DIRECT CASH TRANSFERS HANDBOOK

A guide to successfully help you move through ideation, implementation and evaluation

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WELCOME

Welcome! Point Source Youth (PSY) is excited that you are interested in Direct Cash Transfers (DCTs) as an intervention to end youth homelessness. PSY has supported the successful launch of DCT pilots in communities across the nation and we are actively working on many more. If you are reading this handbook, we assume that you're an advocate for ending youth homelessness, and you are interested in DCTs or similar programs. Whatever path has led you to our first DCT handbook, we are thrilled to be in community with you on this journey. PSY welcomes you to join the DCT movement, **where youth autonomy, choice, and voice are essential tools in the fight to end homelessness.**

"Direct Cash Transfers" are just as they sound – transferring cash directly to youth. While anybody with means can do this, linking the action to radical systems-level change requires three commitments:

1 **Championing Housing Stability and the Power of Young People**

The primary goal of a youth DCT program is to equip young people with resources and tools to sustainably exit homelessness on their terms. Young people in DCT programs should be unconditionally offered support based on what they believe will help them thrive.

2 **Adopting A Flexible & Simple Approach**

Recognizing that every young person's experiences, needs, and preferences differ, DCT programs provide youth with a unique opportunity to succeed by making their own decisions. Youth are offered choices regarding optional support services, payment delivery method and frequency, communication preferences, and more. Both staff and youth benefit from the simplicity and efficiency of DCT program design.

3 **Centralizing Youth Choice, Equity, And Trust**

To foster equitable decision-making and trust-building in a youth DCT program, youth must be involved and leading at all levels of program design. Working alongside Chapin Hall researchers, we have found that 2SLGBTQIA+ youth and youth of color continue to face discrimination and exclusion in existing systems. As such, their needs must be intentionally elevated.

At PSY, we intend for this handbook to meet you where you are on your DCT journey. Throughout this resource, we will delve into how to structure a youth DCT program, various approaches to the work, and the choices that must be made to reach the goal — transferring cash to young people to achieve stable housing outcomes.

PSY unapologetically and enthusiastically advocates for direct cash transfers for young people experiencing housing instability. Since our inception in 2015, our goal has been to support the capacity-building of communities across the country to implement systems and interventions that place power and resources from being placed directly in the hands of young people. This handbook is a product of our continued efforts to uplift the power and autonomy of young people, and we hope it will be useful as you advocate for this youth-centered intervention.

In Community,

Point Source Youth Staff, Youth Advisory Council, Allied Youth, and Community Partners

"**Without solid verification of where you live, it may be hard to receive services.** An unhoused person I knew needed a rehabilitation program but because they were receiving services in a different county, they couldn't receive services in a *new* county that they were trying to move into. They were unhoused and didn't have a home base. They needed to wait to receive treatment. With DCTs they can establish residency and make connections with service providers to navigate these barriers."

– DCT YOUTH COHORT MEMBER

THE WHAT, WHERE, WHO, WHEN, WHY, AND HOW OF DIRECT CASH TRANSFERS

Youth homelessness is a significant problem in the United States. According to a robust [2017 study][1] on youth homelessness conducted by our research partners at Chapin Hall, an estimated 4.2 million youth and young adults experience homelessness each year, 700,000 of which are unaccompanied minors. We must address this crisis with urgency, intentionality, honesty, and common sense.

Point Source Youth (PSY) advocates for Direct Cash Transfers (DCTs) because the intervention is among those best suited to meet the demands of the youth homelessness crisis in the US. Why? DCTs are efficient, supportive, practical, and above all, centered in **youth choice**. In addition to equipping young people with the resources and tools needed to make the decisions they determine are best for their lives, DCTs are often **more cost-effective** than traditional youth homelessness interventions.

Launching a DCT movement in your community will require strong organizers, advocates, barrier-movers, and solution-finders — but if you've read this far, chances are you are at least one of these! And while the early days of researching and setting up a DCT program can sometimes be daunting and even tiring, as your organizing efforts reach a wider audience, your days will be filled with inspiration and movement-building! PSY is excited to be on this journey with you. To kick off this handbook, we're answering the 'What, Where, Who, When, Why, and How' of DCTs for young people.

What are Direct Cash Transfers for Youth?

DCTs are a growing global intervention aiming to meet the needs of young people remotely, digitally, and efficiently. The way a youth DCT program works is simple: program staff distribute cash[2] to youth remotely or in person at a frequency (i.e., weekly, bi-weekly, monthly, etc.) that works best for young people. Including offering supportive services for youth is a bonus or "Plus" component of DCT. Wholly centered around youth choice and autonomy, DCTs may be the most nimble and efficient intervention in youth homelessness to date. DCT programs have three essential components:

1. **Cash: The literal amount of money going directly to youth.**

2. **Plus: The supportive programming offered to youth on an optional or opt-in basis.**

3. **Engagement: Communication and outreach performed by DCT program staff to ensure youth are aware of supportive programming and able to communicate easily about their needs and any potential issues with cash disbursements.**

There are lots of DCT models out there, including cash assistance, universal basic income, problem-solving, and guaranteed income programs. What distinguishes our "Cash Plus" DCT model from other models is that it provides a long-term, flexible, accessible transfer intentionally designed to support young adults experiencing housing instability — with no expectations, requirements, or punishments related to how young people use the money. The model also includes supportive programming that youth can opt-in to (or opt-out of) at any point during their time in the program.

Many other programs enforce enrollment in supportive programming to receive cash, don't provide enough money to meaningfully contribute to housing costs, and/or provide cash just one time. None of these practices are designed to materially end homelessness, which is why we have chosen to uplift the Cash Plus model.

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1   Morton, Matthew; Dworsky, Amy; Samuels, Gina Miranda; and Patel, Sonali, [Voices of Youth Count][] Comprehensive Report: Youth Homelessness in America (September 2018)

2   When we say *cash*, we don't literally mean that youth will be receiving paper cash throughout their time in the intervention. With the amount that DCT provides to youth, it's actually a harm reduction measure not to use cash. Instead, we are talking about getting youth money in the most accessible ways possible.

Where are Direct Cash Transfers being offered to young adults?

This is a growing movement, and PSY is currently partnering with community-based organizations (CBOs), research firms, and government agencies to bring DCTs to cities nationwide. As of the writing of this handbook, we are currently co-creating DCT programs in New York City, Baltimore, San Francisco, Vermont, and three communities in Oregon!

Who should start a Direct Cash Transfer Program?

You. You should absolutely start a DCT program to serve the young people in your community! Know that Point Source Youth is here to support you.

When should I start a Direct Cash Transfer program?

Right now! Seriously. Remember, there are over 4.2 million youth and young adults experiencing homelessness each year! DCT programs are one of the fastest and most cost-effective ways to address youth homelessness, and we know they work!

Why should I try Direct Cash Transfers?

They are evidence-based.

Cash transfers are among the world's most widely-evaluated interventions for addressing poverty and a host of other well-being needs. Research also shows that DCTs are likely to be more cost-effective than traditional approaches to addressing homelessness and housing instability. Additionally, when one person receives DCTs, the people and communities around them often benefit, too!

They are what young people want.

In developing a DCT pilot program for youth in NYC alongside our research partners at Chapin Hall at the University of Chicago, we found that young people wanted a flexible, youth-centered approach to addressing homelessness, in which they could decide on the best pathway out.[3] Furthermore, when our partners at the Oregon Department of Human Services (ODHS) engaged in pre-pilot discussions with young people experiencing housing instability in Oregon, they stated they simply needed money to end their own homelessness.

How do I start a Direct Cash Transfer pilot?

Keep reading — that's what this handbook is for!

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3   Morton, M. H., Chávez, R., Kull, M. A., Carreon, E. D, Bishop, J., Daferede, S., Wood, E., Cohen, L., & Barreyro, P. (2020). Developing a direct cash transfer program for youth experiencing homelessness: Results of a mixed methods, multistakeholder design process. Chicago, IL: Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Developing-a-Direct-Cash-Transfer-Program-for-Youth.pdf

THE **SPIRIT** OF DIRECT CASH TRANSFERS

Before diving into the mechanics of direct cash transfers, we want to provide some context to our work and share some of the values and principles guiding our DCT work and advocacy.

Driven by Youth Leadership

First and foremost, our work is *accountable to young people*, with an intentional focus on 2SLGBTQIA+ youth, as well as Black, Indigenous, and young people of color (BIPOC). At PSY, we firmly believe that the real experts on youth homelessness are the young people who have navigated the experience firsthand. When we speak of DCTs as an intervention, it's not just about dollars and cents — it's about recognizing the dignity, brilliance, and aspirations of every young person seeking a pathway out of homelessness. Who better to guide us in developing this intervention than young people?

Our Cash Plus DCT model puts youth choice and youth voice firmly at the center of the intervention at every step of the way. As such, meaningfully incorporating the leadership of young people with lived experience during your DCT program design is imperative to this model. Young people infuse authenticity into the work and act as architects of impactful solutions to benefit other young adults experiencing housing instability — and they will offer you a perspective that no amount of research or analysis will ever replicate.

At PSY, our Youth Consultants work alongside us as paid experts who contribute not just from their experiences with homelessness, but also their *skills and talents*, making them integral partners in our DCT work and beyond. As we build with young people, we also listen for their interests, investing in where they want to build their own capacities. We encourage you to examine how you engage with youth in your community to ensure you integrate their experiences, skills, and talents while remaining open to new goals and dreams that may emerge as you work together.

Creating a DCT program involves an inherent commitment to centering and uplifting the voices and leadership of young people who have lived through homelessness. With their guidance, we will see DCT programs evolve from pilots to permanent programs that have the capacity to eradicate youth homelessness in the United States. As you forge ahead in reading this DCT Handbook, remember that having youth at all decision-making tables isn't a check-box — it's a cornerstone of the work.

Radical Shift in Supporting Youth

DCT programs for young adults signify a *radical shift* in homelessness service provision, and we remain accountable and in gratitude to those on whose shoulders we stand. DCTs would not be possible without Black and Indigenous leadership, thought, and organizing. This intervention would simply not exist without the intergenerational community-building and knowledge-sharing among elders and youth that have come before us. Most importantly, DCTs would not exist without the many contributions of young people — their lived experience, skills, and insights are deeply intertwined with every word of this handbook.

While the path that lies ahead may be fraught with complex challenges, with the power of our young people and their communities at the helm of our DCT work, we believe we can and *will* enact the institutional changes necessary for DCTs to become the standard prevention and intervention model for youth experiencing homelessness in the US.

Here are some of the core principles that have guided us in developing the framework for DCT programs:

Organizing

For many in the US, organizing conjures up distinct images: Martin Luther King Jr.'s March on Washington, Selma to Montgomery, Vietnam protests, NAFTA protests, Women's March, etc. Those images, however, don't really tell us the whole story. The true work of organizing is behind the scenes, with the most successful movements throughout history having centered the voices and leadership of those most oppressed by systems and institutions.

Our friends at the People's Institute for Survival and Beyond provide some key principles for organizing to dismantle institutional racism:

"Our commitment to anti-racist organizing principles is what holds our collective work together. As the forces of racism persist, anti-racist principles keep us grounded, and focused on our collective vision. We believe that an effective, broad-based movement for social transformation must be rooted in the following Anti-Racist Organizing Principles:

- **Analyzing Power:** As a society, we often believe that individuals and/or their communities are solely responsible for their conditions. Through the analysis of institutional power, we can identify and unpack the systems external to the community that create the internal realities many people experience daily.

- **Developing Leadership:** Anti-racist leadership needs to be developed intentionally and systematically within local communities and organizations.

- **Gate-keeping:** People who work in institutions often function as gatekeepers to ensure that the institution perpetuates itself. The gatekeeper becomes an agent of institutional transformation by operating with anti-racist values and networking with those who share those values and maintain accountability in the community.

- **Identifying and Analyzing Manifestations of Racism:** Acts of racism are supported by institutions and are nurtured by societal practices that reinforce and perpetuate racism.

- **Learning from History:** History is a tool for effective organizing. Understanding the lessons of history allows us to create a more humane future.

- **Maintaining Accountability:** Organizing with integrity requires that we be accountable to the communities struggling with racist oppression.

- **Networking:** We recognize that the growth of a movement for social transformation requires networking — 'building a net that works.' Networking means building principled relationships based on humane values.

- **Sharing Culture:** Culture is the life support system of a community. If a community's culture is respected and nurtured, the community's power will grow.

- **Undoing Internalized Racial Oppression:** Internalized Racial Oppression manifests itself in two forms:

  - **Internalized Racial Inferiority:** The acceptance of and acting out of an inferior definition of self given by the oppressor is rooted in the historical designation of one's race. Over many generations, this process of disempowerment and disenfranchisement expresses itself in self-defeating behavior.

