



YOUTH SERVICES GAPS ANALYSIS



Community Partnership of the Ozarks' Ozarks Alliance to End
Homelessness Homeless Youth Task Force

2019

In the summer of 2019, members of Community Partnership's Ozarks Alliance to End Homelessness' Homeless Youth Task Force (HYTF) came together to update its 2017 Gaps Analysis. This analysis relied upon an inventory of services available to youth in the community (Springfield/Greene, Christian, and Webster counties), as well as a survey of youth needs and community responses to those needs. In addition, several data sources were considered when assessing youth needs, including the 2019 High Risk and Homeless Youth Report, data from Springfield Public Schools, and feedback from local youth service providers and youth who have lived experience of homelessness.

Identified Gaps

Four specific gaps were identified, based on the 2019 services inventory, community survey, and knowledge of local systems of care:

1. Healthcare access for homeless and unstably housed youth.
2. Facilities and housing support for homeless and unstably housed youth.
3. Flexible funds to increase housing options and facilitate shelter diversion and homelessness prevention.
4. Needs of subpopulations within the overall population of homeless and unstably housed youth (e.g. youth who are pregnant/parenting, exiting the foster care system, identify as LGBTQ+, ages 13-17).

Data Collection and Methodology

Data collection and analysis for the Youth Services Gaps Analysis utilized two tools: the Youth Services Inventory and a Youth System Planning Workday. In addition, information was collected via an online community survey that asked about the community response to youth homelessness and the need for services within the community. The protocols for each of the methodologies are outlined below. The Gaps Analysis was completed by a workgroup of the HYTF composed of members from Community Partnership of the Ozarks, Great Circle, Springfield Public Schools, Foster Adopt Connect, Big Brothers Big Sisters, Junior League, Boys and Girls Club, the Kitchen, Inc.'s Rare Breed, Greene County Health Department, and Greene County Juvenile Court, as well as members of the broader community. The workgroup was facilitated by Brian Fogle, CEO of Community Foundation of the Ozarks.

Youth Services Inventory

To determine the number and type of services available to youth in the Springfield area a table was built, and service providers entered the services provided to youth by their agency. The Services Inventory tool was adapted from a similar tool used by the Coalition for the Homeless in Houston, Texas.

The sample of agencies included any service providers known to members of the HYTF. Information about the Services Inventory was also distributed through relevant email lists within the community; follow-up calls were completed by members of the HYTF and by volunteers from the Junior League of Springfield. The final tool included participation from 38 service providers in the community. Some service providers who serve youth within

specific subgroups were not included, as their services are not specific to or directed toward youth; these include services from Harmony House, who provides shelter and support for victims of domestic violence.

The agencies were listed in the columns of the table. The services included were selected by the HYTF prior to the distribution of the Services Inventory tool, based on descriptors used in similar surveys and on knowledge of services within the community. Services were listed in the rows of the table. In addition to providing information about available services, agencies were asked to identify the age group served. Available responses included an "x" for all ages of youth, a "c" for youth under 18, and a "y" for youth ages 18-24.

The tool was created in Google Sheets and distributed to participating agencies with the following instructions:

1)	Locate your agency on the list of agencies at the top of the sheet. They are in alphabetical order. If your agency or program is not listed, please add it at the end.
2)	Mark the services your agency provides in the inventory using the legend at the top left-hand corner (mark a "c" if your agency only serves minors aged 17 and younger, a "y" if your agency serves youth ages 18-24, or mark "x" if your services aren't restricted by age).
3)	If your agency provides case management that connects youth to services, but you don't provide the service in your agency (e.g. you help youth sign up for the HiSET but you don't offer the HiSET at your agency) then don't mark that service, but rather mark the "case management" service at the bottom of the inventory.
4)	If your agency offers relevant services for youth that are not listed on this inventory tool, please list them at the bottom of the "Additional Assistance" category.

Definitions of available services were provided below the instructions and are included in a table at the end of this document.

Youth System Workday

In July of 2019, members from eight local agencies met for a workday to discuss connectivity of services and gaps in services for homeless and unstably housed youth within our community. The day was broken into two parts; the workgroup first assessed the results of the Youth Services Inventory and Community Survey then worked to identify gaps and make an action plan to address those gaps.

The 2017 Gaps Analysis workgroup sought to determine a total number of homeless youth; those numbers, shown below, presumably remain relatively accurate in 2019. The number of youth identified within Springfield Public Schools has grown significantly; however, this is likely related to the better identification of youth within the system, rather

than an increasing problem. Youth numbers from the annual High Risk and Homeless Youth Report were somewhat lower than in past years due to a poor response to surveys.

Following a review of data collected in 2019, the workgroup agreed upon four key gaps and divided into four smaller workgroups to create action plans to address these gaps. The workday facilitator, Brian Fogle, asked individual groups to focus on what, how, who, and when:

- What is the issue?
- How will it be addressed?
- Who is responsible?
- When will it be addressed?

Limitations

This report based its conclusions primarily on quantitative data provided by local service providers, as well as knowledge of services from members of the HYTF. This has resulted in some limitations within the available data. Qualitative data on some subgroups is lacking. In 2019, additional efforts were made to bring providers familiar with some subgroups into the conversation, including former foster youth and justice-involved youth. Overall, the group feels this Gaps Analysis accurately reflects the experience of service providers serving youth experiencing homelessness.

In 2017 service providers noted a lack of youth input in the Gaps Analysis. For the 2019 Gaps Analysis, approximately 45 percent of respondents to the Community Survey were 24 or younger, and members of the Phoenix Youth Action board, a committee of the OAEH, were invited to participate. In the future, increased youth involvement will be a key part of any Gaps Analysis conducted by the HYTF.

