



**Topic: HomeRoom Network Community of Practice
Session 9 – Identifying and Meeting the Needs of Special Population Students
Experiencing Homelessness: A Focus on Pregnant, Parenting, or Caregiving
Youth**

Date: 6/13/2023

Time: 1:00 pm – 2:15 pm EST

Materials

Presentation Slides: <https://cohhio.org/wp-content/uploads/2023/06/HomeRoom-Session-9.pdf>

Recording: <https://youtu.be/1YuXnluCdfw>

1. Introductions
 - a. Shayna Bryant, Healthy Beginnings at Home Project Manager, COHHIO
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2. Healthy Beginnings at Home: Past, Present, and Future
 - a. The Problem
 - i. Safe, stable, and quality housing is essential for families to thrive and achieve optimal health.
 - ii. We know that housing instability and homelessness increase the likelihood of preterm birth, infant mortality, and acute health conditions.
 - iii. Despite its importance, a lack of affordable housing in Ohio and nationwide has made families – particularly those of color – vulnerable to homelessness and other forms of housing instability, putting them at increased risk for health complications.
 - b. The Solution: Health Beginnings at Home
 - i. Past: First launched in 2018, HBAH is a community initiative striving to improve birth outcomes and reduce infant mortality through an affordable housing intervention with a strong focus on reducing racial disparities in health outcomes.
 - ii. Present: Phase 1 research results were very promising, so planning for Phase 2 - statewide replication with rigorous evaluation - is now underway.
 - iii. Future: The findings from this research will be used to support public policy improvements around infant and maternal health and drive resource decisions at all levels – federal, state, local, and managed care organizations.
 - c. HBAH 1.0 Health Outcomes
 - i. 40 of 51 babies in the intervention group were born full-term and at a healthy birth weight in comparison to 24 of 44 in the usual care group.



- ii. Four fetal deaths in the usual care group, and NONE in the housing intervention group.
- iii. Babies in the housing intervention group were less likely to be admitted to NICU and stayed just 8 days rather than 29 days for usual care NICU admissions.
- d. Healthy Beginnings at HOME 2.0 Program Design
 - i. Implementation lead: COHHIO
 - ii. Research team: Healthy Policy Institute of Ohio & Nationwide Children's Hospital
 - iii. Research Advisors: National and Ohio-based experts along with funders who provide oversight and support
 - iv. Fund Development
 - 1. ODH funding phase - \$2.25M approved
 - 2. State budget phase - \$15M pending state budget approval
 - 3. Philanthropic and other fund development – ongoing
- e. HBAH 2.0 Overview
 - i. 2.1 Cohort: 90 Households
 - 1. Akron – 30 households
 - 2. Columbus – 60 households
 - ii. 2.2 Cohort – 210 Households
 - 1. Akron
 - 2. Cincinnati
 - 3. Columbus
 - 4. Dayton
- f. HBAH 2.1 Project Overview
 - i. Study design enrolled participants must be:
 - 1. Pregnant adults in their first or second trimester,
 - 2. Living in Franklin or Summit County
 - 3. Household income <30% AMI
 - 4. Enrolled in Ohio Medicaid Managed Care plan, and
 - 5. Experiencing housing instability or homelessness
 - ii. Housing intervention: rental subsidies (time-limited or ongoing) and housing stabilization services
- g. HBAH Intervention: Rental Assistance and Housing Stabilization
 - i. Rental assistance:
 - 1. 15-months of rental subsidy covering the gap between full market rent and 30% of the participants' income
 - 2. Followed by 9-month stepdown period in which the subsidy decreased gradually until the participant pays full rent.
 - 3. Some participants may receive HUD Housing Choice Voucher or find housing in units that include a full rent subsidy on an ongoing basis rather than the time-limited subsidy provided by HBAH



