HomeBase
Advancing Solutions to Homelessness

The Regional Steering Committee on Homelessness and Housing
for the San Francisco Bay Area

Since 1986, members of the RSC have identified problems that cross county borders and searched for solutions that prevent and end homelessness in all of our communities.

RSC members collectively participate in policy development, peer support, information sharing, training, strategizing and planning.

Friday, October 7, 2016

10:00 am – 2:00 pm

NEW LOCATION

The California Endowment Oakland Conference Center 1111 Broadway, 7th Floor 7th Floor - Laurel Room Oakland, CA 94607

You are encouraged to use BART (12th Street Station), but information about parking options can be found at: http://www.oaklandcitycenter.com/parking

Lunch will be provided, and we only ask for a small donation to cover our expenses.

AGENDA
Youth Homelessness: What's Next?

1. **System of Care-** *With new funding opportunities available for homeless youth focusing increasingly on developing system-level responses to youth homelessness, what are the emerging best practices? How do the conflicting federal definitions of homelessness affect the development of youth partnerships?*

2. **Data and Prioritization-** *Federal policy encourages prioritizing for people with longest experience of homelessness and most severe service needs. What are the characteristics of youth that should be prioritized for homeless housing and services? What assessment tools best identify youth needs? What are the best practices in asking youth questions related to health and sexual and gender identity?*

3. **Focus on Human Trafficking-** *What is the impact of sex work and human trafficking on youth experiencing homelessness in the Bay Area?*

4. **Next Big Idea: Ending Youth Homelessness-** *Nationally, our goal is to end youth homelessness by 2020. What does an end youth homelessness look like in the Bay Area? How can we leverage regional collaboration to respond?*

5. **Issues of the Moment**

SYSTEM OF CARE

BACKGROUND: FEDERAL GOAL TO END YOUTH HOMELESSNESS BY 2020

In *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the Federal Administration established goals to prevent and end homelessness, including ending youth homelessness, by 2020. To help achieve that goal, the Federal government has released guidance and funding opportunities, including the Youth Homeless Demonstration Program and Performance Partnership Pilots (P3) for Disconnected Youth.

- Youth Homeless Demonstration Program: The Department of Housing and Urban Development (HUD) announced a Notice of Funding Availability (NOFA) for the Youth Homeless Demonstration Program (YHDP) on August 22, 2016. The new initiative is designed to reduce the number of youth experiencing homelessness by funding the development of a coordinated community approach to prevent and end youth homelessness in ten communities (four rural) around the United States. The purpose of the YHDP is to learn how communities can successfully approach the goal of preventing and ending youth homelessness by building comprehensive systems of care for homeless youth rather than implementing individual or unconnected projects that serve different subsets of the youth population.

- Performance Partnership Pilots (P3) for Disconnected Youth: P3s offer a unique opportunity to test innovative, cost-effective, and outcome-focused strategies to improve outcomes for disconnected youth. P3s allow states, localities, regions, or federally-recognized tribes to propose pooling a portion of the discretionary funds they receive under multiple federal streams while measuring and tracking specific cross-program outcomes. This model is designed to ease administrative burden and promote better education, employment, and other key outcomes for youth. Jurisdictions that participate in these pilots will commit to achieve significant improvements in those areas in exchange for this new flexibility.

These programs, as well as Federal guidance released by the U.S. Interagency Council on Homelessness (USICH) and HUD, are focused on creating a system-level response to youth homelessness, as system-level responses to veteran homelessness and chronic homelessness have been effective in reducing homelessness.

WHAT CONSTITUTES A SYSTEM-LEVEL RESPONSE TO YOUTH HOMELESSNESS?

While many Continuums of Care (CoCs) are just beginning to build a system-level response to youth homelessness, Federal guidance and funding requirements are coalescing around a few key themes.

1. INVITE THE RIGHT PEOPLE AND MOVE THE SAME DIRECTION

As with many strategic or system planning exercises, the guidance for responding to youth homelessness is to engage key community partners and align goals in order to better collaborate and access untapped resources. Those community partners may include representatives from:

- Child Welfare
- Education
- Workforce Development
- Justice
- Housing
- Healthcare

YHDP is requiring that in addition to CoC/ESG-funded homeless projects, the following partners are engaged: public child welfare agency, youth-led advisory group, local government agency, local education liaison and Runaway and Homeless Youth Program-funding projects. Applicants are also encouraged to include:

- Privately Funded Homeless Organizations
- Public Housing Authorities
- WIOA Boards and Employment Agencies
- Juvenile and Adult Corrections
- Nonprofit Youth Organizations
- Health, Mental Health, and Substance Abuse Agencies
- Affordable Housing Developers

- Local and State Law Enforcement
- Faith-based institutions
- Landlords
- Early Childhood Development and Child Care Providers
- Institutions of Higher Education
- Community Development Corporations
- Local Advocacy, Research, and Philanthropic Organizations

The P3s can involve discretionary funds, including both formula and competitive grant programs, under the Departments of Education, HUD, Health and Human Services, Justice, Labor, the Corporation for National and Community Service, and related agencies, which also would engage a broad spectrum of partners.