Scope of Need

Determining a correct estimate for homeless and unstably housed youth within Springfield and the surrounding counties is challenging. Homeless and unstably housed youth may not seek out support services and may attempt to hide their status. They are frequently living doubled-up, rather than being literally homeless. Federal definitions of youth homelessness vary from program-to-program, increasing the challenges for service providers. The varying federal definitions of youth homelessness are included at the end of this document.

The 2019 High Risk and Homeless Youth Survey reached 72 youth; 39 of those youth reported having wondered where they would sleep in the past. The number of survey responses was lower than in past years; however, there is no reason to believe the overall number of homeless youth has declined. In fact, overall numbers of those who reported sleeping outside or in emergency shelters appear relatively steady from year to year.

In 2017, the Gaps Analysis workgroup estimated a total of 246 to 300 homeless youth living in Springfield, including literally homeless youth, youth in emergency shelters or transitional housing, and youth living in hotels or motels or doubled up. This number was determined

by adding together an estimate of youth failing to successfully transition from foster care, McKinney-Vento classified students from ages 17 to 21 in Springfield Public Schools, youth moving into Springfield from outlying areas, and youth on the local Prioritization List for housing services.

Attempting to accurately estimate the number of homeless youth in 2019 is equally challenging. Some of the numbers identified in 2017 remain relatively accurate:

- 67 youth will fail to successfully transition from foster care. Youth may choose to remain in or return to care until 21 years of age; however, this is not common.
- 50 youth are likely to enter the Springfield area from outlying communities. School counselors in outlying areas and youth service providers report this is commonplace.
- 43 youth-headed households are on the Prioritization List as of August 2019, totaling 63 individuals.
- 13 high school students in Springfield Public Schools are unsheltered. An additional 77 are living in transitional or emergency shelters, and 63 in hotels or motels, totaling 153 high school students experiencing literal homelessness or at immediate risk of homelessness.

This produces a total of approximately 333 homeless youth; it should be noted that the Springfield Public Schools numbers included here do not include middle school students, but only high school.

Housing Availability by Subpopulation

In 2017 the Gaps Analysis workgroup identified eight emergency shelter beds and 29 permanent housing beds available for homeless youth. The 2019 Housing Inventory Chart showed a total of 33 beds classified as Rapid Rehousing, Transitional Living Programs, or Permanent Supportive Housing, and four beds classified as youth emergency shelter. The increase in permanent housing beds is due to the availability of a Transitional Living Program through Great Circle. In addition, beds at the Kitchen, Inc.'s emergency shelter are available to youth, and two units in that shelter are designated for youth.

Young adults over the age of 18 may, of course, be eligible for additional housing resources not dedicated for youth and can access adult housing resources, including emergency shelter resources and crisis cold weather shelters.

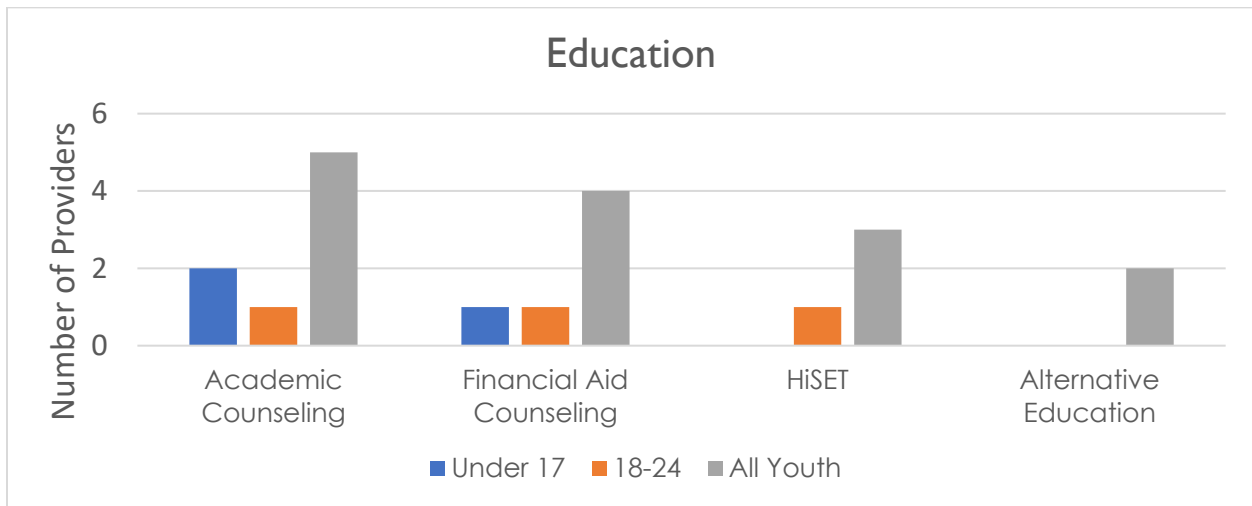
Services Available

The Services Inventory can be divided into several broader categories, including basic needs, education, life skills, employment and income, housing assistance, healthcare assistance, subgroup-specific needs, and additional assistance. Individual services were grouped according to the needs met. Providers that serve all adults were not included in this inventory, unless they offered services specifically directed at youth.

Basic needs include access to food pantries and vouchers, clothing, and drop-in centers, as well as laundry, showers, toiletries, household goods, and transportation. Within this category, multiple providers could offer clothing, food pantries, toiletries, and bus

