Tacoma, Lakewood, Pierce County Continuum of Care

Plan to End Youth and Young Adult Homelessness

October 2013

Updated June 2014
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**Section 1: Introduction**

The Pierce County Plan to End Youth and Young Adult Homelessness (the Plan) is the result of a yearlong planning process that started in 2012. The planning process brought together a wide range of community stakeholders to reflect on and plan for the housing needs of Pierce County’s unaccompanied youth and young adults (UYAYA) experiencing or at high risk of homelessness. Stakeholders who contributed to the Plan included the UYAYA Steering Committee (funders, government representatives, youth coalition/council chairs, housing authorities, the mental health and substance abuse treatment systems, the juvenile justice system, the work force development system, and elected officials), Pierce County Youth Coalition (service providers and concerned community citizens), the Pierce County Youth and Young Adult Advisory Council (youth and young adults experiencing or at high risk of homelessness and youth and young adults wanting to make their community a better place), and a diverse body of youth and young adults throughout Pierce County who were experiencing homelessness and were not affiliated with any committee or organization. The UYAYA Steering Committee, a sub-committee of the Tacoma/Lakewood/Pierce County Continuum of Care, convened in February 2012 to oversee and guide the planning process and development of the Plan. Pierce County Community Connections staffed the planning process. The planning committee was comprised of members of the UYAYA Steering Committee.

The Plan assesses the need for housing and supportive services for youth and young adults experiencing or at high risk for homelessness in Pierce County. It also describes the goals and objectives for addressing the need. The three goals are:

1. A highly coordinated system preventing and ending youth and young adult homelessness in Pierce County
2. A housing crisis system that is timely in responding to the needs of Pierce County’s most vulnerable youth and young adults
3. Education and employment initiatives that remove barriers to living wage careers for youth and young adults experiencing or at risk for homelessness in Pierce County
The Plan begins with a literature review of youth and young adult homelessness within national and local contexts. Since youth and young adult homelessness takes many forms, the Plan provides a synopsis of significant issues facing varying groups experiencing or at risk for homelessness throughout the Pierce County region. The core of the Plan provides a landscape assessment of youth and young adult homelessness in Pierce County, followed by the goals, objectives, and strategies to prevent and end youth and young adult homelessness in Pierce County.

Ending youth and young adult homelessness in Pierce County requires improved programming and systemic changes at all levels. This Plan calls for greater community will and strong partnerships in serving the most vulnerable youth and young adults in our communities. To prevent and end youth and young adult homelessness, targeted programs must be integrated with mainstream education, health, housing, and rehabilitation services, just to name a few. The knowledge about what can be done to prevent and end youth and young adult homelessness has significantly increased. This Plan is a blueprint for transforming the landscape of youth and young adult homelessness in Pierce County into one that supports safety, opportunity, and healthy adulthood.
Section 2: Literature Review of Homelessness - National Context

Youth and young adult homelessness is a concern in the United States and abroad (Cauce et al., 2000). National research suggests that on any given night, approximately 1.6 to 2 million youth and young adults are living in shelters, on the streets, or other highly unstable accommodations (National Alliance to End Homelessness, 2013; Rew et al., 2001). Youth and young adults experiencing homelessness are often referred to as unaccompanied youth and young adults because they are disconnected from a parent or guardian. It is important to note that the prevalence of youth and young adult homelessness is difficult to assess because of inconsistency in the definition of youth homelessness in the literature. The transient and invisible nature of youth and young adult homelessness compounds this issue (Moore, 2005; Raleigh-DuRoff, 2004). Three behavior-based groups describe the types of homelessness among youth and young adults (National Alliance to End Homelessness, 2013):

1. **Low risk:** They tend to be younger, maintain more stable relationships with their families and school, and experience the least amount of homelessness over time.

2. **Transient:** They tend to have stable connections with school and housing as they move in and out of homelessness repeatedly, but still do not have prominent mental health or substance abuse problems and retain relationships with their families.

3. **High risk:** These youth and young adults are more likely to have dropped out of school, have unstable relationship with their families, struggle with mental health or substance abuse issues, and experience long stretches of homelessness.

The literature also classifies youth and young adults experiencing homelessness in the following categories (Moore, 2005; Greene et al, 1997):

1. **Runaways:** Youth, who have spent more than one night away from home without parental consent.

2. **Throwaways:** Youth and young adults forced to leave home or abandoned by their parents.
3. **Street youth and young adults:** Youth and young adults who live in high-risk non-traditional locations such as under bridges or in abandoned buildings.

4. **Systems youth and young adults:** Youth and young adults who have been involved in government systems such as foster care, juvenile justice system, and the criminal justice system.

Additionally, the US Department of Housing and Urban Development (HUD) defines homelessness as anyone who a) lacks a fixed, regular, and adequate nighttime residence; and b) whose primary nighttime residence is a supervised shelter designed to provide temporary living accommodation, including emergency shelters, transitional housing, or a place not designed for regular nighttime human habitation. HUD defines “youth” as persons under 25 years of age. For the purposes of this report, and consistent with that federal definition, youth are defined as individuals 13-17 years of age, and young adults are 18-24 years of age.

**CAUSES OF YOUTH/YOUNG ADULT HOMELESSNESS**

Some still believe that youth and young adult homelessness is due to deviant behavior, such as resisting parental or guardian authority. In fact, the most common reason that youth and young adults leave home is due to family disruption or breakdown that often involves some form of physical, sexual, and/or psychological abuse (Reeg, 2003). This also includes unstable home environments, socioeconomic disadvantage, separation from parents or caregivers due to incarceration or death, and family dysfunction (Shelton, Taylor, Van den Bree, 2009). Parental abuse of drugs and alcohol accompanied by family violence and neglect, as well as physical, sexual, and psychological abuse are common factors that result in youth and young adults leaving home (Ferguson, 2009; Rosenthal, 2009; Cochran, Stewart, Ginzler, & Cause, 2002; Haley, Roy, Leclerc, Bordreau, & Bovin, 2004).

**TRAUMA AND ABUSE**

Youth and young adults experiencing homelessness often have a history of high rates of trauma. Several studies suggest that this group have experienced significantly high rates of abuse, mainly rape and assault by family and non-family members (Coates, McKenzie-Mohr,
Moreover, mental health problems and risky behaviors are often connected to abusive family relationships (Haber, Toro, 2009). Studies on homeless youth and young adults generally agree that this population reports greater exposure to abuse and neglect when compared to their stably housed peers (US Department of Health and Human Services, 2009; Zerger Strehlow, Gundlapalli, 2008). Federal agencies report that 17-35% of youth and young adults experiencing homelessness have been sexually abused, and as many as 60% have been physically abused (Reeg, 2013). In a Seattle based study, 50% of participants witnessed abuse within the family, 50% had been physically abused, 39% had been sexually abused, and 68% had experienced psychological abuse (Ferguson, 2009). Most of these youth experienced multiple abuses. Of those that reported any type of abuse, 71% reported at least three types of abuses with 18% reporting five or more (Ferguson, 2009).

There is evidence in the research indicating that trauma and abuse may lead to homelessness among youth and young adults, or may be caused by the experience of homelessness. In that way homelessness may be the effect or the cause of trauma (Coates, McKenzie-Mohr, 2010). Youth and young adults who experience homelessness often leave home to avoid abuse; however, due to the isolating and marginalizing experiences of homelessness, youth and young adults find themselves in risky situations that often perpetuate further abuse (Slesnick et al., 2009).

The Adverse Childhood Experiences Study (ACEs), the largest study of its kind to examine the health and social effects of adverse childhood experiences over the lifespan, suggested a relationship between homelessness, mental illness, and substance abuse. It is critical that in the development of a local system of care to address youth and young adult homelessness that providers: 1) enhance understanding of ACEs, 2) implement culturally relevant evidenced-based intervention efforts that effectively address adverse childhood experiences, 3) support systems transformation and integration in the domains of foster care, education, homelessness, and juvenile justice systems.
AT-RISK GROUPS

Certain groups of youth and young adults are at higher risk for becoming homeless. Research indicates that youth and young adults who have been involved in the foster care system, lesbian, gay, bi-sexual, and transgender (LGBT) youth, and African-Americans are more vulnerable to homelessness (Fowler, Toro, Miles, 2009). Many foster care youth become homeless when they “age out” of the foster care system, thus making them older than the general population of homeless youth and young adults. Within the group of foster care youth, non–white youth were more likely to have unstable living situations and are often at higher risk for victimization, dropping out of school, and emotional and/or behavior problems (Fowler, Toro, Miles, 2009). Studies also find that anywhere from 20%-40% of homeless youth and young adults identify as LGBT (Ray, 2006). Within this group, family conflict is often the primary cause due to homophobia and rejection that results in being kicked out or fleeing abuse (Ray, 2006).

BRAIN DEVELOPMENT

The literature indicates that development of the cognitive functions of the brain, especially executive functioning, such as working memory (keeping information in mind so it can be used to control attention and behavior), cognitive flexibility (taking different perspectives), and inhibitory control (suppressing attention to distractions and impulses) are interrupted during the trauma of homelessness. Adolescence and early adulthood is a stage of exceptional social, psychological, and physical development. The effects of homelessness on brain development are long lasting, but regeneration is possible (Giedd, 2008; Blakemore, Choudhury, 2006; Farah et al., 2006; Hackman, Farah, 2008; Noble, McCandliss, Farah, 2007). Research has identified that that the development of the brain continues from early childhood well into the mid-twenties (Edidin, Zoe, Scott, & Niranjan, 2012, p. 6). The effects of trauma on the brain due to homelessness underscore the need to incorporate a trauma-informed approach to service delivery for youth and young adults experiencing homelessness.
ACADEMIC ACHIEVEMENT

The rate of suspensions, missed school days, absenteeism, and high-school dropout among homeless youth and young adults is similar to that of low-income youth and young adults (Buckner, Bassuk, Weinreb, 2001; Fantuzzo, Perlman, 2007; Rubin et al., 1996; Zima, Wells, Freeman, 1994). Frequently changing schools contributes to lower levels of academic success and school failure among youth and young adults experiencing homelessness (Buckner, Bassuk, Weinreb, 2001; Shinn et al., 2008). Some studies suggest that as few as 20% to 30% of youth and young adults experiencing homelessness graduate from high school (Busen, Engebretson, 2008). Youth and young adults who do not graduate from high school lack not only a diploma but also the skills needed to acquire a job. As a result, many homeless youth and young adults are unemployed. For the few able to find a job, most are low paid jobs that lack benefits and/or insurance.

HEALTH

Many youth and young adults experiencing homelessness have poor health, often due to violence, abuse, and trauma coupled with precarious living situations, limited resources, substance use and high risk sexual activity, and irregular sleep patterns (Johnson, Aschkensay, Herbers, Gillenwater, 1996; Robertson, Toro, 1999; Salomonsen-Sautel et al., 2008; Wrate, McLoughlin, 1997). Homeless youth and young adults are more likely to have a greater degree of advanced illnesses when compared to their housed peers. The lack of early intervention and prevention results in illnesses that are more expensive to treat in emergency systems (O’Connell, 2004). Youth and young adults experiencing homelessness are at high risk for sexually transmitted (STDs) and other infectious diseases. In fact, the prevalence of HIV is three to 30 times higher among youth and young adults experiencing homelessness (Steele, O’Keefe, 2001). Young women tend to be at greater risk for STDs. Research suggests that STD rates range from 11.3% in males to 62.7% in females (Busen, Engebretson, 2008; Rice, Milburn, Rotheram-Borus, 2007). This may be attributed to the higher rates of unprotected sex among females, which has been noted in several studies (Tevendale, Lightfoot, Slocum, 2009). High-risk sexual behavior in females is related to lower levels of self-esteem, whereas in males it is
associated with poor decision-making skills (Slesnick et al., 2008). Furthermore, many in this population have skin and respiratory diseases, such as asthma and pneumonia, which are typically contracted while living on the streets or in crowded emergency shelters (O’Connell, 2004).

**MENTAL HEALTH**

Youth and young adults experiencing homelessness suffer from depression, anxiety, substance use, post-traumatic stress disorder, and psychosis (Cochran et al., 2002). “The lifetime prevalence of psychiatric disorders is almost twice as high for homeless youth compared with their housed peers” (Edidin et al., 2012). Post-traumatic stress disorder is common among homeless youth and young adults, with studies indicating that one-third in this group meet the criteria for this disorder (Yoder, Whitbeck, Hoyt, 2008). A study by Busen and Edgebretson (2008) found that 41% suffered from major depressive disorder and, coincidently, 41% met the criteria for bipolar disorder.

The high rates of mood disorders along with environmental risks of homelessness contribute to significantly high rates of suicidal ideation, suicide attempts, and completed suicides (Kamieniecki, 2001; Desai et al., 2003). In a 2001 review, 40-80% of homeless youth and young adults reported suicidal ideation with 23%-67% reporting an attempt (Kamieniecki, 2001). Research indicates that youth and young adults experiencing homelessness are four times more likely to experience disruptive behavior disorders when compared to their housed counterparts (Whitbeck et al., 2004). Attention deficit hyperactivity disorder is also prevalent, with one study finding almost one third of participants meeting the criteria for this diagnosis (Busen, Engebretson, 2008). Females tend to internalize their emotions and usually suffer from depression, anxiety, obsessive-compulsive disorder, and panic disorders. Males, on the other hand, are more likely to act out their emotions instead of holding them in, which manifests as cursing, bullying, fighting, and other forms of violence (Slesnick, Prestopnick, 2005). Many youth and young adults experiencing homelessness meet the criteria for multiple diagnoses.

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1 Bipolar disorder, sometimes referred to as manic-depressive, is associated with mood swings that range from the depressive to the euphoric. In most cases, bipolar disorder can be managed through treatment.
One study found that the rates of co-occurring substance-use and other psychiatric disorders ranged from 35% to 38%. A more recent study found even higher rates, with 76% of the sample meeting criteria for multiple diagnoses (Busen, Engebretson, 2008).
Section 3: Literature Review of Homelessness - Local Context

The literature on youth and young adult homelessness in Pierce County is sparse. This Plan includes a research study that sampled youth and young adults experiencing homelessness in Pierce County. Youth and young adult homelessness in Pierce County is an invisible, yet dramatic, social problem in our community. Data collected locally on youth homelessness is inconclusive but one can begin to understand the problem utilizing local data along with national best practices for data. In the 2011-2012 school year, Pierce County School Districts identified 484 unaccompanied high school students. Based on national studies, 50% of homeless youth drop out of high school each year. Based on that statistic, it is likely that at least 480 youth experiencing homelessness during the 2011-2012 high school year withdrew prior to completing their education. Put in economic terms, that number of students dropping out would mean an estimated $4.5 million dollars in lost revenue for Pierce County School Districts with Tacoma, Puyallup, and Clover Park School Districts most affected.

