The YARH Planning project is an opportunity for Hamilton County, OH to strengthen and coordinate state and local systems to meet the needs of youth at risk of or experiencing homelessness. Led by Lighthouse Youth Services, the Ohio Department of Job and Family Services and Hamilton County Job and Family Services, the initiative has engaged over 35 community partners in strategic planning and research activities to develop an implementation plan. All of the planning work has been conducted with current and former foster youth as partners.

**THE RIGHT PARTNERS**

<table>
<thead>
<tr>
<th>Steering Committee</th>
<th>Planning Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Meetings</td>
<td>6 Meetings</td>
</tr>
<tr>
<td>25 Members</td>
<td>30 Members</td>
</tr>
<tr>
<td>11 Organizations</td>
<td>24 Organizations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Advisory Council</th>
<th>4 YARH Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Members</td>
<td>Social &amp; Emotional Well-Being</td>
</tr>
<tr>
<td>19 Meetings</td>
<td>Permanent Connections</td>
</tr>
<tr>
<td>11 Presentations</td>
<td>Stable Housing</td>
</tr>
<tr>
<td>4 Media Interviews</td>
<td>Education/Employment</td>
</tr>
</tbody>
</table>

**SELECT ACTIVITIES COMPLETED**

<table>
<thead>
<tr>
<th>Community Readiness Assessment</th>
<th>Interviews with 23 service providers about the need and opportunity to serve these youth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case File Reviews</td>
<td>Reviewed the files of 30 current and former Lighthouse clients. Crafted narratives of each client's history with the foster care system and homelessness and identified opportunities for system and service changes.</td>
</tr>
<tr>
<td>Signed Data Sharing Agreements</td>
<td>To learn about youth experience in various systems such as child welfare, juvenile court and homeless services.</td>
</tr>
<tr>
<td>Youth Input</td>
<td>Conducted focus group and 12 interviews with currently homeless youth with a history of foster care, and 6 interviews with youth currently in or aging out of foster care.</td>
</tr>
<tr>
<td>YARH Teams</td>
<td>Conducted service assessment / Identified strengths and gaps / Identified potential Evidence Based Practices.</td>
</tr>
<tr>
<td>Safe and Supported Initiative</td>
<td>Developed a plan with community partners to end LGBTQ youth homelessness / Submitted plan to HUD / Implementation includes sub-committees and All Children All Families—supporting LGBTQ foster youth.</td>
</tr>
</tbody>
</table>
Many young people are still developing critical life skills at age 18. Few young people could survive on their own, let alone thrive, without any family support during this formative time in their lives. Foster youth who age out of the child welfare system are often disconnected from family and lack the financial and emotional support necessary to be successful. Many of these youth experience homelessness.

1 in 3 homeless youth at the Lighthouse Sheakley Center for Youth have foster care experience.

We can, and will, improve our system of care to support these young people and help them successfully transition to adulthood.

28% of all youth entering foster care for the first time were between ages 14-17.

Except for infants, youth entering care in Hamilton County between ages 14-17 entered at a higher rate than any other age group.

AGING OUT OF CARE

83 YOUTH AGED OUT OF FOSTER CARE IN HAMILTON COUNTY IN 2013

ADDITIONAL CHALLENGES

- 1 in 4 homeless youth have a mental illness
- 21% experience alcohol and/or drug abuse

THE MAJORITY OF HOMELESS YOUTH ARE PARENTING

African American & Female

11%

1 in 4 homeless youth are parenting
“28% of all youth entering foster care for the first time were between ages 14-17.”

* Citation: SACWIS query of all Hamilton County youth age 14-17 entering care for the first time in years 1990-2014, as of April 1, 2014.

“83 youth aged out of foster care in Hamilton County in 2013.”

* Citation: SACWIS query of Hamilton County youth based on Custody Terminations Reason recorded in SACWIS as of 10/30/2014 indicating ‘Child Reached Age of Majority’.

“1 in 4 homeless youth have a mental illness.”

* Citation: Homeless Management Information System (HMIS) data on youth ages 18-24 from Street Outreach, Emergency Shelters, Transitional Housing Programs and Permanent Supportive Housing Programs. Prepared by the Partnership Center, Ltd. May 8, 2014.

“21% experience alcohol and/or drug abuse.”

* Citation: Homeless Management Information System (HMIS) data prepared by the Partnership Center, Ltd. May 8, 2014.

“The majority of homeless youth African American (71%) & Female (57%).”

* Citation: Homeless Management Information System (HMIS) data prepared by the Partnership Center, Ltd. May 8, 2014.

“1 in 4 homeless youth are parenting.”

* Citation: Homeless Management Information System (HMIS) data prepared by the Partnership Center, Ltd. May 8, 2014.
KEYON
18 YEARS OLD
AFRICAN AMERICAN MALE

Keyon developed some independent living skills and is in need of maintaining employment to better sustain himself financially.

Keyon can build meaningful relationships if given a chance.

Why did you enter foster care?
I was sexually abused by my older brother and my family didn’t keep me safe.

You were in a stable foster home for a while, right?
Yes, I lived with my “grandmother” until she got sick.

