

Sept. 4, 2020

Healthy Beginnings at Home

process evaluation



Healthy Beginnings at Home

Process Evaluation

Final Technical Report

Prepared by the Health Policy Institute of Ohio (HPIO) for CelebrateOne

9/3/2020

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Glossary

Community Health Worker (CHW)	A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. CHWs provide services such as education for new or pregnant mothers on infant care and safe sleep, referrals for assistance with social determinant of health-related needs, case management and other services.
Community Properties of Ohio (CPO)	A property management company offering a range of affordable housing opportunities for residents.
Data use agreement (DUA)	A legal agreement between parties that establishes who is permitted to use certain data, what those permissions are and how the recipient of data may disclose it.
Fair-market rent	Calculations used to determine payment standards for the Housing Choice Voucher program and other payment-based housing programs.
Housing Choice Voucher	Also known as Section 8, this program provides low-income families with vouchers to cover the costs of rental housing. Families pay 30-40% of rent and a local housing authority will cover the remainder. The U.S. Department of Housing and Urban Development provides the funding for Section 8 vouchers.
Housing Stability Specialist (HSS)	Homeless Families Foundation staff member who provides housing stability services for Healthy Beginnings at Home (HBAH) participants in the intervention group.
HUD	U.S. Department of Housing and Urban Development
Life coach	CareSource JobConnect staff who works with members on workforce development skills and goals.
Ohio Townhouses	An 80-unit affordable housing development for families through the Columbus Metropolitan Housing Authority (CMHA).
REDCap	A secure web application for managing online surveys and databases.
Sawyer Manor and Trevitt Heights (ST)	Sawyer Manor and Trevitt Heights are two affordable housing developments for families operated by CMHA.
Title 20	A child care block grant distributed by the Ohio Department of Job and Family Services to pay for publicly-funded child care, which families can apply for through their county Department of Job and Family Services.
Utility arrears	Unpaid or overdue utility payments, such as for electricity, gas or water.
Violence Against Women Act housing protections	Through the Violence Against Women Act (VAWA) reauthorization of 2013, victims of domestic violence are guaranteed housing-related protections (e.g. transfer to another unit without penalization) because they are a victim/survivor of domestic or intimate partner violence.

Part 1. Purpose and process

Background

Healthy Beginnings at Home (HBAH) is a housing stabilization pilot program for pregnant women. Led by CelebrateOne (an infant mortality prevention collaborative in Columbus, Ohio), HBAH was designed to improve maternal and infant health outcomes for low-income families. Launched in 2018 and slated to conclude in early 2021, the program provides 49 Columbus families with rental assistance and other services.

The project is funded by the Ohio Housing Finance Agency and several other public and private organizations. HBAH brings together direct service and expertise from a diverse set of organizations, including the Columbus Metropolitan Housing Authority, the Homeless Families Foundation, CareSource (Medicaid managed care plan), StepOne/Physicians Care Connection and Children's HealthWatch.

Researchers at Nationwide Children's Hospital are evaluating HBAH's health outcomes through a randomized control trial (RCT); and, researchers from the University of Delaware are conducting a housing outcome evaluation.

Purpose of the process evaluation and this report

Starting in October 2019, CelebrateOne partnered with the Health Policy Institute of Ohio (HPIO) to conduct a process evaluation that serves as a companion to the health and housing outcome evaluations. While the outcome evaluations measure whether the program worked, the process evaluation provides information about why the program may or may not have worked as intended and how it can be improved.

The process evaluation was designed to:

- Document project inputs (such as staff time and partner in-kind contributions) and outputs (such as recruitment and enrollment processes, housing placement process, service referrals, home visits and other assistance) throughout all four phases of the project.
- Assess the extent to which the project was implemented as specified in implementation plans, and what modifications were made and why.
- Identify barriers and facilitators encountered during implementation, including external conditions and internal process issues.
- Assess participant perceptions about the project, focusing on satisfaction and cultural competence.
- Identify challenges experienced and suggestions for designing future housing and health intervention studies from participants, staff and research teams.

The intended audience for this report includes any state or local organizations that are considering replicating or scaling up the HBAH model or are planning similar projects to improve maternal and child health outcomes by improving housing stability and quality.

This report includes comprehensive findings from the process evaluation. HPIO also prepared a brief summary of the findings, available [here](#).

Evaluation methods

HPIO employed the following process evaluation methods:

- Document review (funding proposals, budgets, service protocols, participant materials, etc.)
- Observation of Core Team and Care Coordination meetings and analysis of meeting minutes
- Key-informant interviews with 8 participants
- Key-informant interviews with 15 staff and partner organization representatives

More detailed information about each method is provided in the relevant report section.

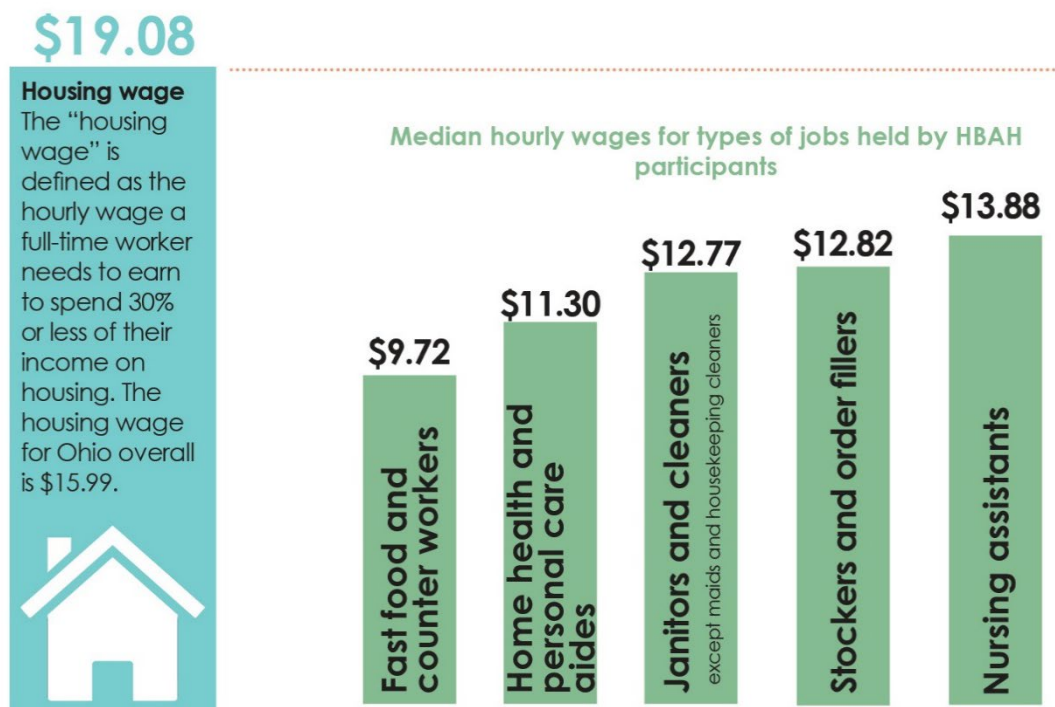
Franklin County housing landscape

Like other states, Ohio faces a critical shortage of affordable housing. Franklin County is the most expensive place to live in Ohio.¹ As a result, Columbus families with young children, especially those with low incomes, are particularly vulnerable to housing instability and homelessness. This challenging environment is important context for understanding the implementation of HBAH. Housing assistance is difficult to obtain; the average wait for a housing choice voucher was 14 months in Franklin County in 2019.²

Mismatch between wages and housing costs

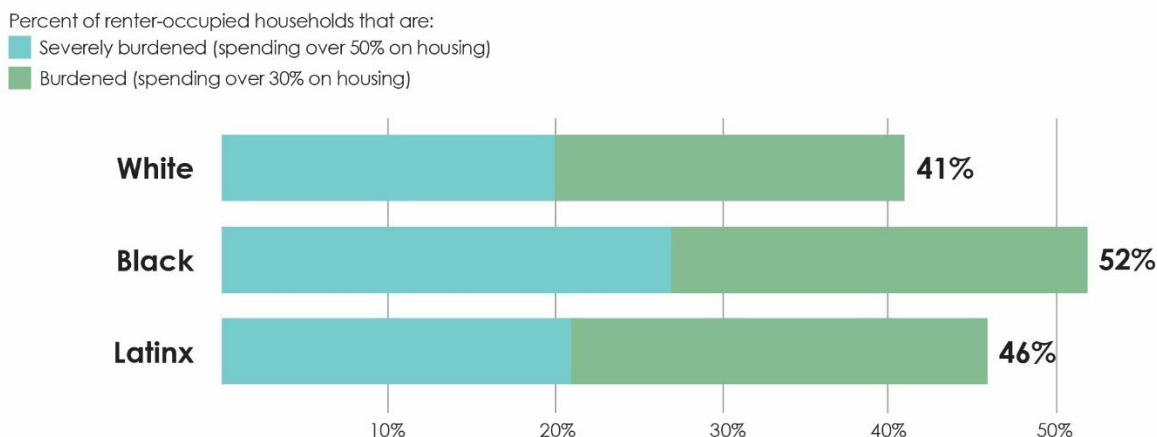
The “housing wage” analysis in figure 1 illustrates the large gap between wages and housing costs. This gap results in many households being “cost-burdened,” meaning they spend more than one-third of their income on housing. As shown in figure 2, this burden varies by racial and ethnic group, with Black families being the most likely to spend over 30% or 50% of their incomes on housing.³

Figure 1. How much does an average renter need to earn to afford a 2-bedroom apartment in Franklin County, Ohio?



Sources: Data from the Department of Housing and Urban Development FY2020 Fair Market Rent, as compiled by the National Low Income Housing Coalition. “Out of Reach 2020: Ohio.” National Low Income Housing Coalition. Accessed July 22, 2020. <https://reports.nlihc.org/oor/ohio>

Figure 2. Housing cost burden by race/ethnicity and severity, Columbus region*, Ohio, 2017



* Columbus Metropolitan Statistical Area

Source: “Housing Burden. Columbus, OH.” National Equity Atlas. Accessed Aug. 18, 2020. https://nationalequityatlas.org/indicators/Housing_burden#/?breakdown=2

Homelessness

Homelessness is the downstream consequence of the shortage of affordable housing and related housing instability. Prior to the COVID-19 pandemic, homelessness had been decreasing in Ohio.⁴ The number of families facing homelessness dropped by 25% between 2007 and 2019.⁵ However, the capacity of the homeless system for families in Central Ohio is strained. As of 2019, the system was at 95% capacity.⁶

The potential impact of the pandemic on homelessness and housing insecurity is uncertain and troubling. According to a recent analysis of 2020 Household Pulse Survey results, 47% of renter households in Ohio reported they were unable to pay rent and at risk of eviction. This percentage is higher for communities of color.⁷

Most families accessing homeless services in Ohio are single adult women with children, representing 92.8% of this population between 2012 and 2016.⁸

Black and Hispanic Ohioans are over-represented among people who are homeless compared to the state's population. Black Ohioans represented 42.9% of clients at Continuum of Care (CoC) housing assistance organizations despite only representing 12.3% of Ohio's overall population during the same 5-year period identified above.⁹ White Ohioans made up 51.4% of CoC clients, while representing 82.2% of Ohio's population.¹⁰ People of Hispanic or Latinx ancestry represented 4.3% of clients but only 3.5% of the population in Ohio.¹¹

Part 2. Document review

Methods and sources

CelebrateOne provided HPIO with a total of 352 documents that were created by HBAH partners between November 2017 and February 2020. Additional meeting notes were created by HPIO for the meetings they observed for a total of 368 documents reviewed in this report. The following types of documents were included:

- Proposals (22 documents)
- Data reports (69)
- Partner contracts (16)
- Educational materials (40)
- Policies and protocols (56)
- Staffing and job descriptions (5)
- Enrollment (38)
- Budgets (10)
- Referral documents (32)
- Meeting minutes [see part 5] (55)
- Other (uncategorized) (24)

From September 2019 to June 2020, HPIO staff completed an initial screen of all 368 documents to determine which were most relevant to the process evaluation objectives. HPIO also sought feedback from the HBAH Program Manager regarding which documents were most important to review.

Based on this initial screen, HPIO staff conducted a more in-depth review of relevant documents and summarized key information on the following process evaluation components:

- Inputs
- Outputs
- Extent to which the project has been implemented as intended and modifications to the model
- Equity and cultural competence
- Barriers and facilitators encountered during implementation, including external conditions and internal process issues

This information is summarized to be useful to any state or local organizations that plan to replicate, improve or scale up the HBAH model. As a companion to the November 1, 2017 proposal to the Ohio Housing Finance Agency (OHFA), this section of the report pulls together descriptive information about HBAH into one place to provide future implementers with a “recipe book” of key components of the model.

