentally appropriate housing solution.

VI-SPDAT Analysis for Youth 18 – 24

Over the course of 2017, there were 747⁴ youth aged 18 – 24 who were surveyed using one of the VI-SPDAT tools. 144 (19%) were surveyed using the F-VI-SPDAT for Families, 334 (45%) using the Single Adult VI-SPDAT, and 269 (36%) using the TAY-VI-SPDAT for Transition Age Youth.

Of the 747 VI-SPDATs completed, over half (55%) of the surveys resulted in a recommendation for Permanent Supportive Housing. This is positive, because the largest volume of the housing resources that are available for youth within this age group are PSH housing units, however those are at 100% utilization and likely have lower turnover than TH or RRH units would. It's critical that systems and communities utilize PSH units for young people who *truly* need permanent supports to maintain their housing either because of health or other capacity barriers, and use TH or RRH to support youth who, even those with high acuity, do not need those permanent, life-long supports to maintain housing.

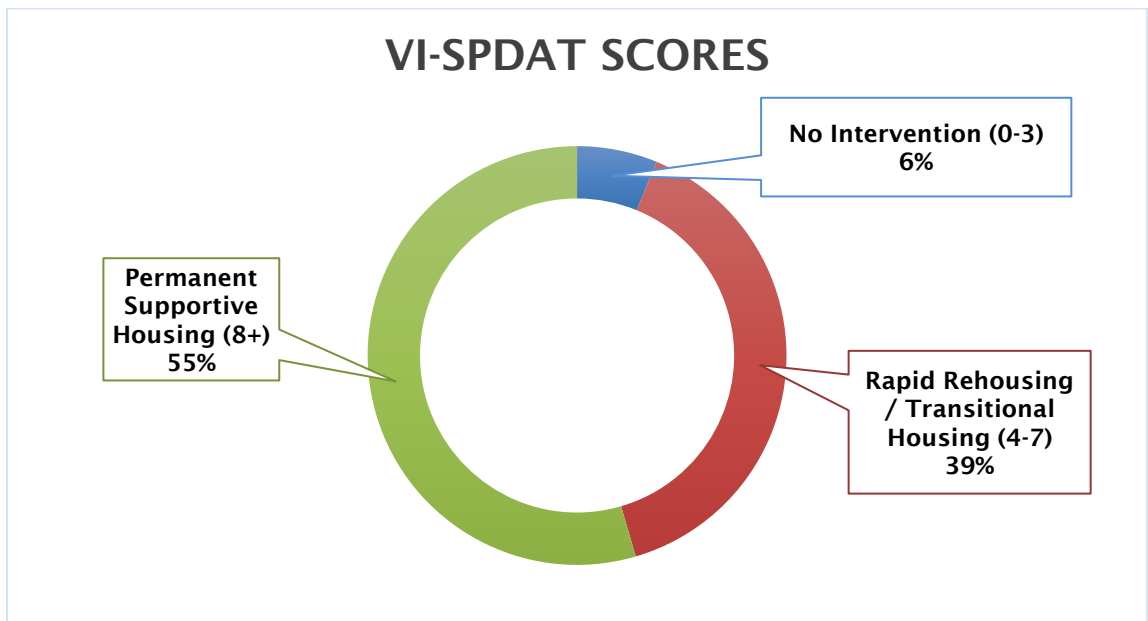
39% of youth surveyed score within a threshold where a Transitional or Rapid Re-Housing model would be able to meet their mid to moderate needs. While there are enough TH units in Pima/Tucson, there are many opportunities to increase youth-specific Rapid Re-Housing as a similarly functioning, time-limited service rich intervention that has the specific target of transitioning in place and into stability.

Transitional Housing programs historically have failed to be able to answer the critical question, 'transition to what?' as a program objective, whereas RRH have these permanency outcomes built into target performance measures. In addition, TH units can be preserved and used in new and innovative ways such as:

⁴ Consideration to this analysis must be given to how the VI-SPDAT is implemented and administered within your community as this impacts that data that is collected, as well as how the evaluation of the data relates to identifiable gaps and opportunities.



