Healthy Beginnings at Home

replication template

June 2021

The purpose of this document is to provide guidance to replicate Healthy Beginnings at Home (HBAH). The components in the template are based on the original model and lessons learned from the initial HBAH implementation in Franklin County, Ohio, led by CelebrateOne in 2018-2021. For more information on the development and implementation of HBAH, see the **HBAH Process Evaluation Technical Report** and other HBAH reports available on the **HBAH website**.

This template includes the following sections:

- Core components of the model
- Readiness checklist and first steps
- Target population and eligibility requirements
- Housing units and rental assistance
- Housing stabilization services
- Evaluation research
- Budget template

Core components of the model

The following components are critical to implementing the HBAH model with fidelity:

- **Target population:** Pregnant adults with extremely low incomes experiencing housing stability or homelessness (see page 4 for details)
- **Rental assistance:** 24 months of assistance, including a step-down phase in which the subsidy is gradually decreased (see page 5 for details)
- **Housing stabilization services:** Intensive assistance with finding housing, negotiating with landlords and maintaining housing, guided by Family Critical Time Intervention, Housing First approach and clinical best practices (person-centered planning, motivational interviewing and trauma-informed care) (see page 5 for details)
- **Evaluation research:** Data collection and analysis to assess health, healthcare spending, housing, income and racial disparity outcomes for participants and a comparison group, as well as fidelity to the model and amount of housing assistance received (see pages 6-7 for details)

Readiness checklist and first steps

In order to set the foundation for successful HBAH implementation, partners should follow these initial steps:

Describe current need and community conditions and assets

- ☐ Review data on infant mortality and birth outcomes by race and ethnicity, zip code and other characteristics in your geographic area
- ☐ Review data on housing costs, housing cost burden, homelessness and other housing issues by race and ethnicity, zip code and other characteristics in your geographic area
- ☐ Review any available community assessments that may provide additional information about racial disparities, maternal and infant health, housing, income, employment or domestic violence in your area (such as assessments conducted by racial equity collaboratives, local health departments, hospitals, homelessness continuums of care, housing consolidated plans, philanthropy, etc.)
- ☐ Identify community strengths, assets and resources that can be mobilized for HBAH implementation, including an initial list of potential partners and funders

Identify and convene project partners

- ☐ Identify lead organization and convener to coordinate activities across all partner organizations who has expertise in multi-sector collaborations; working knowledge of collective impact or evaluation practices; and knowledge in equity, health and/or housing
- ☐ Identify core partners:
  - ☐ Organization with mission to provide health access to the target population (such as an infant mortality prevention collaborative)

- Housing services partner with experience serving families who are unstably housed and have strong relationships with landlords, housing agencies and social service providers
- Housing agency(ies) (such as a metropolitan housing authority)
- Medicaid Managed Care Organization(s) (MCOs)
- Research and evaluation partner(s)

- Establish a governance and decision-making structure that will guide and oversee the collaboration, design and manage all phases of implementation, establish and oversee the execution of the research plan, ensure sufficient resources are available to implement and organize public communications to support the collaboration
- Clarify roles for each partner organization. Describe specific activities and outcomes for which each partner will be held accountable
- Determine areas where consultant support and expertise may be needed, e.g., racial equity, program design, best practices in health and housing, collective impact approaches
- Establish the multi-disciplinary care coordination team (see page 5 for details)
- Establish subcontracts with funded partner organizations and memorandums of agreement with non-funded partner organizations

Partnership tips

- ✓ Plan activities to build relationships and trust among partners
- ✓ Engage all key partners as early as possible in the planning process, including those with lived experience of homelessness and "on the ground" relationships serving families who are homeless in your community
- ✓ Engage implementing partners who have a variety of strengths and expertise that complement each other while avoiding service duplication and filling in any potential service gaps from certain partners In addition to core partners, build relationships with:
  - Utility companies
  - Domestic violence survivor advocates
  - Behavioral health providers
  - Employment coaches
  - Healthcare coordinators or navigators
  - Landlords
  - Other community-based organizations for outreach and referrals
- ✓ Plan for supports to minimize staff turnover, as much as possible, particularly for direct service staff
- ✓ Foster open communication among partners and participants to adjust services as needed to meet performance targets
- ✓ Lead organization should be overall fiscal agent and have solid fundraising plan and capacity

