Target Area: 1) not participating as a rural community; 2) application covers the entire geography of the CoC. See attachment titled “Proposed Target Area” in attachment tab.

Leadership Capacity:

1. The biggest challenge for youth experiencing or at-risk of experiencing homelessness was mitigating COVID and preventing community spread. The CoC 1) stood up non-congregate sheltering options, together with a robust COVID testing and vaccine plan and utilized students to provide telehealth; 2) expanded outreach with the help of youth-aged students; and 3) expanded permanent housing and homeless prevention resources for youth, including a focus on those with HIV. The CoC contracted 3 hotels, a former Transitional Housing space & an Assisted Living Facility to add more than 500 non-congregate shelter (NCS) beds for quarantine and/or isolation (Q&I) dedicated to persons experiencing homelessness during COVID. There were 891 intakes of unaccompanied or parenting youth to NCS. The CoC developed NCS policies and procedures to address cleaning, disinfecting, waste collection, screening & testing, health monitoring, support services, discharge planning, meals and beverages. Early on, the CoC partnered with Florida International University’s FIU’s College of Medicine & the Florida Department of Health, to provide telehealth services, symptom monitoring, wellness checks & referrals. Later, we contracted with the Health Care for the Homeless Federal Qualified Health Center grantee to provide health and behavioral health services on-site. CoC-contracted staff was detached from Emergency Shelter (ES) sites to provide Q&I case management. Persons in NCS were added to HMIS. The CoC provided Personal Protective Equipment, hand sanitizers and cleaning supplies to NCS and CoC programs for staff and clients. We provided robust COVID testing (and later vaccines) to prevent community spread and triage COVID positive or suspected households to Q&I sites. More than 25,000 COVID tests were administered (400+ positives). The CoC continued mobile outreach and conducted a full Point in Time (PIT) Count in January 2022 led by trained youth ambassadors and outreach teams The CoC provided unaccompanied youth immediate shelter placement. The CoC also continued to provide free access to, and training in HMIS to youth-focused agencies to promote a no wrong door approach and connect with youth that may not present to tradition homeless access points. The PCWA,
Citrus Family Care; trauma focused shelters, Lotus House and Miami Bridge; Educate Tomorrow, an education/advocacy organization; and Pridelines, an LGBTQ+ drop-in center continued designated youth-specific access points. Chapman Partnership, Camillus House and Lotus House are offering youth specific programming trained through the YAB. Orders of Priority for Referral to Permanent Housing were amended during the pandemic to prioritize unaccompanied and parenting youth. Homeless Prevention (HP) policy was also amended to include youth who met Category 3 of the homeless definition to the prioritization strategy for HP. During the pandemic, MDCPS identified over 6,000 unaccompanied youth and students in families facing housing instability, an increase over previous years and significantly more than other large districts throughout the state, a not surprising reality as Miami-Dade was recognized for having the largest percent of rent increases in the nation during the past year. According to Realtor.com, the Miami-Fort Lauderdale metro area yield the highest year-over-year rent increases in the nation with an average rent increase at 57.2%. When students and/or their families met the federal definition for homelessness (including at-risk criteria), MDCPS school liaisons connected them to the CoC’s access point for rent in arrears, emergency shelter or relocation assistance. As part of our response to COVID-19, and to ease access into housing, an enrollment letter provided by school homeless liaisons or a self-certification describing housing instability from a non-enrolled youth was sufficient to document HP eligibility. The CoC worked alongside the entitlement jurisdictions receiving ESG to increase the availability of Rapid Rehousing, Homeless Prevention, outreach & Shelter. HUD waivers were adopted to allow for hotel for HP and RRH clients when shelter was not available. Together with the Health Council of South Florida, we partnered to offer new RRH and HP assistance to support clients with HIV. As a result, the Short-Term Rental, Mortgage and Utility Assistance (STRMU) Program which is serving the HIV population, targets intravenous drug users, youth 18-24, transgender individuals and pregnant individuals. The CoC also continued uninterrupted its work with the Public Child Welfare Agency (PCWA), exchanging information weekly on youth 18-24 entering the CoC and their eligibility and prioritization for Foster Youth Independence (FYI) and Family Unification Program (FUP) voucher, a result of partnerships with three (3) area Public Housing Agencies. The CoC Housing Coordinator sits on both the FUP/FYI Review Committee and the Miami-Dade HIV/AIDS Partnership Board.
During the pandemic the CoC also renewed its Memorandum of Understanding with Miami Job Corps Center (MJCC), the no-cost education and career technical training program administered by the U.S. Dept. of Labor which serves young people 18-24. To provide updates, proactively push out guidance & share best practices & emergency response strategies for unaccompanied youth and others, the CoC created an email group and instituted regular virtual meetings with providers & partners.

2. The CoC continues to center lived expertise and authentic youth leadership through the Youth Voice Action Council (YVAC), the YAB of the Miami-Dade CoC. Their members designed iCount Miami, a youth service count following the PIT night of count. The service count allows YVAC members to engage unsheltered youth over the course of a few days to get a better sense of how many youth are experiencing homelessness in Miami-Dade County. YVAC members are paid $15 an hour and serve as youth ambassadors during the iCount, canvassing the streets and places youth congregate such as skate parks, the mall and public transportation hubs. As ambassadors, they approve the survey questions, market the iCount, work with youth access points to collect data beyond their own outreach, identify hotspots, schedule outreach, frequent places unsheltered youth are known to be during the service count, and collect youth-focused data. Once the count is completed, they work alongside with the University of Miami to analyze the data and present results to stakeholders. YVAC members use what they learn through the iCount to contribute to the CoC’s system gaps and needs analysis. They are empowered by the CoC Board to develop community-wide goals, propose and lead the implementation of system changes.

3. The YVAC is a sub-committee of the CoC Board that consist of youth ages 18-24 years old with lived homeless experiences. They have the autonomy in recommending youth focused policy changes, advocating, providing community awareness and education, proposing/providing training and carrying out the youth service count. They are committed to dismantling systems of oppression that lead to youth homelessness and ensure equitable outcomes for LGBTQ youth, youth of color, and youth with disabilities. One recent example is the YVAC’s involvement in recommending changes to the helpline. During focus groups, the YVAC members received a lot of feedback from sheltered youth about the helpline which aligned with their own experiences. They published their observations and recommendations and provided them to the Homeless Trust. The Trust in turn performed
a compliance review of the helpline and agreed with many of the observations, which led to our developing a performance improvement plan with the help of the YVAC. This resulted in the Trust hiring Housing Innovations (HI) to perform an assessment and provide helpline staff with technical assistance and training. HI recommended that the Trust expand funding to the helpline to incorporate case management follow up using a pre-Critical Time Intervention (pre-CTI) model. The Trust consulted with the YVAC and solicited for the pre-CTI case management activity in late May 2022.