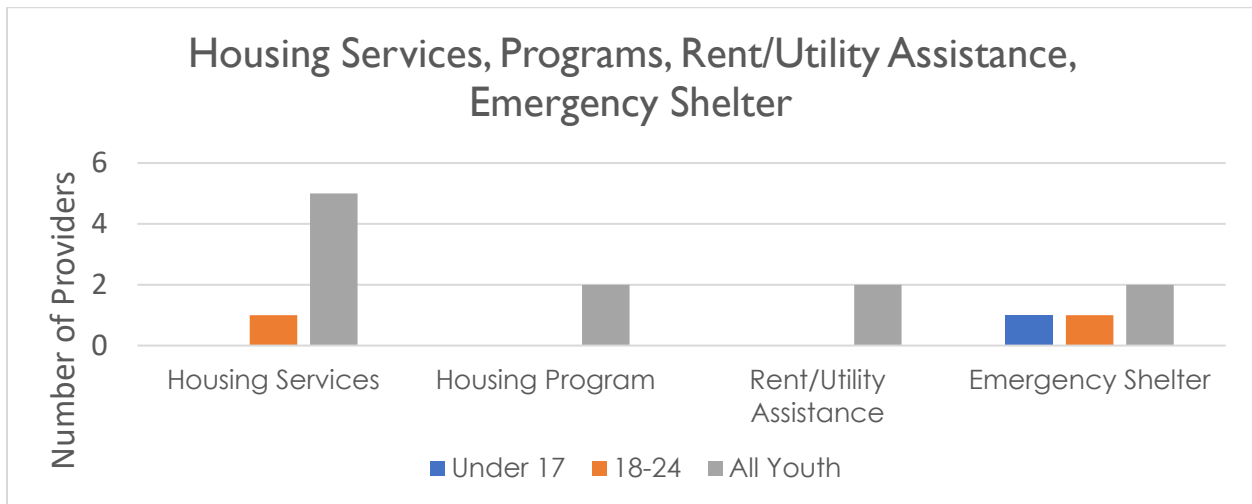
vouchers. Access to laundry, showers and drop-in centers was very limited for all youth, with only one drop-in center in the community.

In education and skills, youth could access educational and financial aid counseling at multiple providers but had less access to HiSET preparation and testing or alternative schools. Several agencies provided different types of life skills training, including financial, parenting, and mentoring. Access to drivers' education was significantly limited within the community.



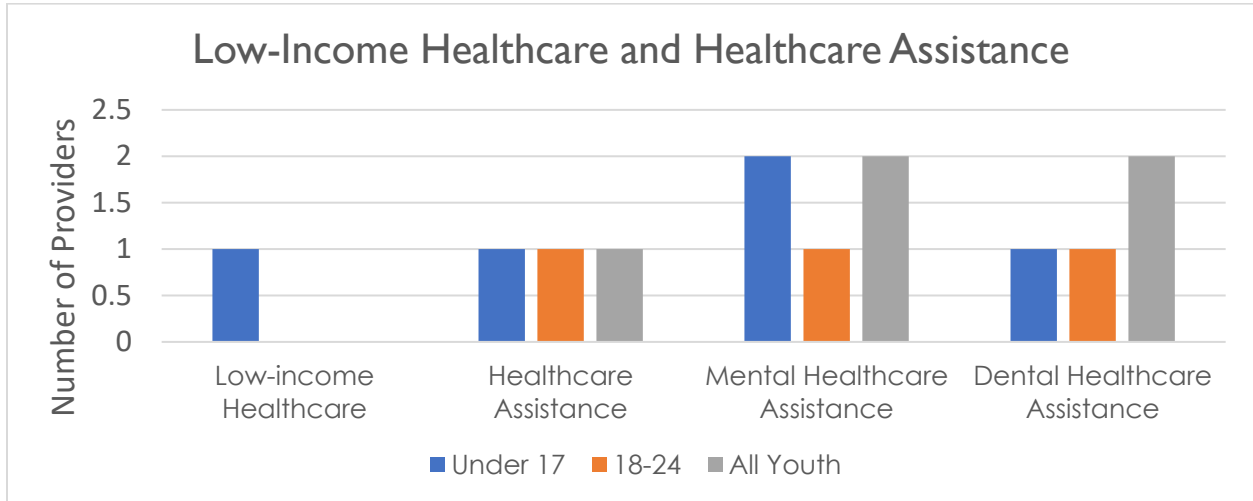
For employment and income services, youth have several options for support with job searches, some for job training, and few for job placement.

Five service providers offer housing services, like applications for housing. There are very limited options for housing programs, rent/utility assistance, or emergency shelter for all youth, with only one emergency shelter provider available for each age group.

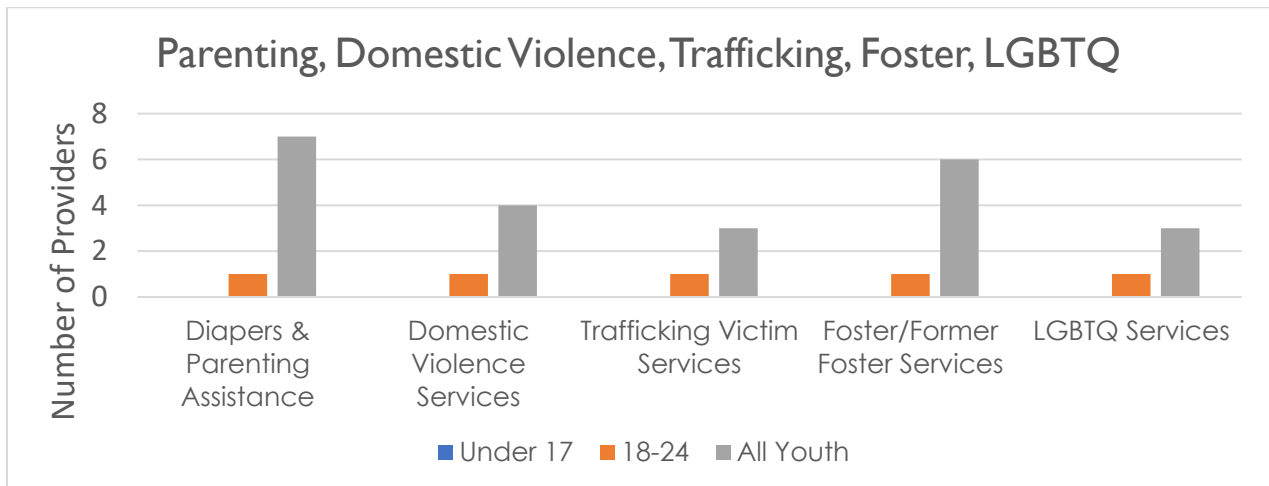


Overall healthcare assistance is limited, with only a very few (1 to 2) options available for both minor youth and young adults for healthcare, mental healthcare, and dental care.