  - **Internalized Racial Superiority:** The acceptance of and acting out of a superior definition is rooted in the historical designation of one's race. Over many generations, this process of empowerment and access expresses itself as unearned privileges, access to institutional power, and invisible advantages based upon race.

- **Undoing Racism®:** Racism is the single most critical barrier to building effective coalitions for social change. Racism has been consciously and systematically erected, and it can be undone only if people understand what it is, where it comes from, how it functions, and why it is perpetuated."[4]

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4   https://pisab.org/our-principles/

"**When basic needs aren't met, you're in survival mode.** Your mind is in overdrive trying to figure out where you're going to sleep, eat, etc. Giving cash to young adults can help them find somewhere to stay safe for a night (pay a friend to stay on their couch). Gives them back their control and helps take them out of the system."

– DCT YOUTH COHORT MEMBER

Mutual Aid

According to the [Big Door Brigade](#), "mutual aid is when people get together to meet each other's basic survival needs with a shared understanding that the systems we live under are not going to meet our needs and we can do it together RIGHT NOW! Mutual aid projects are a form of political participation in which people take responsibility for caring for one another and changing political conditions, not just through symbolic acts or putting pressure on their representatives in government, but by actually building new social relations that are more survivable."[5]

DCTs are rooted in the principles of mutual aid. And based on our research with Chapin Hall at the University of Chicago, intentionally distributing resources to affect material change in young folks' lives often results in them redistributing resources within their communities.

From Surviving to Thriving

Redistribution of resources doesn't happen in a vacuum. Young people, especially Black young people, are often providing for their networks long before an infusion of cash.

Marc Dones developed a theory known as "network impoverishment," which explains why Black folks are more likely to experience homelessness. The theory states, "It is not only the individual or family, but the entire network, that lacks the economic and social capital necessary to prevent and end homelessness." They found that because Black folks often have limited access to wealth within their networks, they also have minimal capacity to recover from financial emergencies. Dones posits that, "Even when African-Americans and white people live equally close to the edge of a crisis, it seems like white people have more of a social buffer to keep them from falling off."[6]

What does all this mean for DCTs? **If we shape DCT programs around our most vulnerable youth, we may also see positive impacts on their entire network.** Young people can go from simply subsisting, surviving, and shouldering the impacts of each other's crises, to building thriving and supportive networks with access to resources and mobility.

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5   https://bigdoorbrigade.com/

6   KNKX Public Radio | By Will James. (2018, November 2). [Unraveling the mystery of why so many African-Americans end up homeless](#)

PROGRAM COMPONENTS

Direct Cash Transfers (DCTs) are among the most nimble and efficient interventions in youth homelessness to date.

Rooted in youth choice and autonomy, there are three main components to the program:

1. **Cash: The literal amount of money going directly to youth**

2. **Plus: The supportive programming offered to youth on an optional or opt-in basis**

3. **Engagement: Communication and outreach performed by DCT program staff to ensure youth are aware of supportive programming and able to communicate easily about their needs or any potential issues with cash disbursements**

In the next sections, we will dive deeper into the mechanics of these core components and how to ensure youth autonomy is enshrined throughout program implementation.

Cash

While the idea of cash going directly to youth is relatively straightforward, there are decisions you will need to make when developing a DCT program. These are listed below, with some discussion offered around each.

DCT Amount

Deciding on the amount of funds youth receive is critical, especially if you aim to align your program with the original intent and spirit of this work — ending youth homelessness. **If you want DCTs to effectively end a young person's homelessness, then the DCT amount must meet or exceed the cost of housing (or shared housing) in your community.**

There are a few different tactics we use to determine DCT amounts:

1. Identify HUD Fair Market Rents (FMR) for single occupancies in the area where the DCT program is located.

   • Another option is to use the HUD FMR guide to determine the cost of *shared* housing by first identifying the FMR cost of a *two-bedroom* apartment, and then *halving* that amount.

2. With either option, we *round up* to the nearest hundred to allow for differentials in how rent is assessed (based on room sizes, which utilities are included, etc.).

3. Essentials such as food, gas, insurance, clothing, and medical/mental health-related expenses should also be considered and factored in, unless young people in your DCT pilot will have other sources of reliable income.

Example: The 2022 FMR for a two-bedroom apartment in Portland, OR was $1467 per month. After halving ($733.50) and rounding up to the nearest hundred, we determined that the DCT amount to a young person in Portland should be a minimum of $800 per month to support a shared housing option.

Distribution Frequency

While developing the parameters of DCTs for youth, we learned from our youth co-creators that many of them preferred to have the option to choose the frequency at which they received a DCT (weekly, semi-monthly, or monthly). In our work to determine a payment provider, we found that many would not offer individuals different choices (in other words, all youth in a given DCT program would receive cash at the same frequency and time). Also, DCT pilots must offer payment methods for youth who do not have access to traditional bank accounts (for reasons often steeped in inequities, many young people do not).

When possible, young people should get to determine how often they will receive their DCTs. Our existing DCT pilots are disbursing DCTs on a *semi-monthly* basis (twice per month, on the 1st and 15th) or *biweekly* (every other Friday, for example). In developing these pilots, young people preferred to have DCT payments mirror a traditional paycheck schedule.

It is important to note that **the needs of youth in our pilot communities may not mirror the needs of young people in every community.** As you develop your DCT program, young people in your community may want or need more individualized options; be sure to work with young people and your payment provider to develop appropriate youth-centric parameters.

One-Time DCT

Another distinguishing feature of our DCT programs is that we encourage partners and funders to advocate for a larger *one-time* DCT payment, an *Enrichment Fund*, on top of the recurring DCTs. Designed to support larger expenses such as move-in costs or purchasing a form of transportation, this amount has been set at $3,000 or more in our existing pilots. Youth can access this lump sum at any time.

Considering the significant life changes that can occur once youth begin receiving regular DCTs, we have seen these dollars utilized for:

- First month's rent and/or housing security deposits

- Buying a car or making major car repairs

- Purchasing furniture

- Debt reduction or elimination

- Relocation expenses (i.e., fare to a new town or city)

- Moving costs (i.e., U-Haul rental, movers, etc.)

This added benefit emerged directly from our DCT work with young people, who noted that even when they began to receive stable DCT income, significant financial barriers often prevented them from achieving their housing goals.

Hold-Harmless Funding

Another major consideration in planning a DCT program is benefits. You should start by examining what benefits young people in your community may already be receiving (SNAP, TANF, SSI, etc.), as DCTs may adversely affect eligibility or reduce benefit amounts. This is sometimes called the "cliff effect," where youth see an increase in income via DCTs, but are then 'pushed off' of one or more of their existing benefits.

In several communities, concerted advocacy among PSY and our partners has prevented DCTs from adversely affecting benefits. However, as policy change may be slow or impossible, we suggest a *hold-harmless fund* approach, where additional dollars are added to DCTs to offset any financial harm young people may experience while enrolled. The easiest and most equitable way to employ a hold-harmless approach is to increase the regular DCT amount for all enrolled youth. For example, many young people enrolling in DCT programs have about $200/month in SNAP (food stamps) benefits. If your community decides to offer $1000/month DCTs to young people, a hold harmless approach would suggest increasing this to $1200 for *all* participants, in case SNAP is lost.

It is important to include the perspectives of youth, benefits specialists, case managers, and local and state benefits experts when developing hold harmless parameters.

Duration

As CBOs are often working with a finite pool of DCT dollars, DCTs are not meant to be a lifelong intervention (yet!). However, a DCT program should be constructed such that it is long enough for youth to comfortably reach their housing goals.

Based on focus groups and co-design workshops with young people with lived experience of homelessness, PSY recommends a DCT program duration of *two years*. In addition, a systematic review of research literature suggested that youth with significant histories of instability need at least a year of support to stabilize, and at least two years of support to begin investing in their goals.

Plus (Optional Supportive Programming)

While many problems are solved through DCTs, cash alone may not help youth scale *all* the barriers to exiting homelessness. That is why we emphasize the importance of specialized **optional supportive programming** (the "Plus" in "Cash Plus'') for DCT participants.

In our work with youth receiving DCTs, we have gleaned that CBOs should pay particular attention to developing DCT program staff's aptitude in the following three support areas:

- Financial Empowerment

- Housing Navigation

- Case Management

As you develop supportive DCT "Plus" programming in your community, it will be really important to co-create shared definitions for all program components. We recommend that all parties involved have thorough and nuanced discussions around each aspect of supportive programming to avoid ambiguity, and to be able to foster accountability among all parties involved. Taking the time needed to flesh out clear processes, expectations, roles, and goals for all optional supportive services and how they specifically apply to DCT participants and programming, will support the young people's success and increase the likelihood of programmatic sustainability — we promise!

Financial Empowerment

There are no officially defined programs from HUD, nor any agreed-upon national frameworks, for offering financial planning to young people experiencing homelessness. While terms like "financial empowerment" and "financial literacy" are used often in homelessness discourse, they are rather ambiguous, especially among young people, who often have varying definitions. This ambiguity offers communities the opportunity to develop definitions together.

What does financial empowerment look like for young people in your community? We've worked with providers and young adults to define financial empowerment as:

- Financial education and literacy (understanding paychecks, recurring payments, Afterpay, Payday Loans, impacts of DCTs on non-cash benefits)

- Access to financial wellness workshops

- Budgeting (including large lump sums and unexpected income)

- Credit/debt help

- Partnerships with banks and credit unions (and applying for accounts)

- Being able to provide a physical address to receive mail

- Tax preparation support

- Financial guide/coach - available to help with spending decisions

- Employment literacy - advocating for fair wages and benefits

To ensure these optional services were offered through the DCT financial empowerment programming in Oregon, we determined what resources existed among agency staff, partner CBOs, and the larger community, identified missing resources, and ensured that DCT program staff were willing to provide these services and/or refer out as needed.

Housing Navigation

In developing supportive programming for DCTs, we found that "housing navigation" was also ambiguous among our partners and youth. Just as we did with "financial empowerment," we workshopped the concept together to generate a shared definition for the type of supports needed through navigation programming:

- Help with housing/rental applications

- Landlord recruitment and building rapport with landlords

- Assessing youth for housing wants/needs

- Housing linkage/referral

- Roommate matching

- Identifying housing while on probation

- How to be a "good" tenant/renter/ neighbor/roommate

- Discussing co-signers

- Translation of documents and legalese as needed

- Understanding leases, housing rights, and legal aid

- Maintenance issues and housing conditions advocacy

- Understanding all costs and hidden fees

- Knowing how and when to make rental payments

- Understanding and accessing payment ledgers

- Finding housing with pets (pet fees, emotional support animals, etc.)

- Communication between youth, case managers, and housing navigators (who/when)

- Housing tours and housing fairs

Case Management

Similarly, we've worked with service providers and young people to decide what "case management" meant for them:

- Needs assessment (ongoing, as needs change over time)

- Youth-led goal planning (reoccurring, re-evaluating)

- Navigating resources, service matching, referrals ("warm hand-offs")

- Skill-building support

- Advocacy and self-advocacy tools

- Safe and intentional communication (inclusive of home visits, as desired)

- General peer support

- Assistance with obtaining identity documents

- Child care and parenting resources

- Transportation

- Addiction and recovery support

- Support with family connections and other relationships

- Translation services (as needed)

- Furniture resources

Remember, each young person is unique and will have specific needs. Service providers must maintain a solutions-oriented mindset and be prepared to provide referrals and service linkages whenever their organization cannot meet a young person's case management needs.

ENGAGEMENT

As the final component of our DCT Cash Plus model, engagement involves ensuring that young people are consistently aware of the available optional supportive services. This work is fundamentally critical to their success and the overall success of a DCT program. At the same time, young people must also be afforded agency and the opportunity to opt-in and opt-out of any/all supportive programming at their discretion.

Thus far, the most successful DCT program engagement plans have been those co-created with PSY's Youth Consultants and/or with input from young people in the communities we work with. Engagement plans must remain flexible and adaptable to the needs of the youth and the CBO. In addition to determining engagement frequencies and types, the quality of engagement is also an important consideration. Every effort should be made to meaningfully engage with youth from the very first interaction (often, this is at DCT program orientation). Each interaction with a young person offers an opportunity to strengthen rapport and to genuinely support the young person in their housing endeavors and/or other goals they may have identified. We will further discuss the components of this plan later on, so keep reading!

Programming Approaches

Now that we have named the services that should be provided via optional supportive programming, we will briefly share some common programmatic approaches that have been proven successful in working with young people experiencing housing instability. If you do not have familiarity with these approaches and models, know that there is endless information out there and that great trainings for you and your team exist (some of which PSY offers!).