4. The CoC Youth Voice Action Council (YAB) membership includes Roxana Rodriguez-Monzon, Melanie Ramirez, Gemima Bernard, Jahnee Smith, Astrid Padilla and Sabrina Telemaque (6 members) will lead in planning and implementing a coordinated community approach to prevent and end youth homelessness. The YVAC is a sub-committee of the CoC board which meets weekly. The YVAC’s objectives include performing a system gap and needs analysis using focus groups and data provided by Manny Sarria, the Homeless Trust (CoC lead) Asst. Executive Director; recommending youth-focused changes to CoC policy and standards; proposing funding recommendations for the CoC; and identifying training needs for the CoC. Along with Manny, Irfan Kovankaya, Miami Homes for All, Youth Homelessness Program Director serve as liaisons and provide technical assistance to the YVAC. The Homeless Trust is led by a 27-member Board of Trustees that includes representation from the elected leaders and business community, formerly homeless persons, religious leaders, and homeless advocates. The Board approves the Trust budget, funding recommendations and votes on initiatives and policy changes. The full Board meets monthly, and meetings are broadcast live and archived meetings are available to the public. The CoC Subcommittee reviews our plan at least annually; develops a system gap and needs assessment; recommends CoC funding priorities; and develops a strategy for rating, ranking and reallocating underperforming projects. The 27-member sub-committee of the Board is comprised of direct service providers, the homeless FQHC provider, the Managing Entity for Substance Abuse and Mental Health, the VA, the county’s Domestic Violence and HIV/AIDS service leads, advocates, Housing Authorities, entitlement jurisdictions, members with lived experience and CoC staff. The Housing and Services Development Committee reviews standards of care, policies and procedures ahead of Board approval. The 16-member committee is co-chaired by
two members with lived experience and comprised of two additional members with lived experience, an LGBTQ advocate, Director of CareerSource, direct service providers, legal services, the Managing Entity for Substance Abuse and Mental Health, the VA, Dept. of Corrections, the county’s Domestic Violence service lead, advocates, Housing Authorities, and an entitlement jurisdiction. The Performance Evaluation Committee reviews system performance and strategizes with community stakeholders at public meetings to optimize performance and target the most vulnerable persons. The 13-member committee is comprised of members with lived experience (with one youth appointment), direct service providers, the courts, Office of Management and Budget, the Managing Entity for Substance Abuse and Mental Health, and the county’s Domestic Violence service lead.

5. The CoCs Community Plan to End Homelessness: Priority Home incorporates objectives and strategies first outlined in the original Comprehensive Plan to Prevent and End Youth Homelessness. The objective and strategies have been further developed by the CoC’s Youth Voice Action Council (YVAC) and the CoC Sub-Committee which conduct a CoC gaps and needs assessment annually. New this year, Miami-Dade County’s Thrive 305 Action Plan, an effort led by the Miami-Dade Mayor’s Division of Innovation and Performance in partnership with the Miami Foundation to prioritize housing that people can afford. **Goal: Prevent and End Youth Homelessness.**

**Objective #1: Identify all youth experiencing homelessness.** **Strategies:** (1) Explore funding to pay YVAC members, (2) Support/mentor the YVAC through Housing Our Miami-Dade Youth (HOMY), (3) Continue and evolve youth-focused Point-in-Time Count (iCount). **Objective #2: Prevent and divert youth homelessness whenever possible and provide immediate access to low-barrier crisis housing and services to all youth who want it.** **Strategies:** (1) Create new and continue to support existing Youth Access Points to cover the full geography of Miami-Dade, (2) Enhance youth diversion through implementation of a youth-focused helpline, (3) Prioritize placing youth in crisis housing on the day they seek assistance, (4) Support after-hours referral/admission policy for youth-focused ES/SH beds, (5) Address racial and LGBTQ+ disparities among youth. **Objective #3: Effectively link all youth experiencing homelessness to housing and service solutions tailored to their needs.** **Strategies:** (1) Use a youth vulnerability instrument as part of CoC Coordinated Entry System, (2) Use CoC Housing Coordinator to conduct monthly youth case staffing meetings with CoC partners,
PCWA and Housing Authorities, (3) Further develop shared housing, host homes and other innovative model(s) to serve youth experiencing homelessness, (4) Create mainstream partnerships to connect youth experiencing homelessness to employment, education and primary care inclusive of behavioral health services, (5) Data share with PCWA and make referrals to FYI and FUP vouchers, (6) Explore rightsizing the CES, SO, ES, SH, TH:RRH, PH, shared housing, host homes or other innovative model(s) to serve youth. **Objective #4:** Ensure the community has training, resources, plans, and system capacity in place to continue to prevent and quickly end future experiences of homelessness among youth. **Strategies:** (1) Annually conduct a gaps and needs assessment to include youth experiencing homelessness, (2) Seek technical assistance and funding through the for the YHDP, (3) Annually review and develop the youth system of care and continue to explore rightsizing the CES, SO, ES, SH, TH:RRH, PH, (4) Organize and conduct the annual HOMY Summit, (5) Recommend training opportunities that enhance the youth service system.

The plan is reviewed annually with the YVAC and stakeholders in a series of publicly noticed meetings before being adopted by the YVAC and CoC Board. The organizations that helped develop and/or maintain the plan include the YVAC, Homeless Trust, Miami Homes for All, Carrfour, Citrus Health Network, Citrus Family Care, DCF, Thriving Mind, Camillus House, Fellowship House, Douglas Gardens, Better Way of Miami, New Hope CORPS, Volunteers of America, New Horizons, Chapman Partnership, Sundari Foundation, Miami Rescue Mission, Salvation Army, Miami Dade County Public Schools, Pridelines, GLBTQ Alliance, Homeless Formerly Homeless Forum, Educate Tomorrow and The Children’s Trust.