According to national studies, only 11.4% of homeless youth are proficient in math and 14.6% in reading compared to their stably housed peers (National High School Center, 2013). More alarming is the estimate that over 3,000 youth and young adults experience or are at high risk for homelessness during a given year in Pierce County, with approximately 1,000 being highly vulnerable youth under the age of 18. Despite these statistics, Pierce County, the second most populous county in Washington State, lacks a drop-in center and emergency shelter for unaccompanied youth and young adults, while these services are available in most other urban counties in Washington State.

LOCAL DATA

In the 2012 Human Rights and Human Services Community Data Report, service providers and funders identified housing and services for unaccompanied youth and young adults among the

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2 This estimate was calculated utilizing a formula recommended by the National Alliance to End Homelessness and the National Incidence Studies of Missing, Abducted, Runaway and Throwaway (NISMART) for the purposes of scaling interventions. These conservative estimates were validated utilizing homeless education data from Pierce County McKinney-Vento Liaisons.
community’s top five critical unmet needs. The report offered a viable variety of solutions to address this unmet need including making services for youth and young adults experiencing homelessness a funding priority. Below is a sample of participants’ recommendations:

- “Many youth are also lacking basic housing resources. We need a drop-in center for youth and young adults where they can take showers and receive loose case management.”

- “[There is a need for] a centralized multi-service building that is youth friendly and has immediate access to critical services (showers, washer and dryer, food, clothing, food stamps, I.D., transportation, employment, school enrollment, tutoring, etc.).

- “Work with community partners to provide housing for homeless youth. Examine the policy issues regarding the housing of youth who are unaccompanied by their parents.”

- “[There is a need for] city ordinances and policies that [offer incentives] to private developers [for] dedicating a percentage of their units in every project as affordable housing (for homeless youth and young adults) in exchange for tax credits.”

- “Mental health counseling and disability services are greatly needed to mobilize these young adults.”

In addition, the City of Tacoma Police Department and other key stakeholders provided evidence that sex trafficking, youth and young adult prostitution, and gang activity are associated and often exacerbated by youth and young adult homelessness. City of Tacoma Police Department and Pierce County Sheriff’s Department reported 20 unduplicated cases of sexual exploitation for youth and young adults in 2010, 23 in 2011, and 25 in 2012. These are only the documented cases. A Community Liaison Officer with the City of Tacoma Police Department commented that their department makes contact with 1-3 unduplicated youth and young adults a week who are victims of sexual exploitation. Sexual exploitation is defined as “the sexual abuse of children, youth, and young adults through the exchange of sex or sexual acts for drugs, food, shelter, protection, other basics of life, and/or money” (Centre for
Counseling & Community Safety, 2013). Sexual exploitation includes involving children and youth in creating pornography and sexually explicit websites. The Community Liaison Officer commented, “There is no place to take these youth and young adults where they can receive the help they need.” She also noted that a drop-in center and youth shelter are critical community needs and offer a better alternative to the criminalization of youth and young adults who are really the victims in these cases of exploitation.

The Community Liaison Officer also provided evidence regarding the intersection between gang participation and youth and young adult homelessness. The Tacoma Police Department and Pierce County Sheriff’s Department have provided data demonstrating there are over 814 gang members and associates in Pierce County. Many gang members join when they are in middle school and often fit similar profiles to homeless youth regarding family disintegration, familial violence, and parental substance use. More study is needed to understand the influence of housing and family instability on gang participation.

In 2012, Pierce County Juvenile Court reported 388 youth who scored out as releasable but experienced detention because their parent/guardian refused to pick them up. Another 300 also scored out as releasable, but probation officers were unable to contact a parent/guardian. This brings the unduplicated total to 688 youth experiencing homelessness due to some form of parent abandonment or neglect within the Juvenile Court System. The assistant administrator of probation reported that these youth are often victims of parental neglect/abuse and do not deserve detention in an environment meant for youth with serious offenses. The assistant administrator highlighted the need for a community resource that would be able to provide shelter, family reconciliation/reunification services (where feasible), and/or trusting connections to foster care for these highly vulnerable youth.
STEPHEN WOOLWORTH’S 2003 WORK ON ESTABLISHING A CONTINUUM OF CARE

In April 2003, Stephen Woolworth\(^3\) published the report, *Establishing A Continuum of Care for Homeless and Displaced Youth: Tacoma-Pierce County, Washington*. This report was prepared for the Martin Luther King Housing Development Association by a grant from the Tacoma-Pierce County Health Department. The report provides a comprehensive account of environmental and institutional dynamics for unaccompanied homeless and displaced youth in Pierce County. The report includes narratives from youth and young adults, national and state research on youth and young adult homelessness, and a discussion of the number of homeless youth and young adults in Pierce County between the ages of 13-21. It offers a synopsis of public and private funding sources then available to develop a continuum of care for unaccompanied youth and young adults, a survey of existing services, and four prioritized recommendations for expanding an integrated and effective system of care for youth and young adults experiencing homelessness (Woolworth, 2003):

1. Build and sustain a homeless youth coalition. A coalition of homeless youth service providers should be formed to better coordinate a continuum of services. An essential part of the coalition’s work would be to create a more effective way to monitor and manage emergency youth shelter services throughout Pierce County. It is especially important that the homeless youth coalition work in close connection with a community youth assessment center.

2. Establish a Tacoma teen drop-in center. Following the establishment of a homeless youth coalition, a drop-in center for homeless, displaced and street involved youth should be opened in Tacoma. A drop-in center will assist youth interested in accessing basic services and building trusting relationships with adults. If established using a collaborative model, the drop-in center would not only consolidate the specialized expertise of the different youth service providers in this arena but it would also serve as the primary entry point to the continuum of care.

\(^3\) Dr. Stephen Woolworth, a community coalition-building expert and Associate Dean of Education for Pacific Lutheran University, was commissioned by the Martin Luther King Housing Development Association to write a report addressing a continuum of care for homeless and displaced youth.
3. Establish a Pierce County network of satellite drop-in centers. Along with the development of a Tacoma teen drop-in center, a coordinated network of roving satellite outreach and drop-in centers should be established throughout the outlying areas of Pierce County to assist homeless and displaced youth who live outside of Tacoma’s urban core. An outreach worker from the Tacoma drop-in center should visit each of these sites at least once a week to provide information, deliver basic services and to otherwise coordinate continuum services for these youth across Pierce County. It is further recommended that these sites be established within existing youth organizations and in collaboration with local community coalitions to both minimize costs and facilitate communication between jurisdictions. Over time, this network will not only enhance outreach and referral services through the creation of structures that facilitate reaching homeless and street involved youth in the field, but it will also allow service providers to more accurately document the need for emergency shelter and transitional housing.

4. Expand emergency shelter and transitional living services. The network of drop-in services across Pierce County will create a key referral pipeline into the next stage of the continuum: emergency shelter and transitional housing. Creating emergency youth shelter and transitional housing in Pierce County is an important component of the continuum for youth and young adults, especially with respect to offering pathways toward family reconciliation, long-term placement, or independent living and self-sufficiency.

Woolworth’s (2003) report offers a detailed plan for establishing a drop-in center with satellite sites. The Pierce County Youth Coalition and the Pierce County Youth and Young Adult Advisory Council consulted Woolworth’s work, which all of Woolworth’s prioritized recommendations are mostly relevant a decade later, as they developed a proposed model for a drop-in center and youth shelter (see appendix A). Since Woolworth’s 2003 report, significant progress has been made towards the development of a continuum of care for unaccompanied youth and young adults. Below are the steps that have been taken thus far:
1. In 2011 the Unaccompanied Youth and Young Adult Steering Committee was formed. This group of mainly funders and government representatives drives the development of the continuum of care for unaccompanied youth and young adults while planning and coordinating funding for the various initiatives.

2. In 2012, Pierce County Community Connections, The City of Tacoma, the Tacoma Housing Authority, United Way of Pierce County, and Bethel School District invested approximately $1.4 million to provide 90 units of youth and young adult housing (40 host homes, 40 independent living units, and 10 beds in 2 scattered site shared housing) and supportive services.

3. In 2012 the Pierce County Youth and Young Adult Advisory Council was established to encourage youth voice, participation, and design in the services provided by the continuum.

4. In 2013, the Pierce County Youth Coalition in collaboration with Pierce County Youth and Young Adult Advisory Council developed a proposed model of services for a drop-in center/youth shelter/café (see Appendix A). This was a collaborative and democratic process that involved many stakeholders, providers, and most importantly, youth and young adults experiencing or at high risk for homelessness.

5. In 2013, the Blue Ribbon Panel (BRP) was formed by Senator Darnelle and Lyle Quasim. The Blue Ribbon Panel consists of elected officials and high profile community leaders. The primary objective of the BRP is to build greater community will in moving forward current and future initiatives to end youth and young adult homelessness in Pierce County by leveraging panelists’ organizational networks, convening power, and expertise.
Section 4: Assessing Youth and Young Adult Homelessness in Pierce County

PARTICIPANTS AND STUDY DESIGN

This section discusses a survey of unaccompanied youth and young adults in Pierce County. The data were collected April-August 2012. The University of Washington School of Social Work and Pierce County Community Connections sponsored the study. The sampling frame consisted of a non-probability convenience sample\(^4\) of 51 youth (ages 13-17) and young adults (ages 18-24) who were unaccompanied by a parent or guardian, and whose parent or legal guardian was unable or unwilling to provide shelter and care. All participants were without shelter where appropriate care and supervision were available or lacked a fixed, regular, and adequate nighttime residence in Pierce County. Adult shelters, school districts, and other youth and young adult service providers assisted in recruiting youth to participate in this study. In an attempt to put together a sample that had broad demographic and geographic representation of youth and young adult homelessness, the researcher used study subjects to recruit future subjects from among their peer groups. This method proved especially helpful in gaining data from unaccompanied youth and young adults disconnected from services and living in wooded rural encampments and other areas that are often hidden and difficult for researchers to access.

The survey (see Appendix B) was administered by two trained interviewers, and consisted of 55 questions that solicited both quantitative and qualitative data and was divided into the following five main categories: 1) demographic, 2) residential history, 3) health and mental health history, 4) legal and safety issues, and 5) service history and need. It was accompanied by an informed consent (see Appendix C) explaining the reason for the study while emphasizing its voluntary and anonymous nature. The University of Washington’s Institutional Review Board offered a waiver after careful consideration of the parameters of this research, concluding it

\(^4\) In a non-probability convenience sample, subjects are taken from a group that a researcher can access easily, thus making it difficult to infer from the sample to the general population.
created little to no potential for harm to the participants. In addition, at the end of the survey, participants were asked: “Did this survey affect you in a way that you need to speak with a counselor?” Only one participant requested counseling, and was referred to outreach services for crisis intervention and case management.

Survey participants received a $20.00 gift card to Target for their participation. Many agencies assisted with the recruitment of youth and young adults experiencing homelessness. These included McKinney-Vento liaisons from several school districts throughout Pierce County, Camp Fire USA Teen Outreach, REACH Center, Lakewood Area Shelter Association (LASA), Tacoma Rescue Mission, and Catholic Community Services. On several occasions, interviewers explored likely wooded rural encampments and other street locations where youth and young adults congregate per other participant-informants. These included certain rural areas of Pierce County such as Puyallup, Sumner, Buckley, and Prairie Ridge. Informants mentioned encampments in Gig Harbor/Key Peninsula Area, but street and encampment searches of this area did not yield participants for this survey.

Several limitations of this study must be noted. First, the sample size is moderate, which affects interpretation, reliability, and generalization of the findings. This was an inaugural study, intended to introduce a new starting point for data driven planning and discussions on the subject. The sample, drawn from a hard-to-find population, is by no means representative of all youth and young adults in Pierce County experiencing homelessness.

Secondly, the survey completely relied on participant self-report. The measures are subjective leaving substantial room for inaccuracy. Sometimes participants were reluctant to answer questions regarding sexual abuse and illegal behaviors, possibly fearing embarrassment or repercussions. Interviewers made a vigorous attempt to create a safe and trusting environment for participants.
Despite these limitations, the results of the survey contribute to our understanding of youth and young adult homelessness in Pierce County. This study fills a gap in the local data, and provides useful information regarding the demographics, residential and family history, physical and mental health, legal and safety issues, and service utilization patterns among homeless youth and young adults. The data will inform planning and the development of a relevant, effective, and culturally competent system of care for youth and young adults experiencing homelessness.

**DEMOGRAPHICS**

Participants’ ages ranged from 16 to 24 with 30% of participants being 18 years old or younger. Seventy percent (70%) of the participants were 19 to 24 years, with an average age of 20 years old for the entire sample. Of the sample, 72.5% were male, 15.7% female, and 11.8% transgendered, underscoring the disproportionate impact of homelessness on men and transgendered individuals when compared to the County’s overall population. As Table 1 below illustrates, African Americans are also over represented among unaccompanied youth and young adults as compared to the County’s overall population.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent of Sample</th>
<th>Overall County Pop.</th>
</tr>
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<tbody>
<tr>
<td>White/European American</td>
<td>31</td>
<td>61%</td>
<td>77%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>13</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>Latino(a)/Latin American</td>
<td>3</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Alaska Native/Native American</td>
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<td>4%</td>
<td>2%</td>
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<tr>
<td>Asian/Pacific Islander</td>
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<td>Total</td>
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</tbody>
</table>
Regarding sexual orientation, 70.6% identified as heterosexual with 25.5% identifying as gay or bisexual. The remaining 3.9% represented those unsure, questioning, or declining to respond. This data is consistent with national research regarding the disproportionate impact of homelessness on LGBT populations. Regarding population differences, survey results indicated that a higher percentage of LGBT participants (36.4%) answered “yes” to the question “have you ever had sex for money” when compared to heterosexuals (9.4%). Also, a significantly higher percentage of LGBT participants (45.5%) reported having sex for alcohol or drugs when compared to their heterosexual counterparts (9.4%).