Which Lighthouse services did you use?
Foster Care and Independent Living.

Did you like having your own apartment?
Yes. I could have parties and drink alcohol. The staff didn’t like this and said I was non-compliant.

Did you have contact with your biological father or other family members?
Yes, I often wanted to go live with my older brother or dad.

Who were your strongest connections?
I had two mentors but they didn’t last.

OPPORTUNITIES

1. Early trauma intervention after sexual abuse can deter victims from future self-harm behaviors such as substance abuse.

2. Providing a continuum of care to clients from early intervention into adulthood, including a consistent point person involved in their treatment and designing their permanency may make a difference.

3. Make sure clients are assessed for mental health treatment, emotional stability and AOD.

4. Youth will often seek out biological family members when separated from them. Parents and extended family should be seen as potential supports and involved in a youth’s case plan.

5. Youth need positive adults in their lives that can support them continuously and help them experience a nurturing sense of safety and success.

Lighthouse Youth Services conducted a case file review to take an in-depth look at clients who were at risk of homelessness. The case reviews were conducted with available information from Lighthouse files. Other information from partner agencies was not available. Highlights of their narrative are used here to demonstrate key themes that emerged from all 30 cases.
HOMELESS YOUTH
WITH HISTORY OF FOSTER CARE

PATRICE
17 YEARS OLD
AFRICAN AMERICAN FEMALE

Patrice successfully completed the Transitional Living Program at Lighthouse.

Patrice earned her High School diploma with the help of her IEP.

Who raised you?

My aunt.

What kind of trauma did you experience?

My mother was raped, murdered and set on fire. I was sexually abused by my uncle when I was 11.

How did you deal with that trauma?

I smoked marijuana and drank alcohol.

Did your aunt know that you were gay?

Yes but she didn’t accept me and refused to let me be myself and wear “boy” clothing.

Why did you become homeless?

My aunt kicked me out for being gay.

Which Lighthouse Services did you use?

Youth Crisis Center, Sheakley Center for Youth, ACT program for AOD services, Transitional Living Program.

Are you in touch with any family now?

I have a positive relationship with my sister and brother.

OPPORTUNITIES

1. Patrice may have benefited from additional Children’s Services involvement during her childhood including follow-up to determine if there were any issues with the placement.

2. Trauma informed care could have helped her cope with the trauma she experienced.

3. Traumatic experiences should be addressed as early as possible. Patrice continues to struggle with substance abuse as a coping mechanism.

4. LGBTQ youth face additional challenges such as identity based family rejection. They deserve culturally competent services that celebrate who they are and meet their unique needs.

5. All providers utilize effective communication in an attempt to integrate services and ensure that the client is receiving the best care possible. A client’s success in various programs can be dependent on their current functioning in another.

Lighthouse Youth Services conducted a case file review to take an in-depth look at clients who were at risk of homelessness. The case reviews were conducted with available information from Lighthouse files. Other information from partner agencies was not available. Highlights of their narrative are used here to demonstrate key themes that emerged from all 30 cases.
Candy
20 Years Old
Caucasian Female

Candy’s protective factors include her resilience and willingness to continue to seek treatment and help. Candy was able to obtain a GED and is motivated to continue her education and to work.

Why did you enter foster care at age 8?
My parents abused and neglected me.

How many placements did you have?
I lived in several foster homes and with my grandma for a while.

Why did you leave your grandma’s for a group home?
She couldn’t handle my mood swings and behavior.

Did you have mental health issues?
Yes, but I didn’t like taking my medications.

Did you feel ready to leave the Sheakley Center?
No, but I broke the rules and was banned for 30 days.

Opportunities

1. Early intervention, appropriate treatment services and trauma informed care may have changed outcomes for this client.

2. This client may have benefited from additional mental health care and family preservation services. Empathy and patience needed when addressing clients needs. Connecting them to services quickly and effectively is imperative.

3. Improved documentation within and among agencies, including having all client information available in one place, will help ensure that the appropriate treatment modality is applied.

4. Develop a better understanding that treatment compliance takes time when working with youth in survival mode. Support youth as they work to comply (e.g. deal with addiction). Revisit the penalty policy and rules while maintaining a safe space for all clients. Each time a client is penalized, research shows they become more pessimistic about accessing help and more distrustful of agencies whose mission it is to serve them.

Lighthouse Youth Services conducted a case file review to take an in-depth look at clients who were at risk of homelessness. The case reviews were conducted with available information from Lighthouse files. Other information from partner agencies was not available. Highlights of their narrative are used here to demonstrate key themes that emerged from all 30 cases.
Interviews were conducted as part of the Youth At-Risk of Homelessness Planning Grant in order to prevent homelessness and develop model interventions that support youth in their transition out of foster care and into adulthood.

**YOUTH IDENTIFIED GOALS**

“STABLE. JUST NOT GOING AND LIVING EVERYWHERE. JUST BEING COMFORTABLE. REALLY JUST BEING AT PEACE. THAT’S MY BIG DREAM. IT’S NOT TOO MUCH.”