DISCUSSION QUESTIONS
1. What entities are key partners for ending youth homelessness? What partners are engaged in your CoC?
2. What entities are difficult to engage? When entities are not initially interested in partnering with the CoC, how have you responded?
3. What are some of the challenges associated with creating partnerships with organizations who regularly interact with youth but have limited experience working on issues related to homelessness?

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2. UNDERSTAND THE SCOPE OF THE PROBLEM

In the past few Point-in-Time (PIT) Counts, CoCs have been encouraged to **improve methodology** used to determine rates of homelessness among the youth population. CoCs are also being encouraged to understand youth homelessness by leveraging **data across systems** to **better understand the characteristics and experiences of youth** under all the federal definitions of homelessness. However, it is difficult for communities and service providers to identify homeless youth because they are often indistinguishable from their housed peers, which may be one reason why the size of the unaccompanied homeless youth population has been difficult to document. In response to these challenges, Federal policy encourages building an integrated data structure and benchmarking progress to continually improve system design by:

- **Analyzing and improving the current data infrastructure** by identifying data sources such as the annual PIT counts, HMIS on youth served within the community's homeless system, the community's coordinated entry process, school district data, child welfare, employment, and juvenile justice agencies.
- **Creating benchmarks to assess progress** in moving towards the community's established written, data-informed goals.
- **Embracing continuous improvement** to enhance the performance of projects and the entire system.

Lesson learned from Youth Reach MD demonstration project

An initial youth count may reflect an under count of the total population because many individuals who meet criteria for "unaccompanied homeless youth" do not identify as homeless and may not seek access to mainstream homeless services. Youth Reach MD identified 834 unaccompanied homeless youth through a survey conducted in eight jurisdictions. The Baltimore City HMIS system uniquely identified 881 individuals meeting the definition criteria, but only 54 of those individuals were identified by both the HMIS system and the survey. As a result, Youth Reach MD counted 1,715 "unaccompanied homeless youth" when it combined the survey data and the Baltimore HMIS data. However, the data from the last PIT count estimated that there were 481 unaccompanied homeless youth in the entire state.

Youth Homelessness is defined in a number of different ways, which impacts the difficulty of understanding the scope of youth homelessness and identifying community priorities. **HUD** defines homelessness to include individuals and families who: lack a fixed, regular, and adequate nighttime residence; will imminently lose their primary nighttime residence; or who are fleeing domestic violence and other like situations. It can also include, with special permission and in limited circumstances, youth and families with children and youth who are defined as homeless under other federal statutes with additional special characteristics. The **U.S. Department of Education** also includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason. **The Runaway and Homeless Youth Act (RHYA)** defines homeless youth as individuals who are "not more than 21 years of age…for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement."

3. CREATE A WEB OF THE HOUSING AND SERVICES NEEDED BY YOUTH

Developing a system of housing and services to address the needs of unaccompanied youth experiencing homelessness poses a major challenge to many communities because most organizations are built around the needs of homeless adults and families. And, youth homelessness presents unique challenges that may not be effectively addressed through services intended for adults and families. Therefore, communities creating comprehensive systems of care for homeless youth must **design and implement a unified, collaborative youth housing and services array** to meet the physical, developmental, and social needs of youth experiencing homelessness. To design a comprehensive system of care that addresses the unique needs of homeless youth, communities should:

- **Conduct system mapping** to identify each of the available resources for youth experiencing or at risk of homelessness, including the pathways they use to access those resources and travel between them.
- **Conduct a needs analysis** based on an understanding of the resources currently available in a community and a consideration of how those resources relate to the anticipated demand for services.
- **Identify and define program models** based on the community's need, rather than funding and operating constraints, and a determination of whether certain groups of youth should be prioritized for certain program models.
- **Design accessible, youth-appropriate coordinated entry processes** that work with youth individually to assess their needs and refer them to programs that best meet their actual preferences, circumstances, and needs.
- **Establish next steps for design activities** by identifying additional resources needed to fill gaps in the community's housing and services array.

4. IMPLEMENT COMMUNITY RESPONSE TO PREVENT AND END YOUTH HOMELESSNESS

After engaging community partners, developing a better understanding of the unique needs and characteristics of their unaccompanied homeless youth population, and developing a housing and services array, communities must implement their plans to prevent and end youth homelessness. USICH recommends that communities structure their community response to:

- **Identify and work with at-risk families** to prevent youth from becoming homeless.

- Identify and engage youth at risk of, or experiencing homelessness, and connect them with trauma-informed, culturally-, developmentally-, and age-appropriate interventions.
- **Intervene early when youth do become homeless** and work towards family reunification when safe and appropriate.
- Ensure access to safe shelter and emergency services when needed.
- Emphasize strong connections to and supported exits from mainstream systems when needed.
- **Create individualized services and housing options** tailored to the needs of each youth and **include measurable outcomes** across key indicators of performance.