Harm Reduction

Harm reduction is an approach rooted in a set of practical strategies and ideas aimed at reducing negative consequences associated with alcohol, substance use, addiction, sex work, and other vulnerable behaviors. As an intersectional social movement, harm reduction also refers to policies, programs, and practices that aim to reduce the societal harms associated with these behaviors, while fostering new and accessible approaches designed to prevent or mitigate transmission of HIV. The National Harm Reduction Coalition outlines eight principles as central to the practice of harm reduction:

1. Accepts that drug use is part of our world works to minimize harmful effects rather than to ignore or condemn them.

2. Understands drug use as a continuum of behaviors (from severe use to total abstinence), and acknowledges that some ways of using are safer than others.

3. Establishes quality of life and well-being — not necessarily cessation of use — as the criteria for successful interventions and policies.

4. Calls for non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live.

5. Ensures that people who use drugs (PWUD) have a voice in creating programs and policies designed to support them.

6. Affirms PWUD as primary agents of reducing the harms of their use and seeks to empower them to share information and support.

7. Recognizes that poverty, class, racism, social isolation, trauma, discrimination, and social inequalities affect people's vulnerability to use and capacity for effectively dealing with drug-related harm.[7]

Motivational Interviewing and Stages of Change

Motivational Interviewing (MI)[8] guides individuals toward positive decisions and goal attainment by integrating client readiness and worker encouragement. Grounded in the *importance* of change (to the youth), their *confidence* to change and grow, and the timeline for which change will occur, MI is collaborative, non-confrontational, and non-punitive. Through an MI approach, workers express empathy, identify discrepancies between words and behaviors, avoid argumentation, 'roll with resistance,' and support young people's agency. The MI framework has five major stages of change: pre-contemplation (not ready), contemplation (getting ready), preparation (ready), action (going for it), maintenance (sticking to it), and relapse (learning). Workers use open-ended questions, affirmations, reflections, and summarizing (OARS) to facilitate movement through these stages. Finally, MI acknowledges relapse as learning and underscores the transformative power of empathetic communication.

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7   https://harmreduction.org/about-us/principles-of-harm-reduction/

8   https://recoveryfirst.org/therapy/motivational-interviewing/stages-of-change/

Critical Time Intervention

Critical Time Intervention (CTI)[9] is a time-limited, evidence-based practice supporting individuals during major life transitions. CTI generally spans 3-9 months and is coupled with DCTs for stability. Months 1-4 focus on intensive case management for needs assessment, goal-setting, and creating a housing plan, informed and guided by the participant. During post-housing placement (months 5-8), services, referrals, and education are provided to strengthen housing stability. Generally, workers and clients go from meeting weekly during months 1-4 to biweekly in months 5-8. Ideally, in the final month of CTI (month nine), the young person will have achieved housing stability, and case management services will either terminate or become less intensive (as agreed upon). DCTs will continue to support the participant in increasing their income while under less financial stress (thus reducing their need for DCTs over time).

Positive Youth Development

Positive Youth Development (PYD) is a service approach designed to promote a young person's sense of safety and structure, belonging and membership, self-worth and social contribution, independence and control over one's life, and closeness in relationships. As many young people with a history of housing instability do not have access to many trustworthy and respectful relationships, PYD is driven by fostering positive, consistent, dependable relationships. These relationships should affirm the young person's strengths, identities, feelings, and progress.

PYD practices involve working alongside young adults to improve their assets, agency, contribution, and an enabling environment.[10] Additionally, recognizing a young person's trauma history can support the process of identifying their strengths together. What has aided them in getting to this point? Is it art, music, math, interpersonal relationships? Essentially, the goal is to recognize, utilize, and enhance young people's strengths and interests to engage and support them as they work toward their goals. Finally, to ensure PYD practices are implemented consistently in the agency's youth work, a PYD approach requires ongoing training and monitoring.

Trauma-Informed Care

Trauma-Informed Care (TIC) is a client service approach that assumes most individuals have a history of trauma, which may manifest in present-day behaviors. TIC emphasizes physical, psychological, and emotional safety for both participants and providers, and creates opportunities for participants to heal as they rebuild a sense of control. **SAMHSA outlines six guiding principles for a trauma-informed approach.** TIC seeks to dismantle the shame and stigmatization that often accompanies experiences of trauma (and the long-term impacts), and instead views these experiences as powerful opportunities for collective care and a better understanding of human behavior.[11]

Additionally, TIC makes room for the humanity of service providers and how a provider's own history of trauma may impact their client work and relationships with colleagues. Staff working in a trauma-informed environment are taught to recognize and address organizational and systemic practices that may trigger painful memories or re-traumatize youth and/or staff. We can better support one another in the work by fostering a collective understanding of trauma. We are also more equipped to identify underlying explanations for behavioral and emotional responses among young people that might otherwise (perhaps in other spaces) be deemed 'unacceptable' or harmful to self or others.

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9   https://endhomelessness.org/resource/ctirrh/?gclid=CjwKCAiA7t6sBhAiEiwAsaieYo6NKJjb8Rwg3dFtbKPFDk2oLjw5jK0QOi95aGkn-BiRfbDHCmq9VRoCoUMQAvD_BwE

10   https://www.youthpower.org/sites/default/files/YouthPower/resources/PYD%20Measurement%20Toolkit%20Final.pdf

11   https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Three Core Transformative Justice Beliefs:

1 **Individual justice and collective liberation are equally important,** mutually supportive, and fundamentally intertwined — achieving one is impossible without the achievement of the other.

2 **The conditions that allow violence to occur must be transformed** in order to achieve justice in individual instances of violence. Therefore, Transformative Justice is both a liberating politic and an approach to seeking justice.

3 State and systemic responses to violence, including the criminal legal system and child welfare agencies, not only **fail to advance individual and collective justice,** but also condone and perpetuate cycles of violence.

Anti-Racism

Systemic racism has pointedly disadvantaged BIPOC (Black, Indigenous, People of Color) communities for centuries. Consequently, racism is embedded in many systems, structures, and approaches utilized to serve people experiencing homelessness. To engage youth homelessness work thoughtfully and intersectionally, we must actively acknowledge and address the influence racism has on us as individuals, and more broadly, within our organizational practices, policies, and procedures.

Some key areas to consider for DCT programs are:

- **Hiring Practices:** Be intentional about hiring Black, Indigenous, People of Color (BIPOC) and all those who systematically experience marginalization and othering. Often, organizations' board members and those in senior leadership are white. We must intentionally incorporate diversity in our work, and not just with entry-level positions.

- **Compensation:** People of color consistently make significantly less than white counterparts for doing the same jobs. Furthermore, those who have been historically disenfranchised are less likely to negotiate their salaries. We believe they should not have to. Be fair. Pay individuals for all they bring to their position, expertise, and skills. Acknowledge that lived experience is just as valuable, if not more valuable, than formal education.

- **Adverse events:** Black youth receive harsher punishments than white counterparts for the same 'infractions' in schools, the judicial system, and society. Black youth are frequently punished based on the mere perception that they have committed infractions, irrespective of whether or not it is true.

DCT program staff must consistently develop and hone their capacity to serve young people from all backgrounds with an intentional focus on BIPOC young people.

Transformative Justice

Transformative Justice (TJ) is a liberatory approach to violence that promotes safety and accountability without relying on alienation, punishment, State or systemic violence (including incarceration and policing).

Transformative Justice seeks to provide people who experience violence with immediate safety and long-term healing and reparations, while holding people who commit violence accountable within their communities. Accountability often includes stopping any immediate harm or abuse, committing not to engage in future harm, and offering reparations for past harms. Genuine accountability usually requires ongoing support and access to transformative healing work for all parties involved, including the individual(s) or entities causing harm.

Virtual Programming

In response to the COVID-19 pandemic, many social service agencies adapted by providing services virtually. Direct service providers, who have historically relied on in-person connection to promote rapport-building, pivoted to phones and computers for case management, resource navigation, community collaboration, and advocacy efforts. These dramatic changes, which have fundamentally altered how humans interact with one another, require the implementation of best practices for technology-based service delivery. CBOs should continuously evaluate how they deliver services, convey information to young people and the public, manage and store information about youth, and work remotely and efficiently as a team.

As you navigate virtual service delivery for youth, it is important to:

- Provide increased training opportunities for staff

- Develop clear, written guidelines and boundaries for youth and staff engagement (and reevaluate these over time)

- Address privacy concerns and information-sharing

While youth workers and advocates sought to find innovative and new ways to stay connected with young people during COVID-19, the insights and innovations we learned through adaptation must not be left behind as we return to connecting in person. Many young people struggle with accessibility and transportation. Staff should continue to think critically about young people's mobility, access to technology, and ways to ensure remote access to services. This might include providing phones, computers, and tablets for youth to use at home, ensuring that youth have access to stable internet, and creating web-based resource pages, online fliers, social media posts, and other digital tools young people find easy to navigate.

Finally, although virtual work removes barriers to services, it still requires that we rely upon best practices in healthcare, social work, and advocacy to provide quality care for young people. Even when we are not engaging in person, we must remember that genuine human connection is essential for positive outcomes.

> **"Supportive services are OPTIONAL — be mindful of how services are offered… just because the person is young doesn't mean they can't make smart decisions that are in their best interest."**
>
> – DCT YOUTH COHORT MEMBER

GETTING YOUR PROGRAM STARTED

Where to Begin?

The simplest way to describe how most DCT projects have begun is … "by talking about it!" NON-STOP! PSY staff mention DCTs in almost every meeting we have with providers, policy experts, funders, local government officials, HUD, researchers, community members, and young people. Additionally, some of our partner organizations began exploring DCTs because a singular staff person advocated for bringing the work to their organization. We encourage you to do the same in your organizations and communities. The more people that know DCTs for young people exist, the more of us there are to advocate for the continued expansion of this intervention. Remember, DCTs are a growing movement for both preventing *and* ending youth homelessness!

Advocacy: Overcoming Concerns, Myths, and Misconceptions

As you begin to talk about the need for DCTs in your community, it is likely that you will encounter some resistance. Addressing concerns, myths, and misconceptions regarding DCTs for unstably housed young people requires clear and concise responses. By using these talking points, you can effectively address the most common concerns of donors and constituents, while communicating the value and impact of using DCTs to address youth homelessness in your community. Here are some commonly asked questions with corresponding talking points:

Isn't providing direct cash transfers to young people just giving them "hand-outs?"

Direct cash transfers (DCTs) offer a strategic means of addressing the immediate financial needs of youth experiencing homelessness or housing instability. Unlike other homelessness interventions, which tend to force young people into uncomfortable living situations out of sheer necessity, DCTs inherently honor young people's agency and dignity. By providing young people with cash (combined with supportive services), we are equipping them to make decisions that support their unique circumstances. DCTs invest funds in young people's lives and futures, eliminating common barriers to housing, education, and employment opportunities.

Won't young people become dependent on DCT funds and stop working?

Evidence from many income pilot programs shows that direct cash transfers don't discourage people from working or seeking work. In fact, they often permit recipients to access the time, transportation, childcare, and/or materials needed to pursue education, training, and better employment opportunities, leading to increased long-term financial independence (and less dependency on nonprofit organizations, systems, and the social safety net). Additionally, for young people from families struggling with intergenerational poverty, DCTs have the potential to break this cycle by promoting self-sufficiency at younger ages. Finally, for people who simply *cannot* work (or cannot do so full-time), DCTs can be transformative.

How can we ensure that DCT funds are used responsibly?

Robust data demonstrates that people in income pilots tend to prioritize necessities like food, housing, and healthcare when provided with direct cash support. Additionally, young people in our pilot programs are offered access to participant-driven case management, financial coaching, and peer support services to support their ability to budget DCT funds responsibly.

Isn't this just another form of 'welfare' that doesn't solve the root problems? Isn't the real issue lack of affordable housing and systemic factors?

Direct cash transfers are not meant to address all social problems but can alleviate systemic burdens. For example, DCTs address social determinants of health for young people, which are often root causes of engagement with social services and larger systems (particularly the criminal legal system, as young people are sometimes forced to engage in survival crimes due to a lack of critical resources). DCTs can offer an immediate solution to youth homelessness while advocates and activists work collectively to address deeper systemic issues like poverty, affordable housing, and the need for services tailored specifically to young people.

How are DCTs different from what exists already, like government cash assistance programs?

Beyond being focused on supporting young people to achieve a stable housing outcome, DCTs reduce many of the common barriers involved with existing cash assistance programs. For example, young people seeking support or housing through traditional channels often experience denials or discrimination based on ageism and/or having one or more oppressed identities (race, gender, class, orientation, ability, etc.). To apply, they may also need identification or be required to bring (or complete) stacks of paperwork, may have to engage with adults who lack experience meeting the unique needs of young adults, may need transportation to in-person offices, may have to wait for extensive periods while in crisis, etc.