There are three options for prescription assistance, and two available to help with Social Security and SOAR applications. In addition to information collected on the Services Inventory, it is critical to remember that youth under 18 have limited legal access to healthcare without the consent of a parent or guardian.



For subgroup-specific assistance, parenting youth can access diapers and other supports at multiple agencies, and several foster and former-foster specific services are available. There are significantly more limited resources for LGBTQ+ youth, victims of domestic violence, and victims of sex trafficking.



Additional services surveyed included mainstream benefits access, legal assistance, document readiness support, and case management. Case management is available at eight different agencies, and several local service providers can assist with document readiness and mainstream benefits. Only one resource for legal assistance is available.

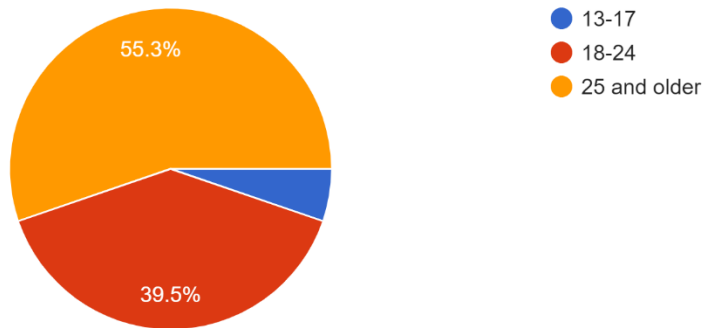
Community Survey

The Community Survey was distributed through the Ozarks Alliance to End Homelessness (OAEH) email lists, Community Partnership's Housing Collaborative, and coalitions within

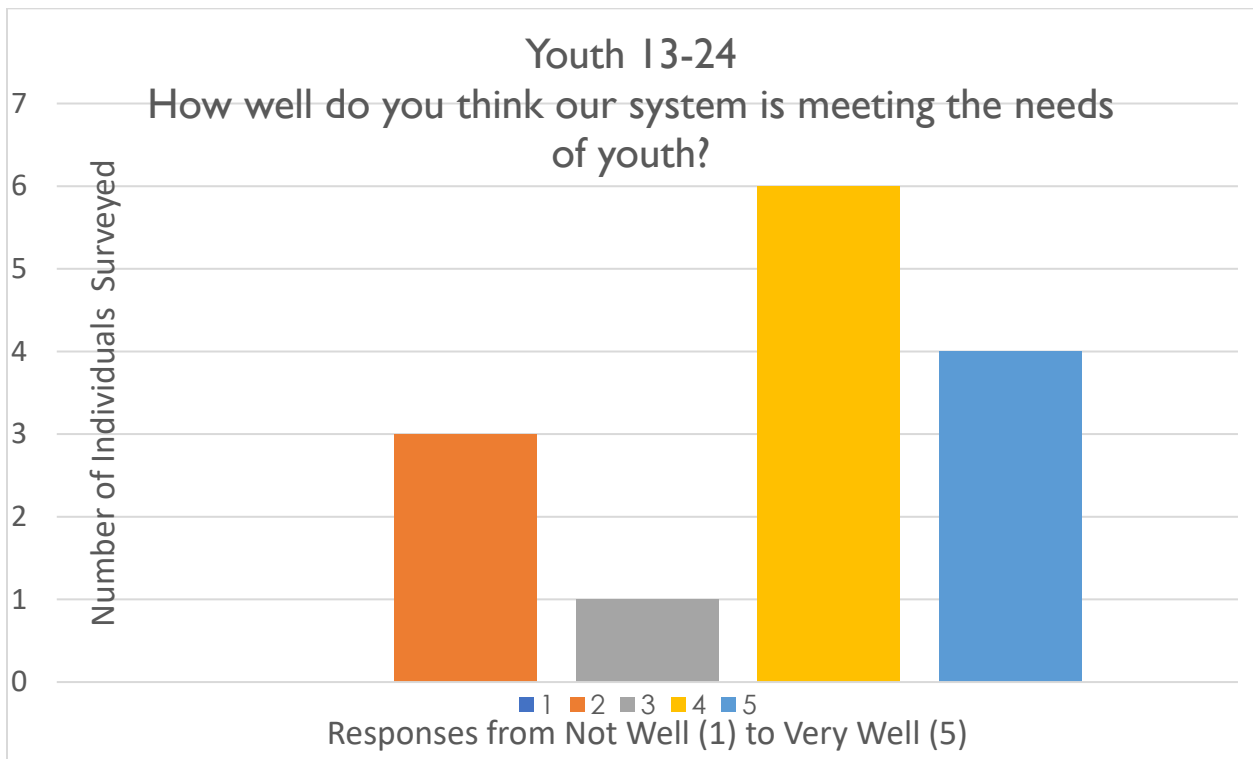
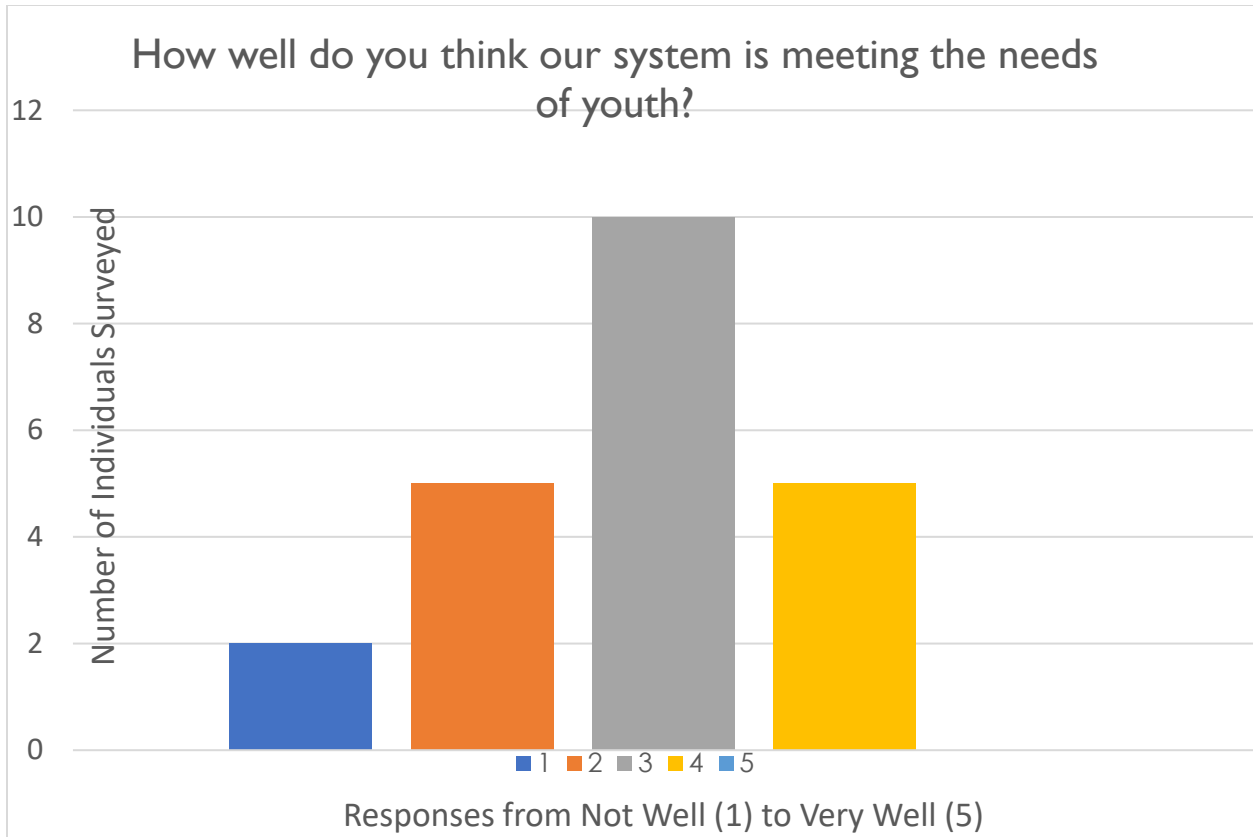
Christian and Webster counties reaching members of the community as well as service providers and youth. It asked several questions about the individual's perception of services within the community, and respondents were quite diverse. Workgroup members were pleased to see that youth were well-represented in the total count of respondents. Around 30 percent of respondents attend HYTF meetings.