DISCUSSION QUESTIONS

1. What are some of the lessons learned from your community's efforts to end chronic and veteran homelessness that can be applied to future efforts to prevent and end youth homelessness?
2. What systems are currently in place in your community that can be leveraged to help build a housing and services array to address the needs of unaccompanied youth experiencing homelessness?
3. What youth-specific programs currently exist in your community that can help with efforts to gather data and prioritize the needs of its unaccompanied homeless youth population?

For more information, please contact Hank Crook at 415.788.7961, ext. 335 or hank@homebaseccc.org.

DATA & PRIORITIZATION PANEL

PANELISTS INTRODUCTION BY HOMEBASE (1-2 MINUTES)

Bill Wilson Center

Bill Wilson Center is a nonprofit community-based organization serving over 10,000 clients in Santa Clara County annually. It is the mission of Bill Wilson Center to support and strengthen the community by serving youth and families through counseling, housing, education, and advocacy.

Pilar Furlong
Director of Community Resources
pfurlong@billwilsoncenter.org

Larkin Street Youth Services

Founded 1984, Larkin Street Youth Services provides housing, medical, social, and educational services to at-risk, runaway, and homeless youth ages 12-24.

Haley Mousseau
Director of Research and Evaluation
hmousseau@larkinstreetyouth.org

Graham Thomas
Director of Programs
Nonprofit Management and Social Justice Advocate
gthomas@larkinstreetyouth.org

OPENING PANELISTS STATEMENTS (5-10 MINUTES)

Please describe your role at your organization, one obstacle your organization is currently facing right now and a recent triumph your organization has overcome in regards to data and/or prioritization.

DISCUSSION QUESTIONS (30-45 MINUTES)

INTAKE:

- When conducting intake and initial assessments, what questions are the most useful for successfully identifying treatment strategies?
- How do you ensure clients are not asked similar questions by multiple case managers?
- What best practices do case managers utilize to balance asking personal questions to obtain useful information while also building rapport with their clients?

ASSESSMENT:

- What assessment tools do you use to identify the needs of your clients?
- How do these assessment tools integrate into HMIS?
- What strategies do case managers utilize to ask personal questions about sexual health, identity, and sexuality?

PRIORITIZATION:

- What are the characteristics of youth that should be prioritized for high, service rich interventions vs. housing inventions without additional supports?
- How do you determine which youth take priority for different housing interventions?
- How did your organization determined its prioritization schema taking into account the limited resources available?

MONITORING OUTCOMES:

- How do the research and evaluation team and the various departments interact with each other?
- How do the teams work together to help ensure successful outcomes for your organization's clients?
- How does your organization assess whether a specific program is working for a specific client?

CLOSING THOUGHTS/Q&A (10-20 MINUTES)

Open up to panelists and the audience

FOCUS ON HUMAN TRAFFICKING

INTRODUCTION

Unaccompanied homeless youth are among the demographic groups that are most susceptible to human trafficking and other forms of exploitation. Thus, efforts to address youth homelessness should also incorporate strategies to identify the factors that place a young person at risk of becoming victimized by traffickers. Effective youth programs strive to foster survivors' independence and self-sufficiency by enabling them to overcome challenge related to job skills, finances, and employment and to access   social and welfare services.

Under Penal Code 236.1 PC, the crime of "human trafficking" in California is defined as:

1) Depriving someone of their personal liberty with the intent to obtain forced labor or services from them;
2) Depriving someone of their personal liberty with the intent to violate California's pimping and pandering laws, California's child pornography laws, California laws against extortion and blackmail, or certain other California laws concerning commercial sexual activity and the sexual exploitation of children; or
3) Persuading or trying to persuade a minor to engage in a commercial sex act, with the intent to violate one of those same laws.

HUD PRIORITIES

FY 2016 COC PROGRAM NOFA

Similar to efforts to reduce youth homelessness, the Obama administration and HUD are committed to combatting human trafficking. In the FY 2016 Notice of Funding Availability (NOFA), HUD stressed that Continuums of Care (CoCs) should consider how they can best serve young people who are fleeing domestic violence or human trafficking or who are exchanging sex for housing.

The agency observed that it considers human trafficking, including sex trafficking, to be "other dangerous or life threatening conditions that relate to violence against the individual or family member" under paragraph 4 of the definition of "homeless" at 24 CFR 578.3. HUD would consider an individual or family to qualify as "homeless" where that individual or family:

1) Is fleeing, or is attempting to flee human trafficking, that has either taken place within the individual's or family's primary night-time residence or has made the individual or family afraid to return to their primary night-time residence;
2) Has no other residence; and
3) Lacks the resources or support networks to obtain other permanent housing.

HUD will award up to five points to CoCs for strategies that address the unique needs of unaccompanied homeless youth and the existence of a proven strategy that addresses homeless youth trafficking and other forms of exploitation.