Develop project budget and identify funding sources

- ☐ Develop comprehensive budget and funding plan for the entire program, including how many people can be served with the available resources
- ☐ Create a detailed project plan, including rolling admissions and lease-up timeline, through project conclusion
- ☐ Obtain grants from local, state and/or federal government sources
- ☐ Obtain grants/donations from private philanthropy, including corporate foundations and real estate developers
- ☐ Obtain in-kind contributions from partner organizations
- ☐ Assess cash flow needs for funded partner organizations and ensure funding is available to meet those needs
- ☐ Establish financial reporting processes and timeline, including process for monitoring and reallocation of resources

Develop project plan, implementation structure and timeline

- ☐ Develop a timeline that allows adequate time for partners to get to know each other and establish contracts, memorandums of understanding and data sharing agreements
- ☐ Fully develop the housing assistance and stability services plan, policies, protocols and procedures
- ☐ Develop a policy and procedure document that clearly describes the organizational structure, decision-making process, lines of communication and frequency of meetings
- ☐ Develop clear job descriptions and ensure that all partners are familiar with these job descriptions Encourage all partners to hire and retain staff who reflect the community being served (i.e., women of color)

Budget and planning tips

- ✓ Strategically combine public and private sources for long-term sustainability ("blending and braiding")
- ✓ Develop fundraising plan and dedicate staff time to fundraising and grant management
- ✓ When developing your budget, quantify the value of in-kind services that were provided so full-cost is reflected
- ✓ Review eligible costs and timing for funds availability for each funding source to identify and address any gaps before implementation
- ✓ Develop clear funding agreements with each funded partner
- ✓ Establish financial tracking system before launch, including individual household usage of rent, utility and other financial assistance
- ✓ Plan for quarterly budget review and adjustments
- ✓ Expect to do mid-project fundraising
- ✓ Use RFI to select the HSS provider (one provider is recommended to reduce variation and increase model fidelity)
- ✓ Anticipate research and evaluation requirements in the funding agreements

Target population and eligibility requirements

Eligibility criteria

The HBAH model serves participants that meet the following criteria:

- Pregnant adult in their first or second trimester
- Extremely low income, defined as a household income <30% Area Median Income (AMI)
- Experiencing housing instability or homelessness (see box below)
- Willing to provide personal data during screening, participate in data collection, consent to data sharing among partner organizations, complete a credit check and criminal background check and willing to reside in project geography for the next three years

Housing is unstable when a family experiences any of these situations:

- Multiple moves
- Eviction or risk of eviction
- Overcrowded or doubled up
- A severe housing problem
- Homeless living in a shelter or place not meant for human habitation

In addition, you should establish criteria related to:

- Geographic area (such as specific zip codes or neighborhoods with high rates of infant mortality and health disparities)
- Medicaid managed care plan enrollment (participants should be enrolled in the managed care plan(s) that have agreed to share claims data for evaluation research)
- Household characteristics that may preclude rehousing. For example, utility arrearages that exceed project resources or criminal convictions related to arson or drug manufacturing. Eligibility criteria should NOT include minimum income requirements, sobriety or treatment compliance, low/no credit, eviction histories and criminal histories (except those that preclude receipt of federal housing assistance)

Enrollment and eligibility process

- ☐ Establish an outreach and engagement process to recruit potential participants. This should include partnering with BIPOC organizations that are trusted by potential participants
- ☐ Explore role for partnering with centralized hotline that coordinates services for pregnant women to pre-screen referrals
- ☐ Establish schedule for screening and intakes by project team and align expected volume and timing to match recruitment
- ☐ Plan to arrange for and provide transportation for in-person interviews
- ☐ Implement a streamlined screening and enrollment process that minimizes time and transportation burden for participants while ensuring sufficient controls on eligibility determination to ensure target population is successfully recruited
- ☐ Plan for an enrollment window that matches the staffing pattern and timeline for landlord engagement
- ☐ Plan for multi-lingual and cultural needs
- ☐ Develop materials to support recruitment of eligible participants
- ☐ Closely monitor referrals and adjust as needed to meet enrollment targets