Limitations

HPIO relied upon CelebrateOne staff to provide the documents. For this reason, it is possible that documents developed by other project partners (Homeless Families Foundation (HFF), CareSource, Nationwide Children’s Hospital, etc.) may be under-represented. In addition, many documents were not dated and some were not yet final. (The initial document review was conducted in September to November 2019. HPIO then updated the review throughout the project, adding key documents finalized

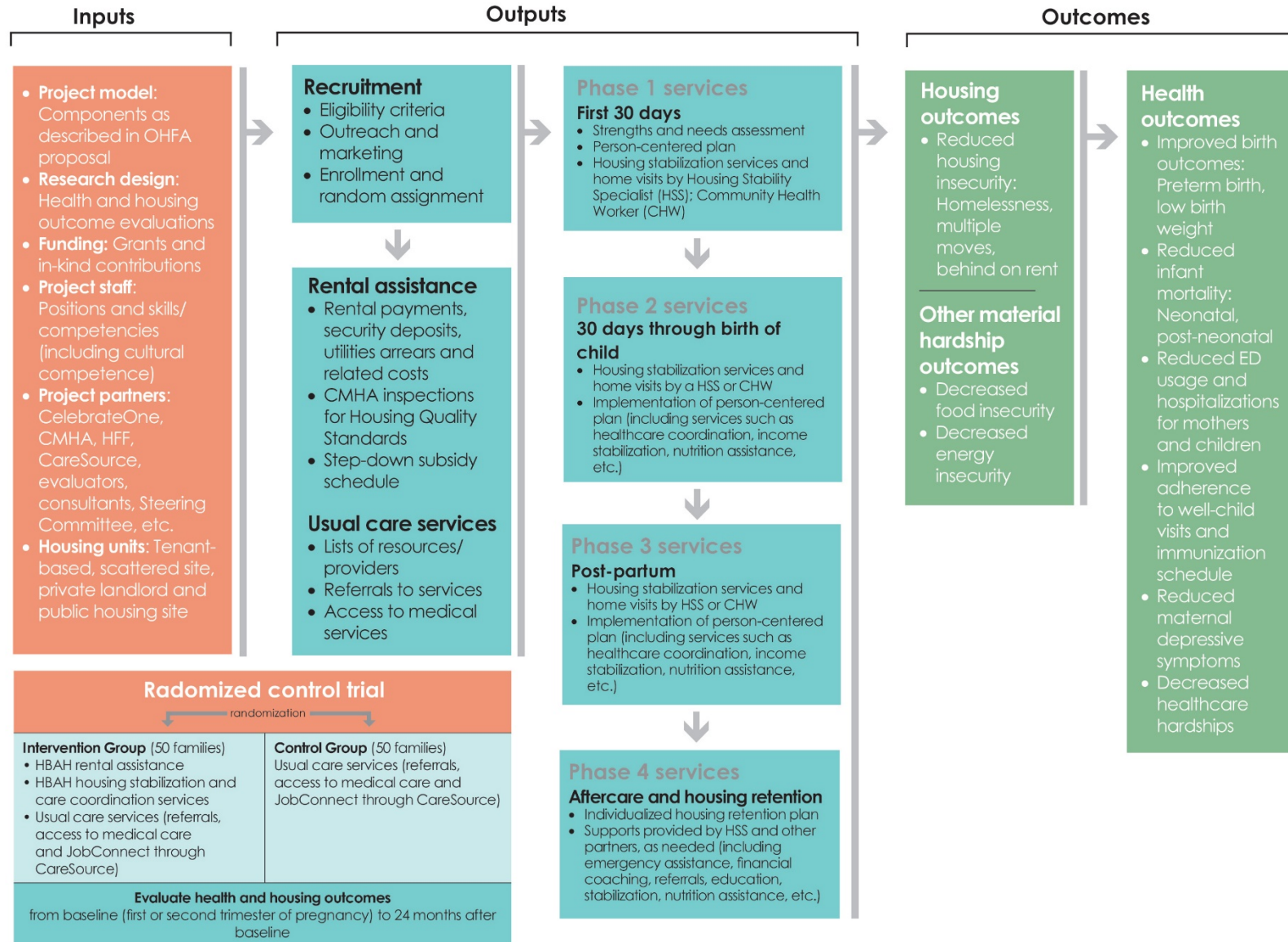
or created after September 2019.) Note that most documents reviewed in this report were generated before the onset of the COVID-19 pandemic.

Inputs

Project model

CelebrateOne described the HBAH model in comprehensive detail in the OHFA proposal. CelebrateOne was the primary applicant on the proposal. Figure 3 displays the key elements of the model, as described in the OHFA proposal, in a logic model format.¹² The effectiveness of this model is being evaluated with the randomized control research design described in figure 4. The HBAH model could be replicated in other communities with or without the randomized control study. The inputs and outputs listed in figure 3, therefore refer specifically to services provided to the intervention group.

Figure 3. HBAH logic model (based on OHFA proposal)



This process evaluation explores the extent to which the model was implemented as intended. When modifications to the original model were made, this report describes the rationale for changes and how they were implemented.

Timeline

The OHFA grant period is from January 2018 to December 2020. The original project timeline assumed cohorts of 10 families each would select and move into apartments in five staggered waves starting in June of the first year, with all families housed by October of the first year (five-month period to initially house 50 families). The actual project timeline was different. The first family was housed in September 2018. Reasons for the longer-than-anticipated time to house families are discussed in the Housing Units and Rent-related Payments sections.

Policies and procedures

HBAH partners developed several policy and procedure documents to operationalize the HBAH model. The following documents provide detail on how project staff and partner organizations implement foundational components of the model¹³, including clarification on the roles of each partner organization:

- **HBAH Policy and Procedure Manual:** Describes the organizational structure of the project, including roles for each partner, make-up of the Core Team and the decision-making model, which emphasizes the importance of reaching consensus across all Core Team partners. This document also outlines marketing and recruitment activities, eligibility and enrollment policies, and housing stabilization and other services.
- **HBAH Columbus Metropolitan Housing Authority (CMHA) Rental Policies and Procedures:** Describes the roles of HFF and CMHA staff in the process of finding and placing families in apartments, including calculation of rent burden, unit inspection, landlord negotiation and payment processing.
- **HBAH Housing Stabilization Intervention** Provides details on specific tasks, team leads and training for housing-related activities in each of the four intervention phases listed in figure 3.
- **HBAH HFF Policies and Procedures:** Describes role of HFF and includes the following policy statements/forms for participants: enrollment and intake, termination, grievance, code of ethics, client rights and responsibilities, fair housing, client privacy and family contract.
- **HBAH Process for Integrated Care Coordination:** Describes role of HFF staff in developing a person-centered plan, purpose and structure of case review meetings, warm hand-off procedures and guidelines for communication about clients between partners (CelebrateOne, HFF, CareSource).

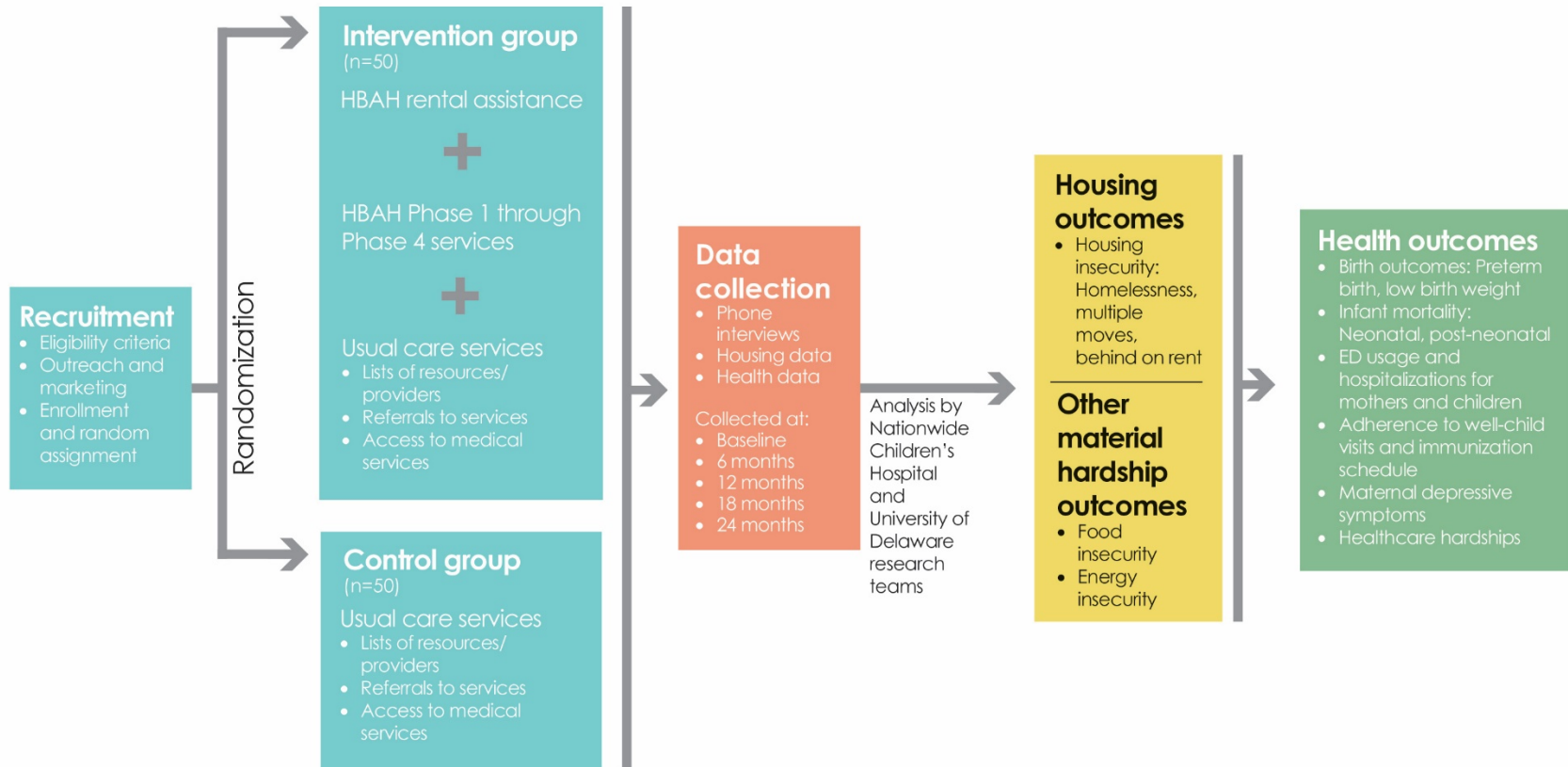
In addition, project staff developed several “work flow” diagrams that describe the steps involved in enrollment, housing and basic services. The project eligibility criteria and termination policy are also detailed in project documents.

Research design

As described in the OHFA proposal, HBAH partners are using a randomized control design to evaluate the effectiveness of the model in reaching intended health and housing outcomes. Figure 4 displays the key elements of the research design, including

randomization into an intervention group and a control group.¹⁴ Both groups receive usual care services that would be offered regardless of the OHFA project, including referrals and access to prenatal care. The intervention group, however, also receives rental assistance and the comprehensive set of housing stabilization and other services listed in the HBAH logic model (figure 3).

Figure 4. Research design for outcome evaluation



Hypothesis

HBAH partners hypothesize that, by providing a housing subsidy and housing stabilization services to high risk pregnant women and their families, the HBAH model will:

- Improve birth outcomes and reduce the risk factors for infant mortality
- Improve infant health
- Reduce health care utilization
- Improve medical home quality compliance
- Improve other predictors on the pathway toward child health, such as food security and maternal mental health status

Research teams

The following researchers are involved in the outcome evaluation:

- Nationwide Children's Hospital: Health outcomes data collection and analysis
- Children's HealthWatch: Advisory role. (Children's HealthWatch is a research policy network based at Boston Medical Center that is conducting a similar randomized control trial with 100 high risk families with young children in the Boston area.)
- University of Delaware: Housing outcomes analysis

Care delivery team partners—including CelebrateOne, HFF and CareSource—also contribute to the research through eligibility screening, random assignment and data collection.

Data sources and indicators

Outcome evaluation data are being collected at baseline, six months, 12 months, 18-months and 22 months after enrollment through phone interviews conducted by Nationwide Children's Hospital.

Maternal and infant health will be evaluated using the following indicators:

- Pre-term birth (defined as less than 37 weeks)
- Low birth weight (as defined as less than 2500 grams)
- Neonatal infant mortality (as defined by death from 0-27 days of life)
- Post-neonatal infant mortality (as defined by death in 28-364 days of life)
- Housing stability through level on housing insecurity (using Children's HealthWatch screener which includes history of homelessness, multiple moves in a year and behind on rent)
- Emergency department usage and hospitalizations for mothers and children
- Adherence to well-child visits and immunization schedule (as defined by the American Academy of Pediatrics)
- Mother's mental health (as defined by reduced depressive symptoms reported using PHQ-9)
- Material hardships, including decreased food insecurity (as defined by the USDA 18-item scale)
- Energy insecurity (using the validated Children's HealthWatch screener)
- Mother's mental health (as defined by reduced depressive symptoms reported using PHQ-9 and/or the Edinburgh Postnatal Depression Screen)
- Health care hardships (using the Children's HealthWatch screener)

Care management data from CareSource claims and housing data will also be used to evaluate the HBAH model. Detailed information about the housing data sources is available in the University of Delaware's Healthy Beginnings at Home Evaluation Design document.