LOCAL COCS

More than half of local CoCs have agencies that serve survivors of trafficking sitting on their CoC Boards, and some are developing projects and partnerships specifically aimed to respond to trafficking:

- Contra Costa is the first Zero Tolerance for Domestic Violence county in California. The city of Richmond and the CoC coordinate with victim service providers, legal service providers, community-based behavioral health services, county services, police departments, crisis centers, and probation services to offer safe housing and services to trafficking survivors through a No Wrong Door approach.
- In 2012 San Francisco established a city-wide anti-trafficking partnership with Larkin Street Youth Services, the District Attorney's Office, the Youth Justice Institute, Asian Pacific Islander Legal Outreach, and others.
- The Bill Wilson Center in the Santa Clara CoC works with the County Human Trafficking Commission to develop law enforcement protocol for exploited youth and also acts as a safe drop off center for officers to bring youth.
- The Solano CoC has created special outreach teams trained on youth educational rights, housing opportunities, best outreach practices, and vulnerability to victimization and trafficking.

DISCUSSION QUESTIONS
1. How is your CoC responding to this HUD priority?
2. What community partnerships have you found to be instrumental in addressing the needs of this population?

SCOPE OF THE PROBLEM

GLOBAL

- Human trafficking is an estimated $32 billion-a-year global industry with more than 20 million victims.
- After drug trafficking, human trafficking is the world's second most profitable criminal enterprise, a status it shares with illegal arms trafficking.
- 50% of transnational victims are minors.

NATIONAL

- The US is one of the top destination countries for human trafficking.
- While most survivors of trafficking are US citizens, nearly one third of domestically trafficked individuals are foreign nationals, with Mexico, Thailand, the Philippines, Honduras, Indonesia and Guatemala ranking as the top countries of origin.

- Every year, at least 100,000 children are commercially sexually exploited (e.g., through child pornography, juvenile prostitution, and trafficking in children for sexual purposes).
- Between 244,000 and 325,000 children are at risk each year of becoming victims of commercial sexual exploitation.
    - 30% of shelter youth ages 10 to 17 and 70% of street youth are at risk.
- The average age of entry into prostitution for girls is 12 to 14.
- The average age of entry into prostitution for boys and transgender youth is 11 to 13.

STATE

- California is one of the nation's top four destination states for human trafficking because of its proximity to international borders, its seaports and airports, a significant immigrant population, and a large economy that includes industries that attract forced labor.
- From 2010 to 2012 California's nine regional human trafficking task forces identified 1,277 survivors, initiated 2,552 investigations, and arrested 1,798 individuals.
- 80% of reported human trafficking cases in California occur in the Bay Area, Los Angeles and San Diego.
    - These three areas experience the most human trafficking in the US.
- 72% of human trafficking survivors are from the US.
- 50-80% percent of commercially sexually exploited children are or were formally involved with the child welfare system.

LOCAL

- 43% of California's human trafficking incidents occur in the Bay Area, with particularly high incident rates of commercial sexual exploitation of children occurring in San Francisco.
    - 46% of all prosecuted human trafficking cases in California came from the Alameda District Attorney's office.
- Over the course of 2015, 499 human trafficking survivors were identified by 15 agencies in San Francisco.
    - Excluding the 27% of cases of unknown type of trafficking, 77% of survivors identified were sex trafficking survivors, while only 18% were identified as labor trafficking survivors, and 5% were both sex and labor trafficking survivors.
    - Women, including transgender women, comprised 80% of the identified human trafficking survivors where the gender was known, while men, including transgender men, comprised 20% of those cases.
    - Agencies identified 119 victims of trafficking under the age of 18, including 115 survivors of child sex trafficking.
- Of 486 youth identified in Alameda County as at risk for or already involved in commercial sexual exploitation from January 1, 2011 to March 20, 2015, it was found that:
    - 86% had juvenile arrest history;
    - 79% had a runaway history;
    - 56% had drug use history;
    - 40% were currently in custody or had been in custody of Social Services;
    - 22% had a family criminal history; and
    - 29% had mental health challenges.
- On an average night, 100 youth are selling their bodies on the Oakland streets.

> **DISCUSSION QUESTIONS**
> 1. What is the scope of this issue within your community?
> 2. Do any of these statistics stand out to you given your experience with serving trafficking survivors?

RISK FACTORS

Homelessness makes youth particularly vulnerable to human traffickers. Additionally, homelessness is one of the most common drivers of youth engagement in survival sex. Nationally, estimates of the proportion of runaway and homeless youth involved in survival sex range from 10% to as high as 50%. Additionally, other vulnerable populations include undocumented workers, individuals with substance abuse or addiction issues, communities of color, and low-income individuals.