How does providing young people with cash actually solve their problems?

Through a unique "Cash Plus" model, young people in our DCT pilots receive much more than cash — they are afforded access to personalized case management, financial coaching, housing navigation, peer support services, and regular check-ins to support them with navigating personal challenges, overcoming complex barriers, and taking steps toward their own goals.

Why might some young people need DCTs to achieve stability while others do not?

While some young adults make it out of homelessness without access to DCTs, a host of factors play a role - race, gender, orientation, length of time unhoused, trauma history, intergenerational/family poverty, access to external financial support (from family, chosen family, friends, and/or a partner), ability (physically, cognitively, emotionally), etc. DCTs are not about comparing young people's circumstances but instead addressing the diverse needs of ALL young people — particularly those who face more complex barriers to long-term stability.

What about the potential for misuse or fraud?

Thus far, research indicates that instances of misuse are minimal, and occur less than with most government programs. Additionally, DCT programs can include mechanisms to prevent misuse, financial exploitation, and fraud. Technology is also being developed to address some of these areas (i.e., embedding ways to ask for support for financial exploitation directly within apps used to disburse DCTs, etc.).

Won't DCTs and other income programs lead to inflation or increased costs for essential goods?

The scale of most direct cash transfer or basic income programs isn't large enough to trigger widespread inflation. Additionally, the influx of cash a recipient receives often has positive effects on their family unit, social network, and local economy.

What about the cost of DCTs? Can we afford it?

The cost of direct cash transfer programs is less than the cost of "traditional" homelessness intervention services. Prolonged or chronic homelessness is especially expensive for municipalities, often involving costs for emergency shelter, wraparound social services, emergency services, and the criminal legal system. By being cost-effective overall, the long-term economic and social benefits of DCTs clearly outweigh the initial investment.

Are there any examples of successful direct cash transfer programs?

There have been many successful income pilot programs all over the country, with some larger ones in California, Illinois, New York, and Colorado, and globally in places like Finland and Kenya. These pilots have demonstrated positive impacts on recipients' well-being, employment prospects, overall quality of life, and long-term health and wellness outcomes. Additionally, while all of our DCT pilots are actively underway, preliminary data suggests that young people receiving DCTs are seeing more positive changes in their lives than those who are not.

Shouldn't our focus be on funding shelters and services, not giving money directly?

DCTs don't replace essential or emergency services but work well in tandem. They can offer some immediate financial/barrier relief to unstably housed youth, allowing them to engage more regularly and effectively with supportive services. Additionally, DCTs offer means for young people to avoid engagement (or re-engagement) with existing systems and/or organizations that may cause harm, trauma, or re-traumatization. Finally, when fewer youth engage with shelters (which are often over capacity), there is more space for other young people who may have no choice but to utilize these services.

How can DCTs be sustainable in the long run?

DCTs are part of a much larger effort to scale solutions to youth homelessness. By addressing young people's immediate needs, we're providing a foundation for youth to participate in opportunities and programs that will lead to long-term stability.

Won't other young people in our programs be jealous of youth who receive DCTs?

While some young people may be *eligible* for a DCT program, they may not end up being in a priority subpopulation (or may not ultimately 'win' a randomized selection lottery). As such, it's possible that a young person who was not chosen will run into a young adult who was. When this occurs, youth may approach staff with questions, concerns, and/or high intensity emotions. It's important to be able to explain that your DCT program was designed through an equity lens with specific eligibility criteria in mind, and to

be transparent about your selection/lottery process (being cautious to protect confidential information and identities). It may be helpful to stress that DCTs are just one part of a broader support program, and are not rewards, but tools to help individuals achieve stability.

What happens when the payments end?

When DCTs come to an end, the program sunset and transition process is carefully planned and communicated. Ideally, participants have had opportunities to build new financial skills and identify other income sources during the program that will support them in maintaining financial stability. Additionally, our pilots generally offer aftercare support, connecting participants with continued services and resources like employment assistance, educational opportunities, and/or long-term housing programs such as rapid re-housing (RRH) or permanent supportive housing (PSH) to ensure they sustain the progress they made during the DCT program. Our aim is to provide a safety net that helps young people achieve lasting stability long after DCTs conclude.

Supporting Your Advocacy - Online Talking Points, Resources, and Research:

- Guaranteed Income Dashboard: Data and stories from dozens of income pilots around the U.S.

- Bloomberg: For More Than 20 Guaranteed Income Projects, the Data Is In

- Economic Security Project (ESP): Cash Policy Talking Points and A Storytelling Guide for Guaranteed Income Advocates

- Action Network: Basic Income Conversation Toolkit

Fundraising

While PSY is certainly not the only organization advocating for DCTs, we have established a grassroots network of providers that are committed to radically centering the needs and voices of youth and young adults. By constantly engaging and growing this network, we have also been able to identify opportunities to garner funding to implement DCTs.

When discussing DCTs everywhere we go, we often hear, "We'd love to do this, but we don't know where the money will come from." PSY is dedicated to overcoming this scarcity mindset. While it is pervasive in the nonprofit sector, it has particularly devastating effects on youth homelessness, a crisis we believe can be eradicated through broader financial support, advocacy, and policy change. The pockets of people and institutions in the United States are deep —

quite literally *filled* with an abundance of cash that could solve this problem. How those dollars get tapped into - and through whom and when - is part of our shared advocacy work.

The funding for DCT pilots in the current communities that PSY is working in are a blend of public and private funding, proving your community's seed funding could come from either or both! A community that wants DCTs should have some enterprising folks at the helm of fundraising efforts, who are continuously connecting with funders, government officials, local leaders, and others.

Here are some basics about public versus private funding:

Public Funding:	Private Funding:
Public funding is money that comes to communities from federal, state, or other local governments (city or county). This money generally has statutory or regulatory requirements that guide how it can be utilized. Public entities may have funding that can be utilized for supporting DCTs, such as your state's Department of Housing (it may also be associated with Community Development in your state). Your state legislature's annual budgeting process may also be promising, especially since some states have existing budget line items that may support flexible financial assistance like DCTs. Additionally, the leadership team in state offices are generally important allies for housing and homelessness work, so connecting with them about what is available and where they may be able to support additional conversations is key. Meeting with other local decision-makers in your city and county may also help connect public fundraising dots. For instance, mayors often have discretionary funds in their general budgets that they can direct to initiatives like DCTs (as evidenced by the work of [Mayors for a Guaranteed Income](#)). While public dollars are likely the most stable, long-term source of funding that your DCT project can access, conversations with public funders may take time. Get started!	**Private funding is money that comes from sources like foundations, individual donations, and corporate philanthropy.** This funding can be easier to acquire than public funding and usually comes with less regulations to adhere to during implementation. However, it may also be made available in smaller amounts and is usually not long-term. That said, private funders are usually more willing to take on risk by trying something new. Start by getting to know local foundations in your area who may already be supporting work in homelessness, housing, or youth development, and ask if they are open to learning more about DCTs. You may be able to get a funder to convene a learning opportunity with other local funders so you can share with a wider audience at one time. In general, asking one funder to introduce you to other values-aligned funders is a sound fundraising strategy. Most funders want to see investments from multiple sources before they contribute. Not only does it inspire funder confidence, but it is a sound practice to diversify funding streams - this way, if you lose a funder down the line, you don't lose your whole DCT program. Additionally, corporations in your community usually have a philanthropic arm that is required to invest in community-based initiatives like DCTs. Some require an invitation from an employee of that company. Banks, hospitals, local utilities, and large businesses are great examples of corporations who may be able to contribute. If you are only able to raise smaller sums at first, don't get discouraged. With some of our DCT partners, we have seen those dollars multiply through networking and conveying the power and potential of DCTs!

Community Buy-In & Collaboration

Advocating for funding is important, but it is also crucial to establish your community's buy-in. For example, many of the meetings and Q&A sessions with our communities had a dual purpose: the first being to raise awareness among stakeholders to be able to fund DCT pilot work, and the second being to develop a shared local understanding of and desire for DCTs — especially among boots-on-the-ground advocates and young people.

Developing community buy-in is a process. In most communities we have worked with, there are people who have championed DCTs for youth instantly. Others bought in after deeper discussions on how young adult autonomy, ageism, racism, and classism are addressed within a thoughtfully designed DCT program. Questions like "How do we prohibit youth from spending their DCTs on drugs and alcohol?" and, "can we track their spending via the payment platform?" are quite common when newly discussing DCTs. With the right amount of preparation, information, and tenacity, answers to these questions can become strong rallying points for other advocates in your community to invest in the power of DCTs, particularly as a vehicle to support autonomy and agency among young adults experiencing homelessness or housing instability.

For reference, here are some of the tools and strategies we use while advocating for DCT funding and community buy-in:

- Landscape Analysis: Be able to clearly describe the need for DCTs in your community.

  - What gaps in your existing youth homelessness system could DCTs fill?

  - What barriers keep youth from accessing housing in your community?

- Youth Leadership: Most of the time, you will need to have a basic program design (cash amounts for DCTs, budgets, supportive programming offerings, partners, etc.) hashed out when presenting to funders or new community partners.

  - Ensure that youth leaders are at the table for all decision-making, especially when deciding on CBO partners and program design elements

  - Pay youth and young adults *fairly* and treat them as consultants - because they are!

- Resource Mapping: Examining perceptions and existing assets in your community can help you discern where to prioritize your time and advocacy.

  - **Residents**

    - How do housed folks view homelessness in your community?

    - What homelessness advocates could you partner with for DCT startup?

  - **Institutional Partners**

    - Does your organization (and other local organizations) support DCTs?

    - What government institutions might support and/or fund DCT work?

  - **Economic Assets**

    - What can your organization provide? How much is the funding gap?

    - Are there foundations, private donors, or businesses to fill the gap?

- **Stories**

  - How and why do local youth enter the homelessness system?

  - What efforts have been made to end youth homelessness? What have local young folks' experiences been like when engaging systems?

- **Physical Assets**

  - Where are you going to provide DCT programming?

  - What is your community's housing supply like? Do you have access to landlords, real estate professionals, and/or public housing opportunities?

For a DCT program to be true to the values and spirit of the intervention, you *must* plan collaboratively with your community. To create an effective and community-driven DCT steering committee, you should work with young people, youth homelessness service providers, local decision-makers, and government officials. Of course, we recommend partnering with PSY to offer your DCT steering committee technical assistance as it comes together! If you are interested in connecting with us, please contact our Partnerships team at partnerships@pointsourceyouth.org.

Finding a Payment Provider

In co-designing DCT programs in our communities, many young people have stated the need for payments to be accessible, flexible, and responsive to the needs of unstably housed youth. When thinking about how youth will *receive* DCT funds, it is imperative to consider barriers they may experience with traditional banking (i.e., limited credit history, insufficient funds to meet minimum thresholds, lacking identification, or missing citizenship documents). These challenges are often compounded for youth who are undocumented, disabled, trans or gender non-conforming, etc.

As mentioned earlier, when we say *cash*, we don't mean that youth will receive literal paper cash throughout their time in the program. With the amount that DCT programs generally provide to youth, it's actually unsafe to distribute cold hard cash. Instead, we are talking about getting youth money in the most *accessible* ways possible; bank transfers, digital wallets, and re-loadable debit cards.

Even via digital platforms, most community-based organizations do not have the infrastructure or capacity to make cash disbursements to young people on a regular basis. In our communities, we work closely with CBOs to identify an appropriate payment provider to reduce the labor and complexities associated with getting cash into the hands of young people each month. Our parameters for selecting a payment provider are as follows:

- **Low Barriers to Entry:** Young people (ages 18-24) should be able to access DCT payments without citizenship documentation, identification documents, or credit histories.

- **Flexibility & Choice:** DCT payment processors should always allow for multiple payment options (i.e., checks, direct deposit, pre-loaded debit card, Venmo, Zelle, etc.) and youth choice.

- **Ease of Access:** Young people can access their money easily and make changes to their payment preferences quickly, in ways that match their shifting realities and needs. Even those without bank accounts should be able to withdraw cash if/as needed.

- **Youth-friendly:** Payment processing should be relatively simple for young people to navigate, with customer/ support service that is reachable. Some processors offer user-friendly apps, which generally afford increased access/autonomy to young people.

- **Automated Disbursements:** Youth should have confidence that their transfers will regularly come on time and without issue.