What is your age?

38 responses

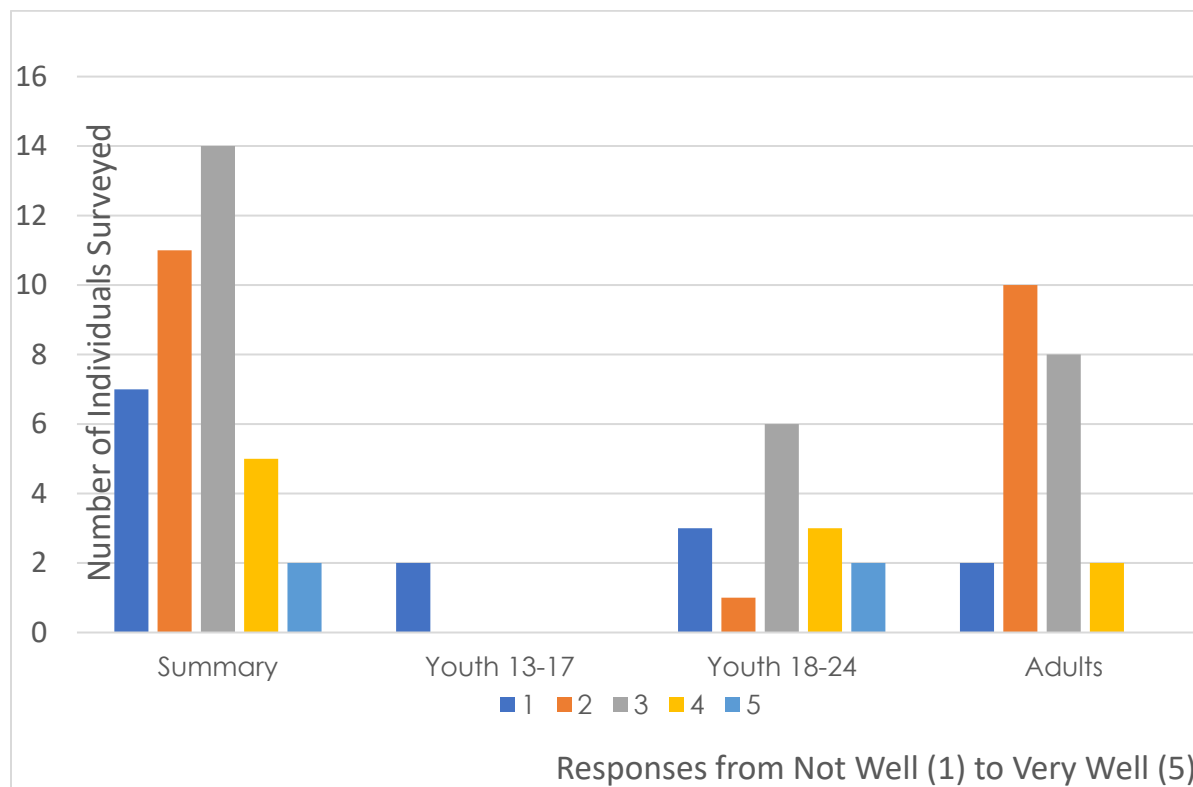


The results of this Community Survey surprised HYTF members in several ways, particularly with key differences in youth and adult responses. Overall, adults felt the present systems of care were doing a less adequate job meeting the needs of youth experiencing homelessness, and ranked some needs higher than youth did. It may be important to note that many of the youth who responded to the Survey are already actively engaged with services for homeless youth, and may, therefore, perceive those services as doing well since their personal needs are being met.