A 2014 study in Silicon Valley found that 34% of trafficking survivors were homeless and 50% had run away from home or been forced out. A 2011 study in Oakland found that 178 of 179 cases involved girls, nearly three-quarters were African American, over half of the children were on juvenile probation, and close to one-third were dependents under the state's child welfare system. A similar study indicates that of 149 commercially sexually exploited children identified in San Francisco, more than half were foster care youth from group homes.

Traffickers often recruit children and teens from junior high and high schools, courthouses, foster and group homes, bus and train stations, shopping malls, homeless shelters, halfway houses, bars, parks, and playgrounds. They choose targets based on vulnerability, and they use recruitment or enticement tactics and methods of control to lure youth into being trafficked. Common vulnerabilities include lack of employment options, unstable homes, disabilities, and the desire to escape physical and/or sexual abuse.

The following factors increase a youth's vulnerability:

AT THE COMMUNITY LEVEL

- Lack of livable wage employment opportunities and job training
- Lack of adequate, safe, and affordable short- and long-term housing options
- Lack of voluntary and low-threshold services
- Arrest for "quality-of-life" and misdemeanor crimes
- Rejection and discrimination based on sexual orientation or gender identity by families, communities, and employers
- Homophobic and transphobic harassment, discrimination, and physical violence within the child welfare and foster care systems, shelters, health care providers, social services, law enforcement, and other government institutions
- Lack of access to gender-affirming medical care

AT THE RELATIONSHIP LEVEL

- Social and familial discrimination and rejection

- Familial poverty or homelessness
- Sexual abuse and exploitation
- Familial dysfunction
- Physical abuse

AT THE INDIVIDUAL LEVEL

- Involvement with juvenile justice system, Child Protective Services (CPS), or foster care
- Chronic running away with increased frequency and duration
- Sexual minority and gender minority
- Emotional and mental trauma
- Substance abuse
- Homelessness
- Intangible needs:
    - Low self-esteem/self-worth
    - Lack of identity or poor self-concept
    - Lack of understanding of, or experience with, healthy relationships
    - Desire for belonging, love, and affection
    - Desire for family or community support
    - Desire or perceived need for protection
    - Desire for material possessions

DISCUSSION QUESTIONS
1. How has your agency or CoC identified individuals who have been victimized by human traffickers?
2. What is your experience with populations who exhibit common risk factors for human trafficking?

SERVICE STRATEGIES

Challenges trafficking survivors face along their path to independence and self-sufficiency often center around financial problems. Successful strategies often include job skills and employment training and assistance in accessing social and welfare services. Resources that would be especially useful thus include: access to secure housing; funding for transportation; access to training or educational opportunities that could provide a bridge to legitimate ways to earn money for youth attempting to find legitimate employment; access to mental health resources; and access to material resources to meet immediate needs of youth with a special focus on youth with children.

AT THE COMMUNITY LEVEL

A comprehensive model would 1) identify children in the child welfare system who are at-risk for trafficking through universal screens or assessments, 2) implement prevention measures to ensure those at-risk do not fall prey to exploiters, 3) wrap comprehensive, community-based services around trafficking survivors, and 4) institutionalize a data collection system to monitor the state's progress toward reducing the number of youth who are exploited.

AT THE PROGRAM LEVEL

The survivor is at the center of any response to human trafficking and needs to feel safe and supported. Survivors are often unprepared to self-identify or disclose abuse, so risk assessments and screening tools should be implemented in holistic ways that do not rely on disclosure for a survivor to access necessary services. Effective practitioners consider behavioral, environmental, and other indicators as reliable concerns for suspicion of exploitation through trafficking.

Creating conditions of trust and respect will help survivors reclaim their lives and move toward self-sufficiency and independence. When quality care, compassionate responses, and essential services are provided, recovery is possible, and survivors are usually more capable and willing to present strong evidence and testimony in the prosecution of perpetrators.

SCREENING

An example of a screening tool is the locally-developed Commercial Sexual Exploitation – Identification Tool (CSE-IT). This tool can help providers determine the level of concern regarding a client's possible involvement in trafficking (learn more at the website of the West Coast Children's Clinic: http://www.westcoastcc.org/cse-it/). It is made up of eight key indicators with various sub-items to aid in the evaluation of each indicator:

1) Housing and Caregiving -- The youth experiences housing or caregiving instability for any reason.
2) Prior Abuse or Trauma -- The youth has experienced trauma (not including exploitation).
3) Physical Health and Appearance -- The youth experiences notable changes in health and appearance.
4) Environment and Exposure -- The youth's environment or activities place them at risk of exploitation.
5) Relationships and Personal Belongings -- The youth's relationships and belongings are not consistent with their age or circumstances, suggesting possible recruitment by an exploiter.
6) Signs of Current Trauma -- The youth exhibits signs of trauma exposure.
7) Coercion -- The youth is being controlled or coerced by another person.
8) Exploitation -- The youth exchanges sex for money or material goods, including food or shelter.