6. The YVAC (Miami-Dade’s YAB) has been instrumental in providing and obtaining expert training around homeless youth for our continuum. They identified the need for training through their own experiences and focus groups conducted with sheltered youth. After some research and discussion at their weekly YVAC meetings, they felt the greatest impact with relatively low effort would be to convene youth with lived experiences; CoC stakeholders; the Children’s Trust, a dedicated source of revenue derived from property taxes that funds services benefitting low-income families; and the PCWA and its network of providers in an annual summit that would allow for networking, expert training and community identification of system gaps and solutions. They connected
with leaders of the CoC, PCWA and the Children’s Trust to secure their buy-in and participation. They advertised to youth and the general community through social media. In 2020 they convened the first annual summit, held a virtual summit in 2021 and are currently planning an in-person 2022 annual HOMY Summit. In order to prepare for the summit in previous years, the YVAC researched best practices for inclusion in the summit, to include but not limited to Trauma Informed Care (TIC); Transition to Independence Process (TIP); and Sexual Orientation, Gender Identity, and Gender Expression (SOGIE). Then they connected with experts who were invited to present at the conference. They planned and executed a half-day conference with a keynote speaker and breakout sessions and provided logistics for the conference.

The YVAC is currently providing the CoC with their plans to address youth homelessness in 2023. In order to build their plan, they conducted a system gap and needs assessment which relied on data provided by the Homeless Trust using PIT, HIC, Stella P and System Performance Measures. During previous gaps and needs assessments they used the HIC and PIT to observe the inventory of youth focused ES, TH and PH beds was insufficient. They took a deeper dive with the help of the CoC and looked at HMIS data on youth inflow, retention and exit trends before developing recommendations to right-size our housing inventory. This resulted in the YVAC recommending that future solicitations seek youth focused beds. In turn, the CoC solicited new ES beds specifically for unaccompanied and parenting youth; asked our private sector partner providing ES to dedicate a dorm for youth-focused crisis housing; the CoC funded a youth focused RRH project serving homeless youth; and reallocated a TH project to create a youth focused joint-component TH:RRH project serving youth exiting foster care.

7. In our community, authentic youth collaboration means providing youth with lived experiences with the power and autonomy to assess the continuum and recommend training and funding needs. It means implementing their ideas. It means paying a living wage to youth who participate in the YVAC. It means mentoring youth and encouraging them to put their ideas into practice, promoting their seeking funding to make their ideas a reality and ensuring YVAC members have safe and affordable housing.
8. The YVAC has been empowered to perform system gaps and needs assessments with data provided by the CoC and conduct the annual youth service PIT count and focus groups with sheltered youth. YVAC members are also appointed voting seats on the CoC Subcommittee, Housing and Services Development Committee and Performance Evaluation Committee; their participation has enriched discussion, for example, at a Performance Evaluation Committee one of the members with lived experience urged us to utilize Certified Peer Specialists to engage unsheltered disabled persons in order to reduce length of time homelessness and promote exits to permanent destinations. The member also asked us to review the committee structure to ensure it was more representative of the people we serve through race and LGBTQ identification. YVAC members regularly attend CoC Board Meetings and publicly address issues of concern to youth experiencing or at risk of homelessness. Their solutions have been implemented by way of policy changes, provider training and technical assistance and funding new youth programs. The YVAC was instrumental in the CoC including youth in the rating criteria utilized to prioritize vulnerable households for referral to Permanent Housing.

9. Miami Homes For All, a local advocacy agency, has 2 dedicated team members Irfan Kovankaya and Lee Vassell who along with Manny Sarria of the Homeless Trust support the YVAC by providing meeting space, transportation vouchers, food, training and networking opportunities. They are critical in preparing YVAC members ahead of public meetings to understand the issues, providing data, help members frame their feedback/recommendations and debrief YVAC members after public meetings. YVAC committee members are invited to serve stay on the board until their 25th birthday to provide new members with context on initiatives they have spearheaded. YVAC members receive intense advocacy and leadership training, orientation, and mentorship from former YVAC members and CoC staff. The CoC’s Assistant Director attends weekly meetings where new YVAC members are oriented to CoC initiatives surrounding ending youth homelessness and members are provided with data to facilitate a systems gap and need assessment. Whenever a member has faced housing instability, they are connected with CoC resources.

Community Need:
1a. Miami-Dade’s Youth Voice Action Council (YVAC), our local YAB, led the FY 2021-2022 assessment of unaccompanied youth experiencing homelessness. The YVAC led the FY 2021-2022 assessment of unaccompanied youth experiencing homelessness supported by the Miami-Dade County Homeless Trust, the lead agency for Miami-Dade’s CoC; Miami Homes for All; Miami-Dade Public Schools’ Project Up-Start; the University of Miami’s School of Education and Human Development; and the GLBTQ Alliance.

1b. The Youth Voice Action Council drives its own agenda, with support provided by partnering agencies and organizations. The YVAC is a subcommittee of the CoC and its recommendations are presented directly to the CoC Board of Trustees for approval. The YVAC looks at data provided by CoC staff from the HUD System Performance Measures & Stella P; performs focus groups; and leads the youth service PIT. After conducting the system assessment, YVAC members have asked the CoC to include unique HMIS assessment questions surrounding sexual orientation and emergency contact information. They also developed the iCount survey which built on the CoC PIT survey but replaced “homelessness” with “unhoused” and “housing unstable” and asked additional questions from the youth perspective with respect to enrollment in school, work history, LGBTQ status and causality questions. YVAC members serve as youth ambassadors performing the PIT youth service count. The YVAC holds independent discussions of system gaps and needs and develops new strategies for the CoC and partners to pursue.