Funding

The OHFA proposal specified \$1,905,783 as the total project cost over three years (1/1/18-12/31/20; 36 months), with a request of \$990,970 from OHFA, which was granted. Figures 5 and 6 display the total project budget expenses and revenue, including the planned and actual amounts.

Figure 5. Planned vs. actual expenses

Expense category	Planned (as specified in OHFA proposal for 2018-2019, including OHFA and Non- OHFA sources)	Actual (projections through 12/31/2020)
Salaries and wages (CelebrateOne)	\$408,803	\$211,110**
Employee fringe benefits	\$0	\$90,679.77
Other – Project Management (i.e. office supplies, program materials, etc.)	N/A	\$10,151.84
Consultant/contract services	\$528,505	\$944,607.16
HFF: Housing stabilization services	\$511,155	\$607,731.01
Nationwide Children's Hospital: Evaluation services	\$86,950	\$137,795.74
Columbus Metropolitan Housing Authority: Rental Subsidy Administration	(\$69,600)*	Not tracked
Healthcare Collaborative of Greater Columbus	N/A	\$4,549.41
Health Management Associates	N/A	\$97,651
University of Delaware	N/A	\$15,000
Barbara Poppe and Associates	N/A	\$24,600
Erin Shafer (Consultant)	N/A	\$7,280

Health Policy Institute of Ohio	N/A	\$50,000
Rental assistance	\$835,445	\$466,258***
Other rental support programs	\$133,030	Not tracked
Total expenses	\$1,905,783	\$1,722,806.77

*In-kind contribution

**Some salaries were in-kind contributions, but specific amounts not tracked

***Includes rental assistance, utility assistance and landlord incentives, paid for by CMHA

Figure 6. Planned vs. actual revenue

Revenue source	Planned (as specified in OHFA proposal)	Actual (as of 4/30/2020)
OHFA	\$990,970*	\$990,970
Non-OHFA	See Note, Above	\$1,055,979
Aetna	\$10,000	\$10,000
American Electric Power Foundation	\$50,000	\$50,000
Anthem	\$37,500	\$37,500
Affordable Housing Trust/ Warren T. Tyler Memorial Fund	\$100,000	\$116,920
Big Lots Foundation	\$20,000	\$20,000
Block/Leavitt Foundation	\$18,440	18,840
Borror Family Foundation	\$15,000	\$7,500
CareSource Foundation	\$250,000*	\$250,000
Casto	\$15,000	\$15,000
Columbus Apartment Association	\$15,000	\$15,000
Timothy and Cynthia Kelley Fund	\$5,000	\$5,000
Key Bank	\$70,000	\$70,000
M/I Homes	\$100,000	\$100,000
Nationwide Foundation	\$200,000	\$200,000
Ohio Capital Impact Corporation	\$20,000	\$20,000
Ohio Department of Medicaid	\$101,844	\$101,844
Stonehenge Companies	\$15,000	\$7,500
Sunset development	\$3,250	\$1,625
Willis Law Firm	\$250	\$250

Wolfe Associates	\$1,500	\$1,500
Wood Companies	\$15,000	\$7,500

*OHFA proposal notes \$914,813 in “Other non-OHFA funds” rather than individual funds from non-OHFA grants.

Project partners

CelebrateOne, housed within the City of Columbus government, leads the HBAH project. CelebrateOne's roles and responsibilities include:

- Developed the OHFA proposal
- Provide project management and supervision
- Establish and maintain partnerships with entities listed below, including contract management when applicable
- Raise additional (non-OHFA) funding and manage project budget
- Manage participant outreach and screening
- Employ, train and retain staff (including administrators and Community Health Workers)
- Convene steering committee, funders committee, and participant advisory committee
- Present nationally on the work of HBAH

Several other organizations contribute to HBAH service delivery:

- Homeless Families Foundation (HFF): Housing stabilization services for intervention group
- CareSource (Medicaid managed care plan): Care management, life coaching and healthcare coverage to intervention and control groups
- Columbus Metropolitan Housing Authority (CMHA): Housing units, subsidies and inspections

The following organizations are leading the evaluation components of the project:

- Nationwide Children's Hospital (NCH): Health outcome evaluation research
- University of Delaware: Housing outcome evaluation research
- Health Policy Institute of Ohio (HPIO): Process evaluation

Several advisors have guided the development and implementation of the project, including Children's Health Watch (Dr. Megan Sandel) and Health Management Associates (Barb Poppe and other consultants). In addition, CelebrateOne has convened a Steering Committee of key stakeholders to advise the project:

- Barb Poppe – Barb Poppe and Associates
- Amy Riegel – CareSource
- Jeanie Heyd – CareSource (former)
- Craig Thiele – Health Management Associates
- Rev. John Edgar – Community Development for All People
- Dr. Megan Sandel, M.D. – Children's HealthWatch
- Priscilla Tyson – Columbus City Council
- Shayla Favor – Columbus City Council
- Steve Schoeny – Columbus Development Department (former)

- Chad Ketler – Community Properties of Ohio (CPO)
- Tom Albanese – Community Shelter Board (CSB)
- Erik Janas – Franklin County Board of Commissioners
- Bobbie Garber – Affordable Housing Alliance of Central Ohio
- Beth Fetzer-Rice – HFF
- Dr. Patricia Gabbe – Moms2B
- Dr. Kelly Kelleher, M.D. – NCH
- Christine Sander – Ohio Better Birth Outcomes
- Dr. Arthur James, M.D. – Consultant
- Stephanie Hightower – National Urban League
- Rebeca Flores – StepOne-Physicians Care Connection
- Ryan Edwards – United Way of Central Ohio
- Jeff Biehl – Prevent Family Homelessness Collaborative
- Jennifer Martinez – ADAMH Board of Franklin County
- Emma Ervin – NCH
- Amy Rohling McGee – HPIO
- Amy Stevens – HPIO
- Zach Reat – HPIO
- Airregina Clay – HPIO (former)
- Reem Aly – HPIO

Members of the Core Team, CelebrateOne staff and other HBAH staff were also included in the Steering Committee:

- Rita Parese – Columbus Development Department
- Chad Meek – Columbus Metropolitan Housing Authority (CMHA)
- Erika Clark Jones – CelebrateOne (former)
- Priyam Chokshi – CelebrateOne
- Christina Ratleff – CelebrateOne
- Erin Pidgeon - CelebrateOne
- De'Nika Pollard – CelebrateOne
- JoAnn Borer – HFF (former)
- Lesley Dameron - HFF

Partner communication

Given the large number of partners involved in HBAH, communication and coordination between organizations is critical for the success of the project. The following regular meetings are designed to facilitate effective communication across partners:

- Care Coordination (bi-weekly)
- Case reviews between HSS and CHW (bi-weekly)
- Core Team (monthly)
- Evaluation partners (quarterly)
- Steering Committee (Bi-annually)
- Participant advisory committee (Bi-annually)
- Provide regular updates to funders

- Author and disseminate HBAH newsletter

Part 5 of this report provides analysis of key themes from Care Coordination, Core Team and other relevant meeting notes.

Diversity, equity and cultural competence

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
- Cultural humility training in partnership with Connector Corp (postponed due to COVID-19)

Project staff

The initial plan for project staffing was revised somewhat during the course of the project. Figure 7 describes the planned and actual staff positions.

Figure 7. HBAH administrative and service delivery staff

	Planned (OHFA proposal)	Actual (as described in the 2018 Policy and Procedure Manual)
CelebrateOne	Project Director (0.1 FTE)	Project Director (0.1 FTE) (currently in transition)
	Project Coordinator (0.2 FTE)	Project Coordinator (0.25 FTE)
	Housing Administrator (0.2 FTE)	Housing administrator 0.1 FTE)
	Finance Lead (0.05 FTE)	Finance Lead, (0.25 FTE)
	Community Health Worker 1/ Grant Manager/ CHW Supervisor (0.75 FTE)	Program Manager (1.0 FTE)
	Community Health Worker 2 (0.5 FTE)	Community Health Worker (1.0 FTE)
	Community Health Worker 3 (0.5 FTE)	N/A
Homeless Families Foundation	N/A	Supervisor (0.5 FTE)
	N/A	Housing Stability Specialist (HSS) 1 (1.0 FTE)
	N/A	Housing Stability Specialist (HSS) 2 (1.0 FTE)
	N/A	Housing Stability Specialist 3 (1.0 FTE)

Columbus Metropolitan Housing Authority (CMHA)	Administrator (FTEs not specified)	Not tracked
CareSource	RN Care Manager (0.5 FTE)	RN Care Manager (0.5 FTE)
	RN Care Manager (0.5 FTE)	RN Care Manager (0.5 FTE) (varied at different points in the project)
	Life Coach (FTE not specified)	Life Coach (0.25 FTE)

Job descriptions for the direct service positions include the following degree requirements:

- CelebrateOne CHWs: From CelebrateOne priority area, GED or high school diploma, plus CHW certification through State Board of Nursing within three months of employment.
- HFF HSS: BA or BS in social service or related field, MSW preferred
- CareSource RN Care Manager: RN License
- CareSource JobConnect Life Coach: AD or equivalent years of relevant work experience; Bachelor's in Social Work, Human Services Administration or Non-Profit Management preferred

CelebrateOne has maintained an extensive training plan for direct service staff that includes a wide range of topics, such as housing barriers, tenant rights and responsibilities, evidence-based screening, available referral sources, maternal and child health, and behavioral health. Trainings were led by external entities and supplemented with trainings from HBAH partners and written materials. 3 trainings were provided to the partners and supplemented with materials on asthma triggers and pest management. A fourth training on racial and health equity was scheduled but delayed because of COVID-19 and has yet to happen.

Documents reviewed do not describe staff turnover rates. Barriers and facilitators to hiring and staff retention will be explored in the meeting minute analysis and key-informant interviews.

Equity and cultural competence

The job description for CelebrateOne HBAH CHWs mentions that experience living and/or working in [CelebrateOne high-priority priority neighborhoods](#) is important. It also includes "experience working with diverse populations" as a desired qualification.

The job description for HFF HSS includes demonstration of "a set of behaviors and attitudes that enables self to work effectively in cross-cultural situations with people from different backgrounds and cultures" as a required skill.

The CareSource RN Care Manager job description includes the following required competencies:

- Ability to communicate effectively with a diverse group of individuals
- Strong understanding and respect of all cultures and demographic diversity

The HBAH staff training plan includes several topics relevant to equity, including:

- Trauma-informed care
- Motivational interviewing
- Health equity and disparities
- Prosocial and natural supports
- Research ethics

Housing units

According to the project model, the 50 families enrolled in the intervention group would have the option of remaining in current housing or to find other rental housing. Units owned by the following entities were used in the program:

- Private landlords who agreed to accept subsidy payments and to meet other conditions
- Columbus Metropolitan Housing Authority
- Other affordable housing providers (e.g., Community Properties of Ohio (CPO)).

All units were required to meet the CMHA voucher payment standard¹⁵ and the CMHA Housing Quality Standard to ensure that units are “decent, safe, and sanitary” and pass an inspection.¹⁶

Tenant-based and project-based subsidies

Most HBAH participants in the intervention group received either a “tenant-based” or “project-based” subsidy to cover a portion of monthly rent. These terms are used to describe rental assistance vouchers from the federal government and other sources.

Tenant-based subsidies are attached to a tenant who is determined eligible to receive a subsidy. People with tenant-based vouchers can, in accordance with the terms of their lease, move to a different rental unit without losing their subsidy.

Project-based vouchers are attached to a specific unit in a housing project. With few exceptions, including an exception for victims of domestic violence, people with project-based vouchers may not move between units.

HBAH participants that selected housing owned by private landlords received tenant-based subsidies for the length of the program. Participants that selected housing owned by CMHA or CPO received project-based vouchers that will continue providing a subsidy past the end of the HBAH program. (See section on housing-related costs for more information.)

Pool of landlords and potential units

To help participants locate eligible units, HBAH project partners developed relationships with landlords who were open to accepting applications from program participants. The City of Columbus and CMHA collaborated to develop a list with the following information about potentially eligible units, including the apartment community name, address, phone number, school system, number of bedrooms and baths, rent amount and whether units were ready immediately or in the future. Notably, all units on this list

had two bedrooms. Monthly rent for apartments on this list ranged from \$840 per month to \$1,385 per month, which is out of reach for most families.

The housing pool was less helpful than intended. In addition to the pool being shared inconsistently by HSSs, many of these units caused challenges related to affordability, location, vacancies or the unwillingness of the landlord to work with a temporary voucher. Only six families were housed with these landlords. HFF used other strategies and connections to house the other eighteen or more families that could not use the pool. 2 clients were evicted while waiting to be housed with HBAH.

Actual housing placements

As of July 2019, 49 of 50 participants in the intervention group were housed.¹⁷ One participant from the original intervention group left the program. A higher number of participants were housed in units owned by CMHA than anticipated and fewer were in privately-owned units (see figure 8).