SURVIVOR-CENTERED APPROACH

A survivor-centered approach supports a survivor's rights, dignity, autonomy, and self-determination, while advancing the government's and society's interest in prosecuting traffickers to condemn and deter this reprehensible crime. Such an approach seeks to minimize re-traumatization associated with the questioning process by:

- Providing the support of victim advocates and service providers in an adolescent-friendly, sensitized, and culturally appropriate manner;
- Empowering survivors as engaged participants in the process; and
- Providing survivors an opportunity to play a role in seeing their traffickers brought to justice.

TRAUMA-INFORMED APPRAOCH

A trauma-informed approach incorporates understanding of the physical, social, and emotional impact of trauma on trafficking survivors, as well as on professionals who help them. Such an approach requires:

- Recognition of signs and symptoms of trauma in staff, clients, and others involved with the system; and
- Response by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

Like the survivor-centered approach, the priority is on the survivor's safety and security and on protecting against policies and practices that may inadvertently re-traumatize survivors.

DISCUSSION QUESTIONS

1. What has been your experience with incorporating survivor-centered and trauma-informed approaches into programs?
2. What trainings or resources have you found helpful?
3. What techniques do you currently use that you find to be successful in serving survivors of human trafficking?
4. What supports have you found to be particularly important to provide to this population?

- CAS Research & Education. *Fact Sheet: Foster Care and Human Trafficking.* Retrieved October 3, 2016, from http://www.casre.org/our_children/fcht/

- Dank, M. et al. (2015, February 25). *Surviving the Streets of New York: Experiences of LGBTQ youth, YMSM, and YWSW Engaged in Survival Sex.* http://www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/full_report

- Estes, R. J. & Weiner, N. A. (2001, September 18). *The Commercial Sexual Exploitation of Children in the U. S., Canada and Mexico.* Retrieved October 3, 2016, from http://www.thenightministry.org/070_facts_figures/030_research_links/060_homeless_youth/CommercialSexualExploitationofChildren.pdf

- Harris, K. D. (2012). *The State of Human Trafficking in California.* Retrieved October 3, 2016, from https://oag.ca.gov/sites/all/files/agweb/pdfs/ht/human-trafficking-2012.pdf

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- Not For Sale. (October 2014). *Human Trafficking in Silicon Valley.* Retrieved October 3, 2016, from http://www.issuelab.org/resources/20608/20608.pdf

- Polaris Project. (2010). *Human Trafficking Statistics.* Retrieved October 3, 2016, from http://freeholdarea-nj.aauw.net/files/2014/01/z-Human Trafficking Statistics.pdf

- Tourtchaninova, M. & Kandel, M. (2016). *Human Trafficking Report in San Francisco.* Retrieved October 3, 2016 from http://sfgov.org/dosw/sites/default/files/2016%20Human%20Trafficking%20Report%20200061516_0.pdf

- West Coast Children's Clinic. Commercial Sexual Exploitation – Identification Tool (CSE-IT. Retrieved October 3, 2016, from http://www.westcoastcc.org/cse-it/

For more information, please contact Sasha Drozdova at 415.788.7961, ext. 329 or sasha@homebaseccc.org

NEXT BIG IDEA: ENDING YOUTH HOMELESSNESS

WHAT DOES AN END TO YOUTH HOMELESSNESS LOOK LIKE IN THE BAY AREA?

After the USICH released its Amendment to *Opening Doors*, which was developed specifically to address, among other concerns, the steps that need to be taken to assist unaccompanied youth experiencing homelessness, the *Framework to End Youth Homelessness* was built; it acts as the blueprint that outlines specific strategies to achieve the goal of ending youth homelessness in 2020.

The framework focuses on two complementary strategies: a **Data Strategy** to get to better data on the numbers and characteristics of youth experiencing homelessness, and a **Capacity Strategy** to strengthen and coordinate the capacity of Federal, State, and local systems to act effectively and efficiently.

Work related to each of these strategies is categorized within three phases: **Phase I** outlined activities that <u>can begin immediately</u>; **Phase II** outlined <u>activities that will require new resources</u>; and **Phase III** are <u>longer-term activities that build on earlier efforts and may require new resources and/or legislative authority</u>.[1]

This past July, the White House held its second Policy Briefing to End Youth Homelessness to inform the initial development of the *Framework's* criteria and benchmarks that the USICH will release later this year. Information was gathered from feedback from group discussions, which included the participation of youth, youth service providers, researchers, advocates, federal agencies, and other key stakeholders.[2] The discussions revolved around two questions:

1) **How will we know when a community has achieved the goal of ending youth homelessness? and;**
2) **What components or indicators should we consider to determine how well a community's response to prevent and end homelessness is working?**

Though these questions were posed nationally, we can keep them in mind as we turn our attention locally. **What does an end to youth homelessness look like in your community?**

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[1] https://www.usich.gov/resources/uploads/asset_library/USICH_Youth_Framework__FINAL_02_13_131.pdf

[2] https://www.usich.gov/resources/uploads/asset_library/WH_Policy_Briefing_themes_07_12_16.pdf

Better data can inform the scale of investments and the types of service delivery and coordination that are needed to end youth homelessness. In turn this information will guide work to build the capacity of systems and service providers to meet the challenge. Examples for activities and strategies surrounding data and capacity concerns are given below, supported by feedback from discussion groups at the second White House Policy Briefing to End Youth Homelessness. These examples are not an exhaustive list, and are merely included to inspire conversation.