Approximately 25.5% of participants were still enrolled in school. However, 58.9% of participants did not have a high school diploma, and 41.2% had dropped out of high school. One 21-year old participant had only finished the eighth grade. For the majority of participants (41.2%), the highest grade completed was the 11th. Nearly half of participants (47.1%) wanted to complete high school, and 25.5% of those that wanted to complete high school indicated they hoped to attend college. Over a quarter of participants (27.5%) stated they were not interested in educational services, and 64.7% had tried to get help with their education since experiencing homelessness.

When participants were asked, “do you have child(ren)?” 83.3% responded “no” with only 11.8% replying “yes.” The remaining percentage (4.9%) did not respond. From the six participants that replied “yes” to having child(ren), two participants reported that their child did not reside with them.

RESIDENTIAL AND FAMILY HISTORY ASSESSMENT

Data regarding the residential history of participants helped to illustrate their housing situation before and during homelessness. The participants’ place of birth was extremely diverse, with 37.5% born in Pierce County, 21.5% born elsewhere in Washington State, and 41% were born in other States. When asked, “Where do your parents live?” 10% had a deceased parent, and 56.9% had at least one parent that resided in Pierce County. Almost three-quarters of participants responded that they had resided in Pierce County for more than a year with 51% having lived here for more than six years. Only 17.6% lived in Pierce County for less than one
year. These data highlight that homelessness for the majority of youth and young adults originated in Pierce County, “debunking myths that these are not our kids” (Senator Darneille, 2014). The survey also collected data on the last zip code where the participants had stable and adequate housing:

- 58.9% were last stably housed within the Tacoma-Lakewood area
- 13.9% were last stably housed in East Pierce County (Buckley, Graham, Puyallup, and Sumner area)
- 11.8% in other counties in Washington State
- 10.29% outside of Washington State

Tables 2 and 3 show statistics regarding the types of places participants resided during homelessness.

**Table 2. Where Did You Spend Last Night?**

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the street/outdoors</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>In a shelter</td>
<td>17</td>
<td>33%</td>
</tr>
<tr>
<td>In a hotel/motel</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>At a friend's house</td>
<td>17</td>
<td>33%</td>
</tr>
<tr>
<td>In a family member's house</td>
<td>9</td>
<td>18%</td>
</tr>
<tr>
<td>Car/van</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Own residence</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Table 3. Where Have You Slept Most Nights In the Past 30 Days?**

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the street/outdoors</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>In a shelter</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>At a friend's house</td>
<td>18</td>
<td>35%</td>
</tr>
<tr>
<td>In a family member's house</td>
<td>11</td>
<td>22%</td>
</tr>
<tr>
<td>Your own residence</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Participants noted a high level of housing instability. Over two-thirds (70.7%) reported two or more moves within a 30-day period, and 35.4% experienced four or more moves within that same period. A 21-year old male participant from Sumner reported sleeping in 15 different places in the past 30 days. He remarked that he depended on the kindness of friends and strangers to give him a warm place to stay when it was cold outdoors.

When asked, “Have you ever been or are you currently in foster care?” 17.6% responded yes with two participants refraining from a response. Of those who responded affirmatively to the foster care question, 88.9% reported they did not find it a positive or helpful experience. Most participants (56.9%) had been unaccompanied by a parent or legal guardian for 11 months or more, 19.7% for 10 months or less, and 11.8% reported living sometime with parent(s)/legal guardian(s). Table 4 below shows the array of reasons that participants became disconnected from their parents/legal guardians.

Table 4. Why did you leave your parents/legal guardian?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percent of 51 Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kicked out</td>
<td>15</td>
<td>29%</td>
</tr>
<tr>
<td>No answer</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>Wanted to make it on my own</td>
<td>6</td>
<td>12%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Bad environment</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Both parents were arrested</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Mental abuse</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Parent abandonment</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Got tired of authority</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>School</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Seeking thrills</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>
HEALTH AND MENTAL HEALTH ASSESSMENT

The survey reveals that access to medical and dental services is highly problematic. The majority of participants (56.9%) reported that there were times while being homeless that they were unable to access health care, dental care, or medications. When asked why they did not receive the care they needed, 43.3% replied it was due to lack of money, and 40% reported it was due to lack of medical insurance. Moreover, 37.8% reported that they were denied medical services that they needed. From those denied medical services, 64.3% commented it was due to their lack of ability to pay for services.

Health behavior assessments showed that 62.7% smoke cigarettes on a daily basis with heterosexual male participants smoking at a much higher rate than female and LGBT participants (38.5%). Of the sample, 7.8% reported drinking alcohol on a daily basis, with 54.9% drinking occasionally. For both smoking and alcohol, there was a relationship between age and consumption, with older participants drinking and smoking at a higher rate than younger participants. Table 5 below offers details about participants’ substance use. Of note,

- most had tried marijuana: 84.3% (58.8% reported using it regularly);
- most had tried ecstasy: 53% (15.7% using it regularly);
- many have tried mushrooms: 45.1% (3.9% using it regularly);
- many have tried cocaine: 43.2% (5.9% using it regularly); and
- many have tried speed/meth: 37.3% (11.8 using it regularly).

When asked if they had ever been drugged without their consent, 33.3% of participants responded “yes.”
Table 5. What is your experience with the following drugs?

<table>
<thead>
<tr>
<th></th>
<th>Use Regularly</th>
<th>Have Tried</th>
<th>Never Tried</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent of 51 Participants</td>
<td>Frequency</td>
<td>Percent of 51 Participants</td>
</tr>
<tr>
<td>Marijuana</td>
<td>30</td>
<td>59%</td>
<td>13</td>
<td>25%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>8</td>
<td>16%</td>
<td>19</td>
<td>37%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3</td>
<td>6%</td>
<td>19</td>
<td>37%</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>2</td>
<td>4%</td>
<td>21</td>
<td>41%</td>
</tr>
<tr>
<td>Heroin (other)</td>
<td>2</td>
<td>4%</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Speed/Meth</td>
<td>6</td>
<td>12%</td>
<td>13</td>
<td>25%</td>
</tr>
<tr>
<td>Acid/LSD</td>
<td>2</td>
<td>4%</td>
<td>11</td>
<td>22%</td>
</tr>
<tr>
<td>Heroin (injected)</td>
<td>1</td>
<td>2%</td>
<td>6</td>
<td>12%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>2</td>
<td>4%</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Crack</td>
<td>1</td>
<td>2%</td>
<td>9</td>
<td>18%</td>
</tr>
</tbody>
</table>

Of the total number of participants, 70.6% were sexually active; 60.8% of the sexually active participants indicated that they practiced safe sex. Nearly 20% reported having multiple sex partners. Some participants (15.7%) had traded sex for food or a place to stay, 13.7% had traded sex for money with female participants reporting a higher incidence (50%), 15.7% had traded sex for drugs and/or alcohol, and 29.4% had been forced to have sex. For respondents that reported having been forced to have sex, 19.6% commented that it happened before they experienced homelessness, and 9.8% replied while homeless, suggesting that for this subpopulation being homeless was safer than staying housed in the previous situation. Female (75%) and transgender (66.7%) participants reported more frequently “having been forced to have sex” when compared to males (13.5%). A 23-year-old male residing in a shelter in Tacoma reported having been forced to have sex both before and during homelessness. For many participants (43.1%) it has been more than a year since they have been tested for STDs. Conversely, 45.1% had been tested for STDs a year ago or less. Nearly a third of the participants reported that they have never been tested for HIV, while 25.5% reported being tested more
than a year ago, and 43% reported being tested a year ago or less. Furthermore, data from the survey suggest that the majority of female participants (80%) were not practicing safe sex when compared to males and transgender participants.

Participants were asked questions regarding existing medical and/or mental health conditions. Participants may have been formally diagnosed or simply experienced one or more of the following conditions in Table 6 below.

**Table 6. Have you ever had (been diagnosed with) any of the following conditions?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent of 51 Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive/Mental Health Issue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>26</td>
<td>51%</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>20</td>
<td>39%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>17</td>
<td>33%</td>
</tr>
<tr>
<td>Other mental illness (other than depression)</td>
<td>16</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Physical Health Issue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>14</td>
<td>27%</td>
</tr>
<tr>
<td>Alcoholism/Drug abuse</td>
<td>11</td>
<td>22%</td>
</tr>
<tr>
<td>Pneumonia and influenza</td>
<td>9</td>
<td>18%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Heart problems</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>STD</td>
<td>2</td>
<td>4%</td>
</tr>
</tbody>
</table>

In addition to health and mental health conditions not included on the survey questionnaire, participants also reported experiencing anger management (9.8%), and bi-polar disorder (7.9%). Other conditions worth mentioning but which only had a frequency of one participant include the following: Cancer, Tuberculosis, Asperger’s Syndrome, Dyslexia, borderline personality disorder, eczema, gender identification issues, narcolepsy, obsessive-compulsive disorder, viral meningitis, and post-traumatic stress disorder.
LEGAL AND SAFETY ISSUES ASSESSMENT

Questions measuring criminal behavior indicated that the majority (68.6%) had committed a crime and half (49%) had been the victim of a crime while experiencing homelessness. The intersection between victimization and homeless youth has been well documented, both as a causal factor for leaving or being expelled from the home and a consequence of homelessness. Several participants (34.6%) reported being assaulted. Two participants noted being held at gunpoint, and 13.9% reported theft and or mugging. Of the total sample, 39.2% had committed a crime for food or shelter. A significant portion of the sample (39.2%) had been in juvenile detention or jail, and the majority of participants (56.9%) reported feeling harassed by police. The data also suggest that the longer a participant is homeless their likelihood of incarceration increases. When asked about the ways in which police have harassed them, participants responded with answers that included being displaced from outdoor encampments and abandoned housing to being stopped for no discernible reason. The majority of African-American male respondents (88.8%) felt that they were harassed on the streets while in public spaces due to race. A significant number of participants (31.4%) indicated they were currently involved (3.9%) or associated with gang members (27.5%). Several (33.3%) mentioned that they had been approached about joining a gang.

SERVICE ASSESSMENT

Participants were given a list of services and asked if they thought youth and young adults experiencing homelessness would benefit from the development of such services in Pierce County. Participants also had space to identify needed services not on the list. Over 70% of participants reported Pierce County needed an emergency shelter specific to youth and young adults, transitional housing, homeless service (drop-in) centers, more job training and job placement programs, food and clothing banks, affordable housing, drug and alcohol rehabilitation programs (including detox), mental health services, health and dental clinics, family counseling, reliable transportation, and school health clinics. Over 90% of participants commented that there is a need for public spaces where youth and young adults are welcome. Several participants mentioned needing bus tickets in order to find a job or go to appointments. Participants were also asked which of the aforementioned services they would personally use if
available to them. Over 70% mentioned that they would use some or all of these services, with over 90% re-emphasizing the need for bus tickets or a bus pass.

Participants were asked, “Which agencies do you know about or have used?” with a follow up question asking them to rate their experiences. Responses were tabulated to come up with a rating of excellent (80%-100% or more of participants had a positive experience), satisfactory (70%-79% or more of participants had a positive experience), moderate (50%-70% of participants had a positive experience), poor (40%-49% had a positive experience), and very poor (fewer than 39% had a positive experience). Participants mentioned familiarity with several agencies in accessing needed services. Only agencies that were mentioned by three or more participants were included in Table 7 below. Other agencies that were mentioned but are not included on the Table due to low frequency included: Armory (Puyallup) (n=2), Care Net (n=1), Cascade Mental Health (n=1), Centro Latino (n=1), Fresh Start (n=2), Guadalupe House (n=1), Greater Lakes Mental Health (n=2), Health Care for the Homeless (n=2), Labor Ready (n=1), Labor Works (n=1), Olive Crest (n=1), Peace Community Center(n=1), Pierce County Alliance (n=1), Puyallup Tribe (n=1), Roots Youth Shelter (Seattle) (n=1), Salvation Army (n=1), Shared Housing (n=1), Soma Community Church (n=1), St. Francis House (n=1), Tacoma Community College (n=2), Work Source (n=3), and the YWCA (n=1).

Table 7. Which agencies do you know about or have you used?

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Service</th>
<th>Percent of 51 Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>The REACH Center</td>
<td>Education/Employment</td>
<td>25.50%</td>
</tr>
<tr>
<td>Tacoma Rescue Mission</td>
<td>Adult Shelter (male and female)</td>
<td>23.50%</td>
</tr>
<tr>
<td>Tacoma Avenue Shelter</td>
<td>Adult Shelter (male only)</td>
<td>17.60%</td>
</tr>
<tr>
<td>Tacoma School District McKinney-Vento Liaisons</td>
<td>Homeless Youth Services</td>
<td>9.80%</td>
</tr>
<tr>
<td>Oasis</td>
<td>LGBT Outreach/Drop-in Center</td>
<td>7.80%</td>
</tr>
<tr>
<td>DSHS</td>
<td>Medical and Food Benefits</td>
<td>7.80%</td>
</tr>
<tr>
<td>Puyallup Freezing Nights</td>
<td>Adult Shelter</td>
<td>5.90%</td>
</tr>
<tr>
<td>Work Source</td>
<td>Employment</td>
<td>5.90%</td>
</tr>
</tbody>
</table>
Section 5: Systems Analysis Results

The National Alliance to End Homelessness (NAEH, 2013) identified 10 functions that are essential to create a comprehensive system of care for youth and young adults experiencing homelessness. In order to evaluate the strengths and weaknesses of the current system against the 10 essential NAEH identified functions, service providers and other community stakeholders were sent a 33-question survey that allowed them to rate and provide feedback regarding the current system and what was needed to make it more responsive to the needs of unaccompanied youth and young adults. A mixed method process was utilized in which qualitative and quantitative data were gathered. For the quantitative data, each question would target specific domains, utilizing a likert-type scale response. The mean was then calculated for the total score of each domain to provide a rating (please see rating rubric below).

