HomeRoom Network
Community of Practice

Identifying and Meeting the Needs of Special Population
Students Experiencing Homelessness: A Focus on
Pregnant, Parenting, or Caregiving

Session 9

6/13/2023
Welcome!

Please say hello in the chat box and share

• Your name & pronouns
• Name of your District
• Your role
• One word description of how you are doing today
Zoom Logistics

- All participants can unmute
- You can share your camera
- Questions can be asked throughout the training
- The powerPoint will be sent out after each training
- Breakout rooms
- Polls/ quizzes
- Handouts/ Materials
- Audio/video issues
Agenda

• Welcome & Introductions
• Healthy Beginnings at Home
  • Overview
  • Target Population
  • Resources
• Help Me Grow
  • Overview
  • Target Population
  • Resources
• Q&A
• Breakout Sessions
• Closing
Objectives

Attendees will:

• Learn strategies for meeting the needs of Pregnant, Parenting, or Caregiving Youth Experiencing Homelessness

• Learn about collaboration between service providers and school districts

• Learn about resources to support Pregnant, Parenting, or Caregiving Youth Experiencing Homelessness
COHHIO Course to HOME Team

Amanda Wilson she/her Youth Housing Initiative Director

Ami Diallo she/her Youth Housing Initiative Specialist

Evelyn Garon she/her Youth Housing Initiative Specialist
Guest Presenters

Shayna Bryant
HBHA Project Manager
COHHIO

Nyckole Eskridge
ISBH/Help Me Grow
Family Support Specialist Lead
Healthy Moms and Babies: Housing and Health Integration
Presenter

- Shayna Bryant, COHHIO
The Problem

Safe, stable and quality housing is essential for families to thrive and achieve optimal health.

We know that housing instability and homelessness increases the likelihood of pre-term birth, infant mortality and acute health conditions.

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.
Healthy Beginnings at Home

**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.

**Present**
Phase 1 research results were very promising, so planning for Phase 2 - **statewide replication with rigorous evaluation** - is now underway.

**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.
Birth outcomes for HBAH intervention and control group participants

40 of 51 babies in the intervention group were born full-term and at a healthy birth weight in comparison to 24 of 44 babies in the usual care group.

Four fetal deaths in the usual care group, and none in the housing intervention group.

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.
HBAH 1.0 Cost Savings

Medicaid spending for HBAH intervention and control group participants

<table>
<thead>
<tr>
<th></th>
<th>Intervention group (n=47*)</th>
<th>Control group (n=41*)</th>
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<tbody>
<tr>
<td>Average paid per claim:</td>
<td>$4,175</td>
<td>$21,521</td>
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<tr>
<td>Infant only at time of</td>
<td></td>
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<td>birth until initial</td>
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<td>release</td>
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<td></td>
<td>Total Medicaid spending</td>
<td></td>
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<tr>
<td></td>
<td>per member, per month</td>
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<tr>
<td></td>
<td>(PMPM) without outliers:</td>
<td></td>
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<tr>
<td></td>
<td>All household claims</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(from date of infant’s birth</td>
<td></td>
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<tr>
<td></td>
<td>to first birthday)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$351</td>
<td>$646</td>
</tr>
<tr>
<td></td>
<td>Intervention group (n=74)</td>
<td>Control group (n=81)</td>
</tr>
</tbody>
</table>

* N is based on live births. Does not include fetal deaths.

Source: CareSource
Healthy Beginnings at Home
2.0 Program Design
Implementation Lead: COHHIO

Research Team: Healthy Policy Institute of Ohio & Nationwide Children’s Hospital

Research Advisors: National and Ohio-based experts along with funders who provide oversight and support

HBAH 2.0 Structure & Planning

Akron: SCPH, UWSM
Cincinnati
Columbus: Celebrate One, HFF, CMHA
Dayton

Fund Development
ODH Funding Phase – $2.25M approved
State Budget Phase – $15M pending state budget approval
Philanthropic and other fund development - ongoing

Healthy Beginnings At Home
HBAH 2.0 Overview

• **2.1 Cohort: 90 Households**
  • Akron – 30 households
  • Columbus – 60 households

• **2.2 Cohort: 210 Households**
  • Akron
  • Cincinnati
  • Columbus
  • Dayton
HBAH 2.1 Project Overview

• **Study design:** enrolled participants must be
  • pregnant adult in their first or second trimester,
  • living in Franklin or Summit County
  • household income <30% AMI
  • enrolled in Ohio Medicaid Managed Care plan, and
  • experiencing housing instability or homelessness

• **Housing intervention:** rental subsidies (time-limited or ongoing) and housing stabilization services
HBAH Intervention:
Rental Assistance + Housing Stabilization Services

• **Rental Assistance**
  • 15-months of rental subsidy covering the gap between full market rent and 30% of the participants’ income
  • Followed by 9-month stepdown period in which the subsidy decreased gradually until the participant pays full rent.
  • 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
HBAH Intervention:
Rental Assistance + Housing Stabilization Services