- a. Using Transitional Housing units as part of a Progressive Engagement model. This would be an opportunity to provide homeless youth and young families temporary shelter while assessing and screening for need, to ensure a successful housing match,
- b. Using Transitional Housing units to temporarily house youth who have been matched with housing but have lost their housing for whatever reason. This serves two functions in that it keeps youth out of homelessness as well as reflects positive outcomes in your system level data and performance measures,
- c. Use Transitional Housing for high acuity youth when PSH units are full as a form of 'bridge-housing'.



Demographics

VI-SPDAT data reveals that the most common service seeker is an unaccompanied White (56%) Female identified (74%), aged 21(18%). There is also a higher than typical representation of Hispanic identified youth, at nearly 47%. Similarly, 47% were Male identified, and 18% were Black or African American. Interestingly, 61% were noted as 'Receiving Services from a Behavioral Health Agency' which shouldn't have impacted the overall score or recommended housing threshold, however may have weight for who was surveyed, thereby impacting the data available.

Where Youth Are Sleeping

Another important trend to look at is where youth are most frequently staying or

sleeping. 293 (39%) youth surveyed report they most frequently sleep outside or in a place not meant for human habitation. This trend is important as your community revisits the idea of youth-specific sheltering options. While 75 (10%) of youth surveyed reported most frequently staying in shelter, typically young people often do not want to stay at traditional emergency shelters as they report not feeling safe or that there aren't services available that meet their needs. Youth-specific sheltering, with a housing focused service orientation, would provide opportunities for engagement and decreased unsheltered homelessness among the youth population. Youth shelters function differently than Transitional Housing as the goal is to provide youth safe, developmentally appropriate shelter, divert if possible, or reunify with family or another safe, appropriate housing option. If not, youth are triaged and supported with identifying a permanent housing match through the Continuum of Care or other creative solutions.

Targeted, housing-focused, street-based outreach is also a critical component of an effective continuum of care as you respond to unsheltered populations and can not only provide basic needs but engage young people who are not involved or enrolled in another program. Other 'front end' services such as a Drop In Center is an opportunity to increase awareness of the services that are available within the Pima/Tucson area for youth experiencing homelessness to provide basic needs, assistance with reducing or removing barriers to housing, and as a mechanism for engagement, triage, and referral.

Most of the youth surveyed report most frequently staying with friends or family. 230 (31%) are youth who are considered precariously housed or at-risk of homelessness and are Category 3 HUD Homelessness as well as are eligible for homeless resources through other youth-specific of homelessness, although some of these funding sources have restrictions on length of time and ages served. It's important that communities count youth who are couch hopping or precariously housed to show and respond to how youth experience and survive homelessness differently than single adults or families. However, looking at this data trend can inform what gaps and opportunities are available and needed for this group. Community-based outreach in schools and across other systems, Prevention, and Diversion with a focus on family reunification or identifying another safe, appropriate alternative to shelter, when possible.

Evidence-Informed Service Interventions

493 (66%) of youth surveyed reported being homeless for less than 1 year. Also, 308 (41%) youth surveyed report being homeless just one time in the last year. This is a critical data points as your community looks at how to prioritize youth for housing resources within a Coordinated Entry System. This means that for most young people experiencing homelessness in Pima/Tucson, their homelessness is a relatively new experience and has been happening for less than one year. While a great number of youth are sleeping outdoors or in places

not meant for human habitation, a slightly smaller number is staying with friends and/or family.

For example, targeting young people who are newly homeless or at-risk of deeper homelessness with Prevention and Diversion – including reunification and family mediation services – interventions are key opportunities to reduce the volume of ‘inflow’ into your system as well as prevent youth from becoming long-term homeless. Diversion is often misunderstood as turning people away or saying “no”. That is the wrong mindset. Diversion is about saying “yes” to helping them navigate a safe alternative to shelter that is appropriate to their specific circumstances through an investment of staff time (often dedicated staff) that have specific problem-solving skills and access to flexible resources to put the solution into action⁵.

Similarly, providing targeted community and street-based outreach to unsheltered youth for youth-specific sheltering that focuses on a quick resolution to the housing crisis. Many youth who experience homelessness feel unsafe, and even short episodes of homelessness increase the vulnerability of young people to traumatic events that can have lifetime consequences. Youth who experience homelessness often report that they have been raped or sexually assaulted or that they fear being sexually victimized, and some report that they engage in sex work or “survival sex”, exchanging sex for food or a place to stay⁶.