Rating Rubric:
1-1.4 = Very poor
1.5-2.4 = Poor
2.5-3.4 = Moderate
3.5-4.4= Good
4.5 -5=Excellent

In addition, data from the “Service Assessment” section of the youth and young adult survey was also utilized to identify gaps, areas in need of improvement, and strengths in the current service delivery system in order to inform the development of a continuum of care. Table 8 below lists these functions and includes a narrative of local system capacity for each category.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td><strong>Moderate:</strong> The Pierce County community has developed strategies focused on ending youth and young adult homelessness including this Plan. The most recent accomplishment is a proposed model of services for a drop-in center/youth shelter/café (see Appendix A). The model was developed collaboratively by the Pierce County Youth Coalition and the Pierce County Youth and Young Adult Advisory Council. However, the Unaccompanied Youth and Young Adult Steering Committee would benefit from a wider range of stakeholders such as elected officials, funders, and government programs. Various other systems of care such as education, mental health, and work force development should participate in the planning and coordination of services to end youth and young adult homelessness. The addition of adult shelter providers that also serves young adults would also add value to the Youth Coalition meetings. Additionally, the community needs to strengthen its approaches in leveraging funds and resources from the private sector.</td>
</tr>
<tr>
<td>Data</td>
<td><strong>Excellent:</strong> Pierce County has a homelessness management information system (HMIS) and a universal process at intake that helps in assessing the most appropriate resources for youth and young adults experiencing a housing crisis. Data from the centralized intake system (Access Point 4 Housing) and HMIS have the capacity to provide rich information on how long youth and young adults are homeless, what their needs are, service transactions with mainstream systems, the effectiveness of interventions, and the number of youth and young adults experiencing homelessness.</td>
</tr>
<tr>
<td>Emergency Prevention/Early Intervention</td>
<td><strong>Very Poor:</strong> Pierce County lacks a drop-in center, a youth emergency shelter, and an emergency shelter for youth and young adults. It is important to note that plans are underway to address this gap. In addition, crisis counseling, family reunification/reconciliation services, and rent assistance for this population are underdeveloped or nonexistent. Housing needs are not assessed within 24 hours of a consumer’s entry into any community shelter.</td>
</tr>
<tr>
<td>Domain</td>
<td>Capacity</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Systems Prevention</strong></td>
<td>Poor: Mainstream programs such as child welfare, juvenile/adult corrections, and mental health that provide services to youth and young adults at best inconsistently respond to unaccompanied youth and young adults housing needs. Discharge planning that ensures placement in stable housing from public institutions is severely underdeveloped, especially for young adults. In addition, our community lacks a periodic review process to evaluate our targeting strategy as well as the overall assessment and resource allocation process for youth and young adults at risk for/experiencing homelessness that involves a broad array of service providers, constituents, and funders.</td>
</tr>
<tr>
<td><strong>Outreach</strong></td>
<td>Poor: Pierce County has a centralized intake system designed to reduce barriers and encourage youth and young adults experiencing homelessness to enter appropriate housing and supportive services. This system is relatively new in serving youth and requires organizational improvement in order to augment outreach and efficient service delivery. Many youth and young adults experiencing homelessness are both unaware of these new services as well as their eligibility for housing services. Additionally, outreach to rural areas in Pierce County is underdeveloped and transportation to services in Tacoma or other areas is a substantial barrier.</td>
</tr>
<tr>
<td><strong>Youth Housing Continuum</strong></td>
<td>Good: Recently, due to investments by Pierce County Community Connections, the City of Tacoma, the Tacoma Housing Authority, and United Way the community has made progress in providing a spectrum of housing and services focused on reducing the amount of time youth and young adults remain homeless and the number of times they become homeless. The Housing 4 Success Collaborative (REACH, Shared Housing, Associated Ministries, and Vadis) is currently providing the aforementioned housing services. Centralized intake has a youth housing specialist who provides housing search and housing placement services for homeless youth throughout Pierce County who cannot be reunified with their families.</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td>Moderate: Presently when youth and young adults are housed through the Housing 4 Success Collaborative, they have rapid access to funded services. Mainstream services provide a moderate amount of these services with direct access to public programs and services for health, mental health, substance use disorders, like skills training, etc.</td>
</tr>
<tr>
<td>Domain</td>
<td>Capacity</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Youth Development</td>
<td><strong>Moderate:</strong> Agencies specializing in youth development are generally doing an excellent job; however, services across agencies are often fragmented and duplicated due to a lack of interagency collaboration and planning. The Pierce County Youth Coalition is an excellent space for providers to form an integrated network of practice while reducing duplication and addressing critical gaps. Providers should also provide more opportunities for youth and young adults to shift their role from recipients of services to that of an engaged participant in program development, delivery, advocacy, and evaluation. It is encouraged that agencies prompt third parties to provide assessment and coaching regarding services and operations.</td>
</tr>
<tr>
<td>Permanent Housing</td>
<td><strong>Moderate:</strong> One of the strategies in this Plan for addressing homelessness among youth and young adults is the creation of a continuum of housing options, including permanent housing. Data from centralized intake for youth and young adults will inform the comprehensive plan to end homelessness for youth and young adults. It is still too early in the development of the UYAYA continuum to make a data-informed conclusion regarding the supply of permanent supportive housing needed to meet the needs of all chronically homeless youth and young adults.</td>
</tr>
<tr>
<td>Education/Income</td>
<td><strong>Poor:</strong> The community offers some assistance to help youth and young adults experiencing homelessness by linking them to education, employment, and/or benefits, but this mainly serves youth and young adults in the Tacoma area. Services for youth and young adults tailored towards increased income are underdeveloped, culturally incompetent, fragmented, and/or nonexistent in more rural and suburban regions of Pierce County.</td>
</tr>
</tbody>
</table>
Section 6: Recommendations

Creating the necessary leadership structure to mobilize community and political action is critical to achieving the goals and objectives in this Plan, described in detail in Section 7. The Unaccompanied Youth and Young Adult Steering Committee will oversee the implementation of the strategies in order to ensure that youth and young adults experiencing or at risk for homelessness can access the housing and supportive services they need to achieve stability, health, and wellbeing.

The new development of a system of care for homeless youth and young adults is an opportunity for Pierce County to take advantage of the newest evidenced-based approaches that have proven effective in remediating youth and young adult homelessness. Pierce County has an opportunity to create a system of care that is effective, innovative, and sustainable instead of modeling strategies in other communities that promote a highly street-identified youth and young adult subculture.

MULTICULTURAL COMPETENCY AND A SOCIAL JUSTICE FRAMEWORK

The results of the Pierce County survey described in Section 4 are consistent with national research and data on youth and young adult homelessness, and suggest the need for evidenced-based approaches and other best practice interventions locally. Given the disproportionate impact of youth and young adult homelessness on LGBT and African-American populations, it is important that interventions place a high value on multicultural competency with staff that reflects the diversity of consumers. A multiculturally competent organization must possess the self-awareness to understand its own culture and biases and be able to maintain positive relationships with those of different backgrounds. The practice of multicultural competency involves a rigorous and continual investment in investigating values, practices, and beliefs in relation to cultural, sexual, racial, and other differences.

Given that many youth and young adults experiencing homelessness come from demographics that have experienced intergenerational histories of trauma, marginalization, and disenfranchisement, responses to youth homelessness would benefit from a social justice lens
that “actively addresses the dynamics of oppression, privilege, and isms, and recognizes that society is the product of historically rooted, institutionally sanctioned stratification along socially constructed group lines that include race, class, gender, sexual orientation, and ability [among others]. Working for social justice [with youth and young adults experiencing homelessness] involves a critical self-reflection of their socialization into this matrix of unequal relationships and its implications, analysis of the mechanisms of oppression, and the ability to challenge these hierarchies” (Sensoy & DiAngelo, 2009, p. 350).

TRAUMA-INFORMED CARE
Approaches that focus on individualized services to meet basic needs such as housing, education and employment can lead to a misconception that youth and young adults are to blame for their situation and that, with the proper rehabilitation, they can successfully exit homelessness and reintegrate into mainstream society (McKenzie-Mohr et al., 2012). Unfortunately, this viewpoint “fails to take into account their multiple experiences and common effects of trauma as well as the deficient social structures and institutions that have heightened youth’s risks of experiencing these highly distressing events” (McKenzie-Mohr et al., 2012, p.137). Community services targeting youth and young adults must a) consider and understand the negative effects of trauma; b) develop and fund community services that successfully respond to trauma; and c) create policies that ensure quality services that address the causes of youth and young adult homelessness. It is essential that trauma-informed care be integrated into organizational capacity and service delivery. The following are the key principles guiding trauma-informed care (McKenzie-Mohr et. al, 2012 p. 138):

- Assume that the impact of trauma is far-reaching, and understand violence and victimization as influencing personal development and coping strategies. Difficulties or symptoms are understood as inter-related responses, or coping strategies, often associated with managing traumatic stress effects.
- Services are meant to understand individuals in the context of their life experiences, and aim to consider critically the impact of sociopolitical and cultural contexts on personal issues.
- Services incorporate elements necessary to establish a physically and emotionally safe environment, with attention given to minimizing possibilities of re-traumatization.
Dignity and respect are understood to be fundamental to healing, and services strive to maximize persons’ choice and autonomy.

A strengths-based approach is employed. As such, those who are homeless are recognized and valued as experts and active partners with service providers, and this recognition is reflected in programming (for example, through mutual aid groups).

An empowerment model is employed. Dedicated attempts to collaborate, solicit input, share power and decrease hierarchical structures are carried out, and there is a commitment to primary goals being articulated by those experiencing homelessness.

Services are intended to be comprehensive, integrated, and responsive. They may incorporate the use of creative programming through such mediums as theater, dance, art, and music, as they strive to be flexible and meet diverse needs.

Referrals are made to trauma-specific services if trauma-related difficulties persist despite efforts of trauma-informed care and less-specialized supportive interventions.

Organizations need to create a safe and comfortable environment to implement effectively trauma-informed care. Organizational policies, practices, procedures, and culture should be reviewed in this context, and appropriate adaptations made. Low-barrier, harm-reduction focused shelter and service options are a better option when compared to zero-tolerance policies and overly strict eligibility criteria. Although trauma-informed care is not a panacea for youth and young adult homelessness, it offers a guiding framework that assists in creating an environment and service delivery method that comprehensively addresses the intersections of trauma.

RISK AMPLIFICATION AND ABATEMENT MODEL

The risk amplification and abatement model (RAAM) suggests that negative contact with socializing agents amplifies risk, while positive pro-social contact reduces risk for youth and young adults experiencing homelessness (Milburn et al., 2009). Taking an ecological perspective, there are four domains that are important for youth and young adults in order to promote positive and empowered engagement that reduces risks: families, peers, social service agencies, and formal institutions. A longitudinal study was done in Los Angeles to further test

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5 In social work practice, applying an ecological perspective means looking at persons and the layers of influence that encompass them: family, peers, culture, institutions, policy, etc. This approach holds that identifying the strengths and weaknesses in the interactions between these systems and the individual is key to healing and empowerment.
this approach. The findings strongly supported RAAM, and suggested that engagement with positive social peers, maternal social support, and continued school engagement all promoted successfully exiting from homelessness. Conversely, exposure to family violence and reliance on shelter services made it harder to exit homelessness. This underscores the importance of having interventions that are family based and promote family reunification and/or reconciliation when feasible. If not, services for youth and young adults that are mainly focused on subsistence (food, shelter, clothing, housing, and self-sufficiency) may contribute to longer stays in homelessness and re-entry into homelessness.
Section 7: Goals and Objectives Matrix

The analysis of national and local data and in particular the information about current gaps in the system informed the development of the goals, objectives and strategies that follow. The goals and objectives were also reviewed, refined, and adopted by members of the Youth Coalition, Pierce County Youth and Young Adult Advisory Council, the UYAYA Steering Committee, and the Blue Ribbon Panel (high profile community leaders championing this work). In addition, the Plan’s three goals in Table 9 echo key themes emphasized in the Federal Plan to End Homelessness and the integrated Tacoma, Lakewood, Pierce County Continuum of Care Plan to End Homelessness.

1. A highly coordinated system preventing and ending youth and young adult homelessness in Pierce County
2. A housing crisis system that is timely in responding to the needs of Pierce County’s most vulnerable youth and young adults
3. Education and employment initiatives that remove barriers to living wage careers for youth and young adults experiencing or at risk for homelessness in Pierce County
<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>A highly coordinated system preventing and ending youth and young adult homelessness in Pierce County</th>
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<tbody>
<tr>
<td><strong>Objective 1.1</strong></td>
<td>Develop a comprehensive plan to end youth and young adult homelessness</td>
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<tr>
<td><strong>Strategies</strong></td>
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<tr>
<td><strong>1.1.1 Planning</strong></td>
<td>Develop updated comprehensive youth and young adult plan that includes: 1) data-informed scale of need, 2) data on program effectiveness, service utilization, and costs 3) data-driven recommendations for best practices and evidenced-based interventions that includes regional and population specific needs.</td>
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<tr>
<td><strong>1.1.2 Data/HMIS</strong></td>
<td>Develop metrics dashboard, establish quantifiable baseline data, establish benchmarks, and monitor, evaluate, and adjust system performance regularly. Proposed indicators: 1) occupancy (the rate of bed utilization), 2) destination at program exit, 3) returns into homelessness (refers to the percentage that return to homelessness after a positive exit), 4) discharges from public institutions (measures the number of youth and young adults discharged into homelessness from public institutions), and 5) trend analysis</td>
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<tr>
<td><strong>1.1.3 Mapping</strong></td>
<td>Develop Landscape analysis of providers for the scaling up and integration of services through existing infrastructures.</td>
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<tr>
<td>Objective 1.2</td>
<td>Build system initiatives to prevent youth homelessness</td>
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<tr>
<td>Strategies</td>
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<tr>
<td>1.2.1 Homelessness Prevention/Early Intervention</td>
<td>Develop countywide prevention/early intervention model that is designed to reduce youth homelessness by promoting beneficial connections with family, peers, social service organizations, and formal institutions. The outcomes of such a model should include: 1) improved stability of youth and young adults’ living situation, 2) improved ability for youth and young adults in managing family conflict, 3) increased parental capacity in managing conflict, 4) improved communication within families, 5) youth and young adult’s attitudes toward self, education, employment, and civic engagement improves.</td>
</tr>
<tr>
<td>1.2.2 Homelessness Prevention/Early Intervention</td>
<td>Establish a zero discharge into homelessness work group that will involve the correctional system, the child welfare system (foster care), hospitals, DSHS, and youth serving organizations (including housing) that will accomplish the following: 1) clarify discharge planning role, 2) create process for identifying youth/young adults at risk for homelessness, 3) identify partnerships and agreements between formal institutions and youth/young adult housing organizations.</td>
</tr>
<tr>
<td>1.2.3 Homelessness Prevention/Early Intervention</td>
<td>Develop multiple access points to services (no wrong door approach) that augment the identification and referral process by procuring Memorandums of Understandings with youth and young adult serving institutions (i.e. school districts, DSHS, foster care, criminal justice system, etc.) that are equipped with the knowledge and resources to identify young people and refer them to the help they need.</td>
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<tr>
<td>Objective 1.3</td>
<td>Create multiculturally competent emergency outreach and engagement services</td>
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<tr>
<td>1.2.4 Outreach and Engagement</td>
<td>Develop and implement an outreach and communication plan that widely disseminates advertisements and information regarding access points for services.</td>
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<tr>
<td>1.2.5 Outreach and Engagement</td>
<td>Implement National Safe Place Model. “Safe Place” is a youth outreach program designed to provide immediate help and safety for young people in crisis. Partnering community businesses, such as fast food restaurants, convenience stores, fire stations, law enforcement, schools, libraries, and public buses display the yellow and black “Safe Place” sign and connect teens with a local youth service agency.</td>
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<td>1.2.6 Outreach and Engagement</td>
<td>Develop Family Counseling/Reconciliation Initiatives: “Studies indicate that 50% of young people who participated in family mediation wound up remaining at the home, or if they were homeless, returned home” (Quilgars et al., 2008). This intervention requires expertise in family counseling and mediation. The goal is to help family members develop healthy long-term relationships.</td>
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<tr>
<td>1.3.1 Outreach and Engagement</td>
<td>Develop countywide outreach teams that can build trust with youth and young adults in order to help them link to mainstream services. Outreach also has a role in enhancing system understanding of new trends and early warning signs of youth and young adult homelessness.</td>
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1.3.2 Outreach and Engagement Implement critical services: drop-in centers/youth shelters/young adult shelters/café proposed model (see appendix A).

