



Youth Homelessness FY21 Budget Agenda

The DCAYA FY21 Budget agenda was developed with robust community, provider and youth input. This packet includes:

- High level overview of our underlying assumptions and goals
- A high level summary of our collective funding request
- Detailed Funding Request, including:
 - Why we're making this request
 - Estimated number of youth served
 - Funding justification detail
 - Program design & management recommendations

If you have any questions, or need additional information please contact Maggie Riden at DCAYA. Maggie@dc-aya.org or (202)-350-1773

Underlying assumptions and goals:

Assumptions:

- Current local and federal funding streams are making strong inroads in prevention and early interventions to serve youth with less acute needs.
- There remain gaps in investments to reach young people with deeper and more acute housing and clinical needs.

Goals:

- To compliment, and not replicate, ongoing local funding and new federal funding to ensure we are investing in all parts of our system- from prevention to long term intervention.
- To meet needs, and make investments in areas that have been clearly identified by youth and young adults experiencing homelessness

FY21 Funding Request Summary: **\$3,480,704**

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|--------------------------------------------|-------------|
| ● Youth Mentoring Pilot Program | \$350,000 |
| ● Mobile/Roaming Behavioral Health Team | \$1,000,000 |
| ● PSH Set Aside for Youth In Adult System | \$345,000 |
| ● Right Size Extended Transitional Housing | \$1,785,704 |

FY21 Funding Request Details

Mentoring Program (Pilot)

Total Request: \$350,000

Why:

- Youth in our systems have been strongly advocating for long-term mentoring programs.
- Access to mentors and supportive adults is critical to youth success- regardless of housing status- yet homeless youth face unique barriers to cultivating these kinds of connections.
- Youth need adults who are not tied to a service agency or housing program to help them navigate young adulthood.
- This is the second year we've requested this program, it was not funded in FY20. We're renewing this ask again this year.

How Many Youth Served:

- Estimate, based on funding, 70 youth in year 1

Funding Level Background/Justification:

- Funding amount and structure is based on CFSA contract with BEST Kids to provide similar mentoring services to CFSA children and youth.

Program Design and Management Recommendations/Details:

- This should be competitively granted out by DHS to a community based organization.
- This program should not be tied to a housing provide.
- Services should exist beyond a housing program or housing placement.

Mobile Health/Behavioral Health Unit

Total Request: \$1,000,000

Why:

- Timely access to prescriptions, behavioral health referrals and ongoing treatment is a challenge for youth in our homeless services system.
- Youth want these services, but they struggle to access them. Particularly when they need to trek across the city or wait for extended periods between referral and first appointment.
- Bringing services TO YOUTH (housing sites, drop in centers, main offices of providers) should increase utilization of these services, and ultimately improve behavioral health outcomes among participating youth.

How Many Youth Served:

- TBD

Funding Level Background/Justification:

- This is a year one estimate (including start up costs) to support a minimum of 4-6 clinicians and possibly a set of contract psychiatrists.

- This is a new program model so costs are a bit unclear. LAYC recently launched a similar program, but is still working out costs.
- As the youth system grows, this program would also need to grow, or be complemented by other community based treatment programs.

Program Design and Management Recommendations/Details:

- Will need to operate 18 hours a day to truly meet youth “when and where” they’re at.
- We’re seeking to fill gaps, not replicate existing programs or services. In short, youth don’t need another case manager. They need a long term therapist.
 - Specifically, this program will need trauma therapists and substance abuse counselors at minimum. NOT additional case managers.
- If the program also wanted to include a psychiatrist for script management, that would have additional considerations in terms of design and cost. This decision should be at the discretion of agencies and community providers via the ICH Youth Committee.
- Program should be designed to be no barrier with session based counseling.
- Program should be aligned with DBH and facilitate pathways into DBH funded community services. They should be plugged into the DBH continuum to ensure easy/expedited referrals to CSAs when necessary.
 - In practice this means that any assessment done by this roaming team should be accepted by DBH and acted upon accordingly to ensure timely transfer of services to ensure ongoing med management/access to a psychiatrist.

PSH Youth Set Aside Program (Pilot)

Total Request: \$342,360

Why:

- We need to get better at transitioning older youth, aged 24 or 25 who have deep and acute needs, from our youth system into the adult system.
- Right now, too many youth have to EXIT the youth system and fail independently before they can access any additional housing resources. And despite having deep needs, they are often overlooked as we struggle to meet the needs of older chronically homeless adults.
- Investing in warm hand offs from one system to another will help us cut down the number of youth who have to hit rock bottom, with zero support, before they can access our adult system.
- We currently have youth aging out of our extended transitional housing programs that we know will need long term housing support. A scan of our coordinated entry assessment scores strongly supports this conclusion- they are scoring very high, and remain high need even as they start to age out of our youth system.
- A pilot set aside of PSH units in our adult system will help us figure out how to best transition/step down these high need young people from our youth system into our adult system.

How Many Youth Served:

- 10 youth

- Youth should be aged 24/turning 25 and served in our youth extended transitional housing program.

Funding Level Background/Justification:

- The proposed per-unit cost \$34,236. This is the same amount as current youth PSH programs.

Program Design and Management Recommendations/Details:

- We seek 10 PSH beds to be set aside in the adult system for youth aging out of the youth system who still have acute needs.
- This program will test strategies to move older youth from extended transitional housing into adult permanent supportive housing.
- Lessons learned in year 1 of this pilot should be applied to any future youth and adult system design efforts.

Extended Transitional Housing

Request of an additional \$1,785,704

Why:

- Extended transitional housing is designed to serve our youth with the deepest needs. Youth in this program have among the greatest histories of trauma, instability, substance abuse or behavioral health challenges.
- Yet, we are currently under funding (per unit) our extended transitional housing programs.
 - Currently, ETH is funded (per unit) at a LOWER rate than our traditional transitional housing programs, which are designed for higher functioning youth.
 - ETH is currently funded at \$34,236 vs. TH which is funded at \$42,000.
 - This makes providing the depth and scope of services that ETH youth need, nearly impossible.
- We want to increase our per-unit investment in ETH to ensure we are able to provide youth with the depth and scope of services and supports they need to succeed in these housing programs.

How Many Youth Served:

- 86 youth annually (at minimum; will vary with turnover rates).

Funding Level Background/Justification:

- We seek to increase the current per-unit investment from \$34,236 to \$55,000. This would increase the allocation for all current and pending ETH units.
 - 36 units are currently online (as of 12/19/19); and 50 more units are anticipated to come online in FY20, pending contracts. This request covers all 86 units.
 - FY20 Allocation: \$2,944,296 - 86 beds- \$34,236 each
 - FY21 Allocation: \$4,730,000 - 86 beds- \$55,000 each
- This funding level may be revised again upon completion of a program cost analysis currently being completed by DHS.
 - This analysis is looking at the real costs of services in our YH system to ensure we are adequately funding each program area.
 - This change would take effect in FY22.

Program Design and Management Recommendations/Details:

- Increased funding would allow more robust staffing for what is essentially a 24 hour staffed program.
- Increased funding would allow for the addition of clinical staff to ETH programs; a major area of need for these young people, and an investment that would ultimately increase the effectiveness of this program.