1c. According to Stella P data between 10/1/20-9/30/21, less than 1% of youth entering the homeless system are younger than 18. Ninety-eight (98) percent of youth were unaccompanied. Fifty-one (51) percent of youth are female compared to 38% all households. Using HMIS data about 3% of youth report being LGBTQ which is slightly higher than all households, but the number of LGBTQ youth identified through the youth survey collected by the YVAC is much higher (N=18%) suggesting either data quality issues or youth are less comfortable reporting on LGBTQ status to adults. Youth of color represent 71% of the homeless youth population, a huge disparity compared to the Miami-Dade County census (n=17%), local poverty rate (n=22%) and all households (n=54%).
1d. A first glance, the data seems to suggest the CoC still has insufficient dedicated beds for homeless youth. Housing Inventory during the 2022 PIT suggested we had 18 ES beds for parenting youth and 20 units of RRH while unaccompanied youth had 52 ES/TH beds and 8 units of RRH. PIT data yield 74 parenting youth households and 116 unaccompanied youth households, both exceeded the dedicated inventory. When we took a deeper dive, we surprisingly found that dedicated CoC’s ES beds are underutilized. This presented an opportunity for the YVAC members to assess why dedicated beds were being underutilized when there was a clear need. Through focus groups with unsheltered youth and data collected in the youth PIT survey designed by YVAC members, they found additional inventory in non-traditional, youth-serving programs that do not participate in HMIS (n=76 ES/TH beds). They also learned that 44% of youth faced a barrier trying to access our crisis response when calling our helpline while 37% of youth surveyed reported not knowing where to go for help. This discovery led to the YVAC expanding their social media presence and recommending TA for the CoC helpline staff to better engage youth. Helpline TA resulted in the CoC funding the addition of Case Managers to use the evidence-based practice of Critical Time Intervention (CTI) to support helpline operations.

2. The YVAC wants to develop a 24-hour access point manned by youth with lived experience for homeless youth. They learned about the role of an access point and using HMIS to complete assessments. They determined each operator would require extensive training, and an experienced operator could take on average 30 minutes per call to do a full assessment and make recommendations for diversion or referral. They developed a budget and were surprised with the costs to operate the access point. They sought funding from the Children’s Trust with the help of Miami Homes For All to write the proposal but it was not funded. Finding youth with lived experience who want to do this work is an obstacle. Their goal to provide immediate, safe housing to all youth connecting with the access point presented obstacles like the availability of youth focused shelter, afterhours admission procedures and difficulty finding affordable rent.

3. The YVAC analyzed data using the Stella P, PIT and data collected by the State Attorney’s Office (SAO) on Human Trafficking. The most prominent issue they have identified as contributing to youth homelessness is racial inequities. Youth of color are more likely to become homeless as compared to other sub-populations, and
transgendered youth of color are the most vulnerable. Next, they found that a correlation with DV and homelessness among youth, as youth were almost twice as likely to be currently fleeing DV and more likely to report history with DV. In reviewing data provided by the SAO, they discovered Florida ranked #3 in the nation for human trafficking, so they speculate the third most prominent risk factor faced by youth experiencing homelessness is trafficking, especially within the first 24 hours of running away. The fourth most prominent risk factor was the increase in youth homelessness for the foster care population. According to PIT survey data, more youth reported being in foster care as compared to adult only (AO) populations (youth: n=33%, AO: n=10%).

4. Our community used the Stella P, PIT and census data to assess our homeless response system for disparities in populations that have a higher incidence of homelessness. People of color represent 17% of the Miami-Dade population while youth of color represented 69% of the youth homeless population. According to the 2021 LSA, 203 youth of color exited the system and only 101 or 50% went to permanent destinations, while 69 parenting youth of color exited the system and 63 or 91% went to permanent destinations. Fifty-one (51) percent of youth are female compared to 38% all households. Two (2) percent of youth are transgender which is twice as many compared to all households. Meaning, by in large, the prominent disparities are observed by female, unaccompanied youth of color prior to accessing the CoC, w/trans youth posing even greater vulnerability. We are looking at data on disparities annually; ensuring that persons with lived experience and people of color are at the policymaking table (CoC Board & YVAC members); right-sizing youth beds with the YVAC; engaging with advocates like the Homeless/Formerly Homeless Forum, our YVAC and the Mayor’s new Office of Equity; YVAC members hold listening sessions w/youth in ES; we were selected by the A Way Home America Grand Challenge to receive technical assistance on building an equitable system for LGBTQ+ youth and youth of color; we adopted procurement and contract monitoring practices designed to promote racial equity; we reviewed CoC Standards, policies and procedures for racial bias and embed new language addressing equity; we facilitate trainings on racial bias and equity and work with community to identify underlying root causes of the disparate experience of homelessness and identify steps to eliminate race as a social determinate of homelessness; and we
contracted with the Racial Equity Partners to perform a system assessment and provide racial equity training to YVAC and CoC board members, and stakeholders.

5. The CoC has adopted Equal Access policies; provides annual training on the Equal Access Final Rule and Gender Identity; and reviews subrecipient compliance on Equal Access rules. The local policies are designed to protect the privacy, respect, safety and access of LGBTQ+ youth with the provision of LGBTQ focused CoC training for access points; the inclusion of a youth-LGBTQ access points; shelter policies that allow youth to choose the gender they wish to be identified as; allowance for special accommodations such as the use of private showers and changing rooms. Pridelines, one of the CoC’s youth access points, and Lotus House, a local shelter, serve as walk-in access points especially for LGBTQ youth.

Collaboration:

1. The Miami-Dade Coordinated Entry Process incorporates seven youth focused access points.

1. a. Designated youth specific access points have been established, but youth can also present to any Street Outreach (SO) team as the CoC subscribed to a “no wrong door” policy. The CoC has adopted policies that facilitate youth access such as Coordinated Entry, Equal Access, HMIS Adding Anonymous Client and Orders of Priority for Referral. Pridelines supports, educates, and empowers local LGBTQ youth. Lotus House has expertise with unaccompanied and parenting youth and LGBTQ youth. Camillus House works with youth victims of human trafficking. The Miami Bridge is the primary runaway and homeless youth provider for youth 17 and under. The PCWA, Citrus Health Network and Educate Tomorrow support youth aging out of foster care.

1. b. During the 100-Day Challenge, we established a local standard that youth who seek shelter will be placed on the day they seek assistance, this included an after-hours protocol. Our Orders of Priority for Referral to Permanent Housing was amended during the pandemic to prioritize youth. Youth with TAY-VI-SPDAT scores of 4 or greater; youth with other crisis system involvement (jail, hospital, crisis, foster care); youth fleeing domestic or dating violence, stalking or human trafficking were prioritized. This prioritization strategy includes referrals to RRH, FYI, FUP, PSH & OPH. As a system, we also have preferences for persons in RRH who need
to bridge or Move-On to a permanent subsidy and made significant referrals to EHV to PSH and OPH (including EHV, HCV, Section 8, Public Housing set-asides and tax credit set-asides) to prevent returns to homelessness.