Similar differences were present when respondents were asked about the role of the youth voice within homeless services in the community, with the youth reflecting a more positive view overall.

How well do you think the youth voice is heard in the community?



When asked about specific needs, adult respondents ranked the need for services for minor youth higher than youth did; however, both groups recognized a strong need for emergency shelter, transitional housing, and healthcare for all ages. Given the limited responses from minor youth, the overall results are unsurprising but do not fully reflect the experiences of service providers in the HYTF.

Identified Gaps and Future Planning

The 2019 Gaps Analysis workgroup identified several clear and distinct gaps in services for youth in our community, based on the Services Inventory, community survey, and provider experience. Service providers and community members attending the workday divided into smaller groups to discuss and qualify these gaps and formulate potential plans to address these gaps.

1. Access to healthcare.
2. Facilities and housing for youth experiencing homelessness.

3. Flexible funding to support Risk Mitigation and diversion efforts.
4. Needs of subgroups within the population of youth experiencing homelessness.

Healthcare Access

In the Community Survey, both youth and adults expressed concern regarding the access to healthcare services of all types within the community. The survey asked about general healthcare, mental healthcare, dental care, and prescription assistance for youth in two distinct groups: minors between 13 and 17 and young adults between 18 and 24.

Young adults can access several services within the community designed for adult users but may lack the necessary support or knowledge to enable them to enroll in and access those services. Improved support and information could help address this gap with a low cost and investment. Relatively few healthcare services are specifically designated for young adults between 18 and 24.

Service providers during the workday identified a substantial need for healthcare services for youth under 18. Unaccompanied youth under 18 are typically unable to consent to care, thereby severely limiting access to all types of healthcare, including mental healthcare.

The workgroup recognized a need for enhanced centralized services for youth. This could take the form of access to a youth (particularly minor) friendly one-stop shop that offers many different services in a single location in the form of a drop-in center, including on-site healthcare services. This would make healthcare services more accessible for homeless and unstably housed youth. In addition, a one-stop shop would likely offer access to mainstream services, such as Medicaid, for unaccompanied or accompanied youth.

In addition, service providers felt increased education and awareness for both youth and the community would be helpful. For young adults, this might include outreach from possible providers and increased information about services available, including mainstream services, such as Medicaid. For minors, provider education could increase the willingness to accept consent from qualified minors or increase options for shared consent forms between Springfield Public Schools and health providers.

Facilities and Housing

Members of the 2019 Gaps Analysis workgroup identified a clear lack of housing and facilities options for youth experiencing homelessness. Currently, the Springfield community has access to The Kitchen, Inc.'s Rare Breed Youth Outreach Center, which predominantly serves the young adult population. Minor youth cannot be safely served in the same facility as young adults between 18 and 24 years of age, limiting the access of minor youth to a variety of services. These safety concerns are valid but do increase the difficulty of providing minor youth with case management, housing and other services.

Service providers have strongly suggested the need for a minor youth drop-in center facility. This facility would include access to case management services, food, laundry, showers, mainstream resources, and multiple service providers in a single location. This

would ideally include participation from a variety of local youth-centered organizations, including some already familiar with the challenges of providing safe spaces for minors. This would be available to youth in Springfield Public Schools as well as youth not currently enrolled in school. The creation of a well-managed, full-service drop-in center would provide minor youth with the facilities needed to succeed in school, access services, and improve overall stability.

Emergency shelter options for minor youth are present and available in Springfield through Great Circle and, for younger children, Isabel's House; however, numbers are limited. Providers suggest that increased family shelters would clear beds more quickly and provide access to emergency shelter for minor youth in need since those beds would not be filled.

As has been noted by providers throughout the community, there is a significant shortage of affordable housing in Springfield. Increasing access to affordable housing would also reduce the need for youth emergency shelter beds and make more beds accessible to youth experiencing homelessness. These strategies would enable providers to focus more strongly on youth-specific needs and increase stability for at-risk families by reducing family separation. There is a clear correlation between youth homelessness and family homelessness; reducing family homelessness is likely to reduce youth homelessness, increase high school graduation rates, and support youth successfully transitioning to adulthood.

Risk Mitigation and Diversion

Flexible funding to support Risk Mitigation and Diversion was identified as a gap in 2017 and remains a gap today. Individuals within a variety of service organizations have identified a strong need for flexible funding to be used for diversion and risk mitigation. Service providers believe that many of the youth, perhaps as many as 90 percent, could be assisted through risk mitigation or diversion supports.

- Diversion funding serves to prevent literal homelessness or assist an individual in quickly self-resolving by exploring all other safe housing options outside of the shelter system and providing one-time financial assistance. For instance, funding could be used for rent or utility deposits, to pay rent or utility costs, or otherwise stabilize a youth by paying application fees or other minimal costs.
- Risk mitigation funds would be used to encourage landlords to rent to higher barrier clients, including youth without rental history or credit history, or those with past evictions. This could include funding for higher deposits for these youth, additional insurance, or payments for damage caused to rental properties.

Members of the Gaps Analysis workgroup suggest the possible creation of a flexible fund, held by Community Partnership of the Ozarks or Community Foundation of the Ozarks and managed by the Homeless Youth Task Force, to address these needs in the community. While the workgroup believes this would be beneficial, the challenges of flexible funding are clearly recognized: Funding sources are limited, and clear procedures would be essential to funding allotment.