Housing

Using all available existing data and the OrgCode model for predicting housing need, we can indicate the following housing needs over the next 10 years, as outlined in the table below:

10 YEAR PROJECTIONS					
	Additional PSH Units Necessary Over 10 Year Period	Additional Rapid Re-Housing Over 10 Year Period	Additional Section 8 or Other Rent Geared to Income Housing Over 10 Year Period	ADDITIONAL TOTAL HOUSING OVER 10 YEAR PERIOD	Shelter Beds Required Per Year
Maintaining the Status Quo	77	84	66	227	683

⁵ http://www.orgcode.com/diversion_making_it_work

⁶ Heerde JA, Scholes-Balog KE & Hemphill SA. “Associations Between Youth Homelessness, Sexual Offenses, Sexual Victimization, and Sexual Risk Behaviors: A Systematic Literature Review.” (2015) Archives of Sexual Behavior 44(1):181-212

Marginal Improvement	94	119	88	301	486
Resolving Homelessness	153	167	123	443	341

This is based upon an understanding of current inventory, trends in homelessness, understanding of the current rental and employment market, and a broad range of other economic and social conditions. Projections are based assuming 100% bed utilization. However, while this is a 10-year projection, the model only works as indicated if certain matters are addressed within the first 3-5 years - otherwise the projections across the board increase.

Looking closer at the first 5 years of this decade-long projection:

FIRST 5 YEAR PROJECTIONS					
	Additional PSH Units Necessary Over Next 5 Years	Additional Rapid ReHousing Over Next 5 Years	Additional Section 8 or Other Rent Geared to Income Housing Over Next 5 Years	ADDITIONAL TOTAL HOUSING OVER 5 YEAR PERIOD	Shelter Beds Required Per Year
Maintaining the Status Quo	35	68	24	127	59
Marginal Improvement	55	80	41	176	49
Resolving Homelessness	77	121	52	250	38

In order to reduce homelessness, a year by year implementation estimate is provided for each of the next five years to inform near-term investment in Permanent Support Housing and Rapid Re-Housing interventions:

YEAR OVER YEAR PSH FORECAST NEXT 5 YEARS (ADDITIONAL BEDS NEEDED)						
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Maintaining the Status Quo	6	7	6	7	9	35
Marginal Improvement	9	11	11	11	13	55
Resolving Homelessness	13	14	15	16	19	77

YEAR OVER YEAR RRH FORECAST NEXT 5 YEARS (ADDITIONAL BEDS NEEDED)						
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Maintaining the Status Quo	14	11	12	15	16	68
Marginal Improvement	13	15	17	19	16	80
Resolving Homelessness	22	31	29	21	18	121

Homelessness has a compounding effect of worsening if needs are not met in a timely fashion. Therefore, over a 10-year time horizon it is incorrect to assume an even distribution per year over the 10-year time horizon. If certain measures are not taken over the first 5 years, one could reasonably expect things to get worse, not better - and that applies to both maintaining the status quo *and* making improvements to resolve homelessness.

No single strategy is going to allow a community like Pima to achieve even the status quo projections on a regular basis. The forecasts are intentionally an exercise in what is needed, not what is easily possible. Most communities that go about tackling the targets use multiple strategies such as:

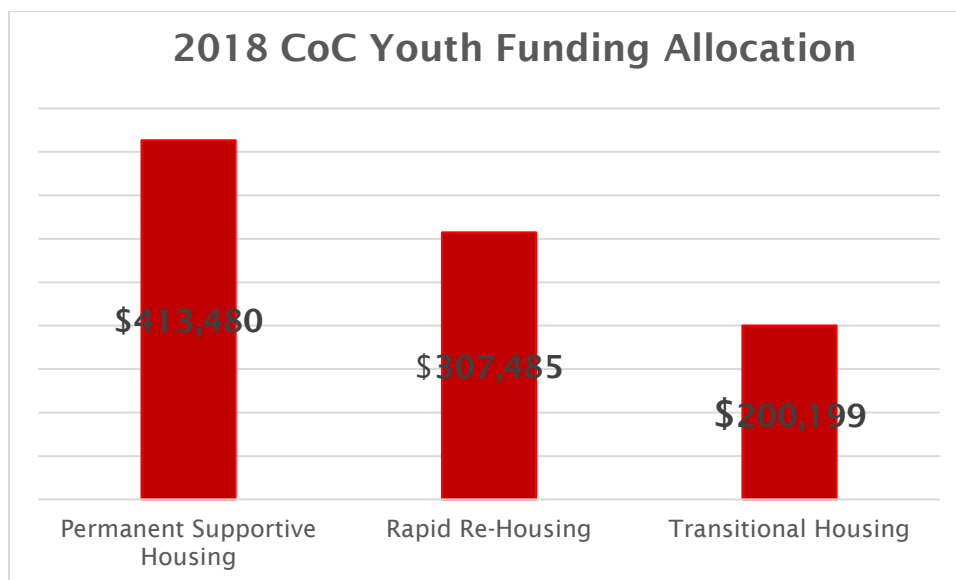
1. Advocating for additional resources from local, county, state and federal government
2. New construction of units
3. Acquisition or conversion of existing buildings into housing, which can even include transitioning shelters into congregate housing
4. Fundraising for specific initiatives like Rapid Re-Housing
5. Getting a percentage of local sales tax or hotel taxes ear-marked for homeless initiatives
6. Inclusive zoning to ensure new multi-unit residential construction has a set number of units for the purposes of achieving the targets

It should also be noted that shelters play a crucial role in ending homelessness. Like most communities, the past couple of decades saw an increase in shelter

provision in the absence of a unified housing plan. However, the time has come to ensure that the shelter system gets right-sized while the housing response gets equally implemented. This is the only balanced approach to truly ending homelessness in the community. To maintain the status quo, the community will need 683 shelter beds available per day, each day, over the next five years dedicated to youth experiencing homelessness. However, if the steps are taken to truly resolve homelessness in the community through targeted outreach, Prevention, Diversion, and prioritization for current and new housing resources, only 452 shelter beds would be required each day over the next five years. Communities must not only do better with what we have but use evidence to inform decisions about new and reallocated resources as they become available.

Financial Assistance

The great majority of the Pima/Tucson Continuum of Care’s financial resources are allocated for a Permanent Supportive Housing intervention. In the 2018 HUD CoC Funding Award, over half of your awarded funds went toward this intervention across the whole CoC and this is reflective in the resources targeted to youth as well.



There is an opportunity for a deeper program performance evaluation to determine if the 58 PSH units targeted for youth in your community are truly ending homelessness permanently. This work would align with previous findings of a higher than usual return to homelessness, or recidivism. And while Transitional Housing is not in itself permanent, are youth in TH beds exiting into permanency? It is critical in a Housing First system of care that programs are providing Housing *First*, but not housing only.

Within the adult system, the increase of Rapid Re-Housing and decrease or reallocation of Transitional Housing has been wise. This could be replicated with the same positive outcomes for youth. National data trends show that even high acuity households are doing well in a Rapid Re-Housing intervention, when they have the right supports. Rapid Re-Housing also supports a progressive engagement⁷ approach to ending homelessness. Progressive engagement refers to a strategy of providing a small amount of assistance to everyone entering the homelessness system. For most households, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it. This approach is supported by research that household characteristics such as income, employment, substance use, etc., cannot predict what level of assistance a household will need.

Best and Promising Practices for Ending Homelessness

Opportunity exists for a deeper dive through program monitoring to ensure programs are operating with best and promising practices including Housing First, Trauma-Informed Care, and Harm Reduction.

Housing First⁸

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing First emerged as an alternative to the linear approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential and treatment programs before obtaining permanent housing. In the linear approach, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were “ready” for housing. By contrast, Housing First is premised on the following principles:

- Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing

⁷ <http://www.20khomes.ca/wp-content/uploads/OrgCode-Progressive-Engagement-and-Coordinated-Entry.pdf>

⁸ <https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>



- All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need very little support for a brief period, while others may need more intensive and long-term supports.
- Everyone is “housing ready.” Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be “consumer ready.”
- Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing.
- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.