<table>
<thead>
<tr>
<th>Objective 1.5</th>
<th>Encourage initiatives aimed at improving outcomes targeting youth and young adults at risk of or experiencing homelessness</th>
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<tr>
<td>Strategies</td>
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<tr>
<td>1.5.1 Comprehensive Services Continuum Establish high quality evidenced-based case management standards that utilize at the minimum the following approaches: Trauma-Informed Care, Positive Youth Development (PYD), High Fidelity Wrap-Around Approach, and the Risk Amplification and Abatement Model. These strength-based, integrated approaches to working with families and youth and young adults emphasize voice and choice while strengthening protective factors (positive mentoring, high school completion, family reconciliation and/or reunification, etc.).</td>
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<td>1.5.2 Comprehensive Services Continuum Standardize knowledge and practices through training for case managers and staff to ensure that service delivery is 1) culturally relevant, 2) available in their communities of origin (when feasible), and 3) developmentally appropriate.</td>
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<tr>
<th>Target Date to Commence</th>
<th>Completion Date</th>
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<tbody>
<tr>
<td>Quarter 4, 2014</td>
<td>Quarter 1, 2015</td>
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<tr>
<td>Goal 2: A housing crisis system that is timely in responding to the needs of Pierce County’s most vulnerable youth and young adults</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td><strong>Objective 2.1</strong> Add sustainable housing and supportive services for youth and young adults who are at risk of or experiencing homelessness</td>
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<tr>
<th>Strategies</th>
<th>Target Date to Commence</th>
<th>Completion Date</th>
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<tbody>
<tr>
<td><strong>2.1.1 Housing Services Continuum</strong> Establish a baseline spectrum of housing (i.e. transitional housing, shared housing, host homes, and independent living, etc.) for youth and young adults at risk of or experiencing homelessness. Additional housing units must be developed to meet adequately the need. Housing units developed should offer youth and young adults the ability to move along the housing continuum as they gain greater independent living skills and economic stability, including the ability to move back along the continuum if their current needs or abilities change.</td>
<td>Quarter 4, 2014</td>
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</table>

<p>| <strong>2.1.2 Housing Services Continuum</strong> Seek additional public and private sector funding while coordinating efforts to ensure the entire continuum of housing needs are developed. This includes ensuring that local funders are dedicating a percentage of their funding to this population, and, perhaps, units or entire floors set-aside for youth and young adults in affordable housing developments. The development of a youth shelter will assist in attracting future federal funding. | | |</p>
<table>
<thead>
<tr>
<th>2.1.3 Housing Services Continuum</th>
<th>Develop a sustainability plan for existing housing and supportive services programs that includes long-term funding commitments.</th>
<th>Kick-off Quarter 1, 2015 (ongoing)</th>
</tr>
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<tbody>
<tr>
<td>2.1.4 Legal</td>
<td>aid that removes barriers to permanency (for foster youth), education, employment, and housing stability.</td>
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<td>2.1.5 Legal</td>
<td>Develop initiatives that broadly assist youth and young adults in the sealing of juvenile records.</td>
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<td>2.1.6 Transportation</td>
<td>Develop plan with “Beyond the Borders” to address transportation issues for youth and young adults experiencing homelessness in rural areas, and seek increased funding for transit passes for youth and young adults experiencing homelessness in more urban and suburban area.</td>
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<tr>
<td>Goal 3:</td>
<td>Education and employment initiatives that remove barriers to living wage careers for youth and young adults experiencing or at risk for homelessness in Pierce County</td>
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<tr>
<td>Objective 3.1</td>
<td>Increase interagency collaboration, private sector partnerships, and braided funding opportunities targeted towards education and employment outcomes for youth and young at risk or experiencing homelessness</td>
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<tr>
<td>Strategies</td>
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<tr>
<td><strong>3.1.1 Education and Employment Services Continuum</strong></td>
<td>Seek increased funding for training with a focus on GED and post-secondary credential building.</td>
<td>Quarter 3, 2014</td>
</tr>
<tr>
<td><strong>3.1.2 Education and Employment Services Continuum</strong></td>
<td>Develop clear career pathways in collaboration with local colleges, Workforce Development Council, local businesses, nonprofits, and other stakeholders that align with local labor market needs and encourage social entrepreneurship.</td>
<td>Quarter 4, 2014</td>
</tr>
<tr>
<td><strong>3.1.3 Education and Employment Services Continuum</strong></td>
<td>Create additional college and career friendly internships, apprenticeships, or job opportunities; this effort will include strategic outreach to business leaders to change perceptions of hiring youth and young adults experiencing or at risk for homelessness.</td>
<td>Quarter 4, 2014</td>
</tr>
</tbody>
</table>
References
(ordered as cited in plan)


47. National High School Center. (2013). 1.6 Million Students are Homeless Each Year, Affecting Student Achievement, High School Dropout. Retrieved from http://blog.betterhighschools.org/1-6-million-students-are-homeless-each-year-affecting-student-achievement-high-school-dropout


Appendix A: Proposed Drop-in Center/Youth Shelter/Café Model

Pierce County Youth Coalition and Pierce County Youth and Young Adult Advisory Council
Proposed Model for Phase II: Drop-in Center/Youth Shelter/Café

Executive Summary

Local research and development about the issue of homelessness has largely focused on understanding the characteristics and addressing the needs of homeless adults and families in our community. There are many unaccompanied youth and young adults who experience homelessness and/or separation from their home during the course of any given year. While accurately quantifying Tacoma-Pierce County’s youth and young adult homelessness is difficult, there were 484 McKinney Vento identified youth in Pierce County for the 2010-2011 school year and the National Alliance to End Homelessness calculation method offers an estimate of about 3,000 youth and young adults experiencing homelessness each year in Pierce County. This is a hidden problem complicated by Pierce County’s underdeveloped service system for unaccompanied youth and young adults experiencing homelessness.

The Youth Coalition is working with the community to establish a continuum of services for youth and young adults experiencing homelessness. Beginning in January 2013, several housing options for youth and young adults experiencing homelessness opened. While the number of housing units will not meet the need of the community, the program represents an important piece of the continuum needed for Tacoma-Pierce County and opens the doors to develop Phase 2, an emergency shelter and drop-in center. Partners and youth in Pierce County
have collaborated to design, propose, and develop a system of services for youth and young adults experiencing homelessness.

With this goal in mind, the Youth Coalition and Pierce County Youth Advisory Council collaborated to propose the following model of services for a drop-in center and emergency shelter. The intent of the proposed model is to present best practices and core components recommended by national research and relatively successful models in the Puget Sound region. The proposed model is designed to be a tool for agencies seeking to establish a drop in center and/or emergency shelter for youth and young adults in Pierce County. An agency would be able to select and establish the most appropriate components and policies for their service delivery model. This executive summary presents major recommendations identified by the Youth Coalition and Pierce County Youth Advisory Council.

**Guiding Principles**

We believe that all youth have bright futures and should have a supportive community to assist with removing barriers. The system of services for unaccompanied youth and young adults experiencing homelessness should:

- Be youth designed
- Be inviting and warm
- Promote and accept diversity
- Be safe
- Work with the whole person
- Be accessible in location, hours and low-barrier access
- Include essential services
• Collaborate to have co-located and integrated services

Services

The proposed model includes a central location for a drop-in center/emergency shelter in Tacoma to serve the most populous areas and satellite sites and outreach services to reach outlying areas of Pierce County. Certain services will be delivered by the organization(s) operating the drop-in center/emergency shelter. These services are broken down into essential services and desired services. Essential services are the minimum recommended services to help youth meet basic needs, establish safety and begin to reduce barriers to move towards self-sufficiency.

• Drop-in Center/Emergency Shelter Essential Services:
  o Case management
  o Outreach (including peer driven outreach services)
  o Referral service
  o Advocacy
  o Clothing (essentials including socks, underwear, gloves, hats, and scarves; vouchers for the remaining items)
  o Enrichment activities: includes but not limited to social or artistic opportunities
  o Food: hot meals, food bank and onsite kitchen
  o Hygiene: showers, laundry, hygiene supplies, and hair cuts
  o Skill building: trainings and youth run co-ops such as a café or bike repair
  o Transportation: access to bus passes, vans or bikes

• Drop-in Center/Emergency Shelter Desired Services

Appendix A
Collaborating agencies in the community who have expertise in a specific area will provide additional services when possible to avoid duplication of services and cost. Collaborating agencies will be able to provide services onsite as co-located services.

- Co-Located Services
  - Chemical dependency
  - Crisis
  - Disability
  - Domestic violence
  - Ecumenical
  - Education
  - Employment
  - Financial
  - Healthcare including medical, dental and vision
  - Legal
Recommendations for Policies and Operation

Recommendations for policies and operation were developed by working with established systems in neighboring communities, considering best practices and by including input from youth and young adults.

A summary of recommendations is:

- **Weapons**: check weapons at the door, no questions asked. Weapons will be returned when the participant is leaving.
- **Substance use**: no use onsite.
- **Pets**: have an outside area for a kennel and pet supplies available when possible.
- **Hours of operation**:
  - Access should include evenings, weekends and holidays.
  - Drop-in center hours may be 9 am to 7 pm with appropriate closures.
  - Emergency shelter would be nightly and may start with a 12-bed capacity.
  - 24 hour access to services could be provided via staff or volunteer operated phone lines.

**Conclusion**

The needs and resources of homeless youth and young adults as presented in the proposed service model do not come as a complete surprise to service providers or policymakers involved with this population. New and expanded resources are necessary to help homeless youth and young adults become stable and safely housed and to prepare them for self-sufficiency. Adding to the newly established housing, the following proposed service model...
for a drop-in center and emergency shelter represents an important next step in developing an adequate continuum of services for youth and young adults experiencing homelessness.
Introduction

There are a significant number of young people ages 13-24 who experience homelessness and/or separation from their home during the course of any given year in Tacoma-Pierce County. While the data collected from agency records, shelter reports and survey results are inconclusive when it comes to identifying a specific number of homeless youth, the available data shows that referral, outreach, and shelter use has increased. This increase could indicate both a growing problem, as well as an enhanced awareness among community members and service providers about the existence of available services.

The continuum of care for unaccompanied homeless and displaced youth in Tacoma – Pierce County is currently under development, with some components being implemented, some being designed, and some in concept phase. This recent development has grown out of the awareness that homeless housing and services for this population are fragmented along the continuum but also there are no mechanisms in place to track this population of youth across the educational, juvenile justice, and social service systems. While the educational system tracks some homeless youth who are currently engaged in school via McKinney Vento liaisons/OSPI, the system doesn’t track students who have dropped out and many who are still in school due to various barriers. The lack of a drop-in center/youth emergency shelter and assessment services, coupled with incomplete data and knowledge of the extent of the youth and young adult homelessness, contribute to the problem being underreported and the youth being underserved. In order to understand the extent of the problem, McKinney-Vento data from Pierce County is utilized along with a population based formula from the National Alliance to End Homelessness, which begins to quantify the number of youth and young adults who are
not engaged in the school system. With new systems in place as part of housing homeless youth and young adults, we hope to more accurately capture the extent of the problem in order to respond to the need that is greater than the current organizational capacity and community resources in Tacoma-Pierce County area.

**Need Statement**

In the absence of adequate housing, shelter and services, youth often choose unsafe options. Pierce County homeless youth and young adults are the forgotten ones often living in abandoned buildings, wooded rural encampments, and couch surfing with friends, or, if they are over the age of 18, living in shelters with older adults. These options amplify risks to a host of maladaptive coping mechanisms such as sexual exploitation, survival sex (trading sex for basic needs including housing and food), substance abuse, and criminal activity. Preliminary data from the Pierce County Landscape Assessment of Unaccompanied Youth and Young Adult Homelessness (2012) reveal that the majority of unaccompanied youth and young adults come from highly dysfunctional and often single parent households affected by generational cycles of poverty and parental substance abuse. Many youth and young adults report leaving home due to emotional, physical, and/or sexual abuse. The parent of these youth, often enmeshed in their own difficulties, has abandoned them, leaving them to desperately struggle on their own. Corroborating with national data, a disproportionate number of these unaccompanied youth and young adults are people of color; thus, underscoring the need for culturally relevant services that are anti-oppressive and socially just (National Alliance to End Homelessness, 2012). In addition, LGBTQ youth are disproportionately affected by homelessness, with these youth reporting that their parents are often unable to cope with their sexual or gender
orientation due to religious reasons, resulting in them being violently expelled from the home in a wake of shame and stigma.

Youth homelessness in Pierce County is a dramatic social problem in our community. Data collected on youth homelessness is incomplete but we can begin to understand the problem utilizing what local data we do have and national best practices for data. In the 2010-2011 school year, there were 484 McKinney Vento identified unaccompanied youth in Pierce County and more alarming is the estimate that over 3,000 unaccompanied youth and young adults experience prolonged homelessness at any given time in Pierce County, with approximately 1,000 being highly vulnerable youth under the age of 18 (National Alliance to End Homelessness, 2012). Despite these statistics, Pierce County, the second most populous County in Washington State, lacks a drop-in center and emergency shelter for unaccompanied youth and young adults.