- ii. Housing stabilization services help participants identify housing, negotiate with landlords, and remain securely housed when faced with challenges
 - 1. Family Critical Time Intervention (CTI)
 - 2. Housing First approach
 - 3. Clinical best practices: person-centered planning, motivational interviewing, and trauma-informed care
 - 4. Other usual care support services included access to maternal home visiting, etc.
- h. HBAH 2.0 Evaluation and Research
 - i. Research Team
 - 1. Health Policy Institute of Ohio – Lead
 - 2. Research Advisory Committee, including:
 - a. Nationwide Children’s Hospital
 - b. State agencies, including ODH and ODM
 - c. HBAH 1.0 participants
 - d. National experts
 - 3. COHHIO HMIS team
 - 4. HMIS consultants
 - ii. Key Metrics
 - 1. Improved housing stability and reduction in homelessness for HBAH families
 - 2. Improved birth outcomes and family health outcomes through three years after birth
 - 3. Reduction in Medicaid spending both for the birth and the household while receiving assistance and during the two-year follow up period
 - 4. Reduction in racial disparities
 - iii. Analysis
 - 1. Quantitative comparison of outcomes:
 - a. Treatment group (HBAH participants) vs. matched case controls (for Medicaid claims data)
 - b. Pre-program/Baseline vs. Post-program/Exit
 - c. Sites
 - d. Race/ethnicity
 - 2. Qualitative analysis for process evaluation
 - a. Satisfaction
 - b. Perceived impact
 - c. Barriers
 - d. Suggestions for improvement
- 3. Help Me Grow
 - a. What is Help Me Grow?
 - i. Help Me Grow Home Visiting is a voluntary family support program for pregnant women or families that are new parents, have a new baby, or are caring for a new child(ren).



- ii. Help Me Grow Home Visiting is an evidence-based program that promotes healthy growth and development for babies and young children.
 - iii. Our home visitors are well-trained professionals who use a non-judgmental and compassionate approach that empowers parents with skills, tools, and confidence to nurture the healthy growth of their children.
- b. What is our Target Population?
- i. Families are enrolled prenatally or within three months of birth.
 - 1. Once enrolled, sites offer services to families until the child's third birthday.
 - 2. If the family does not plan to have their child attend Early Headstart, we can serve them until their fifth birthday.
 - ii. HMG is designed for parents facing challenges such as:
 - 1. single parenthood;
 - 2. low income;
 - 3. childhood history of abuse and other adverse child experiences;
 - 4. and current or previous issues related to substance abuse, mental health issues, homelessness and/or domestic violence.
- c. Help Me Grow Resources and Services
- i. When a parent schedules a home visit with Help Me Grow Home Visiting, they will have the opportunity to share their thoughts about parenting, ask questions, and receive reliable information based on their individual family needs or topics of interest.
 - ii. Topics may include, but are not limited to:
 - 1. Healthy Pregnancies
 - 2. Baby and Child Health
 - 3. Breastfeeding
 - 4. Nutrition
 - 5. Immunizations
 - 6. Child Growth and Development
 - 7. Discipline
 - 8. Toilet Training
 - 9. Child Safety
 - 10. Household Safety
 - 11. Local Resources
- d. Additional Information
- i. Weekly visits are also completed prenatally until the baby's birth.
 - 1. This will give the family the time and chance to get connected with resources that they will need to prepare for the arrival of the new baby.



- ii. We have staff that are Safe Sleep ambassadors/ crib distributors. The staff can then provide the family with safe sleep options via pack-n-play at no cost to them.
 - iii. We can also offer mental/behavioral health counseling/case management to the families that we serve since we are a part of ISBH, and all services can be offered under the same organization, which can be beneficial to the families.
- 4. Discussion
 - a. What programs exist in your community that support the needs of pregnant and parenting youth?
 - b. What programs would you like to see in your community?
 - c. Who are your potential collaborators?
- 5. Closing
 - a. Upcoming Sessions
 - i. Session Ten: Supporting Families Experiencing Homelessness in DV Situations: Safety Planning and Permanent Connections on 8/29/2023