Trauma Informed Care

Trauma Informed Care is an intentional process that emphasizes understanding the symptoms, prevalence, and impact of trauma and looks at physical, psychological, and emotional safety for both clients and providers. The five tenets of TIC: Safety, Trustworthiness, Choice, Collaboration, and Empowerment ensure programs recognize that people have had different and complex traumatic experiences and ensure systems and programs do not unintentionally re-traumatize service seekers through any process, policy, or procedure and instead create environments where recovery from trauma is possible.

Harm Reduction⁹

At its core, harm reduction is a pragmatic approach that aims to reduce the adverse consequences of drug abuse and psychiatric symptoms. It recognizes that consumers can be at different stages of recovery and that effective interventions should be individually tailored to each consumer’s stage. Consumers can make choices for themselves regarding substances or other ‘high-risk’ behaviors and regardless of their choices they are not treated adversely, their housing status is not threatened, and help continues to be available to them.

Compared to adults, young people are naturally more likely to engage in high-risk behaviors, such as unprotected sexual activity and substance use. The brains of teenagers and young adults are still developing until they are in their early

⁹ Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American journal of public health*, 94(4), 651-6.



twenties, and this has implications for their skill development and executive functioning, including decision-making, inhibition, planning, and reasoning. Until young people mature, they are more likely to engage in impulsive actions, risk taking, and sensation seeking. These risks and behaviors are not unique to youth who experience homelessness, but young people who are on their own without caring adults are more likely to be exposed to unsafe or risky situations¹⁰.

A program level evaluation reflecting good stewardship of funding so providers who are funded to serve households who need permanent supports to maintain their housing are indeed doing so. The impact of this level of evaluation will support system level performance as noted here, as well as ensure a consumer-focused system of care. It is through high quality, housing-focused services grounded in best and promising practices that households truly stabilize within housing which supports both front end reduction in need through returns to homelessness as well as guarantees households do not re-enter homelessness in the future, saving your community significant costs in other areas as well as supporting the overall wellness and a holistic, trauma-informed recovery orientation for consumers.

Positive Youth Development

Positive Youth Development is a policy perspective that emphasizes providing services and opportunities to support all young people in developing a sense of a competence, usefulness, belonging and empowerment.¹¹ While individual programs can provide youth development activities, the youth development approach works best when entire communities including young people are involved in creating a continuum of services and opportunities that youth need to grow into happy and healthy adults.

It is through Positive Youth Development and Youth Engagement that:

- Youth are valued and respected asset to society;
- Policies and programs focus on the evolving developmental needs of young people, and involve youth as partners rather than participants;
- Young people are involved in activities that enhance their competence, connections, character, confidence, and contribution to society;
- Young people are provided an opportunity to experiment in a safe environment and to develop positive social values and norms; and

¹⁰ <https://www.usich.gov/tools-for-action/homelessness-in-america-focus-on-youth/>

¹¹ <https://youth.gov/youth-topics/positive-youth-development>



- Young people are engaged in activities that promote self-understanding, self-worth, and a sense of belonging and resiliency.

Conclusion

The Housing and Urban Development's Youth Homelessness Demonstration Project has given communities successful implementation strategies for success¹².

- Young people are the experts and voices of lived experience must be actively involved in planning and decision-making.
- Decisions must be data-driven to identify need, gaps, and opportunities to prevent and end youth homelessness. This is also true for targeting sub-populations, such as pregnant and/or parenting youth or addressing the specific needs of LGBTQ2 youth.
- Communities must embrace cross-systems partnerships and meaningful collaboration as the foundation of building a coordinated community response to youth homelessness.
- Services must be grounded in best and promising practices.

Youth Homelessness is solvable. OrgCode has witnessed the impact that federal, state and local investments can have when evidence informed practices; strategies and tools are incorporated within communities. However, we have also witnessed the missed opportunities when communities do not take full responsibility and ownership for maintaining fidelity to housing focused practices, service orientation and policies. Lack of performance monitoring, compliance requirements, ongoing professional development opportunities as well as outcome and impact evaluation ensure that individuals that are experiencing homelessness and high acuity of needs will not achieve long term housing stability, improved wellness, and community integration.

We know that communities across Pima County want to end homelessness and have the leadership and commitment needed to do what it takes to achieve this goal. Courage is necessary to use existing resources in a different way to get there. At the same time, new resources must be used in the right way to achieve the intended results.

¹² <https://www.hudexchange.info/resources/documents/YHDP-Lessons-Learned.pdf>