Figure 8. Planned and actual housing placements (intervention group)

Planned housing placements (OHFA proposal)	Actual housing placements (as of August 2020)
40 families in privately-owned units with rental assistance	22 families in privately-owned units with rental assistance
10 families in units publicly owned by CMHA at Trevitt Heights with project-based vouchers	5 families in units privately-owned by Community Properties of Ohio with project-based vouchers
	11 families in units publicly owned by CMHA at Sawyer Manor and Trevitt Heights with project-based vouchers
	8 families in units publicly owned by CMHA at Ohio Townhouses with project-based vouchers
0 families with long-term portable vouchers	3 families with long-term vouchers housed in private units (two as a result of the Violence Against Women Act [see below] and one came up on a HUD waiting list)

Four participants moved under the Violence Against Women Act (VAWA). This allows them to take their project-based voucher with them to another unit. One participant moved into a private unit (her old unit was filled by another HBAH participant), one moved within Sawyer Manor & Trevitt Heights (ST), and one moved from Ohio Townhouses (OT) to Community Properties of Ohio (CPO) (her old unit was filled by another HBAH participant).

Monthly rent

As of September 2019, average fair market rent for units occupied by participants was \$718.80 per month. The average amount participants were responsible for covering was

\$27.82 per month. This average rent amount suggests that HFF located units with rents that were lower than those included on the list of potential units for participants.

Housing location

CelebrateOne has identified [8 neighborhoods](#) in Columbus where infant mortality rates are the highest in Franklin County. HBAH families were initially recruited from these neighborhoods (see the Eligibility Criteria section for details), and many found new housing units in these same neighborhoods. 44 out of 48 families that have been housed are living in CelebrateOne zip codes (see figure 9).

Figure 9. Neighborhood of housing placements (intervention group)

CelebrateOne neighborhood (zip code(s))	Number of families
Franklinton (43223)	1
Hilltop (43204)	3
Linden (43211, 43224)	15
Near East Columbus (43203, 43205)	12
Northeast Columbus (43219)	1
Southeast Columbus (43227, 43232)	2
South Side Columbus (43206, 43207)	6
Northland (Morse-161 area) (43229)	1
Westland (43228)*	2
Whitehall (43213)*	1
Non-CelebrateOne neighborhood (zip code(s))	Number of families
Canal Winchester, Blacklick area (43110)	1
Milo-Grogan, University District (43201)	2
Gahanna (43230)	1

*These zip codes were not originally designated as CelebrateOne areas. They were added through expanded outreach supported by grants from the Ohio Equity Institute.

Shortage of affordable housing

Central Ohio has a documented shortage of affordable housing. In reports to funders, CelebrateOne identified this shortage as a primary barrier to locating housing units for participants in this project. Additional barriers to housing placements and stability are discussed in the Outputs section.

Outputs

Enrollment and random assignment

The OHFA proposal briefly outlined the enrollment and random assignment process, which was then described in greater detail in other policy and protocol documents:

1. StepOne conducts the initial eligibility screening and assesses interest in HBAH.
2. Those who are likely eligible are scheduled for an in-person appointment with a Homeless Families Foundation (HFF) Housing Stabilization Specialist (HSS).
3. Prior to the appointment, HFF staff contacts the applicant via telephone, email or text to share which forms are required for eligibility assessment, arrange for

transportation, and notify her that a CareSource representative will be present on-site to discuss her CareSource benefits.

4. An HFF HSS conducts the HBAH "Check-In," during which he/she obtains consents, collects housing history, reviews documentation, contacts utility companies to determine any arrears, conducts income calculation, checks Community Shelter Board database, conducts Columbus Metropolitan Housing Authority verification, processes FABCO, and contacts landlord (if the applicant wishes to stay in her current unit).
5. While the HSS reviews findings from the Check-In, the applicant meets with a CareSource Care Manager for review of benefits and with the Community Health Worker to learn about community resources
6. If determined eligible, the applicant meets with an HFF employee trained by Nationwide Children's Hospital to obtain REDCap (Research Electronic Data Capture) consent for screening and determines eligibility for the research study using REDCap.
7. If determined eligible, the applicant is randomized by REDcap into either the control or intervention group.
8. If assigned to the intervention group, the applicant is scheduled for a comprehensive intake assessment with HFF and a baseline research interview with Nationwide Children's Hospital (NCH).
9. Those randomized into the control group are directed to usual care (information about community resources) and a baseline interview with NCH.

Basic demographics of enrolled participants

Figure 10 displays demographic information for the intervention and control groups.

Figure 10. Demographic characteristics of HBAH intervention and control group participants

	Intervention group (n=50)	Control group (n=50)	Total (n=100)
Race			
Black/African American	46	41	87
White	4	8	12
Missing	0	1	1
Ethnicity			
Non-Latinx (any race)	47	48	95
Latinx (any race)	3	1	4
Missing	0	1	1
Age (at intake)			
18-24	24	27	51
25-29	14	15	29
30-34	10	4	14
35+	2	4	6
Gestational age (at intake)			
1 st trimester (4-14 weeks)	11	10	21
2 nd trimester (12-28 weeks)	39	40	79

Education attained			
Less than high school	2	3	5
Some high school	15	15	30
High school diploma/GED	29	24	53
Post high school	2	6	8
Missing	2	2	4
Income per month			
Zero	23	23	46
\$1 to \$500	7	2	9
\$501 to \$1,000	8	10	18
Above \$1,000	12	15	27

The racial mix of participants was different than expected. In the OHFA proposal, CelebrateOne anticipated the demographics for program participants would mirror those in the overall CareSource population. See figure 11 for differences.

Figure 11. Planned vs. actual racial/ethnic mix of HBAH participants

	CareSource population	HBAH participants (intervention and control)
Black, non-Hispanic	29%	92%
White, non-Hispanic	64%	8%
Hispanic	7%	6% Latinx, any race

Note: Ethnicities were reported differently in different sources.

Eligibility criteria

Criteria as planned in project model

The OHFA proposal included a brief list of criteria for families to meet in order to be eligible to participate in HBAH. Once the grant period began, project partners further operationalized the following eligibility criteria (all must be met):

- 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 modified¹⁸)
- 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
- Enrolled with CareSource
- Meet the criteria for one to one care coordination with CareSource
- 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

The OHFA proposal and the operationalized criteria document stated that participants would be excluded from HBAH if their household met one or more of the following criteria:

- Household is being served by a County Shelter Board system program (in a shelter) or is receiving rental assistance from any organization within Franklin County (later modified¹⁹)
- 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 modified²⁰)
- 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

Criteria for CareSource care coordination were also included in the operationalized eligibility criteria list. CareSource care coordination participants were required to 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

Barriers to enrollment and challenges with eligibility criteria

Enrollment for HBAH took longer than expected because of a lack of eligible participants. StepOne and CelebrateOne identified many common barriers to participant eligibility and enrollment. The most common included:

- **Seeking prenatal care after the 2nd trimester:** An early study found a possible correlation between being unstably housed and entering prenatal care late. Most of the women who reported being unstably housed contacted StepOne in their third trimester.
- **Being insured through a plan other than CareSource** or being uninsured and needing to go through the insurance enrollment process

- **High utility arrears:** Many women had arrears over \$1,000, which was the initial threshold for the study.

Modifications to the eligibility criteria

Given the reasons for applicant ineligibility outlined above, several changes were made to the eligibility criteria.

1. In Oct. 2018, HBAH eligibility was expanded to all pregnant women in Franklin County, rather than only the CelebrateOne priority neighborhoods.
2. In Nov. 2018, women staying in a homeless shelter became eligible for the program. These families were originally not eligible because the Community Shelter Board had recently realigned its services priority to ensure that pregnant, homeless women had prioritized access to emergency shelter and rapid rehousing assistance.
3. In Nov. 2018, the utility arrearage threshold was raised from \$1,000 to \$2,500. This increase was possible because of a grant from the American Electric Power Foundation.

Outreach and marketing

As described in the OHFA proposal and revised enrollment strategy, the HBAH participant recruitment strategy included the following outreach and marketing components:

- 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 partnerships

The project model specified that the following partner organizations with relationships with pregnant women in CelebrateOne high-priority neighborhoods would assist CelebrateOne in reaching out to families about HBAH:

- 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

Marketing materials

CelebrateOne developed fliers and pre-enrollment scripts to recruit participants. Project information communicated included:

- Description of project purpose
- General version of eligibility criteria

- Program support services offered
- Benefits of participation
- Organization contact information (e.g., website, phone number, hours of operation)
- Non-discrimination Statement and Policy

Rent-related payments

HBAH budget was designed to cover all or part of the following expenses for participants assigned to the intervention group:

- Monthly rent
- Security deposit
- Utility arrears and deposits
- Furnishings
- Other costs, including fees (e.g., criminal background check, apartment applications or identification) and incentives for landlords who provide housing to people with more significant barriers

Figure 12 shows that actual rent assistance payments were different than initially planned, largely due to CMHA's in-kind contribution of more project-based vouchers than anticipated.

Figure 12. Planned vs. actual rent-related payments

Expense category	Planned expenses (budget as proposed)	Actual expenses (budget as amended through 9/3/2020)
Monthly rent assistance subsidies	\$835,445	\$561,779*
Tenant portion for monthly rent	\$285,835	Approx. \$88,620**
Other rental supports	\$133,030	Not tracked

*This amount was revised down because CMHA "dedicated" additional project-based vouchers, which reduced the need for HBAH project funding to cover monthly rent assistance. The amount may be further revised if additional project-based vouchers become available

**Calculated by HPIO based on data from CelebrateOne Data Dashboard dated Sept. 9, 2019. Calculations were based on average tenant-portion for monthly rent of \$34 per month, per family for 15 months, plus the step-down to the average fair market rent of \$769 per month for the families without place-based vouchers. Project based subsidies do not undergo stepdown, rent remains fixed at the subsidized amount beyond the end of the HBAH program (as long as the family lives in the unit).

Rent assistance

The project model specified that rental assistance would be calculated and paid as outlined in figure 13.

Figure 13. Structure of monthly rent assistance for HBAH participants in the intervention group: Step-down process for fair-market housing units*

Months in program	Planned rental assistance
1-15	(Fair Market Rent + Utilities)-30% of participant income=Assistance
16-21	Tenant portion increases by an amount that steps the rent assistance down to zero by the end of the program
22-24	Aftercare services, including emergency assistance if needed

*Does not apply to project-based subsidies

Security deposits

Security deposits were initially included in the monthly rent assistance line item of the OHFA proposal budget. A subsequent amendment to this line item explained that these expenses were "ineligible", and therefore, were covered by private dollars. Security deposits: A total of \$26,564 was spent on security deposits, and \$3,120 for landlord incentives.

Utility arrears

In the project proposal, a program eligibility requirement was that a person not have a utility arrearage (i.e., past-due debt to a utility company) greater than \$1,000. Early in the participant recruitment process this limit became a barrier because many women had higher arrears. With additional funding, the limit was lifted to \$2,500, which made it possible for more families to be enrolled in the study. Figure 14 indicates how many of the final program participants had electric and gas bill arrears. The average amount of arrears per participant were: \$1,162.96 for electric and \$738.26 for gas.

Figure 14. Utility arrears

	Intervention group (n=50)	Control group (n=50)	Total (n=100)
Current electric bill arrears			
Yes	30	32	62
No	19	18	37
Missing	1	0	1
Current gas bill arrears			
Yes	28	26	54
No	21	24	45
Missing	1	0	1

Housing process outcomes

In a report to funders from July 2019, CelebrateOne shared the following housing process outcomes:

- 48 of 50 participants in the intervention group were housed.²¹
- The average number of days to housing placement was 61.5 days, more than double the goal of 30 days.

Barriers to housing placement

Barriers to housing placement were discussed in reports to funders:

- Property owner refuses to rent to voucher holders
- Documented shortage of affordable and available units
- Privately-owned units failing housing quality inspection
- Participant preference not matching available units

According to reports to funders, program staff worked with participants to overcome these barriers. Finding housing for one participant, for example, was especially difficult. First, she declined three units. The participant later found housing on her own, which failed inspection, and after extensive negotiation, the property owner was unwilling to make repairs. She then applied to a second unit, but her application was denied. The participants did not meet income requirements at the time of application. Program staff continued working with this family until she was stably housed with her grandmother (HBAH is paying rent to the grandmother).

Barriers to housing stability

After housing placement, one barrier to housing stability was intimate partner violence. Typically, people possessing a Project-Based Voucher from CMHA are not allowed to request a Tenant-Based Voucher to move for the first twelve months of tenancy. The Violence Against Women Act provides an exception to this rule for survivors of intimate partner violence. At least three participants in the program experienced violence and requested transfers to other units. The thirty-day period allowed to transfer units required housing specialists to work quickly with tenants to complete these unexpected moves.

CMHA inspections for Housing Quality Standards

To be eligible to receive a rental assistance, participants were required to move into a unit that meets [Housing Quality Standards](#) approved by the U.S. Department of Housing and Urban Development. The project model required CMHA to conduct inspections on an expedited basis to ensure that units selected by HBAH participants meet the standards.