Housing units and rental assistance

Housing providers

- ☐ Develop agreements on workflows, protocols, communications and data sharing between the rental assistance provider and the housing stabilization services provider
- ☐ Establish an optimal lease-up schedule that matches project timeline
- ☐ Establish process and protocols to support timely lease-signing, housing assistance agreements and tenant rent payment schedules
- ☐ Leverage partnerships between the rental assistance provider and housing stabilization services provider with landlords and developers to establish a large pool of available and affordable housing units from which participants can choose
- ☐ Seek affordable housing options in high opportunity neighborhoods. Ensure that participants can select an apartment in a lower-poverty area if they choose to do so
- ☐ Develop a process for expedited housing inspections to avoid delays
- ☐ Enlist landlords at the right time in the project, to ensure units are available during the lease-up window while avoiding landlords holding empty units for prolonged periods

Rental assistance

- ☐ Provide 24 months of rental payments, preferably through long-term subsidized housing or rental assistance vouchers that will continue after program exit
- ☐ Provide assistance for security and utility deposits
- ☐ Provide assistance to cover rental and utilities arrears
- ☐ Set funding aside for additional costs, such as application fees and landlord incentives
- ☐ Provide assistance for participants to obtain furnishings and other items essential for move-in and apartment set up
- ☐ Develop rental assistance schedule for each participant to project tenant payments and rental assistance payments. Roll up to understand overall rental assistance needs for project. Monitor quarterly
- ☐ Establish data collection plan, including quality assurance, and collect date for project management and evaluation. This should include financial assistance provided at individual household level
- ☐ Implement data sharing agreement with evaluator(s)

Housing stabilization services

- ☐ Provide intensive housing stabilization services, including landlord mediation, financial assistance and Family Critical Time Intervention/Housing First approach
- ☐ Provide healthcare coordination and navigation to community based maternal health programs and supports; prenatal, postpartum and pediatric medical care; reproductive health care and behavioral health
- ☐ Implement person-centered planning and motivational interviewing to support attainment of basic needs and achieve long-term economic stability, including education, employment and access to high-quality child care and child care subsidies
- ☐ Provide phone access (purchase phones and/or pay for minutes) to facilitate frequent communication between participants and housing stabilization service providers
- ☐ Design phased services model that aligns with Family Critical Time Intervention
- ☐ Identify community services providers
- ☐ Leverage managed care organization services (such as care coordination and job coaching)
- ☐ Establish 1:12 staff: participant ratio for housing stabilization services and ensure adequate clinical supervision
- ☐ Implement care coordination as designed (see box below)

Establish a care coordination team

- ☐ Identify a lead entity for care coordination
- ☐ Determine methods for communication among all direct service partners
- ☐ Clearly define roles and responsibilities for each member
- ☐ Establish operating policies, procedures and protocols
- ☐ Assess partner knowledge of, experience with and capacity to deliver person-centered, evidence-based and culturally-appropriate services, including the following frameworks:
  - **Family Critical Time Intervention**
  - **Housing First**
  - **Motivational interviewing**
  - **Trauma-informed care**
  - **Harm reduction**
  - Person-centered planning
  - Cultural humility and competence, health equity and anti-racism
- ☐ Provide training to partners (as needed) to increase capacity in the evidence-based approaches listed above

Evaluation research

- ☐ Develop an evaluation plan that specifies outcomes, data sources, data collection timeline, analysis, reporting and responsible entities (evaluation consultant or other research partner)
- ☐ Include a meaningful comparison group (control group, matched case controls, waitlist group, etc.)
- ☐ Develop subcontract(s) with evaluation research team
- ☐ Establish data collection plan, including quality assurance, and collect date for project management and evaluation
- ☐ Secure data use agreements between the evaluator, the Medicaid managed care organization and service providers
- ☐ Obtain Institutional Review Board approval for evaluation research (as needed)
- ☐ Engage in continuous quality improvement during meetings with partners by regularly reviewing aggregate data on short-term outcomes

Advocacy

Advocate for policy changes in your local community to:

- ☐ Mitigate the impact of racist and other discriminatory policies and practices, such as exclusionary zoning and source of income discrimination
- ☐ Improve housing stability for families with extremely low incomes in your local community
- ☐ Improve the supply of affordable housing
- ☐ Increase employment and income, including better access to:
  - Self-sufficient wages
  - Child care subsidies
  - Transportation
  - Education and job training
  - Medicaid or employer-sponsored health insurance
  - Removal of barriers related to collateral sanctions

Evaluation tips

- ✓ Engage the evaluation team as early as possible in the planning process
- ✓ Random assignment is the gold standard for research but can be extremely challenging for participants and service providers. If randomization is used, researchers should make the assignments, not direct service staff
- ✓ When using a control group, provide high-quality "usual care," including more accurate housing services referrals
- ✓ Design data collection to be minimally burdensome on staff and participants
- ✓ Provide adequate remuneration to participants for completing interviews or surveys
- ✓ If resources are available, conduct a process evaluation that includes the following components: Describe inputs and outputs, assess fidelity to the model, measure service dose for individual participants, identify barriers and facilitators of success, identify implementation challenges and suggestions for improvement, assess participant perceptions of the program (including satisfaction and cultural competence)

Outcomes for evaluation

Types of outcomes	Core outcomes	Additional outcomes
Health and healthcare utilization and spending outcomes	☐ Birth outcomes (full-term, birth weight) ☐ Pregnancy loss ☐ NICU utilization and length of stay ☐ Healthcare cost for birth/delivery ☐ Healthcare cost for mother ☐ Healthcare cost for all family members ☐ *If sample size is sufficient, analyze and report outcomes by race, ethnicity and other participant or program dose characteristics*	☐ Birth spacing, subsequent births ☐ Maternal overall health status ☐ Maternal depression symptoms ☐ Tobacco use ☐ Alcohol and other drug use ☐ Breastfeeding ☐ Estimated lifetime healthcare cost savings ☐ Emergency department utilization for all family members
Housing outcomes	☐ Housing status at exit ☐ Change in housing status from intake to exit ☐ Housing/income cost ratio at exit ☐ Number of moves during program participation ☐ Number of evictions during program participation ☐ *If sample size is sufficient, analyze and report outcomes by race, ethnicity and other participant or program dose characteristics*	☐ Time to house (number of months from intake to housing placement) ☐ Satisfaction with living situation at exit ☐ Zip code of housing at exit
Income, employment and other outcomes	☐ Change in income from intake to exit ☐ Change in employment status from intake to exit ☐ *If sample size is sufficient, analyze and report outcomes by race, ethnicity and other participant or program dose characteristics*	☐ Food insecurity ☐ Benefits received at intake and exit
Process evaluation	☐ Participant satisfaction ☐ Cultural competence ☐ Fidelity to model at program and/or site level ☐ *If sample size is sufficient, analyze and report outcomes by race, ethnicity and other participant or program dose characteristics*	☐ Dose of housing intervention received by participants ☐ Types of services received by participants (including type of housing subsidy) ☐ Fidelity to model at participant level ☐ Lessons learned ☐ Suggestions for improvement

Budget template

Revenue

Funding source	Year 1 amount	Year 2 amount	Year 3 amount
Public			
Federal			
State			
Local (city or county)			
Housing authority			
Private			
Philanthropy			
Medicaid managed care organizations and foundations			
Financial institutions (banks, community development financial institutions)			
Utility companies			
Housing developers			
In-kind contributions from partner organizations			

Budget template

Expenditures

Expense category	Year 1 amount	Year 2 amount	Year 3 amount
Housing assistance			
Rental subsidies			
Utilities assistance			
Arrearages (utility and rent)			
Security deposits			
Move-in expenses			
Flexible crisis assistance fund			
Rental assistance management fees			
Project management and services			
Salary, benefits and other costs for lead agency			
Salary, benefits and other costs for housing stabilization services provider			
Salary, benefits and other costs for other service providers			
Other			
Evaluation research consultant(s), including incentives for participants to complete interviews and surveys			
Planning consultant(s)			
Training consultant(s)			

Learn more

To learn more about the HBAH research project and CelebrateOne, follow the links below:

- **Healthy Beginnings at Home**
- **CelebrateOne**