Youth are forced to leave their communities in hopes of procuring shelter and services in unfamiliar King and Thurston Counties, which already have overburdened systems. This underscores the urgent need for a drop-in center and emergency youth shelter where youth can receive family reunification support, services, food, shelter, and referrals and support to access housing in a safe environment oriented towards the remediation of youth and young adult homelessness.

Low-income students and at risk populations, such as unaccompanied homeless youth and students of color, account for the majority of high school dropouts (Alliance for Excellent Education, 2010). Over the course of a school year, Pierce County school districts have identified approximately 400 unaccompanied youth that are struggling to stay in school in spite
of their difficult circumstances, another 100 are estimated to be in school but not yet identified by Pierce County school districts as homeless, thereby failing to receive special services that are federally mandated to remove barriers to education. For the remaining 500 unaccompanied youth that have dropped-out of school, Pierce County School Districts report losing an estimated $4.8 million a year in revenue with Tacoma, Puyallup, and Clover Park School Districts most affected (Washington State Office of Superintendent of Public Instruction, 2012). The loss in revenue results when students dropout and districts therefore receive fewer FTE and fewer dollars. Moreover, the lack of adequate outreach, shelters, services, and housing for unaccompanied youth in Pierce County forces youth to rely on public support systems, including medical and corrections facilities. For example, it costs Washington State $54,000 to maintain one youth in the criminal justice system whereas it will cost the state approximately $6,000 to $10,000 (depending on level of need) to permanently move a young person off the streets.

Program Description

Recently, Pierce County Community Connections (the Human Services branch of Pierce County Government), the Pierce County Youth Coalition, the Unaccompanied Youth and Young Adult Steering Committee, and concerned citizens have made tremendous progress in developing the beginnings of a continuum of care for youth and young adults at risk for homelessness or experiencing homelessness. In 2012, Pierce County, City of Tacoma and the Tacoma Housing Authority invested over $1,000,000 to provide housing services for 70 unaccompanied youth and young adults and increase existing outreach services. This much-needed investment helps fill a huge gap in services for this population. In spite of the significant
progress that has been made, there is still an urgent need for a drop-in center and emergency youth shelter to complement limited housing services. Critical prevention support to youth and young adults that can aid in family reunification is also needed.

The drop-in center and emergency youth shelter system should have a central location in Tacoma, Pierce County’s largest and most populous municipality, with satellite sites strategically placed throughout the county to reach more youth. The central location was chosen due to the high concentration of unaccompanied youth and young adults living in the area and its close proximity to Lakewood (40 minutes from Tacoma via the bus) and Puyallup (1 hour from Tacoma via the bus), also with high populations of unaccompanied youth and young adults. The project will serve all of Pierce County utilizing satellite sites and outreach services to all areas of Pierce County. Satellite sites and outreach services are important as public transportation is already inadequate due to recent reductions and pending the recent results of Proposition 1 in November 2012, which has the potential to further isolate more communities in Pierce County.

The long-term goals of the drop-in center/emergency youth shelter are1) reduce unaccompanied youth and young adult homelessness in Pierce County by offering a safe place to stay while looking for more permanent housing solutions, 2) reduce the adverse effects of trauma for youth in Pierce County by offering a myriad of services and connection to services needed by this population, and 3) reduce dependence on State resources by offering lower cost solutions to state institutions and charity care in local hospitals.

The proposed drop-in center/emergency youth shelter model is a synthesis of best practices from relatively successful models currently in operation in neighboring Kitsap,
The drop-in center/emergency youth shelter will expand the community’s outreach capacity in order to prevent youth and young adults from becoming homeless. The drop-in center will address concerns that teenagers and young adults experiencing severe conflict in their homes have no assistance in mediating the conflict or finding other housing options when they cannot remain with their parents. The drop-in center will collaborate with the Pierce County’s Continuum of Care (COC) in order to advocate and provide insight regarding the needs of homeless and at-risk youth in the community. Additionally, the program will collaborate with the local children’s mental health collaborative to share information and funding resources for family mediation and preservation services. The drop-in center aspires to provide outreach to annually 3,000 unaccompanied youth and young adults experiencing or at risk for homelessness by providing one or more of the following services that are in alignment with best practice strategies set forth by the National Alliance to End Homelessness (2012):

(1) A safe accessible haven for youth and young adults that offer comprehensive services with low barriers for entry;
(2) Prevention services for youth and their families, including conflict mediation, parental skill building, and in-home family counseling;
(4) Early intervention services for homeless youth and their families to ensure family preservation when in the best interest and welfare of the youth, with 24-hour access geared toward crisis or time-of-need intervention; recommended hours of operation are 9 to 7 with appropriate closures for staff meetings and maintenance with 24-hour phone access;
(5) Long-term family planning so that the youth may be returned to the home of the parent or guardian under conditions which favor long-term reunification with the family, or so the youth can be suitably placed in housing options separate from the parental or guardian home when such reunification is not possible;
(6) Screening for basic health needs and referral to public and private health providers for health care;
(7) A short-term 12-bed emergency shelter for youth under the age of 18 with food, clothing, and other basic needs provided; the emergency shelter is recommended to start with 12 beds and 2 overnight staff with room to expand the shelter to a higher capacity;
(8) Uniform and confidential intake and records systems;
(9) Provision for aftercare including individual and family counseling services, life skills training, educational and employment support, connection to permanent caring adults, and relationship building to community-based resources;
(10) Programs for advocacy for client population and community support;
(11) A youth run co-op designed to build skills for youth and increase sustainability of the drop-in center and emergency shelter. A youth run co-op may include a café open to the public providing food, beverages, coffee roasting and public art space; bike repair or other skill building programs;
(12) Provisions for coordinated/tailored case management and referrals to other relevant services that address other bio-psycho-social-spiritual concerns not addressed above.

Case management, at a minimum, will include: ongoing assessment of individual youth participant needs; the identification of necessary basic needs, resources, and supports to meet the best interest of youth participants; the creation of a written individual plan with input and agreement by the youth participant; the referral to appropriate services and resources; advocacy for youth participants to access resources and services, and the keeping of written records showing progress toward individual goals in the individual plan.

Grant monies received for this program will be coordinated and administered by the organization administering the drop-in center and emergency shelter. The organization may draw from the vision, mission, and essential components of the Unaccompanied Youth and Young Adult Continuum of Care established by a committee of key stakeholders, service providers, and, most importantly, unaccompanied youth and young adults of Pierce County.

**Program Methodology and Implementation**

This section outlines the methodology proposed in order to provide a safe place for unaccompanied youth and young adults to heal. The intent of services is to aid in abating risks
for a population that is extremely vulnerable to a host of environmental and psychological risk factors. Pierce County Department of Community Connections, part of the executive branch of Pierce County Government and serving as the continuum of care lead and collaborative applicant, in collaboration with the Youth Coalition (mainly comprised of service providers and concerned citizens), the Youth Advisory Board (youth and young adult community leaders), and the Unaccompanied Youth and Young Adult Steering Committee (mainly comprised of funders, government representatives, and community leaders with no direct conflict of interest) are the parties tasked with proposing a plan for this project, assisting in acquiring and coordinating funding, contracting, overseeing implementation, and creating a plan to ensure sustainability. The Pierce County Youth Advisory Committee is also part of establishing the continuum of services and provides insight into designing a center and emergency shelter that will be welcoming to youth while meeting the needs of the youth including the social and emotional needs (See Supplement A at the end of the proposed model).

Phase 1 Establish Unaccompanied Youth and Young Adult Drop-in Center/Emergency Shelter

The goal of the Drop-in Center/Emergency Shelter is to offer services and support to youth and young adults who are homeless and/or street involved, in a confidential and supportive environment with a goal of providing these youth and young adults the opportunity to build trusting relationships with trustworthy and caring adults. In this way, the drop-in center will serve as a primary access or entry point into the continuum of care.

The ultimate effectiveness of the drop-in center is contingent upon several factors. The drop-in center is a collaborative undertaking on behalf of most, if not all, participating agencies within the homeless youth coalition, the unaccompanied youth and young adult steering
committee, and the unaccompanied youth and young adult advisory board. While a single organization may operate the drop in center/emergency shelter, the staffing and coordination of services will be collaboratively arranged. There are several important reasons for this. The committees guiding this development believe inter-agency collaboration is the most effective way to ensure meaningful integration of the drop-in center within the larger continuum of care.

Additionally, serving the whole person and recognizing that homelessness is not the only issue of the youth and young adults accessing services. The drop-in center and emergency shelter must be welcoming to youth, provide access/referrals to shelter, basic needs and many other professional services and incorporate opportunities for youth to express themselves whether through art or other social activities.

Location

A drop-in center/emergency shelter system will include a central Tacoma location and satellite sites with outreach. All sites will be accessible to Pierce Transit routes so that youth may take advantage of public transportation in order to reach the center.

Days & Hours of Operation

Recommendations for hours of operation are Monday through Friday between the hours of 9 am and 7 pm with necessary closures for staff meetings and/or maintenance, determined by the organization operating the drop-in center/emergency shelter. When developing schedules for the drop-in center, evening and holiday hours should be a consideration recognizing the need for youth and young adults to have safe options during these times. A staff or volunteer operated phone line may be considered to provide 24-hour access to services. The shelter would operate in the evening every day.
Basic Services

In order to assist best homeless, runaway, and street involved youth and young adults, the drop-in center/café will offer the following basic services: the use of a bathroom and shower, lockers, laundry facilities, a telephone, kitchen, clothing bank, food bank, bus passes, pet food, and basic hygiene products. Additional services may include but are not limited to a computer lab with printing, book exchange, peer mentors, study space, voicemail, and social and artistic expression opportunities.

Professional Services and Staffing

For youth and young adults committed to changing their circumstances through either family reunification or independence and self-sufficiency, the following professional services will be accessible through the drop-in site with co-located and integrated services provided by partner agencies. These include but are not limited to health care, vocational counseling, legal services, maternity counseling, mental health care, financial education and chemical dependency treatment. With the establishment of a drop-in center, comprehensive evaluations will also be coordinated through that service. Tutoring and other enrichment activities will also be available onsite.

One of the advantages of a collaborative model is that staffing costs are distributed across agencies. How staffing is organized in the center will therefore ultimately depend on the lead organization and the nature of the collaboration between the different agencies involved in providing this service. At a minimum, someone, such as a program manager, needs to be in charge of operations of the drop-in center, emergency shelter, outreach and any other service components. There also must be case management and outreach. The outreach workers may
assist in providing services to satellite sites that will be mentioned later in phase two. Floor supervision is essential for the drop-in center and emergency shelter and should be staffed accordingly to manage the day to day operations. Additionally, if a café model is pursued, staffing for the management and operation of the café would need to be included and may include a mix of volunteers, students, paid employees or interns. In addition to staff mentioned above, it is recommended to include other professional service providers. These services will be scheduled on a limited schedule based upon partner agencies’ availability and capacity to provide services onsite or in partnership with the drop-in center and emergency shelter. The drop-in center may also consider use of volunteers including youth for some functions including greeters and coordinating food or clothing banks.

**Design of the Drop-In Center/Emergency Shelter**

The design and layout of the drop-in center and emergency shelter should be welcoming, safe, and open. The Pierce County Youth and Young Adult Advisory Council (PCYAC) collected a series of ideas to help make a drop-in center and emergency shelter a place that is welcoming and that youth and young experiencing homelessness would find appealing. PCYAC suggested ambiguous names such as “A Friend’s House” so that youth do not have to disclose their housing situation if they are staying at the shelter. Additional suggestions include but are not limited to open multipurpose spaces, art infused spaces, private rooms for services and for individuals suffering from trauma. (See Appendix A). It is recommended that the lead organization work with the PCYAC or attain some form of youth input for designing the layout and elements of the drop-in center and shelter.

**Phase II Establish Network of Satellite Drop-in Centers & Emergency Youth Shelter**
Because of the geographic size of Pierce County, a drop-in center in Tacoma may not be accessible to youth who are homeless or at-risk of homelessness in the outlying areas of the county. Many of the rural outlying communities do not have the population density or the surrounding infrastructure of youth and young adult service providers to operate and sustain a six day-a-week youth drop-in center. Therefore, a series of smaller satellite drop-in centers that rotate among different sites in Pierce County will be developed in conjunction with the Tacoma Facility. The purpose of satellite outreach services is to assist homeless youth outside of Tacoma’s urban core by providing information, referrals, and some basic services (clothes, sack lunches, bus passes, etc.).

**Emergency Youth Shelter**

With the establishment of a coordinated network of drop-in services within Tacoma-Pierce County, a key referral pipeline into an emergency youth shelter is proposed. The emergency youth shelter should be on the same site as the drop-in center for easier coordination of resources and economies of scale. In this case, the emergency youth shelter area should be partitioned from the drop-center and café with its own entrance to ensure confidentiality, privacy, and security. The emergency youth shelter and drop-in center would closely coordinate services so that once a youth’s immediate situation is stabilized, she or he may begin working toward family reconciliation or emancipation and healthy independence. The goal of the emergency shelter will be to stabilize and assess youth for an appropriate longer-term placement. If family reconciliation and/or foster care are deemed inappropriate options, then navigating these youth from the emergency shelter into a transitional living program or permanent housing should be the next step along the continuum of care.
Phase II: Drop-in Center/Youth Shelter

Time Line for Drop-in Center/Café/Emergency Youth Shelter

- 12/10/12 - 2/11/13: Consensus on Proposed Model
- 1/14/13 - 5/31/13: Procure Possible Sites
- 1/14/13 - 10/31/13: Coordinate Funding/Fundraisers
- 2/11/13 - 8/14/13: Build Community Will
- 5/15/13 - 9/30/13: RFP & Contracting Process
- 10/1/13 - 1/1/14: Stage 1: Drop-in Center/Youth Shelter
- 1/1/14 - 4/30/14: Stage 2: Café
- 2/1/14 - 5/1/14: Establish Satellites
- Stage 2 Completed 4/30/14

- 50% of Project Funding Identified 3/31/13
- Drop-in Center/Youth Shelter Online 1/1/14

Appendix A
Expected Outcomes and Evaluation

Outcomes

In this section, outcomes will be divided into initial/intermediate and long-term. A drop-in center/emergency youth shelter is a more proactive and cost-effective response to youth homelessness that would build the current capacity of the service infrastructure.