Expedited inspections

CMHA agreed to special procedures to support the HBAH program:

- Conducting “pre-inspections” for units owned by landlords who expressed interest in renting units to HBAH participants
- Scheduling inspections within two days of triggering events (e.g., a participant decides to stay in their current housing which has not passed CMHA inspection)

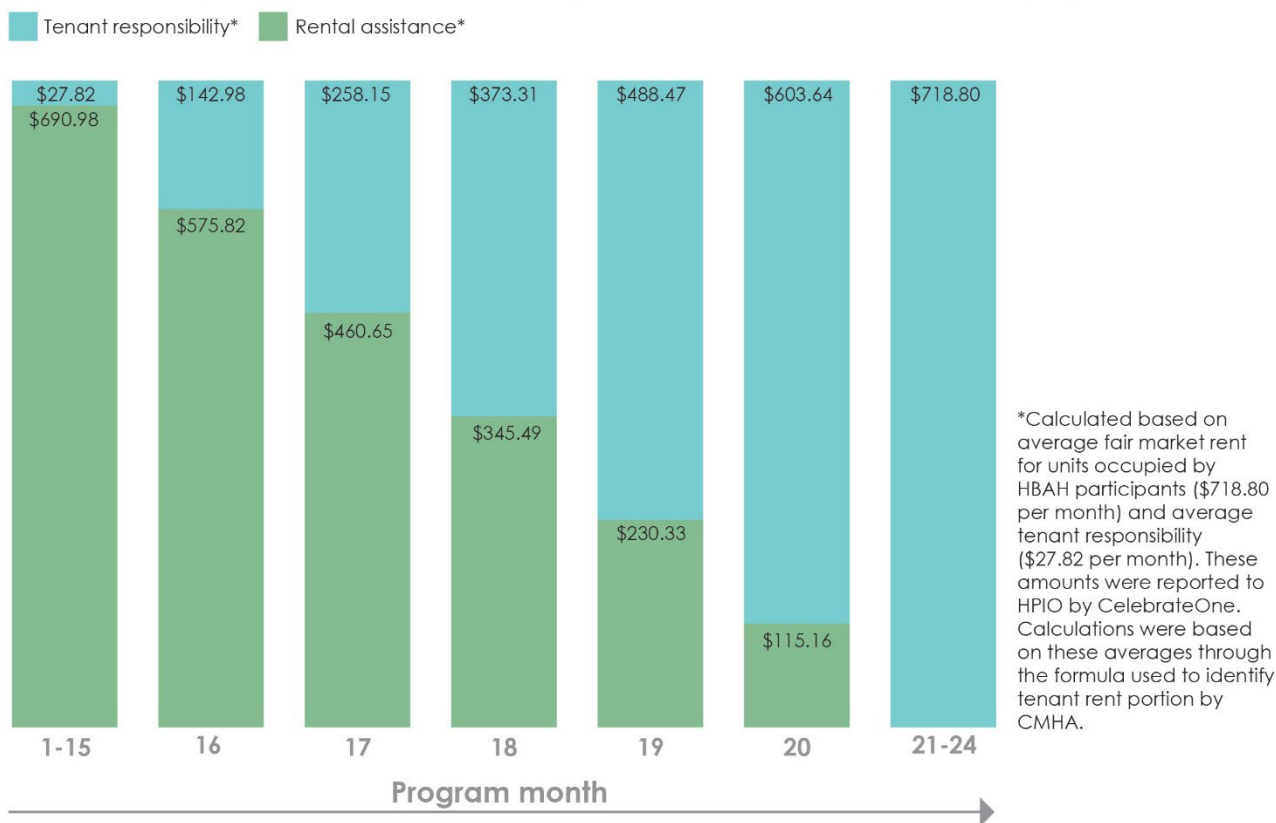
Housing quality as a barrier

Reports to funders indicated that failing housing inspections was a barrier to moving into housing for at least one participant. For example, among the 19 participants who found housing outside the landlord pool or set-aside CMHA units, 8 specifically mentioned a failed or delayed inspection. This added to the “time to house” as landlords worked to fix units and pass a second inspection, or tenants move on and had to start the search again.

Step-down subsidy schedule

The project model called for a 6-month subsidy step-down schedule for HBAH participants who did not receive place-based vouchers. The step down will begin for the first set of participants in January 2020. Rent increases for participants are pro-rated over a 6-month period until the participants are paying full rent. See figure 15 for an example of how the subsidy and tenant responsibility for rent will change over the last six months of the program. Participants in both unsubsidized and subsidized units will experience a step-down of service, but only those in unsubsidized units will experience rental assistance step-down. HFF starts planning with participants 6 months prior to the start of step-down. During this phase, participants are connected to credit repair services and other financial support services (e.g. referrals to JobConnect) to secure long-term housing stability. Aftercare starts after the sixth step-down month and lasts for 3 months. During aftercare, HBAH partners continue to link participants with resources and emergency assistance. HFF is specifically identified for providing step-down and aftercare supports while CMHA manages landlord coordination and rental assistance. The goal of step-down is to connect HBAH participants with community resources for long-term housing stability.

Figure 15. Example of subsidy step-down schedule as outlined in project model*



Person-centered plans

Person-centered planning is a critical aspect of the HBAH program. It is a collaborative, strength-based process that focuses on individual capacities, preferences and goals, and engages recipients – to the greatest extent possible – in self-directed goal planning and involvement in services.

The OHFA proposal mentions a “person-centered plan,” but program documents refer to this as an “Individual service plan (ISP)”, which is developed for each HBAH program participant in the intervention group. ISP development is a collaborative effort among the program participant, HSS, CHW and CareSource care manager. The strengths and needs assessment, conducted by the HSS, is a starting point for development.

The ISP identifies barriers that led to the client's current housing instability and outlines targeted areas to help meet the needs of the individual and family. The ISP describes specific needs, including medical, mental health, substance use, food, benefits, employment, education, etc. This includes connections to community-based services. The HSS is responsible for continually assessing needs and goals, and ISPs are updated monthly or as necessary as the needs of the family changes.

The HSS and CHW work with the CareSource care manager on ISP implementation. Participant ISPs are uploaded to a shared drive and discussed at case review meetings. Care team members delegate tasks based on the ISP as outlined in the HBAH Integrated Care Coordination document. All agencies maintain a checklist of referrals made on behalf of a family including the name of the agency to which a referral was made and the dates of attempted or successful linkages. CelebrateOne is documenting referrals for families they are in contact with, and HFF also maintains documentation of their referrals.

Housing stabilization and home visiting services

The Housing Stabilization Intervention document²² provides a complete list of specific services offered in each phase of the HBAH model and the organizational lead for each activity.

Services provided in phase 1 include:

- Establish person-centered plan and initiate engagement (e.g., conduct intake assessment, initiate weekly home visits)
- Address housing barriers (e.g., assist with resolving utilities arrears, furniture acquisition, etc.)
- Facilitate housing stability and safety (e.g., assist in identifying and securing housing with qualified landlords or assist in qualifying existing housing, provide group and individualized tenant education, conduct monthly check-ins with landlords to ensure tenants are meeting all tenancy standards)
- Conduct evidence-based behavioral health and domestic violence screenings
- Assess and educate in core areas of health/wellbeing and facilitate core linkages (e.g, community and natural supports, nutrition and WIC, behavioral health services, CareSource Life Services)

Services provided in phase 2 include:

- Continue to support housing stability and safety (e.g., conduct home visits, develop plan for housing maintenance)
- Stabilize income (e.g., provide support for credit repair, connect to benefits)
- Re-administer evidence-based behavioral health and domestic violence screenings
- Support family planning and planning for birth (e.g., discuss plan for child birth, birth control options)
- Assess and educate in core areas of health/wellbeing and facilitate core linkages (e.g., connect to pediatric services and childcare, support transportation resources)

Services provided in phase 3 include:

- Re-administer evidence-based behavioral health and domestic violence screenings (e.g., conduct post-partum depression screening, use motivational interviewing/brief interventions)
- Assess and educate in core areas of health/wellbeing and facilitate core linkages (e.g., assess child care benefit eligibility, ensure postpartum and pediatric appointments and follow-ups are scheduled and attended)
- Continue to support housing stability and safety, with a focus on step-down (Develop housing retention plan, conduct cliff-effect planning, increase reliance on natural/family supports)
- Stabilize income (Assess for benefits, coordinate with CareSource JobConnect)

Services provided in phase 4 aim to prevent eviction (e.g., utilize emergency assistance funds, provide employment support and continued services linkages)

Guiding principles

The housing stabilization intervention design of HBAH follows many components of Family Critical Time Intervention (CTI), an evidence-based, time-limited case management model designed to help homeless families re-establish themselves in stable housing with access to needed supports.²³ Family CTI, grounded in Housing First practices, works by providing emotional and practical support during the critical time of transition to stable housing and by strengthening the family's long-term ties to services, family and friends.

Additionally, all housing stabilization services are based on three clinical best practices:

1. **Person-centered planning** - A collaborative, strength-based process that focuses on individual capacities, preferences, and goals, and engages recipients – to the greatest extent possible – in self-directed goal planning and involvement in services.
2. **Motivational interviewing** – A counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior.²⁴

Motivational interviewing provides a framework for the development of the helping relationship between the HSS and the young mother, operating under the assumption that the responsibility and capability for change lie within the mother. For young mothers, the changes to consider throughout this program are related to

the mother's life situation of housing instability, extreme poverty, unemployment, lack of or limited education and job skills, and the burden of raising young children, often alone.

3. **Trauma-informed care** - An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma. Trauma-informed practice also emphasizes physical, psychological and emotional safety for both clients and providers, and helps survivors rebuild a sense of control and empowerment.

Because of the prevalence trauma exposure among many of the women served in HBAH, all planning and interventions throughout the process were designed to be trauma-informed.

Cultural competence

The [National Association of Social Workers \(NASW\) Code of Ethics](#) is used to guide the service delivery staff in culturally-competent practice. Regarding cultural competence, it states, "Social workers should:

- Understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- Have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.
- Obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability."²⁵

Implementation of the guiding principles and cultural competence

HFF developed a HBAH Policy Manual/Family Manual which describes the program and policies and outlines services offered. It also includes a grievance policy, code of ethics for HFF staff and volunteers, list of client's rights and responsibilities, fair housing policy, client privacy policy and HBAH contract. Participants in both the control and intervention groups received these forms in addition to information on lead-based paint hazards and an emergency transfer plan for victims of domestic violence. Several of these documents, including the HBAH contract, require the client's signature.

In multiple locations throughout the HFF Family Manual, it says that clients have the right to receive services without discrimination on the basis of race, religion, color, national origin, ancestry, sex, sexual orientation, gender identity, age disability or other handicap, marital or familial status, military status or status with regards to public assistance, or any other class of persons protected by applicable law.

See the Project Staff section of this report for a description of how guiding principles are addressed in job descriptions and staff training.

Housing retention plans

In phase 3 of HBAH, transition/sustainability planning begins six months prior to the end of the full rental subsidy (at 9 months post-partum) with a strong focus on ensuring the household has adequate income to pay the rent during the six-month step-down phase and when the rental subsidy ends completely. At this point, the OHFA proposal describes a housing retention plan, which is developed for each HBAH program participant in the intervention group. It outlines how the family will meet monthly rent obligations and plans to address disruptions in income. Other than project implementation timelines showing that it is developed in phase 3, no other program documents further describe the housing retention plans.

In phase 4, which occurs at the end of the rental assistance, the housing retention plan will be in place and implemented. However, an HSS may still identify tenants at risk of losing their housing due to non-payment of rent or other lease violations and provide support and resources to facilitate immediate resolution of barriers to payment as well as longer-term stabilization. Activities in the phase may include:

- Distributing emergency assistance funds
- Financial coaching and budgeting
- Organizing payment plans
- Making service referrals
- Providing behavioral education (e.g., housekeeping coaching)
- Providing on-going benefits screening and employment services
- Relocating to other housing

The HSS uses best practices in eviction prevention programming, a set of coordinated, integrated intervention strategies and tactics designed to avoid loss of tenants for landlords and housing for renters.²⁶

Part 3. Participant interview findings

Methods

The Health Policy Institute of Ohio (HPIO) conducted key informant interviews with eight Healthy Beginnings at Home (HBAH) participants in February and early March 2020. The Ohio Department of Health Institutional Review Board issued an exemption for these interviews.

