

1. **A Permanent Supportive Housing Program**

- gg. A program that does not require chronicity and provides long-term housing and case management support to folks with disabilities.
- b. Time frame of PSH should be individualized based on need: programs and youth should not get penalized for allowing youth to remain in programming long-term (Wind keeps folks until 30 and that piece had worked well)
- c. Strength based programing - Mentorship programing to help graduates give back and help guide folks through the programs
- d. Possible sub-populations
 - i. AOD specific housing
 - ii. Singles and families rather than limiting to one or the other (Connections)

2. **TLP/RRH Program**

- a. A long-term TLP/RRH program that is flexible in timelines for transitioning and allows for youth to be where they are without the pressure of moving quickly – getting to move at their own pace.
- b. Should be operated by the same agency to allow for better accountability and clarity of roles – shift from Possibilities
- c. Possible sub-populations
 - i. AOD specific housing
 - ii. Singles and families rather than limiting to one or the other (Connections)

3. **RRH Prevention Program**

- a. A program that allows for folks at risk of homelessness living in apartment to access case management and rental assistance for multiple months (up to 1 year minimum)
- b. Should be operated by an agency that is able to respond quickly to funding needs (can pay a 3 day notice)
- c. Program should expand definition of “at risk” to include folks with inadequate income to meet their needs, and not just folks who already have notices to vacate
- d. Flexible funding should allow for barriers to stability to be reduced: debt clearance, diversion assistance if needed (applications, deposits, move-in costs), car repair, utility payments, etc.
- e. Assistance should be calculated based on youth’s income, and an apartment should not need to meet affordability requirements – IE: if the apartment is above FMR the program should still support in assistance and explore diverting to cheaper options while maintaining that housing for the youth

Whatever we fund should:

- 1. Provide a living wage for the employees within it/adequately compensate for services provided

2. Consider lived experience when assessing qualifications (recognize on the same level as higher education or work experience)
3. Contain peer support services: possibly a hybrid format of having a peer support person along with direct case manager
4. Use strengths based programming and mentorship, harm reduction approaches, and trauma informed
 - a. Ensure that staff knows how to speak to and about youth, knows how to offer caring and loving supportive services, is affirming to queer youth etc.
5. Should have varied and nuanced program offerings that encourage engagement rather than penalize disengagement: IE, working on mental health rather than having to focus on work or school, having variety of options that meet many needs, not requiring particular things to remain in the program (IE: mandate therapy etc). The exigency should rest on the provider to be building relationship and offering services that help folks want to participate and work with them
6. Offer supportive and direct AOD services if possible
7. Have a mechanism for accountability to the community they are serving
8. Allow for case loads of no more than 10:1 for housing programs, 15:1 for prevention

Other possible services/supports to include in programming:

1. AOD services that center harm reduction
2. Transportation assistance
3. Flex funds to allow for a variety of needs, such as car repairs, gas cards/bus passes, debt clearance, employment clothes, hotel assistance, etc.
4. Domestic violence specific support (therapy, workshops, legal aid, etc)
5. Realistic financial literacy
6. Culturally responsive services: multiple language offerings/partnerships, recognizing different holiday traditions, training, etc.
7. Professional development offerings for staff: mentorship, adequate pay, certifications/education
8. Provide aftercare supports (possibly peer lead)
9. Announcement for RFP and community plan should be shared broadly with providers
10. Interest in building standards of practice and community accountability within the TAY community