1. Objectives
   a. Attendees will:
      i. Understand the intersection of homelessness and pregnant/parenting youth
      ii. Learn best practices for meeting the needs of pregnant/parenting youth experiencing homelessness
      iii. Learn resources to support pregnant/parenting youth experiencing homelessness in Ohio

2. Welcome and Introductions
   a. COHHIO Course to Home team
      i. Ami Diallo, Youth Housing Initiative Specialist
      ii. Evelyn Garon, Youth Housing Initiative Specialist
      iii. Amanda Wilson, Youth Housing Initiative Director
   b. Guest Speakers
      i. Sara Haig, MSW, LSW, Adolescent Health Coordinator, Bureau of Child and Family Health, Ohio Department of Health
      ii. Holly T.R. Pappada, Ph.D., Assistant Director, Northwest Ohio Pathways HUB, Hospital Council of Northwest Ohio
      iii. Nichole Harris, LPCC-S, Chief Program Officer, Center for Healthy Families
      iv. Kara Davis, Program Manager, Center for Healthy Families

3. Intersectionality
   a. What It Means
      i. The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination “intersect” to create unique dynamics and effects
   b. Why It Matters
      i. Life experiences, outcomes, and worldviews are influenced by our individual intersecting social categories
      ii. Individual and social structures of racism and oppression are influenced by our overlapping social identities
iii. Social structures that support discrimination and inequality are a barrier to solving many personal, group, and societal problems.

iv. Intersecting power, privilege and identity, create a unique and individual experience that can marginalize or empower.

v. Intersectionality substantiates the complicated lives of youth experiencing homelessness.

vi. HUD recognizes intersectionality as a root cause of rising youth homelessness.

c. Intersectionality Insight

i. Intersectionality concepts are applicable to all HUD participants, including youth experiencing homelessness.

ii. Intersecting identities, categories, and oppressions provide varied youth experiences to rejection and feelings of powerlessness.

4. Reasons for Youth Homelessness

a. Most Common Causes of Homelessness per Surveyed Youth:

i. Family conflict

ii. Tumultuous home environments

iii. Rejected by family because of pregnancy

iv. Rejected by family because youth identified as LGBTQ+

5. Homeless Youth Data

a. The Numbers

i. 4.2 million U.S. youth (ages 13 to 25) experience homelessness each year

ii. 1 in 10 young adults (ages 18 to 25) and at least 1 in 30 adolescent minors (age 13 to 17) — experience some degree of homelessness or deep housing insecurity each year

   1. Includes time spent on the streets, in shelters, couch surfing, and doubling up

iii. 1.1 million children had a young parent who experienced homelessness in the last year (2017)

b. Disproportionate Challenges for Youth in Intersectional Subcategories:

i. Pregnant or parenting youth

ii. Black or African-American youth

iii. Aging out of foster care

c. Pregnant/Parenting Youth

i. Chapin Hall’s Voices of Youth Count study found that:

   1. 44% of females ages 18-25 experiencing homelessness reported being pregnant or a parent

   2. 10% of females ages 13-17 experiencing homelessness reported being pregnant or a parent

   3. 18% of males ages 18-25 experiencing homelessness reported having a pregnant partner or being a parent

   4. 3% of males ages 13-17 experiencing homelessness reported having a pregnant partner or being a parent

d. Children Being Raised by Young Homeless Parents

i. An estimated 1.1 million children had a parent who experienced homelessness in the last year (2017)

ii. Prevalence of homeless youth parenthood was also high among young adults who had experienced homelessness within the past year the national survey sample
iii. 43% of the 18- to 25-year-old young women and 29% of the 18- to 25-year-old young men reported having at least one child
iv. 22% of young women and 14% of young men who had not experienced homelessness during the past year reported having at least one child

e. Homeless Youth Seek Support During Pregnancy and After Becoming Parents
i. Some Voices of Youth County surveyed homeless youth reported engaging with services once pregnant or after becoming a parent despite negative provider experiences, or a strong sense of self-reliance
ii. A significant number of young parents who completed a Voices of Youth Count in-depth interviews report they do not receive the need-based benefits for which they and their children are likely to be eligible
iii. 36% of the homeless parents surveyed, living with at least one child, reported receiving TANF (Temporary Assistance to Needy Families)
iv. 64% reported receiving WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).
v. Follow up benefit rates were even lower; with 23% receiving TANF and 55% currently receiving WIC

f. Few Homeless Service Providers Serve Minor Parents
i. 21% of homeless youth providers serve young parents 13-17 years old
ii. 16% of homeless family providers serve young parents 13-17 years old
iii. 35% of homeless youth providers serve young parents 18-25 years old
iv. 80% of homeless family providers serve young parents 18-25 years old