CelebrateOne and Homeless Families Foundation (HFF) staff notified all intervention group members about the opportunity to participate in the interviews (n=50). Participants were stratified by housing subsidy status (living in publicly owned subsidized units vs. privately-owned, fair-market apartments). Within each category, a convenience sampling approach was used; the opportunity to be interviewed was available to the first participants who expressed interest in each respective group, with the goal of completing a total of eight interviews. One limitation of this approach was that all interview participants were moderately or highly engaged in the program; less-engaged participants did not volunteer to be interviewed. For this reason, the findings may not be generalizable to HBAH participants that had less contact with program staff or received fewer services. Figure 16 summarizes the respondent characteristics:

Figure 16. Interview participant characteristics

	Number of interview participants (n=8)
Housing subsidy status*	
Subsidized (publicly owned subsidized units)	3
Not subsidized (privately-owned, fair-market apartments with no subsidy after step-down)	5
Level of engagement with HBAH*	
Low	0
Moderate	3
High	5

*As reported by HFF and CelebrateOne staff

HPIO conducted all interviews in person. The interviews were initially planned to coincide with HBAH workshops at HFF, although snow days and other schedule changes caused the interviews to be rescheduled at other times convenient for participants. Seven interviews were conducted at HFF, while one was conducted at a public library at the request of the participant. (Note that all interviews occurred before or near the onset of the COVID-19 pandemic.)

The interviews were voluntary and confidential. No demographic data was collected from participants. HBAH and HPIO staff communicated to participants that participation in the interviews would not impact the services they receive in any way. HPIO staff read a consent script and asked participants to verbally agree to participate in the interview before beginning. Each participant received a \$50 Kroger gift card as remuneration.

HPIO used a semi-structured interview guide to ask questions about the following topics:

- Satisfaction with current housing
- Positive experiences with HBAH
- Communication and relationships with staff (including respect, empowerment and cultural competence)
- Challenges with HBAH and suggestions for improvement

HPIO staff coded the interview notes in order to identify key themes. This report summarizes the findings, with emphasis on issues discussed by more than one participant. Direct quotes paraphrase comments from participants.

Positive experiences and success factors

Many participants were extremely thankful for HBAH, and all identified positive aspects of the program. When asked what the best thing about the program has been and how they felt about their current housing situation, participants mentioned the following:

- Got housing/ no longer homeless (7 participants mentioned this)
- Like their apartment (size and/or quality) (7)
- General support from the HBAH staff (organization not specified) (6)
- Connections to useful resources (6)
- Helped with employment, job training or education (5)
- Strong support from HFF case workers (4)
- Helped me get my life back on track (3)
- Got basic assistance directly from HBAH (Christmas gifts, food, diapers, gas cards, etc.) (3)
- Safe/peaceful neighborhood (2)
- Like the neighborhood for reasons other than safety, such as liking neighbors, good schools, close to parks, good geographic area, etc. (2)
- Healthy pregnancy and baby (2)
- Workshops were helpful (2)
- Good landlord (2)
- Strong support from CareSource care manager (1)
- Strong support from CelebrateOne Community Health Worker (1)

Many participants said they were happy and relieved to get housing, no longer be homeless and to get their lives back on track:

"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."

"I came into this program with my kids' father. No one has been able to get my child's father on the lease before, with his past. We stayed in a shelter and moved around for so long. It is a blessing that we were able to [get an apartment] together. We didn't want to break up the family. [HFF HSS] kept helping me through it because we kept getting rejected because of his record. And then the landlord accepted us, and it happened!"

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

"The program has really helped me to get my life back on track and provide stability to my children."

--HBAH participants

Most participants said they like their apartments, and some, but not all, also commented that they like the area where they are now living.

"I love my apartment. It's big enough for me and my son."

"The fact that my son has his own room right now – that is something that is super sweet ... I get to put him in a situation of living where he can be comfortable, be a baby, be himself, learn and grow and be inquisitive and play. You can't have that if you aren't living in a stable home."

"I want to stay in this area. It's a good area. I want to keep my kids in that school district ... I want to keep my son ... in the same school district ... He's made friends and I don't want to move them around."

--HBAH participants

Participants also talked about the support they have received from the program, including connections to resources, help getting a job and strong support from project staff.

"They are helpful. I can call [HFF HSS] or text her any time of day and tell her I need something, and she will be like 'I got you.'"

"I can call [HFF HSS] and talk to her about anything. She answers questions. Apart from their case worker role, they are good mentors too ... They teach you not just how to be a mom, but how to be a good woman for yourself. Especially if you have a daughter, you must teach her how to be a better version of you."

"I never got this much support and help [before]. Having your first baby, you don't know what to expect ... They were there to support me and asked me about my baby, asked me if I needed transportation and all that stuff."

"[HBAH is] the best thing that has happened for me ... They helped me out. They were a blessing in disguise ... They make you feel like family."

"[HFF HSS] knows where to get good furniture and where to get a car when it's time for me to buy one. She told me about Turbo Tax. I didn't know what Turbo Tax was."

"I took phlebotomy classes and [HFF] paid for that. I passed the test and got my certification. [HFF HSS] connected me with [CareSource] to get a job at a hospital. Pretty soon, I will be going into nursing school."

"They helped with food and bus passes. They can help with so much. Everything was a surprise. My child had a Christmas. I didn't grow up celebrating Christmas with gifts. When you are a single mom, you can't expect to be able to do much. They offered me presents and a tree, and he loves his toys."

--HBAH participants

Negative experiences and challenges

While there were far more positive comments than negative ones; however, some participants did discuss challenges. Most of the concerns they mentioned were related to their apartments, rather than HBAH staff or program components. The following negative experiences and challenges were mentioned:

- Don't like the neighborhood (4 participants mentioned this)
- Don't like the neighbors (3)
- Don't like the landlord (2)
- Apartment too small and/or poor quality (2)
- Problem with a caseworker (first HFF HSS was inexperienced and overwhelmed) (1)
- Not enough HFF vans to help with transportation (1)

Participants shared stories of feeling unsafe in their apartments due to violent neighbors, including a participant whose dog was killed by a neighbor and another participant who was threatened by a neighbor's boyfriend who was a domestic violence perpetrator. The following quotes are examples of the types of problems participants recounted about their apartments, landlords and neighbors:

"The neighborhood itself is kind of ghetto – fights and loud music. But the apartments are really nice. Landlords are ghetto and they blame you ... They tacked on a \$85 late fee, but I paid on time. I just missed one number in my bank account number. This made me so mad because they made it seem like it was my fault ... They are really ghetto and mean."

"I don't like my neighborhood. I don't like where I live ... I don't feel comfortable [because a neighbor's boyfriend is abusive and threatening]."

"I've been trying to get in contact with [my landlord] for about a month now about electrical issues in the hallway ... It's really dark and you can't see. I've slipped, my son has slipped."

--HBAH participants

Communication, respect and empowerment

Rather than asking participants directly about "cultural competence," HPIO staff asked participants how well HBAH staff communicated with them, understood their strengths, respected their ability to make their own decisions and built trustworthy relationships

with them. In response to these questions, all participants talked about their relationships with HFF staff, primarily their Housing Support Specialist (HSS). A few also mentioned interactions with their Community Health Worker or CareSource care manager. Overall, participants described very positive, affirming and close relationships with their HFF HSS. Comments regarding communication and the client-social worker relationship fell into the following categories:

- HFF staff are respectful and empowering (7 participants mentioned this)
- Good communication in general and frequent contact via text, phone, email and mail (6)
- Good follow-through from HFF staff (4)
- Honesty of HFF staff (4)
- HFF staff are caring and understanding (4)
- Good communication from Community Health Worker (2)
- HFF staff are good listeners (1)
- Good communication from CareSource (1)
- Poor communication from CareSource (1)
- Poor communication about events (1)
- Poor follow-through from HFF staff (1)

Almost all the participants talked about how their HFF worker(s) provided advice and coaching in a respectful way that empowered them to make their own decisions. For example:

"They never tell me, 'no' about anything I want to do, but they do give me advice on best ways to do things. I do feel respected and empowered."

"I feel empowered to make decisions. I have shared personal information with [my HSS], and she respected me and made me feel safe."

"I feel like more than anyone else in my life (other than my child's father), they understand me and are very respectful of me as a mother and as a woman. They are not condescending or passive aggressive, just awesome. They support me. They are great."

--HBAH participants

Several participants said they appreciated the persistence of HFF workers, such as reaching out via text, phone, email and mail; and willingness to follow through on promises or to remind them of things they needed to do. For example,

"They stay on me. I need to do an eye exam, and they keep following up with me to go get it done. I get good information – they send me info in the mail and call and text me."

"If I don't reach out, they don't forget about me. They reach out and check on me."

"[HFF communicates] very well. They text, email and send stuff through the mail. Anything I say I want to do; they follow up to make sure I will be there or have the information. Sometimes I feel like their only client."

"I'm not good at texting back. I'll get distracted and forget, and they are good at following up with you, understanding I'm a new mom. They will call when there are important things and leave you alone when it is not."

--HBAH participants

Honesty and trust were common themes in how participants described their relationships with HFF staff:

"We talk about a lot of stuff. We are like family. If she tells me the truth, I can be truthful with her. It wouldn't work if we weren't honest with each other."

"They understand me well. They listen to you ... Honesty. They don't sugar-coat it, and it pushes me. Just honesty and being blunt with me."

"I like the honesty ... I've learned a lot from this program. Being able to trust other people allows you to trust judgement in yourself."

--HBAH participants

Suggestions for improvement

Almost all participants initially said they had no suggestions to improve HBAH, because it was good as it was. Some did, however, think of ideas for strengthening the program, though few common themes emerged:

- No suggestions because program is great as is (7 participants mentioned this)
- HFF HSS should be more helpful and listen better (2)
- Improve process for finding housing and apartment choices and quality (2)
- Change eligibility criteria (1)
- Expand program to help more families (1)
- Make CMHA approval process faster (1)
- Improve outreach and marketing (1)
- Give HFF HSSs raises (1)

The following quotes illustrate the challenges experienced by some participants and the suggestions they have for improving the role of the HFF HSS and the process of finding housing:

"I didn't get to pick my housing. My caseworker [HFF HSS] just threw me into this apartment. I ended up hating it so bad. I was uncomfortable. The apartment was dirty. Maintenance was not kept up. It had rats and bugs and my window was busted out ... I felt like if she would have gone and looked with me, it would have been better."

"[HFF] should have a list and connection with private landlords to house people who are homeless. It should be ready ... Some [property managers] wouldn't answer the phone, or they didn't give you all the right criteria to get in the home. Have stuff ready."

"[Suggestions for improvement] Maybe listening. Every case is different. You can't generalize off your clients. Nothing's the same. Everyone's different."

--HBAH participants

Part 4. Staff and partner interview findings

Methods

The Health Policy Institute of Ohio (HPIO) conducted 15 key informant interviews with Healthy Beginnings at Home (HBAH) project staff, leadership and partners, including housing and health outcome evaluators and strategic advisors. Organizations represented in key informant interviews included:

- CelebrateOne
- Homeless Families Foundation (HFF)
- CareSource
- StepOne
- Columbus Metropolitan Housing Authority (CMHA)
- Nationwide Children's Hospital
- University of Delaware
- An external consulting firm engaged in the project

HPIO conducted all interviews by phone and used a semi-structured interview guide to ask questions about the following topics:

- **Project implementation** including what has and has not worked well and/or as expected
- **Barriers and facilitators** including external conditions and internal process issues, such as inter-agency communication
- **Cultural competence** among staff and partners and in policies and practices
- **Program successes**
- **Opportunities for improvement** including suggestions for future design and implementation
- **Lessons learned**

HPIO staff coded the interview notes in order to identify key themes. This report summarizes the findings, with emphasis on issues discussed by more than one key informant. (Note that partner interviews occurred before the onset of the COVID-19 pandemic.)

Successful components

All key informants identified positive aspects of the program. When asked what worked well and what has been most successful, partners most frequently mentioned:

- Collaboration and cross-sector partnership (mentioned by 11 respondents)
- Housing outcomes (10)
- Strong model (program structure and main components as initially planned in the Ohio Housing Finance Agency proposal) (8)
- Improved social determinants of health-related outcomes, such as starting an education program, getting a job or addressing domestic violence (7)
- Full-subsidy vouchers provided to 27 families, instead of 10 planned (6)
- Positive infant health outcomes (5)

Key informants were generally enthusiastic about how HBAH has brought together organizations from different sectors. Some commented that the organizations generally worked well together and others noted specific relationships that worked well.

"I think [partners work together] really well. To pull off a project with so many entities involved is impressive."

"The success of partners coming together from the private and public sector have shown that the more they come together, the better the outcomes achieved."

"Amazing cross-sector partnership. Outstanding."

--HBAH partners

Many key informants also discussed positive outcomes related to housing stability, healthy births, education, employment and domestic violence. Several recounted examples of how families have benefitted from the program:

"During enrollment, one homeless mom broke down into tears after finding out she would have housing."

"One participant, when she began the Healthy Beginnings at Home program, she had a substance use disorder and was going through something with domestic violence. She obtained the housing through HBAH. She also obtained employment and she's making well above minimum wage. And as of last month, she's off Medicaid and now has insurance through her employer. I feel like she has been a huge success story. She's completely turned everything around as to when she first came in. Her domestic violence situation has been rectified. There has been legal action that has been taken place to keep her safe."

"I believe each family we met at the beginning is better off. Each of us have left families better- giving them job opportunities, housing, mental health referrals, formula, etc."