1. c. The CoC and Citrus Family Care Network, the Managing Entity for Foster Care under contract with the PCWA, communicate weekly to staff cases of youth entering the CoC and serve as a CoC youth access point. We share data to isolate youth entering the system and review them for eligibility to programs for youth exiting foster care. We make referrals to temporary and permanent housing (PH) programs, including ES, FYI and FUP vouchers with three Public Housing Agencies and PSH. We connect youth with support services provided by the PCWA when available. Citrus Health Network, the parent agency of Citrus Family Care Network, is a CoC provider under contract for youth focused RRH & a joint component TH:RRH project. They also perform SO, HP, RRH, PSH, and serve as a youth Access Point. Pridelines, an LGBTQ agency under contract with The Children’s Trust (a dedicated source of revenue which funds strategic investments to improve the lives of children and families, including unaccompanied youth) has voluntarily agreed to use HMIS and become youth-focused access point because they regularly engage youth with housing instability. They have access to CoC ES beds, and their data is used to prioritize youth for PH. The GLBTQ Alliance is heavily involved in the local needs assessment with a razor-sharp focus on race and equity issues faced by homeless youth. In partnership with the Alliance, the Trust was one of 10 communities chosen to participate in the A Way Home America Grand Challenge. The Miami-Dade Public Library System (MDPLS) also engages youth through a CoC-MDPLS partnership with the Southeast Florida Library Information Network (SEFLIN). SEFLIN has positioned social work students at local branches who engage persons experiencing homelessness as one of the CoC’s access points. Together with the Health Council of South Florida, we partnered to offer the Short-Term Rental, Mortgage and Utility Assistance (STRMU) Program, which is serving the HIV population and targets intravenous drug users, youth 18-24, transgender individuals and pregnant individuals. Through this partnership the Health Council is an access point for EHV referrals when move-on is needed to prevent a return to homelessness. The CoC subscribes to a “No Wrong Door” approach for youth, a tenet which is embedded in our Community Plan to End Homelessness: Priority Home.
2. The CoC enjoys a robust partnership with Miami-Dade County Public Schools (MDCPS). Together, we support unaccompanied youth and families with minor children. We train liaisons in homeless prevention and diversion. MDCPS services are provided at Homeless Trust-contracted housing sites, including school/college enrollment, tutoring, counseling, transportation to school, and the provision of clothing, food and school supplies. The M-DCPS Superintendent sits on the CoC Board and the District Homeless Liaison (DHL) is an active member of the Housing Our Miami-Dade Youth (HOMY) collective, a convening of youth stakeholders that mentor YVAC members. The CoC partners with MDCPS on an annual K-12 Homeless Awareness and Sensitivity Poster and Essay Contest; an Annual Homeless Awareness Day rally/event, the largest of its kind in the nation, which brings together high school students to hear from persons with lived homeless experience and promote CoC system access (the CoC contracts with MDCPS to transport students to the event); and a Homeless Sensitivity and Awareness Curriculum that can be implemented in elementary and secondary schools. School homeless liaisons participate in youth By-Name List meetings. In October 2021, the CoC renewed its Memorandum of Understanding with Miami Job Corps Center (MJCC), the no-cost education and career technical training program administered by the U.S. Dept. of Labor which serves young people 18-24, providing additional referral opportunities for unaccompanied youth. Educational partnerships also extend to Miami-Dade College’s Single Stop Program which provides array of services, including public benefits screening, financial coaching, individual counseling, tax preparation for unaccompanied youth, and Florida International University’s Fostering Panther Pride which offers tailored academic and support services to former foster youth and students experiencing homelessness.

3. The Youth Voice Action Council (YVAC, or YAB) is comprised of 6 youth with lived experiences. Miami-Dade County Homeless Trust is the CoC/HMIS lead & youth leadership body Miami Homes for All (MHFA) is a non-profit providing advocacy for youth experiencing homelessness in Miami-Dade County. They have 2 dedicated FTEs working alongside the CoC and the YVAC. They pioneered the idea of a youth service PIT (iCount Miami). MHFA convened community stakeholders through the HOMY initiative and used a collective impact model to provide the CoC with a youth homeless plan and directory. They applied for a Children’s Trust
grant to pay YVAC members a living wage for their service. They have been critical in orienting YVAC members and empowering them to conduct focus groups, perform gaps and needs analysis, lobby public officials and train stakeholders. Pridelines is a non-profit founded by gay and bisexual youth for LGBTQ. Pridelines has been part of the 100-Day Challenge, Grand Challenge and serves as an access point. Miami-Dade County Public Schools (MDCPS) Project Up-Start assists with the identification, enrollment, attendance, and academic support of students who are living in unstable housing. Educate Tomorrow provides holistic support services to youth who are pursuing higher education, primarily serving youth who are currently in or aged out of foster care and/or are experiencing housing instability. The Children’s Trust oversees a dedicated source of revenue which funds strategic investments to improve the lives of children and families, including unaccompanied youth. They helped seed funding for the development of the Community Plan to Prevent and End Youth Homelessness, and supported Summer Youth Internship Program (SYIP) which has brought together Miami-Dade County, MDCPS, the South Florida Workforce Investment Board and the Foundation for New Education Initiatives to sponsor about 3,000 paid student internships.

