Healthy Beginnings at Home Replication

Webinar 2: Client Pathway

June 8, 2021
GoToWebinar Reminders

• Everyone is muted
• Webinar is being recorded and will be posted to http://www.poppeassociates.com/hbah
• Slides are available under ‘Handouts’
• Questions can be entered throughout the webinar in the Q&A or Chat boxes
• Questions will be answered during the webinar or at the end during Q&A
HBAH Replication Webinars

1. HBAH Overview: May 25
2. **Client Pathway: June 8**
3. Fiscal Planning: June 9
4. Housing: June 21
5. Research and Evaluation: June 23
1. Introduction
   • Barb Poppe, Barbara Poppe and Associates

2. Model Fidelity
   • Barb Poppe, Barbara Poppe and Associates

3. Client Pathway
   • Priyam Khan, CelebrateOne

4. Role of the HBAH Housing Stabilization Specialist
   • Melissa Humbert-Washington, Homeless Families Foundation

5. Usual Care vs. Integrated Care Coordination
   • Amy Riegel, CareSource

6. Questions + Answers
What is Healthy Beginnings at Home?

HBAH is a community initiative striving to reduce infant mortality through an affordable housing intervention. The program seeks to strengthen the evidence regarding the impact of increasing housing stability in addressing infant mortality, reducing adverse birth outcomes, and improving health outcomes for women and their infants, with a strong focus on reducing racial disparities.
Model Fidelity
Barb Poppe
Research Study

Figure 4. Research design for outcome evaluation

**Intervention group**
- HRAI rental assistance
- HBAH Phase 1 through Phase 4 services

**Control group**
- Usual care services
- Less measured problem
- More measured
- Access to medical services

**Recruitment**
- Fitness to carry
- Outreach and marketing
- Recruitment criteria and assessment

**Randomization**

**Data collection**
- Pre-
- Interventions
- Housing data
- Health data
- Collect data: baseline, 12 months, 24 months

**Analysis by**
- Nationwide Children’s Hospital
- University of Delaware

**Housing outcomes**
- Housing insecurity
- Homelessness
- Multiple moves
- Behind on rent

**Other material hardship outcomes**
- Food insecurity
- Energy insecurity

**Health outcomes**
- Birth outcomes: Prematurity
- Low birth weight
- Infant mortality
- Neonatal, peri-neonatal
- CDW and NICU, responsibilities to mothers and children
- Adherence to treatment
- Immunization schedule
- Maternal depression symptoms
- Health care appointments
Model Fidelity

**Inputs**
- Project model: Components as described in OHFA proposal
- Research design: Health and housing outcome evaluations
- Funding: Grants and in-kind contributions
- Project staff: Positions and skills/competencies (including cultural competence)
- Project partners: CelebrateOne, CMHA, HFF, CareSource, evaluators, consultants, Steering Committee, etc.
- Housing units: Tenant-based, scattered site, private landlord and public housing site

**Outputs**
- Recruitment
  - Eligibility criteria
  - Outreach and marketing
  - Enrollment and random assignment
- Rental assistance
  - Rental payments, security deposits, utilities arrears and related costs
  - CMHA inspections for Housing Quality Standards
  - Step-down subsidy schedule
- Usual care services
  - Lists of resources/providers
  - Referrals to services
  - Access to medical services

**Phase 1 services**
First 30 days
- Strengths and needs assessment
- Person-centered plan
- Housing stabilization services and home visits by Housing Stability Specialist (HSS) or Community Health Worker (CHW)

**Phase 2 services**
30 days through birth of child
- Housing stabilization services and home visits by HSS or CHW
- Implementation of person-centered plan (including services such as healthcare coordination, income stabilization, nutrition assistance, etc.)

**Phase 3 services**
Post-partum
- Housing stabilization services and home visits by HSS or CHW
- Implementation of person-centered plan (including services such as healthcare coordination, income stabilization, nutrition assistance, etc.)

**Phase 4 services**
Aftercare and housing retention
- Individualized housing retention plan
- Supports provided by HSS and other partners, as needed (including emergency assistance, financial coaching, referrals, education, stabilization, nutrition assistance, etc.)