--HBAH partners

The program model, as specified in the Ohio Housing Finance Agency proposal, was cited as a strength. Some referred to the structural elements (such as having Core Team meetings and Care Coordination meetings), while others mentioned specific components such as the housing assistance and intensive case management. The additional full-subsidy vouchers from CMHA were frequently mentioned as an aspect of the program that was better than originally planned. These vouchers will help 27 families to sustain housing stability after the program ends, as described by one key informant:

"[The subsidized voucher] is their ticket to staying in housing that is affordable."

--HBAH partner

Other positive components mentioned by key informants included: sufficient resources and successful fundraising (4 respondents), good research design and process (3), highly-competent staff (4) and highly-motivated and caring partners (3).

“There is a level of courteousness among the providers because of their commitment to the participants. There is an attitude of we’re going to do what it takes.”

--HBAH partner

External barriers and challenges

HPIO asked key informants to identify external conditions and internal process issues that created barriers to successful implementation of HBAH. This section describes challenges that were external to the project—referring to broader structural issues, conditions that are not in the control of the HBAH partners and/or factors that predated the start of HBAH.

Partners most frequently mentioned the following external challenges:

- Lack of affordable housing (mentioned by 10 respondents)
- Lack of transportation (8)
- Landlord discrimination or reluctance to rent to HBAH participants (7)
- Multiple barriers to renting due to participant backgrounds (6)
- Trauma and violence (including domestic violence, concerns about safety and break-ins, violence in the neighborhood, etc.) (6)
- Lack of consistent phone access among HBAH program participants and other communication barriers (including frequent changes in phone numbers, inability to pay phone bills, lack of email access, etc.) (4)
- Racism, discrimination and other structural barriers for people in poverty (3)

Many key informants mentioned that the lack of affordable housing in Columbus made it difficult to find units for participants and greatly lengthened the amount of time it took to house families once they had been accepted into the program. The challenges of finding landlords willing to accept HBAH renters in a tight housing market (low vacancy rate and rising rents) were exacerbated by the complex backgrounds of many participants, including:

- Criminal backgrounds
- Utility arrears (including substantial water, gas and electricity bills that some participants were not aware of until they tried to get a lease)
- Previous evictions
- Lack of income

Respondents recounted that several landlords were not willing to take on the risk of HBAH clients and/or overtly discriminated against HBAH families based on source of income.

“Landlords were not willing to take the risk, even with CMHA vouching for them.”

"Depending on the landlord and lease requirement, a landlord can reject an applicant. HFF handled these negotiations. Some landlords had concerns with the step-down issue and not being guaranteed the full amount of money each month [once step-down began]."

"It's really hard for landlords. Some may be slum lords. No one knew the housing market was going to skyrocket like it did. This gave landlords leverage to not offer affordable housing or accept vouchers."

--HBAH partners

In addition to housing sector challenges, key informants also talked about difficulties in the transportation sector that made it hard for participants to get services or maintain employment, including:

- Problems with Non-Emergency Medical Transportation (NEMT) provided through Medicaid managed care plans (unreliable services, difficulty scheduling, etc.)
- Lack of help for transportation to services other than health care appointments
- Central Ohio Transit Authority (COTA) bus routes being inconvenient or difficult for families with young children to use
- Lack of driver's licenses

Internal challenges

HPIO staff asked key informants to describe internal barriers to successful HBAH implementation, aspects of the program that did not work as expected and issues with how well partners worked together. In response, partners discussed many concerns and challenges that fall into three general categories:

- **Partnership challenges:** Problems with roles, communication, care coordination and staffing
- **Limitations of the HBAH model:** Problems with the initial design of the program and concerns about housing outcomes
- **Research challenges:** Problems with the research design and evaluation process

Partnership challenges: Problems with roles, communication, care coordination and staffing

Key informants described a wide range of challenges that arose from the collaborative nature of the project:

- Poor communication and lack of role clarity (mentioned by 11 respondents)
- Staffing problems (9)
- Working across sectors, such as differing perspectives on issues and approaches to providing services (8)
- Concerns about the HBAH Project Coordinator role (6)
- Concerns about the Community Health Worker role (5)
- Barriers created by agency policies and practices (such as organizational rules that Community Health Worker's [CHW's] could not provide transportation to clients and CareSource's policy of not meeting with clients in their homes) (4)

Most respondents mentioned that partner roles were unclear at times (particularly at the beginning of the project) and/or that communication and trust between partners

could be stronger. Some perceived that there are duplications of service because several of the partners (HFF, CareSource, CelebrateOne CHW) that provide care coordination functions—even leading some participants to be confused about which partner to go to for which needs.

"Individual roles need to be defined better initially. Members [participants] would get confused as to who is doing what."

"I was fuzzy on the role and responsibilities of two other agencies. Their services overlap with ours. We started to have issues with role clarity... We had tough times in the beginning, but it got better."

"Every team wanted to lead... It's hard to keep order when everyone is doing the same thing."

"Lots of distrust coming from one partner when the project began. And we did not have the opportunity to work through the conflict. We have been very siloed."

--HBAH partners

Care Coordination meetings were sometimes described as stressful, particularly when partners felt "out of the loop" and found out information they felt should have been communicated to them earlier.

"...as for communication between the agencies, I feel there have been some hiccups....I have felt like a deer in the headlights when finding something out at a meeting for the first time.... There were four of our participants who became pregnant again. A partner from a different agency and I weren't aware of it and we found out during a Core Team meeting. This is something we probably should have known before now."

--HBAH partner

While there were many general comments about role clarity and partner relationships, several key informants had more specific concerns about the Project Coordinator and Community Health Worker (CHW) roles. There was general agreement that the role of the Project Coordinator was ill-defined or mis-understood at the beginning of the project. Partners discussed a tension between the Project Coordinator's work supervising the CHW(s) and getting involved with care coordination versus a higher-level, administrative role as the neutral coordinator across all organizations. According to several key informants, a strained relationship between the Project Coordinator and HFF, as well as personality conflicts and communication problems exacerbated role clarity issues. While attempts have been made to improve the relationship, it continues to pose challenges for CelebrateOne and HFF.

"The project coordinator was intended to coordinate at the administrative and policy level and coordinate across all partners, and not be involved in day-to-day operations. CelebrateOne made the decision to have the CHWs report to

the project coordinator, which complicated things. There was micromanagement by the project coordinator which created a lot of conflict."

"[The project coordinator] had no authority. Others were busy. It was nobody's main job..... She had to single-handedly figure out how to implement this program. ...It's like she was in a hopeless position."

--HBAH partners

Concerns about the CHW role included lack of clarity on what services CHWs were to provide, inability to provide transportation to clients (greatly limiting their ability to connect participants with services) and problems with hiring and staffing the CHW position(s).

"The project was built around the CHW, but they could not fulfill that capacity given the limitations of the role, such as not being able to transport participants."

--HBAH partner

Staffing problems included staff turnover at several partner agencies, inexperienced staff in a few positions, low staff capacity to keep up with the demands of the project, and HFF caseloads that are perceived to be too large.

When discussing cross-sector challenges, many key informants talked about the positive and negative aspects of bringing housing, healthcare, social service, and research approaches to the same table. There were clear differences in perspective and expectations among partners from the housing/housing services sector, and partners from the social service/health sector. For example:

"The housing sector is completely new to me. I didn't realize how complicated and difficult it could be to get these women housed."

"[Non-housing sector partners] were making us feel like we weren't working hard to house them."

--HBAH partners

A few expressed concerns that some partners did not fully value the role of some of the other organizations, or that other partners were not willing or able to work with the high-need HBAH participant population or lacked a sense of urgency to resolve client issues. In addition, some felt that there was a lack of empathy or understanding of harm reduction, cultural competence and the culture of poverty among some partners due to their lack of experience with the population or organizational perspective.

Bowling Business Strategies: Findings for process evaluation

After 12 months of HBAH implementation, Bowling Business Strategies – a consultant for HBAH – completed a review of the HBAH service delivery approach to supplement the process evaluation. The review was completed at the request of CelebrateOne with the goals of evaluating if services were being delivered as designed, assessing overall service delivery quality, and identifying issues that may require additional trainings and technical assistance. Key informant interviews with staff from CelebrateOne, Homeless Families Foundation and CareSource informed the review, which had 5 key findings:

1. There were conflicting priorities, philosophies and beliefs among care team members, which undermined collaboration and care integration.
2. While individual care team members implemented procedures to share their respective goal plans across the team, there was no integrated team-based goal planning process.
3. The HBAH Project Manager became over-involved in direct care management.
4. The community health worker (CHW) role was under-utilized.
5. Policies and practices related to behavioral health need further development and refinement.

Limitations of the model: Problems with the initial design of the program

The most commonly mentioned limitations of the HBAH model were flaws in the screening, enrollment and randomization processes (mentioned by 9 respondents), including:

- Recruitment and screening process not well planned ahead of time and inadequately staffed
- Slow enrollment
- Changing eligibility criteria part-way through the process
- Use of direct service staff to handle randomization and staff concerns about randomization being unethical with not enough resources provided to control group

“We didn’t like the [recruitment and enrollment] design.... I don’t like screening that doesn’t have a way to help people... It felt clunky for us in recruitment. We felt like we were disenfranchising people.”

“They sent us a whole list [of housing resources for the control group]. Well, unfortunately, it wasn’t a great list, because nobody did their homework of reaching out to [make sure they were up-to-date and credible resources]. ... At the end of the day, we were having all these people who did not qualify [for HBAH and we could not help them].”

“CareSource staff was not prepared for the actual recruitment process and the difficulty of telling women they were going to be in the control group.”

"With enrollment, we did more harm than good. We're social workers. When we see people in need, we don't want to turn them away.... Next time, Nationwide Children's Hospital needs to do the randomization."

"We had to do a lot of de-escalation when members found out they either did not qualify or were not chosen for the intervention group. Members didn't understand why they did not get housing. We lost them at that point, even though they were offered other services. For many of the women, this program was a last hope for them."

--HBAH partners

Problems with the landlord pool (mentioned by 6 respondents) were cited as limitations of the initial program design. Several landlords were recruited at the beginning of the project and held units for HBAH participants. But, because of the slow enrollment process, many landlords gave the units to other people.

Three respondents said that the original plan and budget underestimated the significant barriers facing participants—particularly related to utility arrears and behavioral health needs.

Finally, a few respondents expressed concerns about the housing outcomes: time-to-house took much longer than anticipated (4) and participants not able to move to safer (non-CelebrateOne) neighborhoods (1).

Research challenges: Problems with the research design and evaluation process

There were three main themes in respondent feedback about research challenges. First, eight respondents mentioned difficulties with data sharing and data collection, including:

- Agencies not able or willing to share data due to privacy policies (for example, sharing clinical health information with researcher)
- Bureaucratic challenges (such as Institutional Review Board delays and incompatible data systems)
- Burden of data collection for partner organizations (HFF and StepOne)

Second, five respondents talked more broadly about lack of clarity and shared understanding about the research design and process. Some commented that different organizations cared about different outcomes, or that several partners were unfamiliar with the research process. There were also concerns about the study design, including the small sample size that is not adequate to assess statistical significance of key outcomes, and concerns that the HBAH program was not yet ready for a randomized control trial, but needed more time to pilot test and solidify the intervention components.

"This is the challenge of a large multi-sector collaboration: Everyone disagrees about the main outcomes specific to HBAH. For CelebrateOne, the main outcome is infant mortality, but we would need 2,000 to 3,000 live births to

measure this.... There is not enough [statistical] power in the study for these outcomes."

"[Partners] are not all on the same page in terms of research, HFF, and CelebrateOne. ... My understanding has been that we're setting the foundation for the family. We're trying to set them up with protective factors that will help them in the future. We're trying to emphasis safe spacing. We're to improve maternal health, and get the family in a better position, maybe work on education. I think HFF is more focused on stabilizing. Having enough income to pay your rent right now, even if its 50% of your rent ... [NCH] have their aim as HBAH is a feasibility study to find out what power we need for a larger study." – 14."

--HBAH partners

Cultural competence

When asked whether the HBAH partners demonstrated cultural competence and cultural humility, key informants frequently mentioned:

- Positive comments about how cultural competence was demonstrated (15 respondents mentioned this)
- Negative comments about how cultural competence was not demonstrated (5)
- Suggestions for improving cultural competence in future programs (5)

Key informants most often mentioned how well cultural competence had been integrated into the HBAH program. Several respondents explained that the partners were dedicated to providing culturally-competent care and understood the needs of the participants.

"[The partners] really understand the population they're working with and what they need."

"Partners seem to have a good sense of tailoring for this population."

"[The] program did well with [cultural competency]. Program partners seemed to have a good grasp [and] came in with good professional experience. Most knew what type of experiences may arise."

"We had to embrace an understanding of the culture of poverty. That knowing where their next meal is coming from is more important to these clients than having a place to live or going to a doctor appointment."

--HBAH partners

Respondents also provided positive comments about the cultural competence trainings for the HBAH program. Many asserted that providers need to receive continuing education on topics related to families with housing instability and that these trainings fulfilled that need.