6. Homeless Youth Programs and Providers
a. Ohio Basic Center Programs (BCP)
i. Emergency shelter for runaway, homeless youth and their families
   1. 9 Ohio Basic Center Programs
   2. Located primarily in central, southern and eastern Ohio
   3. 1 BCP for all of NW Ohio homeless youth
      a. Serve youth up to age 18
      b. Food, clothing, counseling, medical referrals, family reunification support services
      c. 21-day max stay
      d. 20 bed average

ii. Toledo Area BCP: The Zepf Center – Safety Net – 2005 Ashland Ave., Toledo, OH
   1. Only NW Ohio 24-hour homeless youth shelter
   2. Service youth up to age 18
   3. Temporary emergency shelter
   4. Counseling services
   5. Family reunification support services
   6. Transportation resources to center
a. Homeless youth have walked up to 40 miles to access 24-youth shelter services

b. Transitional Living Programs and Maternity Group Homes
   i. Emergency shelter for runaway, homeless youth and their families
   ii. Focus on safety, well-being, self-sufficiency, and building adult-based support
   iii. 6 Ohio transitional living and maternity homeless youth programs
      1. Providers in central, southern and eastern Ohio
      2. 0 providers in NW Ohio
         a. Serve youth up to age 18
         b. Up to 18-months stay

c. Street Outreach Programs (SOP)
   i. Relationship building with homeless and runaway youth
   ii. Focus on connection to stable housing, self-sufficiency, prevention of sexual abuse/exploitation
   iii. 6 Ohio SOP
      1. Providers primarily in central, southern and eastern Ohio
      2. 1 provider in NW OH
         a. The Zepf Center – Safety Net – 2005 Ashland Ave., Toledo OH

7. Homeless Youth Housing Assistance
   a. Financial Assistance Programs:
      i. Healthy Lucas County Housing Assistance Fund
         1. Program of the NW Ohio Pathways HUB
         2. Service to Lucas Co. homeless youth
         3. Ages 14-24
         4. Average assistance around $750
         5. Security deposits, utility assistance, rental assistance

8. Pregnant/Parenting Youth Risk Factors and Unique Needs
   a. 93% of homeless mothers report a history of trauma including:
      i. Traumatic stress
      ii. Childhood abuse and neglect
      iii. Interpersonal violence
      iv. Mental health issues, especially depression
      v. Substance use issues
      vi. Prior homelessness
      vii. Impact on current ability to parent
   b. Generational trauma of homelessness
      i. Children of homeless parents experience higher levels of stress
         1. Increased levels of anxiety
         2. Demised feelings of safety and stability
         3. Experienced adultification with worries about where they will live, their belongs, pets and other family members
         4. Higher rates of childhood and adult mental health needs

9. Center for Healthy Families
   a. Serve pregnant and parenting teens and young adults in the Greater Columbus, Ohio region
   b. Key pillars: Direct Service, and Advocacy, Public Policy & Information
   c. Engage parenting teens and their children in opportunities to acquire self-sufficiency capabilities of health and well-being, positive networks, and
education and employment and provide them with support through access to a coordinated network of the most effective community services

10. Why This Work Matters
   a. Creating long-term realities for healthy moms and babies through integration of housing and supportive services
      i. Reduced housing insecurity and homelessness
      ii. Decreased food insecurity
      iii. Decreased energy insecurity
      iv. Reductions in infant mortality
      v. Improved birth outcomes
      vi. Reduced ED usage and hospitalizations for mothers and children
      vii. Increased access to well-child visits

11. Special Considerations
   a. Having knowledge of trainings regarding social determination of health
   b. Schools engage with students to complete surveys to determine home stability
   c. Involvement with the family as a whole (student, child, all caregivers)
   d. Creating outlets for youth with lived experience
   e. Have the knowledge of resources and have tangible resources available
   f. Care for youth in schools
      i. Showering
      ii. Washing clothing
      iii. A space to take a nap
   g. Assessing Mental Health Needs
   h. Nutrition Support
      i. Getting Youth Involved in Positive Activities/Groups
   j. Identifying Supports That Youth Can Trust in Hardships
   k. School Readiness
      i. Promoting healthy development
      ii. Preparing Children to Succeed in School and Beyond
      iii. Promoting Families’ Economic Stability

12. ODH 2021-2022 Data
   a. Of the 1,635 youth served:
      i. 207 identified as parenting
      ii. 96 identified as pregnant
      iii. 506 had a mental health disorder
      iv. 89 had a developmental disability
      v. 89 had a chronic health condition
      vi. 48 had a physical disability

13. Professional Development
   a. Trauma Informed Care
   b. Implicit Bias
   c. P4S (Cognitive Coaching & Adaptive Schools)
   d. Diversity & Inclusion
   e. Cultural Humility

14. Partnership: Who Needs to be at the Table?
   a. All school staff
      i. Principal
      ii. Teachers
      iii. Nurses
iv. Social Workers  
v. PTA  
b. ODJFS  
i. Title XX  
ii. Child Support  
iii. SNAP  
iv. Medicaid  
c. Community Partners  
i. Who are the experts to make referrals to?  

15. Resources  
a. Emergency Rental Assistance  
b. IMPACT  
c. Project Connect  
d. Huckleberry House  
e. Homes For Families  
f. Move to Prosper  
g. Star House  
h. Lutheran Social Services  
i. Community Shelter Board  
j. 211  

16. Next Steps  
a. Reminders  
i. Visit the COHHIO Course to HOME webpage [here](#)  
ii. Request technical assistance by emailing homelessnesseducation@cohhio.org  
iii. Join our mailing list [here](#)  
b. Next Session  
i. May 17th, 2023 at 1 PM  
   ii. Identifying and Meeting the Needs of Students Experiencing Homelessness: A Focus on Children and Youth with Disabilities