**Randomized control trial**
- Intervention Group (50 families)
  - HBAH rental assistance
  - HBAH housing stabilization and care coordination services
  - Usual care services (referrals, access to medical care and JobConnect through CareSource)
- Control Group (50 families)
  - Usual care services (referrals, access to medical care and JobConnect through CareSource)

**Evaluate health and housing outcomes**
- From baseline (1st or 2nd trimester of pregnancy) to 24 months after baseline

**Outcomes**
- Housing outcomes
  - Reduced housing insecurity: Homelessness, multiple moves, behind on rent
- Other material hardship outcomes
  - Decreased food insecurity
  - Decreased energy insecurity
- Health outcomes
  - Improved birth outcomes: Preterm birth, low birth weight
  - Reduced infant mortality: Neonatal, post-neonatal
  - Reduced ED usage and hospitalizations for mothers and children
  - Improved adherence to well-child visits and immunization schedule
  - Reduced maternal depressive symptoms
  - Decreased healthcare hardships
Key Components to Model Fidelity

- Collaboration – housing and health
- Participant eligibility
- Recruitment
- Housing assistance
- Housing stabilization services
- Diversity and equity
Collaborative Partners

• Backbone Organization – CelebrateOne
• Infant mortality reduction – CelebrateOne
• Housing provider – CMHA
• Housing stabilization services provider – HFF
• Managed Care Organization - CareSource
• Research and evaluation – NCH, UD, HPIO
• Expert consultants – HMA, Jake Bowling, Barb Poppe
Participant Eligibility

- Participants are 18 or older
- Less than 28 weeks pregnant
- Have a household income at <30% adjusted median income
- Live in a CelebrateOne priority zip code (later modified to countywide)
- Experience housing instability as one, or more, of the following:
  - Multiple prior moves
  - History of evictions
  - Overcrowded or doubled-up housing
  - At-risk of eviction
  - Experiencing severe housing problems
  - Homeless
- Enrolled with CareSource
- Meet the criteria for one-to-one care coordination with CareSource (see next slide)
- Consent to:
  - Provide personal data during the screening
  - Participate in data collection over term of study
  - Data sharing among partner organizations
- Willing to complete a credit check and criminal background check
- Willing to reside in Franklin County for the next three years
Be pregnant and meet one or more of the following conditions:

- Be a current smoker
- Engage in current use of alcohol or substances
- Experiencing substance abuse
- Have a behavioral health diagnosis or self-report in the Health Risk Assessment
- Have a severe mental illness
- Have a history of preterm birth or low birth weight
- Have a history of miscarriages or prior high-risk pregnancies
- Live in a CelebrateOne neighborhood
Exclusionary Criteria

- Household is being served by Community Shelter Board system program (later modified) or receiving rental assistance from any organization within Franklin County
- Participant needs a family unit of three or more bedrooms
- A member of the household is a registered sex offender or has a criminal history of arson or drug manufacturing
- The head of house is undocumented
- The household owes more than $1,000 for utility arrears (later modified to $2,500)
- The household or participant is in a lease with a landlord that is unwilling to participate in HBAH rental assistance program, and the household is unable to move within 30 days to a new, HBAH approved, unit.
- The household or participant is in a lease with a landlord that is willing to participate in HBAH rental assistance program but is requiring over two months’ rent arrears
- The participant is currently in housing with a bedbug infestation
Recruitment

• Tactics
  • Process to inform pregnant women in CelebrateOne high-priority neighborhoods about HBAH
  • Open house event for community referrers
  • Development of HBAH marketing materials
  • Identification of CelebrateOne partner organizations to conduct outreach and referrals
  • Process for screening potentially eligible families
  • Promote HBAH on traditional, digital and social medias

• Outreach
  • Columbus Public Health community health workers
  • StepOne Prenatal Information and Referral Service
  • Community Shelter Board’s Central Point of Access
  • United Way’s Care Coordination Network
  • Nationwide Children’s Hospital prenatal clinics
  • Franklin County Department of Job and Family Services
  • Choices Domestic Violence hotline and community-based maternal-child home visiting programs
## Intervention vs. Control

<table>
<thead>
<tr>
<th></th>
<th>Intervention group (n=50)</th>
<th>Control group (n=50)</th>
<th>Total (n=100)</th>
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<td>Black/African American</td>
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<tr>
<td>2nd trimester (12-28 weeks)</td>
<td>39</td>
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Rental Assistance

- 15-months of rental subsidy covering the gap between full market rent and 30% of the participants’ income
- Followed by 6-month stepdown period in which the subsidy decreased gradually until the participant pays full rent.
- Some participants found housing in units that included an ongoing rent subsidy on an ongoing basis rather than the time limited subsidy provided by HBAH

NOTE: more detail provided at upcoming webinar
Housing stabilization services helped participants identify housing, negotiate with landlords, and remain securely housed when faced with challenges

