

# Youth Economic Justice and Housing Coalition

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## Talking Points for FY24 Budget Hearings

Here's our understanding of the Mayor's proposed budget and our recommendations to the Council. Include items most relevant to you or your organization in your testimony. [Check out our guide to testifying here.](#)

- **We ask that the Council add \$3.5 million for youth homelessness providers to address increased costs from inflation and for bonuses to recruit and retain skilled staff.** Youth homelessness provider contracts remained flat in the FY24 budget, even though adult homelessness contracts were adjusted to include additional dollars for recruitment and retention of frontline workers. The Coalition had requested an increase in contracts to account for inflation as well as recruitment and retention.
- **We ask that the Council add \$1.7 million to create a traveling mental health unit** to provide mental health support to youth where they physically congregate. The Coalition made this request but no money for it was allocated in the Mayor's proposed budget.
- **We ask that the Council restore the \$2 million cut from outreach to individuals experiencing homelessness and to support the mobile crisis unit at the Department of Behavioral Health.** (THIS IS NOT THE SAME AS THE PROPOSED TRAVELING MENTAL HEALTH UNIT).
- **We ask that the Council add \$1.1 million for workforce development programming** for youth experiencing homelessness that results in long-term employment with a livable wage. The Coalition made this request but no money for it was allocated in the Mayor's proposed budget.
- **We ask that the Council restore \$667,000 for targeted workforce development for LGBTQ+ youth experiencing homelessness.** This program, housed at the Department of Human Services, now has zero dollars allocated to its budget, and may have to discontinue vital services.

## Additional Information to Include in Testimony

### *Topic: Need for Increase in General Funding for Homeless Services Providers*

- **We need to fund nonprofits at a rate that fully funds the basic costs of operations.** As individual donors and foundations pivot back to their normal giving, we need DHS to ensure we can continue to provide COVID-19 levels of services. **The bottom line - even outside of a pandemic** - private fundraising should supplement programs, not be relied on to meet basic operational and program expenses.
  - As the behavioral health needs intensify for youth experiencing homelessness, the **homeless services sector struggled with low pay, burnout, and turnover long before the pandemic.** Industry leaders say the pandemic cranked up the challenges of the work to a crisis-level situation, resulting in a shortage of frontline workers. *In Washington state, the legislature dispersed two rounds of \$2,000 payments for homeless service providers. [4k bonuses- Washington State](#)*
  - By investing early and helping these young people find stability, **we are cutting off a primary contributor to chronic adult and family homelessness.** *For every day a young person waits for housing, they are 2% more likely to re-experience homelessness later in life. And that is cumulative. 2 days of waiting = 4% more likely to re-experience homelessness as an adult.*
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### *Topic: Tailored Workforce Development Programming*

**Current workforce development programs offered through the Department of Employment Services fall short of meeting the unique needs of youth experiencing homelessness, who** continue to be disproportionately unemployed with [98% of parenting youth and 74% of non-parenting youth experiencing homelessness \(for whom DHS collected data on employment status\) unemployed](#) during fiscal year 2022.

Youth report the barriers and challenges they face with accessing and remaining engaged with current workforce development programs in the District and how these programs are not meeting their needs. These included:

- Challenges with transportation to and from the program or work site
- Programs lacked childcare availability (for young parents)
- Programs did not have adequate attire and laundry facilities
- Programs did not provide adequate pay or stipend to meet basic needs
- Difficulty balancing program/work commitments with school
- Experienced discrimination or harassment
- Inadequate mental health support to deal with the trauma of homelessness
- Lack of mentors or job coaches
- Program did not result in a job with a livable wage

**Investing in the creation of a targeted workforce development program that meets the unique needs of youth experiencing homelessness, informed by youth and homeless service providers, would enable young people to gain financial independence and stability.**

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*Topic: Traveling Mental Health Unit*

- **Youth experiencing or at risk for homelessness have higher rates of mental health issues**, including depression, anxiety and conduct disorders than those in stable homes. Lack of access to behavioral health care complicates [most individuals' ability to seek treatment](#). For example, homeless students reported significantly higher rates of depression than housed students (45% vs. 27%). More than half of the homeless students who attempted suicide reported that they required medical attention afterward, compared to 37% of housed students. Homeless students who were the victims of bullying were much more likely to report depression (63%) than those who were not bullying victims (34%). Depression can lead to harmful behaviors such as alcohol and substance abuse. Homeless students reporting depression were more than twice as likely to binge drink as housed students reporting depression (41% vs. 19%). In fiscal year 2022 532 young people served in DHS's youth programs reported disabling conditions including mental health concerns and substance abuse.
- **Recognizing that the children, youth and families served by the public behavioral health care system in the District are primarily individuals of color, improving our system is a matter of equity.** Children are disproportionately at risk for developing social and emotional problems when exposed to adverse childhood experiences, and living in an adverse environment with stressors without buffers such as adequate adult support. Stressors include poverty, abuse, neglect, homelessness, foster care; developmental disabilities or delays; and racism.
- Improved access to behavioral health services is proven to be transformative for children and families and can **boost the long-term overall health and productivity of communities** as evidenced by workforce outcomes and reduced crime rates. According to youth experiencing homelessness and their service providers, there is a lack of accessible, youth-friendly, and culturally competent mental health services throughout the District. This gap serves as a major barrier to youth achieving long-term stability.
- **Creating a mobile unit would literally meet our youth where they are.** This investment would increase access to mental health support for the youth who need it most. A mobile unit staffed by culturally competent clinicians trained in trauma-informed care would rotate among youth homelessness services programs to provide assessments, counseling, therapy, and medication management on a weekly basis. **Services would help transition youth into DBH community services for long-term support; address youth trauma, substance abuse, medication management, which will decrease the likelihood of sustained or future homelessness, and be designed in partnership with youth experiencing homelessness and DBH using funding from the Youth and Family Engagement Bureau.**