**WHAT WORKED**

**HANDS-ON LEARNING**

“[The caseworker] would come over to my house with his tablet and fill out applications with me or take me to low income housing and sign up for stuff like that. He didn’t just give me the papers.”

**PERMANENT CONNECTIONS**

“My foster mom. My mentor...She stayed in my life and kept me motivated. Everyone needs someone in life to show them the better way.”
Youth identified two main strategies of Hands-On Learning and Permanent Connections to help them achieve their goals of Housing, Family, Education, and Employment.
YOUTH AT RISK OF HOMELESSNESS

HAMILTON COUNTY MODEL INTERVENTION

18–21 YEARS OLD HOMELESS YOUTH

Data Sharing Agreements allowed the research team to link de-identified information between youth serving systems. This created a better understanding of young people in Hamilton County foster care who later experienced homelessness.

CONTINUUM OF CARE
FEBRUARY 1, 2014 – JANUARY 31, 2015

491 YOUTH RECEIVED HOMELESS SERVICES ACROSS THE CONTINUUM.

26% have a child welfare history.

Of the youth with child welfare history

79% served by Lighthouse.

67% African-American.

47% pre-existing mental illness.

LIGHTHOUSE / ODJFS MATCH
2010 – 2015

166 YOUTH IN HAMILTON COUNTY CHILD WELFARE AND LIGHTHOUSE HOMELESS.

75% of these youth had first contact with JFS by age 3.

AVERAGE NUMBER OF PLACEMENTS

PLACEMENTS PRIOR TO EXITING CARE

<table>
<thead>
<tr>
<th>AGE</th>
<th>17</th>
<th>16</th>
<th>15</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>
“2010-1015, 166 youth in Hamilton County child welfare and Lighthouse homeless.”

Citation: SACWIS (State Automated Child Welfare Information System) and Lighthouse HMIS and Total Record data match (2010-2015), April 2015.

“75% of these youth had first contact with JFS by age 3.”

Citation: SACWIS Data (2010-2015) prepared April 2015.

“26% have a child welfare and/or foster care history.”

Citation: Homeless Management Information System (HMIS) data (February 2014- February 2015) prepared by the Partnership Center, Ltd. May 2015.

“Average number of placements prior to exiting care.”

Citation: SACWIS Data (2010-2015) prepared April 2015.
THE GOAL OF OUR MODEL INTERVENTION IS TO ENSURE SUCCESSFUL TRANSITION TO ADULTHOOD FOR YOUTH WHO ARE, OR HAVE BEEN, INVOLVED IN FOSTER CARE AND ARE MOST LIKELY TO EXPERIENCE A DIFFICULT TRANSITION, INCLUDING HOMELESSNESS.

**THEORY OF CHANGE**

**THE PLAN**
- Integrate trauma-informed care and positive youth development
- Use reliable screening and assessment tools
- Implement evidence-based/informed treatments including trauma therapy, High Fidelity Wraparound, Assertive Community Treatment, Experiential Independent Living Skills
- Ensure that system and provider staff are culturally competent
- Provide stable housing
- Continue community planning efforts

**THE IMPACT**

**IMPACT ON SYSTEM AND COMMUNITY**
- Increase coordination and communication among partners
- Provide continuity of service among providers
- Continue data sharing to further integrate our systems and improve services for youth
- Provide culturally appropriate services
- Increase the number of foster homes for older youth to keep them in county
- Improved supports for youth

**IMPACT ON YOUTH**
- Youth move beyond traumatic experiences into wellness and capability
- Youth receive mental health care
- Youth lead the development of their individual goals
- Youth access system and natural supports
- Youth gain experiential life skills

**THE OUTCOME**

**THE YOUTH WILL HAVE:**
- Opportunity to achieve educational goals
- Independent living skills
- Permanent connections and family
- Employment
- Opportunity to maintain social & emotional well-being
- A successful transition to adulthood

**ASSUMPTIONS & VALUES**
1. Youth are resilient
2. Trauma can be addressed
3. Youth in stable housing environments have more opportunities for success
4. A youth-centered approach with natural and system supports is essential for youth success
5. Cross-system community collaboration creates better outcomes
PRIORITY POLICY AND PRACTICE CHANGES

INCREASED ROUTINE COMMUNICATION between key, multi-system providers

HOUSING ACCESS CMHA add foster care as a preference for prioritizing housing vouchers

EXTEND FOSTER CARE SUPPORTS TO AGE 21 Ohio Fostering Connections

INCREASED AFTER CARE RESOURCES for youth

REMOVE THE MEDICAID CAP ON SERVICES FOR YOUTH UP TO AGE 26 Youth over 18, not in JFS custody, have a limit on therapy & caseworker services

YOUTH VOICE AND LEADERSHIP Hamilton County Youth Advisory Board

IMPROVED NATURAL SUPPORTS and family finding

NORMALCY POLICIES for older youth in care

CONTINUED DATA SHARING and use for program improvement

IMPROVED ACCESS TO EFFECTIVE BIRTH CONTROL such as Long Acting Reversible Contraception & sexual health information