- **Family Critical Time Intervention (CTI)**

- **Housing First approach**
  - Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation (USICH)
  - Housing First Assessment Tool (HUD)

- **Clinical best practices**: person-centered planning, motivational interviewing, and trauma-informed care

Other *usual care* support services included access to a CelebrateOne CHW, a CareSource Care Manager, and a JobConnect Life Coach.
CelebrateOne has worked to strengthen cultural competence among HBAH partners through activities such as:

- Health equity workshop to inform Core Team members and implementing partners about upcoming equity-related events
- Cultural Humility training sponsored by Kirwan Institute and Franklin County Public Health
- CelebrateOne staff attended the 400 Years of Inequity: A Call to Action Summit hosted by the YWCA Greater Cleveland and First Year Cleveland

- NASW code of ethics
Role of the HBAH Housing Stabilization Specialist

Melissa Humbert-Washington, Director of Programs and Services
Four HBAH Phases

1. Initial housing placement
2. Housing stabilization before birth
3. Postpartum and continued housing stabilization
4. Aftercare
After acceptance into HBAH, HSS schedules intake meeting:
● Uses this meeting as an opportunity to begin building a connection with the client
● Utilizes Trauma-Informed Care to frame conversation
● Informs clients of rights, roles, and responsibilities, including a discussion about the expected time frame and parameters of the program.
● Collects additional program data and obtains signatures on required forms
● Reconfirms CareSource Care Coordinator and CelebrateOne Community Health Worker contacts
● Completes an assessment of client’s strengths and needs
  ○ Asks open-ended questions (whenever possible)
  ○ Learns more about the client’s family and current situation, as well as preferences for housing (price, size, neighborhood, etc.)
  ○ Works with client to build a basic, immediate goal plan
● Ends the meeting with a clear expectation about what happens next
HSS works alongside client to identify appropriate housing for the family.

Approaches include:
- Coordination with CMHA and City of Columbus
- Reaching out to known landlords to see if there are vacancies
- Contacting new landlords
- Following up with any housing leads given by the client
- Helping client apply for units, including paying for application fees

During this time, HSS will continually assess for safety, ask about any material needs of the family (food, bus passes, etc.), and provide additional support, as needed.

HSS will contact client at least once per week at minimum.
Once a client has been approved for housing, HSS:
- Coordinates with landlord to obtain and complete necessary paperwork
- Completes HBAH application for rental assistance
- Works with client on getting utilities set up
- Helps client with a plan for moving items into the new unit
- Asks about furniture and sets up a Furniture Bank appointment, if needed
- Delivers a move-in kit (and food from our pantry if requested) to the family within the first couple of days in their new unit they are in their new unit
- Sets up a day/time to come for the next home visit
Once client is in the unit, HSS and client can start identifying other needs and can update the goal plan.

All goals are individualized, client-driven, and time-specific. HFF has some resources in-house, while other needs can be met by linkage to resources in the community.

Categories could include:

- Material goods
- Employment/Education
- Mental/physical health, including AoD
- Benefits (WIC, Medicaid, Cash assistance)
- Others as identified by client

HSS also coordinates with CelebrateOne and CareSource.
At home visits, HSS is:

- Going over the goal plan with client, discussing progress and collaboratively establishing next steps
- Assisting the family with a monthly budget, including what financial assistance will be needed for the following month
- Inquiring about any maintenance needs or any other problems that might be occurring with the unit

General expectation is that HSS is doing bi-weekly home visits, but still making contact by phone, text, email, etc. on non-home visit weeks.

HSS can have more frequent contact if it is more appropriate for the needs of the family.
HBAH was a time-limited program:

- 6-month stepdown from subsidized rent to full market rent (unless had ongoing subsidy)
- 3-month aftercare with access to emergency client assistance fund

To prepare for stepdown, HSS developed a housing retention plan and a budget with client to manage increasing expectations to manage housing costs.

At completion of aftercare, HFF ensured that client has a list of community resources and HSS’s contact information in case assistance is needed again in the future.

Due to COVID, additional financial assistance and the HSS services were extended through March 2021.
Usual Care vs. Integrated Care Coordination

Amy Riegel
Participants randomized to the usual care group did not receive a rental subsidy from the HBAH program, but remained eligible for housing assistance from other sources.

All community-based services for which they were eligible, including support from CareSource and CelebrateOne, remained available to these participants.
Integrated Care Coordination

- Housing Support Specialist
- CHW
- HBAH Project Manager
- Life Coach
- Care Coordinator
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