PHASE I.

What is an activity or strategy that can be done immediately, or is already being done, to end youth homelessness in the Bay Area in 2020? How can we strengthen existing partnerships in the Bay Area, and across CoCs, to improve these activities and strategies?

DATA

- ***Youth Specific Count***
  - o The General PIT Count is an effective means of providing estimates for the general homeless population but has been less effective at addressing the challenges of counting unaccompanied homeless youth. Has your CoC implemented a Youth-Specific Count? If so, what is and is not working well? If not, what do you need to support implementation of this strategy?
- ***Coordinating Data Systems***
  - o Feedback from the Policy Briefing identified the importance of the ability of a community to share and coordinate data to achieving an end to youth homelessness by 2020. Has your community been able to coordinate data systems within the community? If so, what is and is not working well? If not, what do you need to support implementation of this strategy?

CAPACITY

- ***Disseminating an Intervention Model for Homeless and Trafficked Youth***
  - O As discussed earlier, the risk factors for human trafficking and youth homelessness overlap to a significant degree. Does your community have an intervention model for youth homelessness and trafficking? If so, what is and is not working well? If not, what do you need to support implementation of this strategy?

BEST PRACTICE EXAMPLE: Youth-Specific Count
- Immediately involve youth in the planning and implementation of the Youth Count.
- Develop a core group of youth to implement the count; focus on youth who've received services, and identify youth who are leaders.
- Have youth participants help to identify "hot spots," rather than focus on covering all of census tracts.
- Provide financial incentives (e.g. $10 an hour), and set high expectations, for youth participants.

What activities and strategies will <u>require new resources before they can be implemented</u> in your community?

- ***Producing an Integrated Bay Area Study on Youth***
    - o Additional strategies can include planning the design and implementation of a regional study to estimate the number, needs, and characteristics of youth experiencing homelessness. Unaccompanied youth have a broad range of living arrangements, and often travel from community to community. As such, a regional estimation of the numbers and characteristics of homeless youth will require multiple, coordinated approaches to give a credible representation of this diverse population. <u>Would a regional study be an effective means of achieving a bigger picture to help end youth homelessness in 2020? If so, what new resources must be identified to make the study possible?</u>

- ***Improving Service Capacity for Homeless Youth & Key Subpopulations***
    - o What additional resources do we need to encourage systems and service providers to develop clearer theories of change (specific, logical models and explanations of how particular program designs are believed to impact core outcomes for homeless youth)? What resources are needed to support development of <u>best practices for</u> <u>screening, assessment, and intervention for subpopulations of homeless youth</u> (LGBTQ, pregnant and parenting youth, and youth from juvenile justice and foster care systems)?

BEST PRACTICE EXAMPLE: Supporting LBGTQ Youth
- NEST: Collaborative to Prevent LGBTQ Youth Homelessness -
- NEST is a pilot-community effort to prevent and end homelessness among adolescents and young adults who identify as LGBTQ by 2020.
- Led by the Coalition for the Homeless Houston/Harry County, guided by HUD, NEST represents more than 60 youth agencies and service providers city/countywide.[3]
- Among its objectives, NEST attempts to facilitate policy changes and collaboration

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What are some <u>longer-term activities that will build on earlier efforts</u>, which may require new resources or legislative authority, before they can be implemented in your community?

- ***Regularizing Estimates and Data***
    - o Based on planning in Phase II to improve data and make more accurate estimates of homeless youth in your community, <u>what else is needed to make</u>

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[3] http://www.montrosecenter.org/hub/services/hatch-youth-services/nest-home/

possible periodic and comparable estimates of homeless youth over time in your community?

- ***Implementing Strategies and Ongoing Evaluation***
  - ○ Feedback from the Policy Briefing identified the importance of community evaluation of resources and weaving together of mainstream and targeted funding streams to serve youth experiencing homelessness. What is your community doing to identify, evaluate, and weave together funding streams to support implementation of strategies? What key partnerships need to be made across the Bay Area and across CoCs to support this process?

BEST PRACTICE EXAMPLE: Weaving Funding
- Seeking out and weaving funding opportunities like the Youth Homelessness Demonstration Program (YHDP) and Performance Partnership Pilots for Disconnected Youth (P3), with existing funding sources when possible.

For more information, please contact Tara Ozes at 415.788.7961, ext. 332 or tara@homebaseccc.org.