4. A sub-assessment regarding health insurance providers is embedded in HMIS. Miami-Dade County residents below 100% of the federal poverty level and without coverage are entitled to free primary and prenatal care through our local public hospital, Jackson Health Systems, who is represented on the CoC board. The CoC has partnered with three (3) Managed Care providers, including 2 specialty plans for those living with HIV/AIDS or severely mentally ill, to ensure client connections to care and services. Managed care partners are involved in By-Name List meetings and have HMIS access. Miami-Dade County administers the Ryan White Program and distributes federal grant funds to HIV/AIDS service organizations for the provision of outpatient medical care, prescription drugs, substance abuse counseling and treatment and mental health counseling. All five (5) emergency shelters that the CoC contracts with have a public hospital or Federally Qualified Health Center (FQHC) partner. The CoC also enjoys a strong partnership with the Department of Health which regularly provides infectious diseases vaccinations & mobile HIV/STD testing for at our shelters & encampments. Camillus Health Concern, the FQHC for the homeless, is an outreach partner using HMIS. Thriving Mind, the managing
entity for substance abuse and mental health for the state, also enjoys a strong relationship with the CoC. They use HMIS and allow the CoC to use SAMHSA’s Projects for Assistance in Transition from Homelessness funds to provide specialized street outreach. The University of Miami’s (UM) Infectious Disease Elimination Act (IDEA Exchange) program provides clean syringes to reduce the spread of HIV, Hepatitis C, and other blood-borne diseases. They use HMIS and have deployed the Miami Street Medicine program where medical students provide medical care for unsheltered persons. The CoC also partners with the Department of Children & Families (DCF), SSA, VA & Legal Services of Greater Miami (LSGM) to facilitate access to mainstream benefits. DCF’s Automated Community Connection to Economic Self Sufficiency (ACCESS) sites are collocated in CoC provider sites which enable homeless households to enroll in Medicaid and obtain food stamps, medical care & Temporary Assistance for Needy Families. The CoC provides online, continuum-wide SOAR training & certification process to ensure CoC case managers expedite disability applications. The VA staff cases with the CoC to sustain functional zero on veteran homelessness. LSGM offers expert benefit review, advocacy & representation free to homeless households in the CoC. The CoC provides regularly trains providers and outreaches to constituents on available resources, training and funding opportunities. Most CoC providers are FQHCs and CMHCs, or have an MOU with them or the public hospital.

5. The CoC has an MOU with the Public Child Welfare System (PCWA). The PCWA provides extended foster care, FYI, FUP and other resources to foster youth to prevent their entering the homeless system; we provide access to CoC resources inclusive of ES, TH, TH:RRH and HP. As part of the MOU, we fund street outreach to respond to the PCWA when a foster youth is facing housing instability. We also share HMIS data weekly with the PCWA to determine if youth entering CoC resources are eligible for PCWA benefits because of their history in foster care.

The CoC has an MOU with the local jail, 11th Judicial Circuit court, DJJ and Miami-Dade’s Juvenile Assessment Center (JAC) and the local prison. The MOU with the justice system not only includes roving street outreach, but we station an outreach worker in the main jail and courthouse to assess persons being released into homelessness for crisis housing and other CoC resources. We collaborate with the court by funding TH using a jail diversion
model for persons with serious mental health issues who are arrested for non-violent misdemeanors or felonies. Our department hires youth for internships as part of a county program led by the Juvenile Assessment Center (JAC).

The CoC has an MOU with Miami-Dade’s public hospital and other area hospitals, detox centers, crisis units, and Federal Qualified Health Centers. One FQHC provides specialized street outreach, performing physicals, treating, and prescribing unsheltered clients. They utilize HMIS to record encounters and serve as a CoC access point. We also have a partnership with Thriving Mind the Managing Entity for Substance Abuse and Mental Health Services which provides them access to HMIS and allows the CoC to utilize PATH for specialized street outreach.


**Youth Collaboration:**

1. The Youth Voice Action Council’s (YVAC) mission is to drive Miami-Dade’s systemic response to youth homelessness. They are uniquely positioned to use lived experiences of homelessness across systems such as the CoC, PCWA, Substance Abuse and Mental Health, Human/Sex Trafficking, courts, and public schools. Their vision is to design a systemic response to homelessness that is comprehensive, equitable and effective. Roxana, a YVAC member: “Our mission is to be able to improve the homeless experience by giving youth the tools to find housing stability and their own place in the community. We also want to elevate the voices of youth with lived experiences through community meetings, service, and social awareness.” Melanie, a YVAC member: “Our vision is to ensure experiences of youth facing homelessness will be taken into account when it comes to making policy change and refining system.”

2. a. The YVAC, local YAB, has been in existence for six years, since 2016.

2. b. The YVAC has six (6) members. At the top of their meeting, YVAC alumni and other stakeholders like the CoC or HOMY members may present, orient or mentor members, but their meeting is closed after presentations and attendance to the YVAC does not extend beyond membership.

2. c. The YVAC meets weekly or more frequently as needed.
2. **d.** The YVAC members vote on policy changes, and items pass by majority vote. Their recommendations and other items coming before them that need Board approval go directly to the CoC Board ahead of being implemented by the CoC. Members are engaged via social media or while performing focus groups at drop-in centers, shelters, the Safe Haven, and other non-profit organizations serving homeless youth. Melanie, a YVAC member, has a Housing Our Miami-Dade Youth (HOMY) Instagram account that has nearly 600 followers. Miami Homes For All (MHFA) developed a formal application defining membership, roles, and responsibilities. Each year, we select a new cohort of youth to join the YVAC. This included raising awareness about the YVAC, interviewing candidates, and making the decision of who takes part in the youth action board. Each year, the YVAC selection committee, composed of former YVAC members that have aged out, HOMY Steering Committee members, and MHFA staff work together to recruit youth, interview candidates, and select a cohort of YVAC leaders.

2. **e.** YVAC members are provided with system training by CoC staff as part of orientation, but that work continues through their tenure. The CoC CA Deputy Director orients youth on resources available during the first two YVAC meetings. Later he shares data available on number of persons counted and served, system utilization and performance as part of the gap and needs assessment. The PCWA, Dept. of Juvenile Justice and the Children’s Trust orient the YVAC members on their resources during orientation as well, in fact the PCWA has a youth Board that networks with the YVAC as part of orientation. MHFA provides significant professional development to YVAC members to empower them to do community training and host an annual youth focused summit and conduct youth focus PIT counts (iCount). Roxana a YVAC member “Citrus Family Care Network provides many training sessions to the YVAC. We are also connected to many trainings conducted by community partner organizations, this includes the Fostering Youth to Independence (FYI) training and the Transition in Place (TIP) model, among others. This training allowed us to better develop our resources such as the Stable Housing Tool designed to promote tenant education and connection to resources that promote housing stability. In addition to this, the CoC lead regularly collaborates with the board on projects and offers guidance and mentorship.” Jahnee, a YVAC member “I learned about how people are prioritized by the continuum of care when Manny [Assistant
Director of the CoC] presented to us during orientation.” “We have had a few workshops associated with our interests from Democracy for All and Miami Workers Center that were housing focused, provided interesting statistics, and shaped the issues as a public health crisis.”