Hiring and Staffing

The CBO staff responsible for supportive programming and youth engagement throughout a DCT program's implementation are crucial and must meet specific criteria to align with the spirit of DCTs. When thinking of hiring staff for our work in Oregon, we considered the following criteria in creating job descriptions and hiring processes:

- History of advocacy for BIPOC & 2SLGBTQIA+ communities

- Experience with homelessness and/or intersecting systems

- Belief in the importance of youth choice and voice

- Strong foundation in core DCT Approaches:

  - Motivational Interviewing

  - Critical Time Intervention

  - Positive Youth Development

  - Harm Reduction

  - Trauma-Informed Care

- Able to navigate and understand public benefits

These considerations helped us write the job descriptions for the roles that CBOs would hire for. While the positions may look different from one organization to the next, these are the general roles required to implement a DCT program:

- **Program Manager:** Responsible for managing the program's day-to-day operations, handling grievances, and providing program staff with direction and support

- **Case Manager:** Responsible for performing traditional case management and financial empowerment programming with DCT participants on an opt-in basis

- **Peer Navigator:** Responsible for helping young people find housing and navigate any barriers involved, and managing engagement with regard to supportive programming

- **Housing Navigator:** Responsible for engaging public and private properties and landlords to create a pipeline of safe and affordable housing inventory for youth participants.

These roles are meant to be a guide, not a standard, so be sure to work with your steering committee and your community to tailor each role to your specific staffing and supportive programming needs.

Staff Training

Though DCT program staff should be hired on the basis of the traits, experience, and expertise named above, it's still important to onboard and train them to ensure that their client work is aligned with the values associated with DCTs. For experienced case managers, it may be difficult to fully embrace aspects of DCT program design, such as youth choice and opt-in programming - not because they don't want this for young people, but because it may be hard to *believe* that the program affords youth such freedom and autonomy. Cash Plus DCT programming is likely very different from what experienced staff are used to. For staff to engage in DCT work long-term, they must be willing to work within an intervention that is radically oriented around a young person's autonomy and ability to decide how they want to live.

Much of this handbook can be used as a 'jumping off point' for training DCT program staff, but you will want to have an especially strong grounding in the 'Approaches' section above. Anyone can create the programmatic processes detailed later in this section. However, if those processes are going to be rooted in youth choice, those who create and implement those processes must be specifically trained in the values and spirit of DCT work. In communities across the country, PSY provides training and technical assistance to support the startup of new DCT programs. To learn more about a partnership with us, contact our Partnerships team at partnerships@pointsourceyouth.org.

Building Off Current Services

Much of DCT work is about **building upon power and resources already available to youth** in communities across the country. Many CBOs already offer the supportive programming that is part of the DCT Cash Plus model; financial empowerment resources, case management services, and housing navigation for young people. Providing these services to DCT participants looks different because youth are placed in the driver's seat of their care (rather than services being required or conditional to receive other services/supports).

Benefits Counseling

One component of supportive programming that many CBOs will need external support with is benefits counseling. Because DCT amounts are typically larger than average employment income, and some locales might require young people to count their DCT as income, they could be deemed ineligible for many benefits. There is a long way to go in terms of advocacy with state legislatures to ensure DCTs are not viewed as income. In the meantime, we must prepare young people to weigh the benefits and trade-offs of accepting DCTs. We should also discuss what they can expect when they leave the program.

Our work with Chapin Hall at the University of Chicago illuminated the reality that DCTs are likely to impact young people's public benefits in most states. However, it is important to note that with some DCT projects, such as the one in New York, we have successfully advocated for state policy to ensure DCTs are not counted as income (thus allowing young people to retain their benefits).

Unfortunately, not every state is at a place where youth DCTs will take high priority with regard to policy making. As such, when setting up a DCT program (and determining the amounts to be distributed), it is essential to consult with benefits professionals to determine how/if your DCT program will impact young people's benefits in your state. Additionally, we recommend having a strong benefits counselor on staff to walk alongside young people as they make decisions about DCTs and their benefits.

Service Referrals

At times, it may be necessary for DCT staff to refer young people out for supportive services not offered by your agency. When a young person requests services that the CBO does not provide, staff should be responsive, with referrals made in a timely manner to honor the youth's agency and ensure their needs are consistently met.

Due to the optional nature of supportive programming in a DCT Cash Plus program, staff will only be making referrals when young people engage with supportive programming (i.e., case management, housing navigation, or financial empowerment services). Once a young person has engaged with supportive programming messaging (such as a check-in text or phone call from DCT staff) or reached out on their own to schedule an appointment, here are nine tips that can be utilized for making any desired referrals:

9 Tips for Making Service Referrals

1 Develop "go to" referral partners in your area for young people's most commonly requested services.

2 Look to other areas/partners for unique referral needs (or for when existing partners may be at capacity). This may include virtual services if the young person is open to it.

3 Discuss a formal partnership/referral process for your CBO and the new partner.

4 Make a direct connection with the staff member you are referring the young person to. Discern whether or not they are the correct person to refer to for that service.

5 Create clear processes for documenting all referrals, and follow up with the young person to determine if their needs were met (and in a timely manner).

6 Document referral processes and record contacts for future reference.

7 Organize transportation for the young person or service provider if/as needed (this may include offering bus passes, train fare, etc.).

8 Follow up with the young person to determine if their needs were met

9 If you are having trouble identifying particular services in your area, PSY may be able to offer insights via our national network.

Eligibility vs. Prioritization

We hope policymakers will one day utilize our country's stolen wealth to offer sustaining financial reparations to communities most impacted by wealth and labor extraction. In the meantime, we view it as part of our role, as individuals with privilege and access in this sector, to raise and redistribute wealth to our young people via the DCT movement. With that said, we recognize that most DCT programs will initially operate with limited financial resources. Because you will have many more young people eligible for DCTs than you can support, creating a prioritization process will allow you to distribute dollars equitably to young people with the greatest need. With that, here are the differences between eligibility and prioritization:

Eligibility: Refers to the criteria used to determine whether an individual qualifies to receive DCTs. Eligibility criteria usually include factors like age, income level, housing status, identities, parenting status, or medical conditions. Meeting these criteria is essential for an individual to be considered for participation in the direct cash transfer program.

Prioritization: The process of determining the order in which eligible individuals will be selected to receive the cash transfer. While all eligible individuals meet the basic criteria for participation, prioritization allows for differentiation based on additional factors such as level of need, vulnerability, urgency of the situation, or potential impact of the cash transfer on well-being.

To illustrate how prioritization works to reduce the pool of eligible participants, here is an example from one of our partner sites:

Initial/Basic Eligibility (all requirements must be met):

- Age 18-24

- Experiencing homelessness and/or housing instability

- Connected to the CBO that is providing optional supportive services

1st Prioritization (must meet one or more criteria):

- Actively sleeping somewhere not fit for human habitation

- Unstably housed with an interest in becoming housed

2nd Prioritization (must meet one or more criteria):

- 2SLGBTQIA+

- BIPOC

- Pregnant or Parenting

- Formerly incarcerated

- Undocumented

- Survivor of intimate partner/interpersonal violence (IPV) or human trafficking

3rd Prioritization (for ranking final pool):

- Length of time in shelter or transitional living program (TLP)

- Length of time unstably housed

- Length of time sleeping somewhere not fit for habitation

Criteria for eligibility and prioritization should never be established without young people at the table. Young people often uniquely understand who might most benefit from DCTs in their community (i.e., BIPOC youth, pregnant/parenting youth, queer/trans youth, disabled youth, youth in the child welfare system, returning citizens, etc.).

Recruitment

Another delicate component of building a DCT program is recruitment. In this process, all parties must understand their roles and the importance of discretion, especially when recording and reviewing demographic data to formulate a list of eligible DCT participants. It's important to note that , it can be especially difficult for young people to know they weren't chosen and missed out on the opportunity, and so as always it's vital that providers move with care and intentionality. Below is a basic outline of a typical DCT pilot recruitment process:

1. Case managers send eligibility/prioritization surveys to youth they work with.

2. As the deadline approaches, case managers check in with youth to offer support filling it out.

3. Crunch/populate data as surveys are submitted.

4. Review data to verify accuracy and complete prioritization and/or lottery.

5. Finalize list of potential DCT recipients and a list of alternates.

6. Contact potential DCT recipients to let them know they are eligible, obtain consents, and schedule orientation(s).

7. Contact youth who were not selected to let them know (and be prepared to offer support).

To complete this process, some DCT sites have created a simple Google Form, which allowed us to assign a weighted score based on the responses. The questions we asked were co-created in each community with youth consultants and CBOs. To anonymize the results, we asked case managers to provide youth with their HMIS number (or another ID number), as opposed to completing the form with their name. This automated process is intended to minimize bias. However, CBO staff still need to review the results and validate the data with their team to ensure there are no major issues or errors with the final outcome.

Working with Special Subpopulations

DCTs have proven to be an impactful tool for addressing the needs of various special subpopulations, providing targeted support that is often more effective and holistic in meeting their unique needs. By tailoring DCT programs to the specific challenges faced by various subgroups, DCTs have the potential to be a transformative force in their lives, fostering empowerment, stability, and new opportunities for growth. Here are some ways DCTs can specifically benefit specific groups of young people:

- **Young Adults Exiting Foster Care:** DCTs can offer a critical lifeline to young people as they transition to independent living and may support a smoother transition into adulthood.

- **BIPOC (Black, Indigenous, People of Color) Youth:** DCTs have tremendous potential to radically address the systemic barriers that Black, Indigenous, and youth of color continue to face in housing, education, and employment.

- **2SLGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit, and more) Youth:** DCT programs afford 2SLGBTQIA+ youth flexibility and autonomy to address unique circumstances like non-affirming living arrangements, incongruent identification documents, the need for gender-affirming clothing, etc. To learn more about how DCTs can support this subpopulation, check out this section on queer and transgender youth.

- **Pregnant/Parenting Youth:** DCTs can significantly ease the financial burden on young parents, often enabling them to balance parenting responsibilities with pursuing education and employment.

- **Justice-Impacted Youth:** Young adults reentering society from the juvenile justice system often struggle with finding stable housing and employment. DCTs can offer immediate financial assistance, reducing the likelihood of recidivism.

- **Youth with Disabilities & Chronic Illness:** Young adults with disabilities often face added expenses related to medical care, assistive devices, and accessible transportation. These funds can equip them to lead more independent lives while covering essential costs. (For a deeper dive into key considerations for youth living with HIV or chronic illnesses, jump to this section of the handbook.)

- **Youth in Rural Areas:** In remote areas, where access to services and resources is generally limited, DCTs can bridge this gap, offering funds for transportation, education, and online connectivity, thus enhancing opportunities for success.

- **Youth Engaged in Underground & Gig Economies:** For young people with inconsistent income or those performing underground economy work (which often requires time off to recover physically and/or emotionally), DCTs can serve as a stable safety net.

Young Adults Who Are Undocumented

While working with any of the subpopulations named above requires specialized skill sets and awareness, when implementing DCTs for youth who are undocumented, several key considerations come into play due to their unique circumstances and legal status. With that said, we highly suggest you prioritize this subpopulation in your prioritization strategy. As you do, here are some areas to consider:

- **Barriers to Resources:** The legal status of young adults who are undocumented often makes them ineligible for benefits, employment, and educational opportunities. DCTs can fill some of these gaps. However, during your DCT program design, pay special attention to ensuring youth will not need to produce documentation or engage in bureaucratic or invasive processes to access their DCTs.

- **Cultural Competency:** Understanding the cultural backgrounds and experiences of young people who are undocumented is critical to the work. Designing culturally sensitive communication and outreach strategies can help to build rapport and encourage engagement with your DCT pilot program.

- **Financial Access:** Young adults who are undocumented face challenges in accessing financial services such as banking. Exploring alternative methods for disbursing DCT funds, like prepaid debit cards, ensures they can readily access these dollars.

- **Confidentiality:** Young people who are undocumented may be hesitant to provide personal information due to fears of deportation or legal consequences. Establishing strict confidentiality measures and reassuring participants about data security is essential to building trust.

- **Fostering Trust via Community:** Young people who are undocumented are at increased vulnerability to exploitation and scams, which may present as skepticism about DCT programs. Engaging community leaders, organizations, and advocates trusted by undocumented youth in your area may help establish credibility.

- **Long-Term Solutions & Advocacy:** DCTs should be seen as a short-term solution. It is important to advocate for systemic and policy changes to address immigration reform and access to employment and education, contributing to more comprehensive and long-term support for undocumented youth.

- **Evaluation and Feedback:** As with all young people involved in DCT pilots, regularly seeking feedback from undocumented youth will help to refine and improve the program to better meet their needs and address any unique challenges they might encounter.

Because implementing DCTs for young people who are undocumented requires a comprehensive approach that accounts for legal, ethical, cultural, and practical considerations, we suggest collaboration with legal experts, community organizations, and advocacy groups to ensure the program is inclusive and helpful in meeting the distinct needs of this subpopulation.