A comparable fund currently exists in Springfield, Mo. for limited use with a specific population; this is the Homeless Veterans Task Force Bridge Housing Fund. The fund provides short term assistance to individuals who are enrolled in an eligible housing program and have no safe, decent place to stay until housing is obtained. Flexible funds provided by Community Foundation of the Ozarks and available for former clients of 417Rentals may also serve as a valid model for the Homeless Youth Task Force fund.

Given the need for rapid response, it has been suggested that specific diversion funds could be distributed annually to agencies for use at their discretion with their clients. Risk mitigation funds would be less easily accessed and held by the supervising agency. While the need for risk mitigation is significant and could reduce youth homelessness, this is a particularly complex issue to provide and manage funding assistance.

Needs of Subgroups

The Homeless Youth Task Force identified several distinct subgroups at higher risk and with different needs within the population of homeless and unstably housed youth. These populations were identified in the Services Inventory and include:

- Minor youth from 13-17 years of age.
- Youth exiting or leaving unsafe housing.
- Foster and former foster youth.
- Pregnant and parenting youth.
- LGBTQ+ youth.
- Youth with disabilities, including mental health and substance abuse disorder.

Members of the Gaps Analysis workgroup agreed that the highest need in the Springfield community was the minor youth subgroup of ages 13-17. This subgroup, of course, includes youth within all other subgroups, and may particularly include youth exiting or leaving unsafe housing. As noted throughout this document, minor youth experience an array of issues distinctly different than those of young adults, including several legal limitations and limits on access to services.

Minors have different needs than adults and pose different challenges. While adults, including young adults, are added to the Prioritization List, unaccompanied youth under the age of 17 cannot be added and are not included in group case conferencing with service providers. Young adults' needs can be addressed within adult services, with the addition of specific services for those in the 18-24 age range.

Members of the Gaps Analysis workgroup propose the creation of a case conferencing group specific to minors. This could be handled by the local Continuum of Care (CoC), the Ozarks Alliance to End Homelessness, and would require the participation of local service providers, and potentially Children's Division. A group of this sort should be limited to around 10 individuals or representatives of local agencies and could work to address the specific needs of the subgroups within this age group. Case conferencing for referrals for federally funded housing programs is already in place within the CoC, as are policies

and procedures for information sharing; however, minor youth are not included in this case conferencing.

Given the special needs of minors, careful attention must be paid to legalities. Minors over the age of 16 may be able to independently consent to participation in case conferencing, including signing a release of information to allow communication between agencies. Springfield Public Schools already has a mechanism in place for consent for unaccompanied minors who are 16 or 17 years of age. For minors under the age of 16, members of the Gaps Analysis workgroup suggest that Children's Services could provide consent for a release of information when a parent or legal guardian was unavailable to consent. This would enable minor youth in informal guardianship arrangements to seek assistance, along with literally homeless minors.

A coordinated case conferencing effort would support collaboration between providers and increase the overall ability of providers to meet the needs of youth in the community. This would reduce the potential for creating silos among programs or duplication of services and enable minor youth to be placed in the most appropriate housing possible for that individual. Within the context of shared case conferencing, providers could more effectively connect minor youth with needed services, including mental health care or education.

Next Steps for the Community

The Gaps Analysis workday produced several clear goals to address gaps within the community for homeless and unstably housed youth. These include case conferencing specific to minor youth, a drop-in center or one-stop shop for minor youth service needs, and improved communication and outreach with healthcare providers.

In addition to these key projects, several other ideas were discussed and could be considered or implemented in the community. These include:

- Increased access to case management for all youth, including youth not engaged in transitional housing or other programs.
- Improved coordination of case management among different service providers to increase the likelihood of successful placements for youth in housing programs.
- Outreach to healthcare providers and the community, including landlords, about qualified minor issues to increase access for 16 and 17-year-old minors.
- Affordable housing access for families to increase stability and reduce the risk of homelessness.
- Affordable housing access for homeless and unstably housed unaccompanied youth.
- Increased availability of family counseling and mediation services to lower the risk of youth homelessness and help youth maintain stable housing in the family home.
- Providing youth with more information about available programs and supports, including age limits on housing and other programs and access to mainstream benefits.
- Increased data collection for subgroups discussed, particularly LGBTQ+ and trafficked youth.

- Continued efforts to limit silos due to funding sources by encouraging cross-system collaboration among different service providers.
- Increased involvement of the Phoenix Youth Action Board, as well as funding for compensation and activities.

References

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<https://dese.mo.gov/quality-schools/federal-programs/homeless-children-youth>

National Network for Youth. Federal Definitions of Homelessness.

<https://www.nn4youth.org/policy-advocacy/public-policy/fed-definitions-homeless-youth/>

Definitions of Homelessness

Agency	Definition of Homeless	Age Guidelines
HUD	<p>The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009 amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including an expansion of HUD's definition of homeless:</p> <ol style="list-style-type: none"> 1. An individual or family who lacks a fixed, regular, and adequate nighttime residence; is living in a place not meant for human habitation, in emergency shelter, in transitional housing, or is exiting an institution where they temporarily resided. The primary change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (previously 30 days), and were homeless immediately prior to entering that institution; 2. An individual or family who is losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, in 14 days (previously seven days) and lacks resources or support networks to remain in housing; 3. Unaccompanied youth and families who are homeless under other federal statutes (such as the education definition or the RHY Act definition) who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves, and can be expected to continue in such status for an extended period of time due to chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of childhood abuse, the presence of a disability, multiple barriers to employment, or other dangerous or life-threatening conditions that relate to violence against an individual or a family member; 4. Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. 	17-24