Proposed Initial/Intermediate Outcomes

- Prevention of youth and young adult homelessness
- Provide safe emergency shelter where youth have access to food, clothing, and hygiene needs for 300 youth and young adults per year
- Prevent the risk of sexual exploitation of street and homeless youth by providing targeted street based outreach and/or emergency shelter to 600 youth and young adults per year
- Facilitate engagement of 300 homeless youth into treatment and mainstream services
- Help 300 youth and young adults seeking service find safe and stable permanent housing through intensive case management and housing placement
- Assist 300 youth and young adults to develop appropriate independent living skills
- Provide training, employment, social entrepreneurship skills, mentorship, and volunteer opportunities that promote self-efficacy via the café portion of the drop-in center for 25 youth and young adults experiencing homelessness

Proposed Long-term Outcomes

- Reduction in Youth/Young Adult Homelessness in Pierce County
- Reduction in the adverse effects of trauma for youth in Pierce County
- Reduction in average length of homelessness
- Reduction in dependence on State resources

**Evaluation**

Annual evaluation is recommended for the impact of case management and individual therapy offered through the activities of the drop-in center/emergency youth shelter for youth and young adults experiencing homelessness on family reconciliation, substance use, mental health, housing, education, employment, and medical care utilization.

Evaluation will include both quantitative and qualitative data from youth and young adults who accessed drop-in center and emergency shelter services. Semi-structured and self-report questionnaires will be administered in combination with case management notes. A repeated measure design will be utilized where youth will be assessed at baseline, 6 months, and 12 months post baseline.

The Homeless Information Management System (HMIS) is used by most service and housing providers in Pierce County. HMIS is a generic term for an electronic record system that enables information-gathering about and continuous case management of homeless persons across agencies in a particular jurisdiction (city, county, and/or state). Homeless service providers collect information about their clients and input it in an HMIS so that it can be matched with information from other providers in the state to get accurate counts of homeless clients and the services they need. In order to be eligible for federal homeless assistance funding, agencies must participate in an HMIS that allows them to collect and report on the specific data elements outlined in the HMIS Data and Technical Standards. This tool will be invaluable in tracking longitudinally whether or not clients permanently exited homelessness.
Connections

Although research focusing on chronic runaways and homeless youth is increasing, there is a dearth of treatment evaluation studies with this group. It is highly important to examine street-based youth separately than other youth given the higher levels of at-risk behaviors among unaccompanied youth and young adults. The outcomes and evaluation measured embedded in the program will provide valuable qualitative and quantitative data that can inform policy, practice, and theory for a population hugely underserved.

Annotated Projected Budget

Budget Category 1: Personnel

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>96,000</td>
</tr>
<tr>
<td>Program Manager (2FTE)</td>
<td>180,000</td>
</tr>
<tr>
<td>4 (FTE) Case Managers</td>
<td>210,000</td>
</tr>
<tr>
<td>2 (FTE) Outreach workers</td>
<td>95,000</td>
</tr>
<tr>
<td>4 Floor Supervisors</td>
<td>160,000</td>
</tr>
<tr>
<td>Café Coordinator (2 FTE)</td>
<td>96,000</td>
</tr>
<tr>
<td>6 (part-time) Baristas</td>
<td>100,000</td>
</tr>
<tr>
<td>8 (part-time) Food workers (some stipend job training)</td>
<td>120,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,057,000</td>
</tr>
</tbody>
</table>
Personnel costs include benefits, insurance, and payroll taxes. The floor supervisor positions are mainly to staff the emergency youth shelter. Volunteers will also be utilized to provide floor supervision, tutoring, and other support to project staff.

**Budget Category 2: Travel**

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van</td>
<td>28,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>25,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Participant Bus passes</td>
<td>35,000</td>
<td>37,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>88,000</td>
<td>53,000</td>
</tr>
</tbody>
</table>

Due to the drop-in center’s main function of outreach, a van is needed to provide these services. These expenses also include fuel costs and repair costs. Travel costs also include mileage reimbursement for staff related to program duties, bus passes, and other related transportation costs for program participants.

**Budget Category 3: Equipment**

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start-up equipment Café and kitchen</td>
<td>115,000</td>
<td>2,500</td>
</tr>
<tr>
<td>Office Furniture, Computers</td>
<td>25,000</td>
<td>2,500</td>
</tr>
<tr>
<td>Youth Shelter/Drop-In Center furniture, etc.</td>
<td>48,000</td>
<td>24,000</td>
</tr>
</tbody>
</table>
This category includes start-up equipment costs for the café, furniture for the emergency youth shelter, and office furniture and computers for the program office.

**Budget Category 4: Supplies**

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food (Shelter)</td>
<td>75,000</td>
<td>85,000</td>
</tr>
<tr>
<td>Food (Café)</td>
<td>54,000</td>
<td>65,000</td>
</tr>
<tr>
<td>Youth Shelter Supplies</td>
<td>20,000</td>
<td>27,500</td>
</tr>
<tr>
<td>Total</td>
<td>149,000</td>
<td>177,500</td>
</tr>
</tbody>
</table>

These categories include projected first and second year food and supply costs to run the café. The supply cost for the youth shelter includes supplies needed such as hygiene items, towels, sheets, blankets, and other items not provided by in-kind community donations.

**Budget Category 5: Other**

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>48,000</td>
<td>48,000</td>
</tr>
<tr>
<td>Utilities</td>
<td>19,000</td>
<td>19,000</td>
</tr>
<tr>
<td>Telephone/Internet/Website</td>
<td>17,000</td>
<td>19,000</td>
</tr>
<tr>
<td>Printing and Mailing</td>
<td>2,500</td>
<td>4,000</td>
</tr>
<tr>
<td>Total</td>
<td>86,500</td>
<td>90,000</td>
</tr>
</tbody>
</table>
Category 5 expenses include costs to run the facility and to maintain data and communication functions.

**Total Direct Costs (Categories 1-5): First Year= $1,568,500 Second Year= $1,406,500**

**Budget Category 6: Program Income**

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Café Sales</td>
<td>65,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Catering Events</td>
<td>5,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Fund Development</td>
<td>1,497,000</td>
<td>1,291,500</td>
</tr>
<tr>
<td>Youth Sponsored Events</td>
<td>1,000</td>
<td>4,500</td>
</tr>
<tr>
<td>Total</td>
<td>1,568,500</td>
<td>1,406,500</td>
</tr>
</tbody>
</table>

Category 6 includes projected income generated from the café, youth sponsored entertainment events, and fundraising.

**Sustainability**

Having an emergency youth shelter in Pierce County will provide our community the opportunity to compete for other federal funding. The Café will also support sustainability by providing a venue to generate income to partially support programs efforts. The Café will be a youth and young adult led, community-run cooperative that roasts, packages, and distributes great tasting, fair trade, organic coffee in the Tacoma area. With a new model of job creation, job training, and social action that create living wage jobs and provide training in coffee roasting and cooperative management, the Café will help fund the drop-in center/emergency youth shelter at a time of dwindling non-profit funding.
Pierce County Youth Advisory Committee Design Group Notes/Ideas.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“A Friend’s House” (group 1&amp;2)</td>
<td>“One Heart” (group 3)</td>
</tr>
<tr>
<td>“Destiny House” (group 4)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programs/Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Café</td>
<td>Hot showers (including toiletries/towels)</td>
</tr>
<tr>
<td></td>
<td>Lockers</td>
</tr>
<tr>
<td></td>
<td>Laundry Facilities</td>
</tr>
<tr>
<td></td>
<td>Leadership/development activities</td>
</tr>
<tr>
<td></td>
<td>Book Exchange (college books?)</td>
</tr>
<tr>
<td></td>
<td>College Readiness resources</td>
</tr>
<tr>
<td></td>
<td>Computer Lab</td>
</tr>
<tr>
<td></td>
<td><strong>PRINTING</strong></td>
</tr>
<tr>
<td></td>
<td>Career Resources</td>
</tr>
<tr>
<td></td>
<td>Referral services (businesses and services)</td>
</tr>
<tr>
<td></td>
<td>Food donation service/ food bank</td>
</tr>
<tr>
<td></td>
<td>Recreation Center</td>
</tr>
<tr>
<td></td>
<td>Recording Studio/Artistic Outlet space</td>
</tr>
<tr>
<td></td>
<td>Workshops (life skills, job training, resume’ building, self-advocacy, college readiness, cooking)</td>
</tr>
<tr>
<td></td>
<td><strong>Peer Mentors</strong> (talks w/TPS McKinney-Vento Rep Susan Paredes)</td>
</tr>
<tr>
<td></td>
<td>Grant-Writing workshop/training for youth</td>
</tr>
<tr>
<td></td>
<td>Activity nights for youth</td>
</tr>
<tr>
<td></td>
<td>24 hour study space/accessible computer lab for youth who need it</td>
</tr>
<tr>
<td></td>
<td>Intramural sports teams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marketing Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Café a public place to build revenue</td>
<td>Sponsors/donations to fund events &amp; activity nights</td>
</tr>
<tr>
<td></td>
<td>Punch cards for coffee shop</td>
</tr>
<tr>
<td></td>
<td>Promote on social media</td>
</tr>
<tr>
<td></td>
<td>Signage on the street/fliers</td>
</tr>
<tr>
<td></td>
<td>Promote within school districts</td>
</tr>
<tr>
<td></td>
<td>Space/facility for youth talent display &amp; fundraising events promoting center &amp; talent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Layout</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-in location</td>
<td>Multipurpose space</td>
</tr>
<tr>
<td></td>
<td>Tile design incentive for participants/patrons</td>
</tr>
<tr>
<td></td>
<td>Art infused into space (murals as well as items for sale on walls)</td>
</tr>
</tbody>
</table>
- Private rooms for trauma victims (2-3)
- Sectioned for many activities
- One-floor space preferred (ADA requirements; overhead; confidentiality)
- Multipurpose space will turn into shelter at night
- Drug-Free commitment for those staying at facility (at least on-site)
- Lounging space (after cots are put up)
- Cots for those in housing program; mats/alternative for short-term tenants

**Sustainability/Financial Plan**
- Revenue from the café
- Quarterly fundraisers
- Talent showcase
- Community members can buy “memberships” to “A Friend’s House” for discounts & other perks
- Clothing donations for career-readiness, prom, special occasions
- Used book store connected to café (Barnes & Noble-esque)
- Partnering with local businesses/organizations to capitalize on already existing resources/programs
- Grant Writing- youth collaboration or youth-written
- Volunteer-ran on many activities (cuts back staffing)
- Art sales from youth (proceeds to artist & facility)

**Staffing**
- Oversight by board (PCYAB 😊)
- Co-management by youth and adults
- Greeter
- Director
- Coordinators for programs
- A real cook/kitchen staff
- Volunteers trained by coordinators
- Internship opportunities (work-study, grant funding, stipends, etc.)
- Overnight staffing for sleeping quarters (1:6 youth)
- Youth
- Security/supervision (plain clothes)
- Intake/Case Management
Appendix B: Youth Survey

Q_1: Respondent gender:
   A) Male  B) Female  C) Transgendered

Q_2: Interviewer gender:
   A) Male  B) Female  C) Transgendered

Q_3: Language
   A) English  B) Spanish  C) Other (specify)

A) Demographics

Q_4: What race are you? (Select one)
   A) White/Caucasian
   B) Black/African American
   C) Hispanic/Latin American
   D) Alaska Native/Native American
   E) Asian/Pacific Islander
   F) Other ____________________________________
   G) No answer

Q_5: When is the last time you were enrolled in school?
   A) Currently Enrolled
   B) 1-2 Months
   C) 3-6 months
   D) 7 months to 1 Year
   E) 13 months-2 Years
   F) More than 2 Years
   G) Don’t Know
   H) No Answer

Q_6: When is the last time you actually went to school?
   A) Currently going
   B) 1-2 Months
   C) 3-6 months
   D) 7 months to 1 Year
   E) 13 months-2 Years
   F) More than 2 Years
   G) Don’t Know
   H) No Answer

Q_7: What is the highest grade you have completed? _______________________

Q_8: Do you plan to keep going/go back to school?
   A) Yes, I want to finish high school
   B) Yes, I want to finish high school and go to college
   C) Yes, I have finished high school and I want to go to college
   D) No
   E) Don’t Know
   F) No Answer

Q_9: Have you gotten or tried to get help with your education?
A) Yes, currently, which agency? ______________________________________
B) Yes, in the past, which agency? ______________________________________
C) No
D) No Answer

Q_10. Would you be interested in educational services?
A) No
B) Yes, What type of services? ______________________________________

Q_11: Do you have any children?
A) Yes. Ages? ______________
B) No (Skip to Q_12)
C) Don’t Know
D) No answer

Q_12: Who do(es) your child(ren) live with?
Child1 Child2 Child3
A) With me _____ _____ _____
B) With their other parent _____ _____ _____
C) With a family member _____ _____ _____
D) Child Haven _____ _____ _____
E) With the state _____ _____ _____
F) Don’t Know _____ _____ _____
G) Other _____ _____ _____
H) No Answer _____ _____ _____

B) Residential History

Q_13: Where were you born? City: ______________ State: ______________
___ Don’t know ___ No Answer

Q_14: Where do your parents live? City: ______________ State: ______________
___ Don’t know ___ No Answer

Q_15: How long have you been in Pierce County?
A) Less than 1 year
B) 1-3 years
C) 4-6 years
D) More than 6 years
E) Don’t Know
F) No Answer

Q_16: Where did you sleep/spend last night?
A) On the street/outdoors
B) In a shelter Name: _____________________
C) In a hotel/motel Name: _____________________
D) In a friend’s house
E) In a family member’s house
F) Car/van
G) Abandoned building
H) Your own residence
I) Transitional housing
J) Other ________________________________
K) No answer

Q_17: Where have you slept/spent the most nights in the past month (30 days)?
  A) On the street/outdoors
  B) In a shelter Name: _____________________
  C) In a hotel/motel Name: _____________________
  D) In a friend’s house
  E) In a family member’s house
  F) Car/van
  G) Abandoned building
  H) Your own residence
  I) Transitional housing
  J) Other ________________________________
  K) No answer

Q_18: How many different places have you slept in the last month (30 days)?
	___________

Q_18 B: What was your last zip code when you had stable and adequate housing?
Zip code: _____________________

Q_19: Have you ever been or are you currently in foster care?
  A) Yes
  B) No (Skip to Q_21)
  C) No answer