Queer & Transgender Youth

Young people with diverse sexual orientations and gender-expansive identities, such as those who identify as Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and more, have unique needs that are often unaddressed by existing systems and resources. Moreover, 2SLGBTQIA+ youth routinely experience harm, discrimination, and violence when engaging systems, organizations, and housing opportunities. Even when entities are explicitly youth-serving, many are fundamentally ill-equipped to support queer and trans youth.

Part of what makes DCTs so powerful for 2SLGBTQIA+ young people is that access to funds may prevent them from having to engage (or reengage) with heteronormative and cis-centric systems. If you choose to prioritize queer and trans youth in your DCT pilot (and we hope you do), here are just some of the ways that DCTs can support 2SLGBTQIA+ young people in overcoming complex barriers to stability and holistic well-being:

- **Safe Housing Options:** 2SLGBTQIA+ youth routinely experience harm, discrimination, and violence when accessing traditional emergency housing resources such as shelters and transitional living programs. Even securing a rental agreement can pose a host of complex challenges for queer and trans young people, especially those who are gender nonconforming (as their physical presentation, chosen name, and/or gender pronouns may be 'incongruent' with their identification documents). DCTs offer queer and trans youth financial means to secure safe and affirming housing options, thus reducing episodic or prolonged homelessness.

- **Access to Gender-Affirming Care (GAC):** Transgender and gender-expansive youth seeking to medically transition require gender-affirming healthcare, which is often expensive. GAC is also increasingly more difficult

to access in states that have passed anti-trans legislation, with layers of bureaucracy that can be both time-consuming and costly to navigate. DCTs can help cover not just the cost of treatment, but those associated with therapy, doctor's visits, missed work, and other processes involved in accessing hormones and surgeries.

- **Mental Health Support:** Queer and trans youth are at much higher rate of experiencing mental health challenges due to stigma, discrimination, violence, and family rejection than their heterosexual/cisgender counterparts. DCTs can enable 2SLGBTQIA+ youth to access mental health services to address mental and emotional well-being.

- **Legal Fees:** Some 2SLGBTQIA+ youth seek to change their name and/or gender marker on legal documents to align with their identity. In these instances, DCTs can assist with associated legal fees. Additionally, as queer and trans youth are more likely to have experiences with the criminal legal system, DCTs may cover court-sanctioned fines and fees and/or legal representation.

- **Support for Identity Expression:** For many queer and trans youth struggling with housing and income, accessing affirming items such as clothing, makeup, binders, wigs, and other outward-facing accessories is often difficult. Through the flexibility afforded by DCTs, 2SLGBTQIA+ youth can purchase items that may allow them to express their identities more authentically and safely.

- **Social Connection & Spaces:** 2SLGBTQIA+ youth often benefit in myriad ways from participating in affirming community spaces like Pride, LGBT youth groups, and CBO-sponsored (community-based organization-sponsored) events and conferences. DCTs can cover transportation and participation costs, facilitating queer and trans young people's participation and increasing the likelihood that they will develop supportive relationships in local queer/trans communities.

- **Technology and Connectivity:** In an increasingly anti-2SLGBTQIA+ national environment, access to technology is crucial for queer and trans youth to connect with supportive networks, access information, and find affirming resources. DCTs can help cover the costs of smartphones, tablets, internet connectivity, and data plans.

- **Emergency Situations:** Unstably housed 2SLGBTQIA+ youth may sometimes experience emergency situations related to their identities, such as needing to leave an unsafe living environment quickly. DCTs can provide immediate financial support during time-sensitive crises.

BIPOC Youth

The case for direct cash transfers for BIPOC (Black, Indigenous, People of Color) youth is deeply rooted in historical and systemic injustices that have disproportionately impacted communities of color in education, employment, housing, and family life. Increasingly, advocates are connecting DCTs to broader conversations around interrupting the present-day legacy of slavery, and centuries of harm inflicted upon tribal communities, via reparations and wealth redistribution.

Given both historical and present-day inequities facing communities of color, we recommend that DCT pilot programs prioritize BIPOC young people for DCTs. Here are some of the ways that DCTs have the potential to offer BIPOC youth radical new pathways toward housing stability, economic mobility, and sustained wellness:

- **Housing Equity:** Racial discrimination, modern-day redlining, gentrification, and other systemic barriers impact BIPOC young people's ability to access safe and affordable housing. Far too often, unstably housed youth of color become chronically homeless adults. DCTs can provide financial resources to secure stable housing, helping to reduce the likelihood of long-term housing insecurity and homelessness.

- **Educational Opportunities:** BIPOC youth regularly encounter educational disparities and limited access to quality educational and vocational learning opportunities. DCTs can support enrollment in educational programs and cover school-related expenses to help bridge the education gap.

- **Job Opportunities and Skills Development:** Far too often, youth of color are relegated to minimum-wage jobs at a young age. These roles do not cover housing costs, and generally take a tremendous toll on the body and mind (which often limits advancement). DCTs can enable BIPOC youth to spend less time in low-paying roles and more time, should they choose, attending career training programs, workshops, and skill-building events that enhance employment opportunities.

- **Entrepreneurship and Small Businesses:** Many youth of color are born into families experiencing intergenerational poverty. For some BIPOC youth, entrepreneurship may serve as a pathway to economic mobility. DCTs can be instrumental in supporting BIPOC youth's entrepreneurial endeavors, helping them establish BIPOC-owned small businesses and contributing to economic growth - not only for the young person, but often their family and community as well.

- **Healthcare & Mental Health Services:** In addition to the limited access to healthcare and mental health services that many BIPOC youth experience as a result of family poverty, youth of color routinely experience racial discrimination and sub-par health and wellness services. By helping to cover medical costs, DCTs can increase access to quality check-ups, preventative care, specialist treatments, as well as culturally sensitive mental health services, therapy, and healing spaces.

- **Cultural Connection and Celebration:** Some BIPOC youth report being 'cut off' from their own culture and/or distant relatives due to day-to-day survival needs and financial barriers. DCTs can support BIPOC youth to engage with their own cultures, families and communities, whether through participation in cultural events, purchasing traditional clothing, or attending community/family gatherings that center their heritage.

- **Community Support and Advocacy:** BIPOC young people do not always have others in their spaces that share their racial, cultural, or ethnic experiences, which is important for social connection and healing. And while many BIPOC young people are involved in social justice organizing and activism, they may experience financial barriers to participation. DCTs can facilitate BIPOC youth's engagement with community spaces and organizations, as well as organizing/advocacy groups that uplift their voices.

- **Legal Assistance:** Because of racial profiling discrimination, and systemic inequity, BIPOC youth are more likely than white counterparts to be targeted by the criminal legal system. As such, BIPOC young people may need access to legal support or representation. In these instances, DCTs can cover fines/fees and other legal expenses.

- **Intersections of Identity:** It is important to note that many BIPOC young people have more than one oppressed identity, and thus face multiple layers of challenges and discrimination. DCTs can address complex, intersecting, and compounded needs across identities, addressing financial barriers that might otherwise be impossible to navigate.

Young Adults Living with HIV: Housing is Healthcare

HIV and Young People: National Data

In recent years, significant strides have been made in the fight against HIV (Human Immunodeficiency Virus), transforming a once-deadly epidemic into a manageable chronic condition – especially for those with access to comprehensive healthcare and stable housing. However, it's crucial to recognize that the battle is far from over, particularly for young adults experiencing housing instability.

While we have seen a substantial decline in incidence rates overall, HIV continues to have disproportionate impacts on certain groups, with young people, people of color, and queer/trans people seeing the most number of new HIV diagnoses annually. According to the Centers for Disease Control and Prevention (CDC), youth and young adults

(ages 13 to 34) accounted for more than half (57%) of new HIV diagnoses in 2020[12]. This means that over 15,000 young people contract HIV each year. About 60% of all youth living with HIV do not know they are positive and can unknowingly pass the virus on to others.[13] Lack of stable housing can also increase the vulnerability of HIV transmission, especially for QTBIPOC youth, many of whom turn to underground economy work like survival sex for housing, food, and safety.[14] In addition, young people living with HIV are the least likely of any age group to be linked to care in a timely manner and the least likely to have a suppressed viral load.[15]

To frame this discussion in terms of health equity, here are some other relevant data points published by the CDC in 2020:[16]

- While Black people represent 12% of the U.S. population, they accounted for 42% of all new HIV diagnoses. And while Latino people represent 19% of the U.S. population, they accounted for 27% of new diagnoses.

- Gay, bisexual, and queer men (often referred to as "men who have sex with men," or MSM) were still the most disproportionately impacted group (making up 71% of all new diagnoses). Of these, 52% were men of color.

- Transgender people accounted for approximately 2% of new HIV diagnoses, with trans femmes ages 20-29 being the most impacted.

These figures underscore the necessity of continuing our collective work to prevent and manage HIV among young people, with an emphasis on youth of color and queer/trans youth. Moreover, it is vital to acknowledge that the intersection of HIV with housing instability presents unique hurdles that, for housing advocates, demand our attention and action.

In the following sections, we will explore the critical relationship between HIV and housing, shedding light on the latest data, best practices, and housing interventions aimed at supporting young adults on their journey toward health, stability, and well-being.

Homelessness and Barriers to HIV Care

Homelessness has significant and undeniable impacts on health and well-being. In general, unhoused people are more likely to experience chronic illnesses (such as HIV), mental illness, and addiction. They are also more likely to die prematurely. According to the National Health Care for the Homeless Council (NHCHC), people experiencing homelessness in the U.S. die an average of 12 years sooner than the general population.[17] While there are several factors that contribute to these health disparities, barriers to care play a major role.[18]

Young people living with HIV (PLHIV) experience many challenges when seeking and maintaining care, which are compounded by a lack of safe and stable housing. In general, youth homelessness is associated with high mobility, making it difficult for young people living with HIV to stay engaged in care. Frequent relocation can result in missed medical appointments and interruptions in treatment, which can lead to more serious health challenges.

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12   https://www.cdc.gov/hiv/statistics/overview/index.html

13   https://www.cdc.gov/vitalsigns/hivamongyouth/index.html

14   HIV/AIDS and Socioeconomic Status (apa.org)

15   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4815747/

16   https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics/

17   https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf

18   Disparities in Health Care for the Homeless | Institute for Health Policy Leadership (llu.edu)

Additionally, unhoused people living with HIV often reside in harmful or uninhabitable environments where they are regularly exposed to the elements, violence, and crime.[19] Others may live in communal living situations (i.e., emergency shelters or living situations where they are "doubled up" or couch-surfing), where they are more likely to be exposed to illnesses that could further compromise their immune system. Unhoused youth are also at greater chances of exposure to gang violence, narcotics, depression, trauma, and suicidality than their housed counterparts,[20] all of which can lead to interruptions in care for young people living with HIV.

While we have made tremendous progress around reducing HIV-related stigma and discrimination, these issues still have direct impacts on young people, deterring many from seeking testing, treatment, or disclosing their HIV status to healthcare or other service providers. Without the right support systems in place, stigmatization can lead young people living with HIV to internalize shame and engage in isolation and other self-harming behaviors. These feelings and experiences can lead to a host of issues such as withdrawal from their support system, not following up with treatment, and not accessing services out of fear that their status may be revealed or that they will be discriminated against.

Below are some other unique challenges and barriers to care to consider for unstably housed young people living with HIV:

- **Limited access to healthcare facilities (or a primary provider)** makes it challenging for young PLHIV to access medical care check-ups, HIV testing, and antiretroviral therapy (ART).

- **Struggles with mental health and substance use,** which are more common among young PLHIV, can make it difficult to adhere to HIV treatment.

- **Lacking reliable transportation** can make it challenging to access clinics or HIV-related appointments, especially if a young person is between shelters or living in temporary housing.

- **Not having a permanent address** makes it tough for young people to receive appointment reminders or care-related correspondence from healthcare facilities and providers.

- **Inability to store medications** can impact the effectiveness of ART and other HIV-related medications, which often require proper storage conditions and temperature regulation.

- **Food insecurity** is often coupled with homelessness. Meanwhile, proper nutrition is crucial for individuals living with HIV, who require a balanced diet to support immune system function. Just as housing is healthcare for young PLHIV, food is medicine.

- **Competing priorities and daily survival needs,** such as having to find shelter, secure transportation and food, and ensure immediate safety, can take precedence over seeking and maintaining HIV-related care.