3. The YVAC is all female with 83% of members representing women of color. No YVAC member in this year’s cohort identifies as LGBTQ+ or gender non-conforming. No YVAC member in this year’s cohort identifies as no single gender or transgender, but we do have an alumnus and current YVAC mentor who identifies as gender non-conforming.

3. a. Stella Performance data collected between 10/1/20-9/30/21 suggest youth of color represent 71% of all youth experiencing homelessness, youth who identify as LGBTQ represent less than 3% of the population.

3. b. YVAC members are recruited by YVAC alumni and returning YVAC members who understand the youth homeless demographics and are encouraged to choose new members who are representative of the population. The YVAC engages candidates via social media or while performing focus groups at drop-in centers, shelters, the Safe Haven, and other non-profit organizations serving homeless youth. Eighty-three (83%) percent of the YVAC are youth of color. No YVAC member in this year’s cohort identifies as LGBTQ, but we do have an alumnus and current YVAC mentor who identifies as LGBTQ.

4. YVAC members are paid $15 an hour by Miami Homes for All through a grant provided by The Children’s Trust.

5. N/A

6. YVAC members feel their biggest challenge is their voices are not heard or understood. Gemima, a YVAC member suggests the CoC doesn’t reinforce using people with lived expertise enough. She says, “There isn’t enough outreach outside what the YVAC is doing to engage youth with lived experiences.” “Can the CoC do more to require contracted vendors to hire people with lived experiences?” Roxana, a YVAC member points to a lack of resources to make their ideas for ending youth homelessness a reality. She says, “There aren’t too many places we can submit our ideas for funding, and when we have applied for funding, our applications are rejected.”
7. When asked what the biggest challenges are in sustaining the YVAC, Melanie, a YVAC member says “I feel like we are getting closer to having our ideas implemented but I won’t be able to pursue what we started once I turn 25.” Roxana, a YVAC member added, “Balancing trying to get out of these circumstances by doing well in school and trying to get into a good college, working to help with expenses, and following up on issues this board prioritizes is challenging.” Jahnee, a YVAC member, said “We need leaders that are responsive to our experiences. We need a safe space where public officials and youth with lived experiences collaborate to find solutions. Sustaining a youth action board also requires that the action board has funding and resources for the youth to be able to carry out the projects they design.”

8. When asked what the biggest areas of risk in the current youth homelessness system are, Melanie said “Youth are being asked to leave the home when they turn 18, sometimes because too many people are living under one roof, but I am also seeing a lot of my LGBTQ peers being asked to leave because parents don’t agree with their sexual orientation.” To address the risks identified by Melanie, the CoC has expanded youth access points including an LGBTQ drop-in center, adopted a goal to place on youth in ES on the day they seek assistance, retrained helpline staff and funded case management services to work beside helpline operators to divert youth or connect them to permanent housing options. Gemima, another YVAC member added “Young people want to stay in the shadows and don’t seek help from traditional resources, they couch surf, stay up all night and accept a bed from people who end up taking advantage of them. Homeless youth are more likely to become victims of trafficking or sexual assault.” To address the risks identified by Gemima, the CoC has added a helpline option for DV and trafficking, funded TH for youth victims of trafficking and expanded funding to the largest DV provider of ES/TH to include RRH dollars and a preference for EHV vouchers.

9. Jahnee, a YVAC member, said success would be “Students are given information about resources available from an early age, and when they need help, 90% of youth seeking assistance get placed in a safe space on the same day. I didn’t know about resources until I connected to Educate Tomorrow who walked me through them, at that point I had been sleeping on a friend’s couch for almost two years. I was lucky because I got a bed that same day, but some young people call the helpline and lose faith because they don’t get what they need.” Roxana,
a YVAC member, “There should be a CoC provider partially run by youth with lived experience of homelessness whose helping young people get connected to jobs that pay a living wage and connect at least 75% of their clients to stable housing.” Melanie, a YVAC member, suggests “We could use CoC funds to fund host homes and provide case management to the youth for at least 6 months, and expect that at least 90% of all youth get connected to safe, permanent housing from the host home.”

10. See attachment titled Youth Action Board Letter of Support.

Data and Evaluation Capacity:

1. Miami-Dade’s CoC HMIS participation rate for all types of homeless beds, excluding victim service providers, Emergency Shelter beds 100%, Safe Haven beds 100%, Transitional Housing beds 100%, Rapid Re-housing beds 100%, Permanent Supportive Housing beds 90% and Other Permanent Housing beds 100%.

2. Miami-Dade’s CoC HMIS participation rate for all types of youth homeless beds, excluding victim service providers, Emergency Shelter beds 100%, Safe Haven beds 100%, Transitional Housing beds 100%, Rapid Re-housing beds 100%, Permanent Supportive Housing beds 100% and Other Permanent Housing beds 100%.

3. The Miami-Dade CoC requires all CoC funded providers to participate in HMIS. Unfunded providers approach, or are recruited by, the CoC to access HMIS because of their experience serving homeless and desire to access the CES. The CoC engages HMIS participation by offering free HMIS licenses, access to CoC resources, training, and personalized technical assistance. HMIS access is provided to institutions that are not required to participate, they include law enforcement agencies, the managing entity for Substance Abuse and Mental Health under contract with DCF, three HMOs, the public hospital, two crisis units, five public libraries, churches doing street outreach, needle exchange programs, Project Up-start in the public schools, non-profits providing mentorship to youth and courts. For youth access, the CoC supports HMIS licenses and provides training to the PCWA, Pridelines (an LGBTQ drop-in center) and Educate Tomorrow (a mentorship, career and education provider to youth experiencing homelessness and youth aging out of foster care). These youth systems are not funded by the CoC lead, yet they serve as access points for homeless youth and refer to shelter, TH and contribute to coordinated referrals to rental assistance. The CoC works to embrace HUD’s data strategy to ensure 100% of all homeless
service providers contribute to HMIS and use all data sources, including from non-homeless systems of care, to prevent and end homelessness.

4. The Miami-Dade CoC outlines HMIS requirements in CoC Standards which are referenced in contracts and end user agreements. The HT pays for HMIS licensing through a state grant and does not charge end-users to participate in the HMIS system. The HT has two full-time HMIS Administrators on staff who remain up to date on data standards, provide technical assistance to all HMIS Users, and offer free monthly HMIS trainings to all end users. New users receive 1:1 training, access to the HMIS training site and competency evaluations to ensure they are familiar with the data standards. In monthly reimbursement requests, end users submit project level HMIS report cards to ensure they are maintaining data quality. Recorded trainings are posted on the HMIS home screen on common training needs like entering and exiting clients, making and accepting referrals, and more.