ISSUES OF THE MOMENT

To: Social Security Administration
From: The Regional Steering Committee on Homelessness & Housing
Re: Docket No. SSA-2012-0035, Revisions to Rule Regarding the Evaluation of Medical
          Evidence

Since 1986, the Regional Steering Committee on Homelessness & Housing in the San Francisco Bay Area has gathered to identify common problems and search for useful solutions when discussing the tough issues that communities are facing in the Bay Area.   The Committee also participates in policy development, training, information sharing, action strategies, and program design surrounding homelessness as a regional issue.   Committee members include Continuum of Care leadership, county and city staff, housing and service providers, faith-based representatives, line staff, consumers, and members of the public.

The Committee believes that by adopting a more inclusive policy regarding Acceptable Medical Evidence, processing of applications for SSI/SSDI will become faster, and therefore more equitable, to applicants who are among the most vulnerable members of society. For this reason, we believe the proposed changes to this Rule have the potential to drastically improve the lives of persons experiencing homelessness in our CoC geographic areas. The Regional Steering Committee on Homelessness & Housing is grateful for this opportunity to submit the following comments in response to the Social Security Administration's Notice of proposed rulemaking regarding revisions to Acceptable Medical Evidence issued on September 9, 2016.

1. The Rule proposes to allow testimony from Advanced Practice Registered Nurses as an Acceptable Medical Source, but SSA does not define that term in the regulation itself, only in the commentary (Federal Register, Vol. 81, No. 175, page 62568). For the sake of clarity, we request that the regulation itself explicitly define the APRN category as including Certified Nurse Midwives, Nurse Practitioners, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists.

2. The Rule invites comments on whether Physician Assistants (PAs) should be allowed to give testimony, and expresses concern that the requirements for becoming licensed as a PA might not be sufficiently uniform from state to state (Federal Register, Vol. 81, No. 175, page 62569). We request that PAs absolutely be allowed to give testimony as an Acceptable Medical Source. It would be inappropriate to accept testimony from Registered Nurses and Nurse Practitioners but not Physicians Assistants, who often have more training in diagnosis and assessment of disabilities.

   According to the American Association of Surgical Physician Assistants, PAs are licensed health care professionals trained in the same format as physicians, whose training is roughly two-thirds the length of medical school, with over 100 weeks of general primary care education. In every state, a prospective Physician Assistant must complete an accredited academic program; the average physician assistant has a bachelor's degree and 4 ½ years of health care experience prior to entering a PA program.

Surgical PAs are licensed by each state to practice and must take a national certification exam given by the National Commission for the Certification of PAs (NCCPA). Each hospital board then credentials the surgical PA for specific practice privileges, and a MD must sign off on a PA's diagnoses. Because the licensing, education, and training requirements for PAs are rigorous and consistent across States, PAs should be considered AMSs for the purposes of the Rule.

3. The Rule invites comments on whether Licensed Clinical Social Workers (LCSWs) should be allowed to give testimony (Federal Register, Vol. 81, No. 175, page 62569). We request that the regulation allow for testimony from LCSWs as well as Licensed Marriage and Family Therapists (LMFTs) as AMSs. LCSWs are highly trained mental health professionals; according to the Board of Behavioral Sciences of the California Department of Consumer Affairs, to become licensed LCSWs are required to achieve a Master's Degree in a qualifying field, must register with the Board to begin post degree experience, then must earn 3,200 hours of work under a licensed Supervisor, before passing a Clinical examination. Additionally, LCSWs must adhere to high ethical and confidentiality standards as provided by the state board (which usually involves signing an ethics pledge or oath, and in California, the passage of the California Law & Ethics Examination). They are empowered to assess and make clinical evaluations of clients' mental health and diagnose mental illness using researched based practices, and can be involved in direct therapy with patients.

Per the American Association for Marriage and Family Therapy, therapists who obtain the MFT license have met high educational and clinical experience criteria. All states require a Master's or Doctoral degree and supervised clinical experience. Moreover, various Federal programs already recognize the contributions of LMFTs. For example, the Health Resources Services Administration (HRSA), per the Public Health Service Act, recognizes LMFTs as core mental health professionals under the Health Professional Shortage Area and the National Health Service Corps programs. (42 CFR Part 5). Likewise, the Department of Defense recognizes LMFTs as "health-care professionals," authorized to provide direct patient care (10 USCS § 1094 & 10 USCS § 1091).

Most importantly, LCSWs and LMFTs are the easiest and most commonly available sources for medically evaluating homeless clients; in many cases, people experiencing homelessness do not have access to any care providers other than LCSWs and LMFTs. If LCSWs and LMFTs are not acceptable sources of medical evidence, people experiencing homelessness will not receive the benefits that would allow them to connect with a more advanced level of medical care. In these instances, for these individuals and families, the choice isn't between LCSWs/LMFTs and APRNs – the choice is between LCSWs/LMFTs or being totally disconnected from treatment, benefits, and medical advice. For these reasons, we request that LCSWs and LMFTs be considered AMSs for the purposes of the Rule.

Sincerely,

The Regional Steering Committee on Homelessness & Housing
October 7, 2016