To address these barriers, it is crucial to implement innovative and intentional strategies that provide housing stability and supportive services tailored to the unique needs of young people living with HIV. When young people living with HIV have a safe, secure, and affordable place to live, they are better able to access linkages to medical care and supportive services, adhere to HIV medication regimens with consistency, see their doctors regularly, and maintain overall wellness. In addition, Housing First interventions have demonstrated that when people are provided with access to stable housing, they are less likely to experience homelessness again.[21] This means that, for young PLHIV, housing is healthcare!

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19   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4982659/

20   Youth Experiencing Homelessness Face Many Challenges | SAMHSA

21   https://nlihc.org/sites/default/files/Housing-First-Research.pdf

Achieving Viral Suppression

To fully understand the needs of unstably housed young people living with HIV and the potential impacts of direct cash transfers on their stability and health, we recommend you dedicate time to learning the basics of HIV first (history, prevention, transmission, symptoms, viral loads, viral suppression, etc.), antiretroviral therapy (ART), pre-exposure prophylaxis (PEP), and post-exposure prophylaxis (PrEP). The links below are good resources to start with:

- HIV 101
- HIV transmission 101
- HIV treatment as prevention
- PEP
- PreP
- Undetectable viral load
- HIV testing

For more information, including the most up-to-date statistics and health equity data, visit HIV Basics on HIV.gov.

With all of the advances we have seen in HIV medicine, the current goal for most people living with HIV in care is to achieve viral suppression. This occurs when the amount of the HIV virus in the blood (the "viral load") is so low it cannot be detected via a standard blood test, cannot actively replicate, nor can it be transmitted to others. Viral suppression is achieved through antiretroviral therapy (ART), a combination of medications that work together to suppress the virus. ART is highly effective and can be taken for life, which can lead to a long and healthy life for most people living with HIV.

In order to meet these treatment standards, stable housing is essential. A study published in 2021 found that unhoused people living with HIV were half as likely to achieve HIV viral suppression as people who had stable housing. Unhoused individuals were more likely to miss HIV-related appointments and experience high levels of stress. In combination, these factors make it more difficult for an unhoused individual to adhere to treatment plans.

2SLGBTQIA+ and QTBIPOC Youth Living with HIV

The HIV/AIDS epidemic, since its emergence, has disproportionately affected 2SLGBTQIA+ young people. Medical discrimination,[22] stigma, misinformation, and housing disparities have contributed to higher rates of HIV transmission and created barriers to accessing essential healthcare and support services. When compared to their heterosexual and cisgender counterparts, queer and trans youth are at increased vulnerability of exposure to HIV transmission — and this increases significantly for queer and trans youth of color. HIV transmission only continues to increase when young people from these subgroups lack safe, affordable, and stable housing.[23]

In 2018, researchers at Chapin Hall[24] concluded that:

- 2SLGBTQIA+ youth are at more than double the exposure to homelessness compared to non-2SLGBTQIA+ peers.

- Among young people experiencing homelessness, 2SLGBTQIA+ young people reported higher rates of trauma and adversity, including twice the rate of early death.

- Homelessness stems from multiple factors beyond "coming out" among 2SLGBTQIA+ young people.

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22   https://www.americanprogress.org/article/discrimination-prevents-2SLGBTQIA+ -people-accessing-health-care/

23   Fraser B, Pierse N, Chisholm E, Cook H. LGBTIQ+ Homelessness: A Review of the Literature. Int J Environ Res Public Health. 2019 Jul 26;16(15):2677

24   Chapin Hall. (2021). Homelessness Among 2SLGBTQIA+ Young Adults in the United States

- Young people who identified as both 2SLGBTQIA+ and black or multiracial had some of the highest rates of homelessness.

- Safe, affirming responses and services are important for engaging 2SLGBTQIA+ youth.

Post-diagnoses, 2SLGBTQIA+ young people who are unstably housed experience multi-layered challenges when navigating life with HIV. Amid this overarching context, QTBIPOC youth confront an even more complex landscape. They grapple not only with the challenges of managing their HIV status and housing instability, but also deep-seated racial, economic, and systemic disparities.

As we embark on this exploration of a unique housing intervention to support 2SLGBTQIA+ and QTBIPOC young adults living with HIV, it is paramount to recognize that their stories and experiences are the best source of information in guiding us toward more inclusive, equitable, and effective strategies for preventing, managing, and ultimately eradicating HIV/AIDS among unstably housed young people and youth at large. It's incumbent on community based organizations (CBOs) and decision-makers to approach these complex issues with empathy, while providing innovative resources, like direct cash transfers, to decrease barriers to care for unhoused queer and trans youth living with HIV.

When CBOs meet young people where they are at and offer them financial assistance with no strings attached, it fosters a sense of trust to help build strong relationships. Best practices for CBOs to carry out include:

- **Cultural competence:** Understand the unique challenges that QTBIPOC youth face, such as discrimination, stigma, and violence. Create a safe, brave and welcoming environment where they feel comfortable accessing care.

- **Flexible and responsive services:** Remember that young people who are unhoused have complex needs that change over time. Be flexible and responsive to their needs, and make sure that your services are accessible and widely known.

- **Robust community-based partnerships:** No one organization can meet all the needs of QTBIPOC youth who are experiencing homelessness and living with HIV. Partner with other organizations that provide services such as housing, food, and employment.

- **Trusting youth:** QTBIPOC youth are experts of their own lives. Empower them to make decisions about their care and to advocate for themselves.

Utilizing DCTs to Support Health & Housing

DCTs have gained prominence due to their versatility and effectiveness in addressing complex social issues that have yet to be solved within traditional systems. DCTs have been used to alleviate poverty, improve food security, and enhance access to education. In this section, we will explore how the DCTs can be harnessed for unstably housed young PLHIV (People Living with HIV).

There are several organizations that are working in innovative ways to prevent HIV transmission among unhoused youth. In partnership with ViiV Healthcare, Point Source Youth collaborated with nine organizations nationwide to build and advocate for DCTs as an intervention for unstably housed youth vulnerable to or living with HIV. Collectively, this cohort provided 135 youth with the support and care needed to access healthcare and housing in their communities. Many of the providers created small DCT pilots that gave youth unconditional funds to pay for medication, clothing, transportation, and housing.

In general, traditional healthcare models are not well-suited to the needs of unhoused youth. For example, fee-for-service models reward providers for expensive treatments, which can lead to unnecessary hospitalizations and

other costly interventions.[25] DCTs have incredible potential to mitigate medical and mental health barriers faced by unhoused young PLHIV. When combined with supportive services, DCTs equip young people to make choices reflective of their life goals and efforts to achieve stability in both housing and health.

One of the most fundamental impacts of DCTs for young PLHIV is that this resource can help them address gaps that current systems often leave in their wake, particularly around health and housing. The cost of medical copays alone vary widely and can be a significant financial burden for young PLHIV with limited income. While Medicaid expansion addresses some gaps in the healthcare system for PLHIV and living with other chronic illnesses, it is best to recognize that not every state has adopted expansion. This 2021 report from Urban Institute[26] highlights the impacts of Medicaid expansion on coverage and healthcare access among young adults.

Additionally, housing programs for PLHIV are often incredibly difficult to access in terms of availability and long waitlists, age and income requirements, and complicated layers of bureaucracy that tend to exclude young people. With this in mind, DCTs can help young PLHIV pay for the cost of housing. Many young people tend to live with roommates and DCTs can help pay for rent for shared living spaces; this, in turn increases community care among youth, especially QTBIPOC youth.

By providing a regular, unconditional cash payment to recipients, giving them the flexibility to use the money as they see fit, they can more readily cover expenses such as:

- expensive medications

- out-of-pocket medical costs

- urgent care or medical emergencies

- transportation to healthcare and housing-related appointments

- apartment application fees and credit checks

- security deposits and move-in costs

- hotspots and data plans

- general household items and furniture

Additionally, DCTs complement and enhance existing housing programs and interventions for young people living with HIV (PLHIV), such as Housing Opportunities for Persons With AIDS (HOPWA), rapid re-housing (RRH), and permanent supportive housing (PSH). By combining the strengths of DCTs with housing programs, organizations can create a more robust support system for young PLHIV. This collaborative approach acknowledges that housing stability is closely linked to financial well-being and addresses both aspects to promote the long-term stability and health of this vulnerable population. Here are some ways that these interventions can be paired to result in even better health and wellness outcomes for young PLHIV:

- **HOPWA:** While HOPWA primarily covers housing-related costs, DCTs can fill the gap by providing funds for non-housing expenses. This includes covering utilities, groceries, transportation, and essential items. As young PLHIV often face financial challenges beyond rent, DCTs ensure they have the means to meet these needs, increasing their housing stability.

- **Rapid Re-housing (RRH):** For RRH programs, the aim is to quickly re-house individuals with minimal to zero barriers to secure housing. DCTs can be integrated as a support for young people with anything that may not be covered with RRH funds, such as utilities, food, furniture and other daily living expenses to ensure they maintain their housing. In addition, many RRH programs initially subsidize all or a large portion of the rent, with the subsidy gradually decreasing over time, DCTs can help to support the young person's increasing rent share.

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25   Homelessness Is A Healthcare Issue. Why Don't We Treat It As One? (forbes.com)

26   Impacts of the ACA's Medicaid Expansion on Health Insurance Coverage and Health Care Access among Young Adults

- **Permanent Supportive Housing (PSH):** As is the case with RRH, young people living in PSH programs can utilize DCTs to cover anything that is not subsidized by the PSH program such as move-in cost, rent, and household items. While PSH equates to permanent housing, young people will generally pay at least 30% of their rent in most settings. Generally, utilities like electric, water, and internet are not covered by PSH programs.

Utilizing DCTs to Support Mental Health

As noted, unstably housed young PLHIV often face significant mental health concerns. The instability caused by housing insecurity, food insecurity, health challenges, and financial stress often creates or exacerbates mental health challenges, leading to increased levels of stress, anxiety, and depression. This section explores how DCTs can play a vital role in alleviating mental health burdens through increased stability and security.

Reducing Financial Stress and Anxiety: Financial stress is a common issue among young people living with HIV who may struggle to meet their basic needs while managing the costs associated with HIV care. Uncertainty about where the next meal will come from or whether they can afford medications can lead to heightened anxiety. DCTs can offer a lifeline by providing a predictable source of income, offering young people living with HIV a sense of control over their lives, and reducing anxiety related to financial, food, and housing insecurities. In essence, DCTs can create spaciousness for young people living with HIV to focus on their health and well-being rather than the constant stress of making ends meet.

Enhancing Access to Mental Health Services: In addition to alleviating financial stress, DCTs can also empower young people living with HIV to access mental health services. Many individuals facing housing instability struggle to prioritize mental health care due to competing priorities. With the financial stability offered by DCTs, they are better positioned to seek out and engage with mental health support systems.

Promoting Holistic Well-Being: Thinking of well-being as a holistic concept encompassing physical, mental, and emotional health, DCTs support fundamental life domains. When young people living with HIV experience less stress and anxiety related to their housing and finances, they can focus on managing their HIV effectively.

In conclusion, DCTs have the potential to offer young people living with HIV more than just financial support; they provide a path to stability that can have significant impacts on mental health. And by reducing financial stress and enhancing access to mental health services, DCTs contribute to the overall well-being of young people living with HIV, allowing them to lead healthier, more fulfilling lives.

Coupling DCTs with Services, Peer Support, and Resources

A study published in the peer-reviewed journal AIDS and Behavior found that people living with HIV who received supportive services along with DCTs were more likely to adhere to their HIV treatment and to achieve viral suppression. The study also found that people who received supportive services were more likely to report feeling better about their lives and to have a better quality of life.[27]

Another study, published in the journal PLOS One, found that people living with HIV who received peer support along with DCTs were more likely to attend their HIV appointments and to take their HIV medication. The study also found that people who received peer support were more likely to report feeling less anxious and depressed.[28]

Peer work is an integral tool to increase access to care and address stigma; it is an invaluable source of support offered by individuals who have faced similar challenges and are experts in their lived experience. Peers or Peer navigators can typically be found in community service organizations where they provide a wide range of services,

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27   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3632027/

28   Berg, R. C., Page, S. (2021). The effects of peer support on HIV care engagement and outcomes among people living with HIV in the United States. PLOS ONE, 16(6), e0252623.

such as care coordination, education, resource navigation, follow-up care, and validation that the young person's situation will improve as evidence of the peer's survival. Peer support helps young people stay focused on their goals and equips individuals with valuable skills to effectively overcome barriers. Most importantly, peer support fosters a sense of community by connecting people to others with similar experiences to create a network of support.