• **Housing stabilization services** help participants identify housing, negotiate with landlords, and remain securely housed when faced with challenges
  • Family Critical Time Intervention (CTI)
  • Housing First approach
  • Clinical best practices: person-centered planning, motivational interviewing, and trauma-informed care
  • Other usual care support services included access to maternal home visiting, etc.
HBAH 2.0 Screeners & Assessments

- Child Development
- Housing
- IPV/DV
- SDOH
- Maternal Health
HBAH 2.0
Evaluation & Research
HBAH Research Team

• Health Policy Institute of Ohio - Lead
• Research Advisory Committee, including:
  • Nationwide Children’s Hospital
  • State agencies, including ODH and ODM
  • HBAH 1.0 participants
  • National experts
• COHHIO HMIS team
• HMIS consultants
HBAH 2.0 Key Metrics

- Improved housing stability and reduction in homelessness for HBAH families
- Improved birth outcomes and family health outcomes through three years after birth
- Reduction in Medicaid spending both for the birth and the household while receiving assistance and during the two-year follow up period
- Reduction in racial disparities
Analysis

Quantitative comparison of outcomes
- Treatment group (HBAH participants) vs. matched case controls (for Medicaid claims data)
- Pre-program/Baseline vs. Post-program/Exit
- Sites
- Race/ethnicity

Qualitative analysis for process evaluation
- Satisfaction
- Perceived impact
- Barriers
- Suggestions for improvement
Housing is inextricably linked to health. Future research, policy and practice strategies that improve health and housing stability are needed to develop and amplify evidence-based strategies to effectively support pregnant women who are experiencing housing instability. We believe that these efforts may improve maternal health and birth outcomes which may ultimately reduce infant mortality.

“Housing is the key. I kept trying and failing to save. But they gave you this opportunity to start fresh. That was a blessing.”

~ HBAH participant
“Before Healthy Beginnings at Home, I was sleeping on the floor at my boyfriend’s mom’s house – pregnant. Nobody wants to do that. It’s not easy to do that. Now, not only do I have a stable place to grow my family, but I have a place for myself.”

-HBAH participant
HOMEROOM NETWORK COMMUNITY OF PRACTICE

Nyckole Eskridge
ISBH/Help Me Grow
Family Support Specialist Lead
AGENDA

Topic one: What is Help Me Grow
Topic two: What is Our Target Population
Topic three: Resources that we offer
TOPIC ONE

What is Help Me Grow
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). Help Me Grow Home Visiting is an evidence-based program that promotes healthy growth and development for babies and young children. 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.
TOPIC TWO

What is Our Target Population
Families are enrolled prenatally or within three months of birth. Once enrolled, sites offer services to families until the child’s third birthday. But if the family does not plan to have their child attend early headstart we can serve them until their fifth birthday.

HMG is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, homelessness and/or domestic violence.
TOPIC THREE

Resources that we offer
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. Topics may include, but are not limited to:

- Healthy Pregnancies
- Baby and Child Health
- Breastfeeding
- Nutrition
- Immunizations
- Child Growth and Development
- Discipline
- Toilet Training
- Child Safety
- Household Safety
- Local Resources
Additional Information

Weekly visits are also completed prenatally until the baby’s birth. 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. We have staff that are Safe sleep ambassador/ crib distributors. The staff can then provide the family with safe sleep options via pack n play at no cost to them. We can also offer mental/behavioral health counseling/case management to the families that we serve since we are apart of ISBH and all services can be offered all under the same organization. Which can be beneficial to the families.
THANK YOU

Nyckole Eskridge
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614-725-7368
Discussion: Key Takeaways

- What resources align with your district?
- What resources is your district interested in?
- What worries or fears come up?

Take notes and be prepared to share with the group!
Discussion: Collaboration

- What is your biggest barrier regarding collaboration with service providers?

- Name one successful collaboration with a service provider in your district. What’s working?

Take notes and be prepared to share with the group!
Additional Strategies

• Increase collaboration with service providers in your community
  • Know where in the community there are resources for pregnant, parenting youth

• Use a trauma-informed approach
  • Keep in mind the challenges that youth experiencing homelessness on their own are facing

• Explore avenues for family reunification and relationship building
  • Youths tend to turn to family members for assistance
Feedback

We invite you to provide feedback about today's here:
https://docs.google.com/forms/d/e/1FAIpQLSfWEUqcoBUjqTmJHLTvSZgK4KaZk3VuLQAcjyX9g2jXkobsAg/viewform
Spotlight Your District/ESC

We invite you to share about your district to be considered for spotlight.

Districts can be spotlighted in community of practice and/or the COHHIO Course to HOME newsletter.

If you’re interested in spotlighting your district, let us know here: https://forms.gle/JPL8548ighpR1kps7
Contact Information

COHHIO Course to HOME

homelesseducation@cohhio.org
THANKS