Agency	Definition of Homeless	Age Guidelines
RHY	<p>The Runaway and Homeless Youth (RHY) Act (42 USC 5701 § 387) defines “homeless youth” as individuals who are not more than 18 years of age if seeking shelter in a Basic Center Program, or not more than 21 years of age or less than 16 years of age if seeking services in a Transitional Living Program, and for whom it is not possible to live in a safe environment with a relative, and who have no other safe alternative living arrangement.</p>	<p>Transitional Living Program, Maternity Group Home and Street Outreach: 16-21</p> <p>Basic Center: Under 18</p>
DESE	<p>The McKinney-Vento Homeless Assistance Act (42 USC 11302) defines children and youth as homeless if they “lack a fixed, regular, and adequate nighttime residence,” including sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons; living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations; living in emergency or transitional shelters; and living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar places.</p>	Under 21

Service Inventory Instructions and Definitions

Youth Services Inventory Instructions

1)	Locate your agency on the list of agencies at the top of the sheet. They are in alphabetical order. If your agency or program is not listed, please add it at the end.
2)	Mark the services your agency provides in the inventory using the legend at the top left-hand corner (mark a "c" if your agency only serves minors aged 17 and younger, a "y" if your agency serves youth ages 18-24, or mark "x" if your services aren't restricted by age)
3)	If your agency provides case management that connects youth to services, but you don't provide the service in your agency (i.e. you help youth sign up for the HISET but you don't offer the HISET at your agency) then don't mark that service, but rather mark the "case management" service at the bottom of the inventory.
4)	If you have any questions about what would qualify under a service refer to the instructions below. If this does not answer your question reach out to Amanda Stadler (astadler@cpozarks.org).
5)	If your agency offers relevant services for youth that are not listed on this inventory tool, please list them at the bottom of the "Additional Assistance" category.

Category	Service	Explanation
Food	Congregate Meal Sites	Offer a meal available to youth at your agency at least once a month
	Food Pantry	Offer food for youth to take with them either on a item-by-item basis or a food bag.
	Food Voucher	Offer a voucher or coupon that is redeemable at another pantry or store.
	SNAP Enrollment	Assist youth in enrolling for SNAP benefits.
Basic Needs	Drop-In Shelter	Offer shelter from the elements, can also offer services in this space but that is not a requirement for qualification under this service.
	Clothing	Offer clothing items for youth at no cost.
	Laundry	Offer laundry facilities on-site
	Toiletries	Offer toiletry items (soap, shampoo, feminine hygiene items, etc.)
	Furniture/Household Items	Offer furniture or household items (pots and pans, dishes, lamps, etc.) to youth at no cost.
	Gas Voucher	Offer a voucher or coupon redeemable for gas in the youth's personal vehicle.
	Bus Passes	Offer bus passes for the youth (either for specific needs or for general request)

	Direct Transportation	Agency provided transportation for specific needs
	Shower	Shower facility and supplies available on-site.
Education and Skill	Academic Counseling	Counseling for secondary or higher education (including advice on completion, enrollment, improvement in performance, etc.)
	Financial Counseling	Counseling on resources available to pay for the costs associated with higher education.
	HISET	Offer HISET (formerly GED) prep. Does not include referrals to other agencies who provide HISET prep and testing.
	Alternative Education	Offer alternative education (online education courses, MO Options program, etc.)
Life Skills	Financial	Counseling on financial skills (such as budgeting, banking, managing loans, and credit)
	Parenting	Counseling on parenting skills (feeding, bathing, general care, and resources available)
	Mentoring	Offer a mentor program that assigns an adult to help youth learn life skills and positive relationships.
	Drivers Ed	Offer drivers education (including classes, completion of required permit hours, etc.)
Employment/ Income Assistance	Job Training	Employment based training (such as vocational rehab, professional skills training, etc.)
	Job Search Assistance	Offer counseling and assistance with finding and applying for employment
	Job Placement	Offer placement in jobs
Housing Assistance	Housing Services (HAS application assistance, lease counseling, etc.)	Counseling and assistance with completing applications for housing, understanding lease agreements, finding housing, etc.
	Housing Program (RRH or PSH)	Housing programs with supportive services such as Rapid Re-Housing, Permanent Supportive Housing, and Transitional Living Programs.
	Rent/Utility Assistance (Prevention)	Limited financial assistance for rent and utility fees, may not include case management, lease and utilities are held in recipients name.
	Emergency Shelter (<17)	Shelter and housing available for minors in crisis.
	Emergency Shelter (17-24)	Shelter and housing available for youth in crisis.
Health Care Assistance	Low-Income Healthcare	Provider of healthcare that is available to low-income individuals through a sliding scale or income eligibility, particularly for youth who inadequate or no health insurance coverage.
	Healthcare Expenses Assistance	Financial assistance for physical health care related expenses.

	Mental Healthcare Expenses Assistance	Financial assistance for mental health care related expenses.
	Dental Healthcare Expenses Assistance	Financial assistance for dental health care related expenses.
	SSI/SSDI Outreach, Access, and Recovery (SOAR) Enrollment	Staff are SOAR certified and provide assistance with enrollment in Medicaid, Medicare, SSI, or SSDI.
	Prescription Assistance	Financial assistance for prescription related expenses
Subpopulation Specific Assistance	Diaper/Parenting Supplies Assistance	Offer supplies (bottles, clothes, baby furniture) or diapers for pregnant and parenting youth.
	Domestic Violence Services	Offer case management, counseling, and services for victims of domestic violence.
	Trafficking Victim Services	Offer case management, counseling, and services for victims of trafficking.
	Foster/Former Foster Services	Offer case management, counseling, and services for youth with connections to the foster system.
	LGBTQ+ Services	Offer case management, counseling and services for youth who identify as LGBTQ
Additional Assistance	Legal Assistance	Offer legal services for low or no cost.
	Document Ready	Offer assistance in acquiring drivers license, birth certificate, and Social Security card.
	Case Management	Offer youth with case management services, must include the assignment of a case manager and meetings of at least once a month.
	Mainstream Benefit Enrollment	Assistance with enrollment in TANF, SNAP, WIC, SSI, SSDI.