For young people living with HIV, it is vital that peer support be provided by an individual who has had very similar experiences, including homelessness. Young adults tend to connect more with their peers they can relate to. As a result, this may improve the young person's ability to navigate healthcare and housing resources. Peer support services are often provided by a Youth Mentor or a Peer Navigator. Here are some common definitions for these two roles:

- **Youth Mentor:** A young person with lived experience and identities that mirror those of young people living with HIV experiences of homelessness, and/or being BIPOC, queer and/or trans. Individuals in these roles are paid to provide guidance, support, and encouragement to young people accessing healthcare, housing, and other support services.

- **Peer Navigator:** A young person with lived experience and identities that mirror those of young people living with HIV,experiences of homelessness, and/or being BIPOC, queer and/or trans. Individuals in these roles are paid to support young PLHIV navigate their healthcare. This is a more specialized position than a Youth Mentor, as this person should be knowledgeable about HIV care and have experience navigating various related systems.

Peers are formal roles that should be hired for and fairly compensated by community-based organizations. They are integral team members who often go above and beyond in providing support services, linkages, advocacy, and mentorship for other young people living with HIV (PLHIV). Peer support has been shown to be effective in supporting unstably housed young PLHIV with improved physical and mental health, housing stability, social connectedness, substance use, and overall quality of life.

To ensure effective peer support for young PLHIV, several best practices should be followed. First, training is critical to develop the necessary skills and knowledge required for effective peer support. This training should include techniques like active listening, motivational interviewing, and crisis intervention. Secondly, supervision by a qualified professional is essential because having proper supervision helps ensure safe and impactful support while providing an opportunity for continuous growth and improvement. Confidentiality is a fundamental principle in peer support. It means that peer navigators must uphold the privacy of the young people they assist, not share any information without explicit permission, and abide by HIPPA laws. In addition, voluntary participation is key. Young people should never be compelled or coerced into seeking peer support services; it should always be based on their own willingness to engage.

Finally, DCTs are most effective when young PLHIV are connected with inclusive and affirming community-based resources. When DCTs are paired with other vital resources, they can become even more effective. For example, DCTs can be used to complement existing social programs such as food assistance, housing subsidies, and healthcare services. By providing financial support to individuals who are already receiving other benefits, DCTs can help to improve their effectiveness.[29] Young people may also benefit from drop-in centers, which often provide a safe and welcoming space for unhoused young PLHIV to access services and build community. Finally, care coordination and linkages among healthcare providers are also vital. Effective care coordination, in practice, is a partnership between the young person and their treatment team, who can stabilize, manage, and track the status of their HIV and any other health conditions the youth may have.

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29   Chapin Hall at the University of Chicago. (2019). Cash Transfers Policy Toolkit. Retrieved from https://www.chapinhall.org/wp-content/uploads/Cash-Transfers-Policy-Toolkit.pdf

Customizing DCT Program Design to Support Young People Living with HIV

As discussed previously in the handbook, DCT programs can be intentionally designed to support specific subgroups. Customizing DCT programs to cater specifically to the unique needs of young people living with HIV (PLHIV) is not only possible, but likely to be a highly effective strategy. This tailored approach recognizes the distinct challenges faced by this subgroup and ensures that DCTs offer relevant and meaningful support. Here, we delve into why customizing DCT programs for young people living with HIV is crucial, how it can be done, and the offerings these programs can provide.

Why Customize DCT Programs for Young People Living with HIV?

1. **Unique Challenges:** Young people living with HIV often face a complex set of challenges, including medication adherence, frequent medical appointments, and emotional well-being. Customized DCT programs can address these specific issues.

2. **Improved Outcomes:** Tailoring DCTs to young people living with HIV can lead to better health outcomes. When financial support is aligned with their healthcare needs, young people living with HIV are more likely to adhere to their treatment plans and achieve viral suppression.

3. **Holistic Support:** Customized programs can provide holistic support, addressing not only financial needs but also mental health, housing stability, and overall well-being.

Customized DCT programs for young PLHIV have the potential to uniquely address financial barriers that often hinder health and well-being. By covering the costs of HIV care, transportation, mental health services, housing, and food, these programs can equip and empower young PLHIV to focus on their health, adhere to treatment plans, and lead fulfilling lives. Customization during the design/pre-implementation phase ensures that DCTs are not just a financial boost but a holistic approach to support the complex circumstances of many young people living with HIV.

6 Steps to Customize DCT Programs for Young People Living with HIV

1 Conduct an Assessment and Needs Analysis. Begin by conducting a comprehensive assessment of the specific needs of young people living with HIV (PLHIV) in your community. Engage with young PLHIV, HIV providers, and CBOs that do HIV-related youth work to gather insights.

2 **Tailor Financial Support.** Customize the cash transfer amount to cover the costs associated with HIV care, such as medication, transportation to medical appointments, and healthy nutrition. Ensure DCT amounts and distribution frequencies align with the unique financial challenges of young PLHIV in your community, and that young PLHIV have consistent access to funds to meet their unique financial needs.

3 **Increase Access to Healthcare & Peer Navigation.** Collaborate with service providers to pair the DCT program with streamlined access to HIV care, peer support, medication, and related services. You may also want to consider including co-pay support, free medications, co-located services, and/ or transportation assistance to medical appointments, labs, and specialists.

4 **Provide Mental Health Support.** Recognize the importance of mental health and include components that support young PLHIV's emotional well-being. Consider pairing your DCT program with low-barrier access to counseling and support groups.

5 **Create Linkages to Housing Stability.** Given the well-established link between housing and health for young PLHIV, your program may offer housing support, rental assistance, or connections to housing resources. You may also want to include service provisions that support young PLHIV to secure stable housing, such as housing navigation. As discussed, housing instability can create or exacerbate health challenges. For youth with a history of housing difficulties, experiencing housing instability again can be incredibly retraumatizing.

6 **Provide Nutritional Support.** Customized DCTs can include funds for nutritious groceries, which are essential for young PLHIV.

Orientation

Once young people are chosen for a DCT pilot program, two major requirements must be met to remain eligible. The first 'non-negotiable' requirement is to attend orientation, where youth will receive vital program information and sign up for the payment platform in year one. Community-based organizations (CBOs) may want to hold orientation at the beginning of each program year if this is a multi-year pilot project. This will offer young adults an opportunity to learn about programmatic improvements and changes that have been made based on their feedback and lessons learned throughout implementation during the prior year.

Given the need for discretion with many elements of this program, the first-year orientation should be carried out one-on-one (via a face-to-face virtual call on a platform such as Zoom or an in-person appointment). If a CBO elects to perform a group orientation (which offers the added benefit of youth meeting others in the DCT cohort), staff should still offer one-on-ones to each youth. To get you thinking about all that is needed to conduct an effective orientation, here is our DCT Orientation Guide, a product of supporting multiple communities through the orientation process.

Youth Engagement Planning

The second 'non-negotiable' requirement for young adults in a DCT program is to ensure that their contact information remains up-to-date with DCT program staff. We must be able to confirm that participants are receiving their payments *each month*. We must also have a communication channel to inform young people about supportive programming, even if they choose not to participate. Ongoing engagement across multiple platforms is critical to ensuring youth have ample opportunities to utilize supportive services. DCT staff should create an engagement plan that meets the following standards:

- **Opt-in/Opt-out Basis:** During orientation, young people will provide their contact information. DCT staff will inform them that they will be regularly contacted with details about supportive programming. Staff will advise participants what to expect in terms of contact frequency, and will highly encourage youth to accept these inbound communications. Staff will also let youth know they can opt-out any time after orientation.

- **Accessible:** Young people who are unstably housed often have difficulty maintaining the same contact information. It is important that DCT staff ask for as many contact methods as possible at orientation (at least 2-3, including an emergency contact) and provide a simple process for youth to update their info throughout the DCT program. Staff should be willing to reach out in whatever ways are convenient for the young people (i.e., Instagram, TikTok, text message, WhatsApp, Twitter, Facebook, email, and phone calls).

- **Discrete:** For youth, providing social media handles to an adult or authority figure can feel like a surveillance measure. CBO staff should intentionally clarify that no contact information will be used to 'spy' or 'snoop' on the young person. It should be reiterated that this information is being treated only as contact information - nothing they share on these platforms will be utilized against them. Note: Agencies may want to consider setting up separate DCT social media accounts that can be used to communicate with young people in the pilot, share about events, etc.

- **Weekly vs. Monthly:** DCT staff will prepare weekly messaging strategies to contact young people to inform them about supportive programming. Staff will also reach out regarding monthly events such as workshops, roommate matching opportunities, etc. Additionally, staff will reach out monthly to every participant to confirm payment was received and to update/verify contact information – regardless of if the participant has opted in or out of supportive programming messaging.

- **Engaging & Concise Content:** Weekly communications should not be wordy, especially in instant messaging. Content should include the facts, a method to sign up for an appointment, and the option to opt-out.

10 Fundamentals of Evaluating a DCT Pilot

1   Identify the program's objectives

2   Decide on an Evaluator

3   Choose evaluation methods

4   Define the sample

5   Develop evaluation questions

6   Enroll & Compensate study participants

7   Collect data

8   Analyze data

9   Draw conclusions

10   Communicate findings

- **Example:** "Hi! It's _____ from XYZ DCT Program! If you're looking for shared housing, I found some great apartments this week in X neighborhood! Sign up here if you'd like to set up some time to chat about these units or any other support you want in the next week. As always, reply STOP to stop receiving these messages. Have a great day!"

DCT staff should regularly work with Youth Consultants to review messaging and make modifications, so it stays pertinent to DCT participants throughout the pilot. This could be as simple as making it a standing agenda item during regular check-in meetings or scheduling a 15-30 minute meeting each week to decide what the team wants to promote for the week and sending it out per the agreed-upon engagement plan.

To make this weekly process a bit lighter, there are many mass texting applications out there. Email products like MailChimp and Constant Contact also make sending out email blasts regarding weekly or monthly events easy. It is vital to ensure that youth who have opted out are not included. Each time we honor a young person's request to update their info or opt in or out of supportive programming messaging, we reinforce autonomy and build trust. Similarly, if a young person requests that we update their contact info, and we do not immediately and accurately do so, we could damage trust. As such, this monthly process should be treated with diligence and care.

Evaluation

As is the case with most innovative or 'radical' programs focused on eradicating social problems, evaluation is a critical component of direct cash transfers work — this is especially true if you share in our intention to scale DCTs to other communities. Many interested stakeholders will want concrete data demonstrating success. While we view placing funds directly in the hands of the youth that need them as a success, we acknowledge that funders and other interested parties may have specific metrics in mind. As such, you may want to evaluate the impacts of DCTs on housing, financial security, mental health or stress, health, employment, and/or education.

If expanding the program is not your goal, we still encourage evaluation to ensure your program is not harming participants. Data should inform continuous quality improvement, be used to evaluate the impacts on different subpopulations, and expose programmatic gaps. Every effort should be made to have a constant feedback loop between participants, staff, and evaluators to implement changes as needed.

Adjacent are the ten fundamental processes involved in evaluating a DCT pilot, all of which should include young people (ideally, as paid Youth Consultants).

"With chronic illness, lots of services aren't covered by insurance. Appointments cost so much money. **Chronic illness doesn't just skip youth experiencing homelessness.** Many youth don't have the support to cover other costs out of pocket."

– DCT YOUTH COHORT MEMBER

CONGRATS!
YOU'VE REACHED THE END!

Thank you for taking the time to explore the first Point Source Youth handbook on direct cash transfers. We hope that you found this content to be both insightful and invigorating. If you're inspired by the potential of DCTs to act as a transformative intervention for ending youth homelessness in your community, and are eager to offer increased autonomy and resources to unstably housed young people in your area, we're here to support you!

At Point Source Youth, we believe in the power of knowledge-sharing and collaborative problem-solving to create lasting change. As such, we are committed to providing tailored technical assistance (TA) that suits the specific needs of each and every community we partner with. Whether you're seeking guidance on DCT program design, navigating funding opportunities, developing impactful partnerships, or overcoming pre-implementation hurdles, we are ready to collaborate with you, your team, and the young people in your community.

Each step of implementing a DCT program requires intentionality and thoughtful planning. Engaging in TA work with PSY means gaining access to a team with decades upon decades of on-the-ground experience in youth homelessness, the most up-to-date information on DCTs, and a robust network of like-minded CBO partners. Together, we will work towards developing a DCT pilot program that aligns with your community's values, needs, and priorities.

It is your dedication to ending youth homelessness that drives us. By partnering with Point Source Youth, you're joining a powerful group of changemakers committed to reshaping the landscape of youth homelessness in the U.S.

To learn more about how our tailored TA work can support you with bringing a DCT pilot to life in your community, contact our Partnerships team at partnerships@pointsourceyouth.org. For project-specific questions, you can reach our DCT team at DCT@pointsourceyouth.org.

In community, solidarity, and hope,

The Point Source Youth Team

POSITIVE ACTION   ViiV Healthcare