Q_20: How do you feel about foster care?
  A) I like it a lot.
  B) It’s OK.
  C) I don’t like it much.
  D) I don’t like it at all.
  E) I don’t know.
  F) No answer

Q_21: How long have you been away from your parents/legal guardians?
  A) Still live with parents/legal guardians
  B) 1 month or less
  C) 2-4 months
  D) 5-7 months
  E) 8-10 months
  F) 11 months or more
  G) Don’t Know
  H) No answer

Q_22: Why did you leave your parents/legal guardian? [DO NOT READ RESPONSE CHOICES]
  A) Physical Abuse
  B) Sexual Abuse
  C) Mental Abuse
  D) Kicked Out
  E) Wanted to Make it on My Own

Appendix B
F) Seeking Thrills
G) Other ____________________________
H) Don’t Know
I) No Answer

Notes: __________________________________________________________

C) Health (Remind interviewee that all answers remain anonymous)

Q_23: Have you been to a doctor or dentist?
A) Yes
B) No (Skip to Q_25)
C) No answer

Q_24: Where did you receive this medical treatment?
A) Emergency room Which? _________________
B) Hospital Which? _________________
C) Public health clinic
D) Doctor’s office
E) Out of town clinic
F) Friends/family
G) Other ____________________________
H) Don’t Know/No answer

Q_25: Do you currently have health insurance coverage?
A) Yes
B) No
C) No answer

Q_26: Has there been a time since you’ve been on the street that you needed health care, dental care or medications/medicine and could not get it?
A) Yes
B) No (Skip to Q_30)
C) No answer

Q_27: Why didn’t you get the care you needed? (Select One)
A) No money
B) No medical insurance
C) No transportation
D) Never tried
E) Don’t know where to go

Q_28: Have you ever been denied medical services that you needed?
A) Yes
B) No (skip to Q_30)
C) No Answer

Q_29: What reason were you given for being denied services?
A) Couldn’t pay
B) Needed parent’s permission for treatment
C) No identification
D) Other: ____________________________
E) Don’t Know
F) No Answer

**Q_30:** Do you smoke cigarettes?
A) Yes, daily
How many each day? ______________________
B) Yes, Sometimes
How many each month? ______________________
C) No, but I have tried smoking
D) No, never tried smoking
E) No answer

**Q_31:** Do you drink alcohol?
A) Yes, daily
How many drinks each day? ______________________
B) Yes, sometimes
How many each month? ______________________
C) No, but I have tried drinking alcohol
D) No, never tried alcohol
E) No answer

**Q_32:** What is your experience with the following drugs? (* please indicate other drugs)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Use Regularly</th>
<th>Have Tried</th>
<th>Never Tried</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
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<tr>
<td>Speed/Meth</td>
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<tr>
<td>Cocaine</td>
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<td>Crack</td>
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<td>Acid/LSD</td>
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<td>Mushrooms</td>
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<tr>
<td>Heroin</td>
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<td>(Injected)</td>
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<td>Inhalants</td>
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<tr>
<td>Ecstasy/E/X</td>
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</tbody>
</table>

**Q_33:** Have you ever been drugged without your consent (date rape drugs?)
A) Yes
B) No
C) Don’t Know
D) No Answer

**Q_34:** Are you currently sexually active?
A) Yes
B) No (skip to Q_40)
Q_35: Do you practice safe sex? (Use Condoms)
A) Yes
B) No
C) Don’t know
D) No answer

Q_36: Do you have multiple partners? (Instead of just one steady partner)
A) Yes
B) No
C) Don’t Know
D) No answer

Q_37: Have you ever had sex for food or a place to stay?
A) Yes
B) No
C) Don’t Know
D) No answer

Q_38: Have you ever had sex for money?
A) Yes
B) No
C) Don’t Know
D) No answer

Q_38B: Have you ever had sex for drugs and/or alcohol?
A) Yes
B) No
C) Don’t Know
D) No answer

Q_39: When is the last time you were tested for STDs (Gonorrhea, Chlamydia, herpes)?
A) within the past month
B) 1-6 months ago
C) 6 months to 1 year ago
D) More than a year ago
E) Never

Q_40: When is the last time you were tested for HIV?
A) Within the past month
B) 1-6 months ago
C) 6 months to 1 year ago
D) More than a year ago
E) Never

Q_41: Have you ever been forced to have sex?
A) Yes
B) No (Skip to Q_42)
C) Don’t Know
D) No answer

Q_41b: Did that happen before or after you unaccompanied?

Appendix B
A) Before
B) After
C) Both
D) Don’t Know
E) No Answer

Q_42: What is your sexual orientation?
A) Don’t Know
B) Heterosexual (a boy who like girls or a girl who likes boys)
C) Homosexual (a boy who likes boys or a girl who likes girls)
D) Bisexual (a boy or girl who likes both boys and girls)
E) No Answer

Q_43: Have you ever had (been diagnosed with) any of the following conditions? (Select all that apply)
A) ADD/ADHD Yes/ No Don’t Know
B) Tuberculosis Yes/ No Don’t Know
C) HIV/AIDS Yes/ No Don’t Know
D) Hepatitis (any type) Yes/ No Don’t Know
E) Sexually transmitted disease Yes/ No Don’t Know
F) Diabetes Yes/ No Don’t Know
G) Asthma Yes/ No Don’t Know
H) Heart problems Yes/ No Don’t Know
I) High blood pressure Yes/ No Don’t Know
J) Cancer (any type) Yes/ No Don’t Know
K) Pneumonia and influenza Yes/ No Don’t Know
L) Alcoholism/Drug Abuse Yes/ No Don’t Know
M) Learning disability Yes/ No Don’t Know
N) Depression Yes/ No Don’t Know
O) Other mental illness Yes/ No Don’t Know
P) Other _______________________________

Q_44: On average, how many meals do you have per day?
A) 0 meals
B) 1 meal
C) 2 meals
D) 3 meals
E) More than 3 meals
F) No answer

D) Legal and Safety Issues

Q_45: Have you been the victim of a crime while on the streets?
A) Yes What crimes? _______________________________
B) No _______________________________
C) Don’t Know _______________________________
D) No answer _______________________________

Q_46: Have you done anything that might be considered a crime?
A) Yes
B) No
C) Don’t Know
D) No answer
Q_47: Have you committed a crime for food or a place to stay?
A) Yes
B) No
C) Don’t Know
D) No answer
Q_48: Have you felt harassed by police?
A) Yes. How? ______________________________
B) No
C) Don’t Know
D) No answer
Q_49: Have you been placed in juvenile detention or jail?
A) Yes
B) No
C) Don’t Know
D) No answer
Q_50: Are you currently, or have you ever been part of a street gang?
A) Yes, currently involved
B) Yes, previously
C) No, but I’ve been approached by members of a gang about joining
D) No, but I associate with gang members
E) No, and I’ve never been approached
F) Don’t Know
G) No answer
E) Additional Information
Q_51: What community services have helped you in the past? Where did you get them?
A) Medical Services Yes /No Where?____________________________
B) Housing assistance Yes/ No Where?____________________________
C) Shelter: Yes /No Where?____________________________
D) Soup Kitchens: Yes/ No Where?____________________________
E) Legal Services: Yes/ No Where?____________________________
f) Job Training/Job Placement Yes No Where?__________________
Q_52: In your opinion, which type(s) of services does Pierce County need for youth/young adults experiencing or at risk of homelessness? (Check all that apply)
A) Emergency shelter
B) Transitional housing
C) Homeless service centers
D) Job training and job placement programs
E) Food and clothing banks
F) Affordable housing
G) Drug and alcohol rehabilitation programs/Detox
H) Mental health services
I) Health and dental clinics
J) Family counseling
K) Reliable transportation
L) Place or outdoor areas where youth are welcome
M) School health clinic
N) Other ______________________________________

Q_53: Which of the following community services would you use if they were available to you?
A) Emergency shelter
B) Transitional housing
C) Homeless service centers
D) Job training and job placement programs
E) Food and clothing banks
F) Affordable housing
G) Drug and alcohol rehabilitation programs/Detox
H) Mental health services
I) Health and dental clinics
J) Family counseling
K) Reliable transportation
L) Place or outdoor areas where youth and young adults are welcome
M) School health clinic
N) Other ______________________________________

Q_54: Which agencies do you know about or have you used?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are your goals?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What do you see in your future?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
What services do you need/want to help you meet your goals or reach the future you envision?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What else do you want us to know?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Q_55: Did this survey affect you in a way that you need to speak with a counselor?
   A) Yes (If yes, please give participant information listed on the next page).
   B) No (Please give participant my information should they have a reaction to the survey in the future)
   C) Not Sure (Please give participant my information should they have a reaction to the survey in the future)
Appendix C: Informed Consent

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

Unaccompanied Youth and Young Adult Survey (at risk or experiencing homelessness)
Pierce County, WA 2011

Hello, my name is ________________________________with Pierce County Homeless Youth Coalition. We are working with non-profit providers of Pierce County to serve you better. We are interested in understanding the problems that you encounter on a daily basis and your thoughts about existing services and programs available to you. You are being asked to participate because you have been identified as a youth or young adult in Pierce County at risk or experiencing homelessness.

As explained to you in the consent form, we will not tell anyone your name and your answers will remain confidential. We are going to ask for your initials on this form, but not your name, so that when we share our findings, no one will know which answers are yours.

Your participation is completely up to you. All we are going to do is ask you some questions. Some of the questions are personal, if at any point you feel uncomfortable answering a question, you may skip it or end the interview. The survey should take about 30 minutes of your time. At this point or at any point from now on, you can refuse to take the survey.

The results of this survey will be used to help understand how we can better serve unaccompanied youth and young adults in Pierce County. The results also may be used to help researchers and decision makers in Washington understand unaccompanied youth and young adults better.

Do you understand the things I have just said? Can I answer any questions before we get started with the interview? Please initial below to indicate that you understand what was just said.

Respondent’s Initials ____________
Interviewer 1 ________________ Interviewer 2 ________________
Respondent Date of Birth _________________________________________
Date of Interview _______________________________________________
Location: On the Street Service Provider: _________________________
Appendix D: Statistical Outputs

Statistical analyses were performed on the survey data collected utilizing a Pearson’s chi-square test for independence. This test is utilized in order to explore the relationship between variables. The Chi square test compares the observed frequencies that occur in each case against the values that would be expected if there were no statistical difference. In order for an observed frequency to be included in the analysis, it had to have at least 5 participants responding. P-value was an important consideration when evaluating whether a test result was of statistical significance or not. The p-value informs one of the probability of which stated results were due to chance or error. Results from the chi-square test that had a p-value of .000-.05 were considered of statistical significance with p-values between .06-.09 indicating a trend towards a statistical difference. The data sets were thoroughly tested and analyzed in order to ascertain any statistical differences in participants’ response by race, sexual orientation, gender, and age. The statistical outputs are provided in appendix D; these will prove highly important should this study be replicated.

Race

1. A Pearson’s Chi-square test for independence indicated no significant associations or trends towards a significant association between the independent variable of race and the dependent variables in this study.

Sexual Orientation

1. A statistical difference existed, $\chi^2 (6) = 12.56$, $p=.05$, with 69.4% of heterosexual participants smoking cigarettes on a daily basis in contrast to 38.5% of LGBT (lesbian, gay, bisexual, transgendered) youth and young adults experiencing homelessness.
2. A trend towards a statistical difference existed, $\chi^2 (2) = 4.65$, $p=.09$, with a higher percentage of LGBT participants (36.4%) answering “yes” to the question “have you ever had sex for money” when compared to heterosexuals (9.4%).
3. A statistical difference existed, $\chi^2$ (2) 7.39, $p<.05$, with 45.5% of LGBT participants having reported more often having sex for alcohol or drugs when compared to only 9.4% of heterosexuals.

4. A trend towards a statistical difference existed, $\chi^2$ (2) 4.76, $p=.09$, with a higher percentage of LGBT participants (33.3%) having reported being diagnosed with a learning disability when compared to 17.1% of heterosexual participants.

**Gender**

1. A statistical trend towards a difference, $\chi^2$ (2) 5.29, $p=.07$, with male participants (45.8%) and transgendered participants (50%) having reported being “denied medical services that were needed” more frequently when compared to 0% of females having reported being denied medical services that were needed.

2. A statistical difference existed, $\chi^2$ (6) 17.76, $p<.05$, with male participants (75.7%) having reported smoking cigarettes daily when compared to female (37.5%) and transgendered (16.7%) participants.

3. A statistical trend towards a difference existed, $\chi^2$ (2) 5.35, $p=.07$, with male (78.4%) and transgendered (66.7%) participants being more sexually active than female participants (37.5%) are.

4. A statistical difference existed, $\chi^2$ (4) 9.80, $p<.05$, with only 20% of female participants reported “practicing safe sex” when compared to 81.8% of males and 60.0% of transgendered participants.

5. A statistical difference existed, $\chi^2$ (2) 6.67, $p<.05$, with female participants (50%) reported having “sex for money” when compared to males (8.3%) and transgendered participants (20%).

6. A statistical difference existed, $\chi^2$ (6) 32.50, $p=.000$, with female (75%) and transgendered participants (66.7%) reported more frequently “having been forced to have sex” when compared to males (13.5%).
7. A statistical trend towards a difference existed, χ² (4) 8.85, p=.07, with females (75%) reported having suffered from depression more frequently than males (45.9%) and transgendered participants (50%).

8. A statistical trend towards a difference existed, χ² (4) 8.36, p=.08, with males (51.4%) and transgendered participants (50%) reported, “Having been a victim of crime while on the streets” more frequently than females (37.5%).

**Age**

1. A statistical trend towards a difference existed, χ² (2) 5.09, p=.08, with a higher percentage of participants 19-24 years old (66.7%) reported, “needing health care, dental care, or medications and could not get it while on the streets” when compared to participants 16-18 years old (38.5%).

2. A statistical difference existed, χ² (3) 10.20, p<.05, with participants 19-24 years old (72.2%) having reported more frequently “smoking cigarettes on a daily basis” when compared to participants 16-18 years old (40%).

3. A statistical difference existed, χ² (3) 10.23, p<.05, with participants 19-24 years old (61.1%) drinking alcohol more frequently than participants 16-18 years old (40%).

4. A statistical trend towards a difference existed, χ² (2) 4.90, p=.09, with older participants (76.7%) practicing safe sex more regularly than younger participants (61.5%).

5. A statistical difference existed, χ² (1) 5.97, p<.05, with older participants (50%) reported being placed in juvenile detention or jail when compared to younger participants (13.3%).