5. The CoC exchanges data with the PCWA. Twice a month, we export HMIS data stored in ServicePoint, on youth entering the CoC which includes full name and date of birth. We share the file with the PCWA who reviews their system for matches. They later send us a file of youth who are eligible for post-foster care resources such as Road To Independence (RTI) income, FYI and FUP rental assistance. Miami-Dade County Public Schools’ shares data with the CoC on school aged children who are enrolled in Project UP-START during our annual gaps and needs assessment. The courts share data stored in the Criminal Justice Information Services (CJIS), on homeless persons with serious mental illness who are detained for non-violent offenses to help us lobby for state funding for TH using jail diversion. The public hospital and courts have shared data with the CoC on their most expensive, homeless utilizers of the hospital and jail as part of pilot that prioritized referrals for a PSH project based on cost to the system.

6. The CoC sets standards of care and data quality for funded youth serving programs as part of a public process allowing for public comment. The CoC contract metrics for youth serving providers include: time from referral to move-in for PH, 30 days; % of returns to homelessness after 2 years for RRH (90%); overall income at annual assessment for CoC funded SH, TH and RRH (50%); overall income at program exit for CoC funded SH, TH and RRH (60%); % of persons who will exit to positive destinations from SO (85%); % of program participants that
will exit to permanent housing for ES (50%), SH & TH (65%) & RRH (90%). Competitive solicitations offer bonus points for agencies who have persons with lived experience on their board and a racial equity plan. Competitive solicitations provide bonus points to programs serving youth or persons fleeing violence to account for anticipated variances in the outcome measures. The CoC’s subrecipient agreement specifies monthly/annual reporting requirements and delineates the required performance/outcome measures. Contract Officers are trained to review the HMIS data quality issues as part of monthly reimbursement requests. They also track fiscal and outcome utilization, placing underperforming providers on performance improvement. Providers are monitored to ensure compliance with their contract, performance measures, the CoC’s Standards of Care and HUD regulations. Project implementation issues are often identified before monitoring by HMIS Admins or Contract Officers, and providers are given technical assistance and often do not require written performance improvement. Sub-recipients with areas for improvement are placed on Performance Improvement Plans (PIP) by HMIS Admins, Contract Officers or the Compliance Officer. Once a provider is placed on PIP they are monitored more closely and provided with technical assistance with frequent targets to observe performance improvement. The CoC monitoring guidelines were created using HUD guidance and align with the Wellness Checklist. These procedures were approved by the CoC’s Housing and Services Development Committee which included two YVAC members.

The CoC Compliance Officer completes an annual risk assessment and a desk audit; site visits are based on risk and each project is visited no less than once every three years.

Providers are trained on the monitoring process when changes are made. Letters notifying providers of compliance reviews and the monitoring tools are sent out in advance. The outcome of the monitoring is also written and provided to contracted agencies. Providers received a copy of the monitoring tool and then they score 75% or above may receive written Performance Improvement Plans (PIP) with observations, findings and recommendations for improvement. The PIP is time sensitive, and providers have to respond with how they cured issues. If a provider scores below 75% they are placed on Corrective Action Plan (CAP) and are considered high risk. The CAP includes observations, findings, and recommendations for improvement. The CAP is time
sensitive, and providers must respond with how they cured issues. Providers placed on a CAP are provided additional training and technical assistance and their progress is reviewed no less than annually. The CoC has reallocated underperforming projects which do not improve via CAP after a second consecutive review.

All providers receive CoC led training on evidenced based practices, resources, and rules. One of the training series is organized by the YVAC during their annual summit. Providers on PIP or CAP receive additional training and technical assistance from Contract Officers or HMIS Admins. The CoC also hires a local expert to offer technical assistance to providers to help them assess program needs, develop policies and procedures and design programs that perform well.

Two YVAC members form part of the CoC Performance Evaluation Committee (PEC) that reviewed system data and helped us isolate targeted goals to improve system performance. The PEC met twice a month between March-May 2022, together with CSH (a HUD TA provider), to isolate core metrics for improvement and conduct public meetings. During the analysis, the Stella P data suggested looking at the adult only population’s rate of exits to permanent destinations could have the most impact on improving system performance. YVAC members were critical in our including the unaccompanied youth households in the target group for improvements. They also advocated for the system to promote hiring people with lived experiences, and for the committee to evaluate its representation of LGBTQ and people of color.

7. The CoC Performance Evaluation Committee (PEC) used Stella P data to focus on unaccompanied youth because they had the poorest outcomes and developed strategies to lower their length of time homeless and prevent returns and improve the rate at which youth exit to permanent destinations. Ideas were collected in public meetings, we later ranked strategies by difficulty to implement and potential impact, and finally we voted on implementing four strategies (1) increase behavioral health services rendered at all levels of care, (2) enhance system-wide Housing Navigation, (3) enhance engagement/diversion at the front end and (4) revisit protocol for prioritizing persons for RRH. The CoC continues to plan around new strategies as part of working group meetings, made amendments to standards of care and we are seeking providers to implement strategies 1 & 3 as part of a current solicitation for standalone support services, outreach, shelter and rental assistance.
8. The YVAC is involved in evaluating the CoC response to youth homelessness and recommending action for quality improvement. They conduct focus groups with shelter youth, perform a system gaps and needs analysis and make recommendations on support services needed, how to market to youth with housing instability and how many beds of ES, TH and RRH the CoC should maintain to support functional zero for youth. One example, the YVAC was instrumental in evaluating the CES and making recommendations on including new youth-focused partners, training helpline staff to be more trauma informed and through Miami Homes for All they applied for funding to start their own helpline.

9. If selected for YHDP funds, stakeholder would define success as follows:

- System engagement and training promotes homeless prevention and equitable outcomes for youth of color and LGBTQ+ youth
- Youth experiencing homelessness are housed within a day and connected to permanent destinations within 30 days
- Funding is used to empower youth, and YAB projects are funded such as youth led SO and/or access points; youth obtain peer specialist certification and provide engagement and support services; or youth are employed by the CoC to perform system assessment, set local standards of care, provide training, participate in solicitations, and/or perform compliance review of programs serving youth.