"We have trainings. We are always learning. Always working on it."

"[We had] lots of initial training on cultural competency."

"I feel like we've all had a lot of training around [cultural competency] because of the service that we provide and the field we work in."

--HBAH partners

However, other key informants discussed how cultural competence was lacking, inferring that some HBAH service providers, overall, were lacking empathy and humility, or that cultural competence has not been adequately addressed.

"I just feel like, when you're not working with vulnerable people, sometimes you don't tend to put yourself in their shoes ... unfortunately, I felt that from the very beginning, there wasn't too much empathy for some of the cases that we were dealing with."

"In the beginning, we really didn't have enough humility. We expected every family to say yes to housing and thank you."

"A large cultural competency training was cancelled, which took away from a lot of the cultural competence focus."

--HBAH partners

Some respondents specifically mentioned how other partners did not understand or support culturally-competent approaches, such as harm reduction.

"CareSource and CelebrateOne didn't honor harm reduction and came in with judgement. CareSource said [medically assisted treatment] is replacing one drug with another."

"With CareSource, their work rules may have gotten in the way of the harm reduction aspect of the model."

--HBAH partners

Partners identified how cultural competence can be improved in future iterations of HBAH. Respondents commented on components of culturally-competent care that need to be implemented from the beginning of the program, such as trauma-informed care. Others explained that the project partners can be more culturally humble and empathetic with high-need families.

"Nationwide Children's needs to work on how they communicate with this high-need, high-touch population. For example, their surveys were written at a reading level that was too high."

--HBAH partners

Suggestions for improvement and lessons learned

Suggestions for improvement

Many key informants offered recommendations for improving HBAH. When asked to reflect on challenges experienced and share suggestions for designing future housing and health programs like HBAH, partners commonly said:

- Improve study design and data reporting (mentioned by 9 respondents)
- Improve relationships and communication between partners (7)
- Extend the length of time for initial project planning, evaluation design, knowledge building and enrollment (6)
- Improve eligibility, recruitment, randomization and enrollment process (6)
- Improve communication with participants by helping them maintain consistent phone numbers and phone access (6)
- Clarify project partner roles and responsibilities (5)

Some key informants argued that a different study design should have been used because the intervention is too new, or that direct service staff should not have been responsible for doing the randomization. Other partners suggested ways to improve data reporting or the scope of the evaluation. One partner discussed the importance of capturing all the program supports participants receive in order to be able to document “program dose”:

“From a research perspective, it would have been helpful to know what other programs or interventions participants were involved in, services they received (i.e., food assistance, transportation assistance, financial literacy workshops, etc. ... It's hard to measure impact when you don't know what to attribute change to.”

--HBAH partner

Interviewees expressed that improved collaboration between and among diverse project partners (e.g., banking, transportation, mental health, and employers), and stronger understanding of each entity's expertise, are essential for project replication.

Several key informants proposed to increase the amount of time given for the planning phase of the project. One partner mentioned:

“One thing that might have helped in the beginning would have been to have more knowledge building for partners at core team and steering committee [meetings] – we could have given them information on housing issues, [the] housing market and barriers.”

--HBAH partner

Partners generally agreed that the participant enrollment processes could be strengthened, with a focus on streamlining initial screening and assessment, expanding eligibility criteria, modifying survey language to match participants' cognition, minimizing the burden of transportation on participants to the first in-person interview and providing better information for control group families. Some respondents

suggested better tailoring recruitment strategies to fit community and population characteristics.

“In the future, have more time to plan and build the research design and evaluation.”

“More time for planning would have been helpful, [I] didn’t have time to develop a retention plan [and] the survey was not solidly developed [in the beginning].”

“[It is] very difficult to recruit among this population – make sure all efforts are put forth.”

“We need something better in place for control group...Ethically, it didn’t feel right.”

--HBAH partners

Several partners suggested providing more help to participants to maintain consistent contact with project staff, such as by providing pre-paid cell phones or minute cards or incentivizing participants to maintain the same phone number. Other project partners said that project and staff roles should be clarified during the planning and development phase in order to maximize resources, minimize duplication of services and improve communication.

Lessoned learned

When asked to share lessons learned from implementing the project, staff and leadership noted the following observations:

- Families face many barriers to wellbeing even after housing instability is resolved (such as prior criminal convictions, domestic violence, mental illness, substance use disorder, etc.) (mentioned by 10 respondents)
- HBAH was successful in helping families and building partnerships between organizations (6)
- Bringing different sectors together is critical to improve outcomes for families (5)

Several partners discussed the different social, cultural, and economic factors that contribute to homelessness and impact participants' ability to obtain and keep stable housing. Key informants stated that domestic violence was a pervasive issue, which often resulted in housing instability, and discussed participants with mental illness and substance use disorder needing more robust referral and treatment support services. Some key informants said that participants would still have many needs to address (such as reproductive healthcare access, transportation, credit repair and education), even if permanent housing is maintained. Some key informants attributed difficulty overcoming these barriers, to a “culture of poverty” many participants face.

“[I understand] the culture of poverty... that women are in a fight or flight mindset and preplanning is not really possible.”

"Client credit records and histories help to identify challenges in a groundbreaking way because they have lots of information on housing barriers beyond income, such as utility arrearages."

"The delivery of any of the services is futile without housing. Housing is necessary, but not enough..."

--HBAH partners

Key informants expressed that the program has made a positive difference in the lives of the families served and that meaningful relationships between staff and participants were forged. Other partners said that because of their involvement with HBAH and development of relationships with new partners, they were able to expand the range of services offered to their clients. For example:

- The ability to offer continued workforce development training
- Connecting clients with a Community Health Worker

Interviewees mentioned that challenges can occur when implementing a project of this scale, such as gaps in knowledge and expertise or lack of understanding of other organizations' policies and procedures. However, having committed partners and engaging diverse sectors to offer multiple supports can aid in project success and better facilitation of program delivery.

"Strong partnerships are key – no one entity is going to be able to do this work on its own."

"Focus on all partners' strengths and make sure everyone understands the value of each other's [organization]."

--HBAH partners

Part 5. Meeting minutes review

Methods

CelebrateOne provided HPIO with minutes from Healthy Beginnings at Home (HBAH) meetings between February 2018 and December 2019. The minutes covered Core Team meetings and meetings of the Participant Advisory Committee, Steering Committee and an ad-hoc step-down planning group. HPIO attended and took notes on Core Team, Care Coordination and Research Team meetings from October 2019 to June 2020. HPIO analyzed meeting minutes and identified key themes within the following categories:

- Successful components of the HBAH model
- External barriers
- Internal challenges
- Modifications to the HBAH model
- Cultural competence
- Suggestions for improvement

This section of the report summarizes key themes from the meeting minutes, with a focus on issues that could be more fully explored using meeting notes than through document review or staff and partner key informant interviews. The following themes stood out as unique issues discussed frequently in meetings:

- **Domestic violence** and its impact on housing instability
- **Child care** challenges as a major barrier to employment
- **Frequent moves** to different apartments requested by participants or evictions from landlords, despite housing stability supports
- **Changes to research methods and program design** necessitated by institutional barriers, timeline revisions, unexpected challenges for participants and other factors
- **COVID-19 pandemic** and shut-down-related problems and solutions

Successful components of the HBAH model

Analysis of the meeting minutes found that meeting attendees identified the following as successful components of the HBAH model:

- Collaboration among project partners
- Housing stability
- Funding
- Employment and financial support for participants
- Social support and “natural networks”

Collaboration among project partners

Meeting minutes indicate that HBAH partners worked together to overcome several challenges, such as problems with data collection and housing availability. For example, the data use agreement (DUA) between CareSource and Nationwide Children's Hospital (NCH) filled in critical data gaps. In addition, the project was able to expand the pool of available housing units and to obtain additional in-kind housing unit contributions through a partnership between Homeless Families Foundation (HFF) and the Columbus Metropolitan Housing Authority (CMHA). These collaborations helped each agency accomplish HBAH objectives.

At some meetings, staff discussed the ways that they build upon rapport with participants to help other partners better connect with participants. Partners also promote each other's services to participants. For example, if a participant is looking for employment, the Community Health Worker (CHW) may suggest referring the participant to CareSource JobConnect.

Partners are also able to help each other overcome restrictions and logistical barriers. For example, at one meeting, partners discussed how a CHW used FaceTime to connect a participant to CareSource during a home visit to overcome the challenge of CareSource staff not being allowed to do home visits. Meeting minutes indicate that this type of collaboration kept participants engaged in CareSource care management for longer than they normally would have.

Housing stability

Meeting minutes mention many successful housing-related components of HBAH. The program was able to secure a pool of landlords that pledged units to HBAH and \$60,000 in financial support from developers. One landlord dedicated 6 units to the program.

The minutes explain that HBAH partners were able to keep intervention participants housed throughout the program by mediating conflicts between participants and their landlords and finding solutions to maintain housing stability. When a participant requested a move, for example, HBAH staff were often able to house them in CMHA-approved units that were previously occupied by other participants. The transferability of vouchers further aided in re-housing participants and offered them stability during the COVID-19 pandemic. Specifically, Violence Against Women Act (VAWA) vouchers helped participants that were experiencing intimate partner violence to find safe shelter. HBAH partners also identified safety measures participants could take when they were experiencing domestic violence.

Funding

The minutes describe successful components related to funding for the program. For example, the high number of CMHA housing vouchers for participants have resulted in cost savings for the program because the full cost of the subsidy is covered by the voucher for these participants. Project partners were also able to raise \$56,000 for the client assistance fund, which may be used to assist participants impacted by the COVID-19 pandemic.

Employment and financial support for participants

The productive relationship between HBAH and CareSource JobConnect is described in meeting minutes. As reflected in November 2019 Core Team meeting notes, 16 participants had opted into CareSource JobConnect. This number increased to 19 by February of 2020. Allowing the JobConnect life coach to meet with participants at HFF increased engagement and brought four participants into JobConnect services.

There are many financial supports that HBAH participants have accessed or that partners have mentioned in the meetings. For example, child care subsidies through Title 20 funding were mentioned as an important resource for participants.

Social support and “natural networks”

During meetings, partners mentioned that participants rely on their natural networks for support. For example, family members and friends have provided child care for participants, particularly during COVID-19 so participants could continue working.

External barriers

The following external barriers were described by meeting attendees and identified in analysis of the notes:

- Housing barriers
- System challenges
- Limited access to employment, education and child care; issues exacerbated by COVID-19

Housing barriers

Meeting minutes indicate that intervention participants had a hard time finding ideal housing. The Care Coordination Team noted that finding units and keeping participants housed takes a significant amount of time, especially for HFF staff. Lack of affordable housing in Columbus, participant credit scores and criminal histories and price gouging by landlords were mentioned as reasons for these difficulties. In addition, meeting minutes indicate that participants were assessed late fees without reason and that many landlords were unwilling to renew leases. Participants were also served eviction notices during the COVID-19 pandemic despite the moratorium on evictions.

Several participants were concerned about safety issues, including safety concerns at the Sawyer-Trevitt CMHA property. Domestic violence was frequently discussed at Care Coordination Team meetings and was one of the primary reasons participants requested moves

System challenges

Meeting attendees described many bureaucratic challenges the program faced:

- The start date for HBAH was delayed because the program needed to be approved by the Columbus City Council, which postponed approval for various reasons.
- Funding was not fully secured at the beginning of the project, forcing CelebrateOne to initially issue 6-month contracts with partners.
- Obtaining approval from Institutional Review Board (IRB) took longer than anticipated. The IRB required a DUA between CareSource and NCH. Delays in getting the DUA postponed the IRB submission and therefore pushed back the start date for HBAH.

Members of the Care Coordination Team described many system challenges for participants, such as a lack of pediatric provider options in the area. For example, they

noted that there is only one option for children's health care in Columbus (Nationwide Children's Hospital) and there are waitlists for behavioral health care.

Limited access to employment, education and child care- exacerbated to COVID-19 pandemic

The minutes describe many barriers related to employment, education and access to child care. When participants find employment, they often earn low wages of approximately \$9-\$12 per hour. Lack of transportation and child care are explicitly mentioned as employment barriers. More specifically, the notes indicate that many participants cannot access adequate child care for infants and that it is unaffordable. Child care access has become even more difficult during the COVID-19 pandemic because child care centers were shut down for several months, capacity is limited as they re-open, and some families fear their children will get sick if they put them in child care.

Meeting discussions indicate that the pandemic caused several participants to lose jobs because their employer and/or child care provider closed. Some reported difficulties accessing the Ohio Department of Job and Family Services website to file for unemployment due to pandemic-related job-loss.

Meeting discussions indicate that approximately 20-30% of participants do not have a high school degree or GED and that the Ohio Graduation Tests (OGT) are a barrier to some participants getting their degree. COVID-19 has further derailed education plans for some participants.

Internal challenges

Minutes show that meeting attendees have struggled with the following internal challenges for HBAH:

- Research study and data problems
- Participant engagement problems
- Frequent moves
- Collaboration, staffing and communication issues

Research study and data problems

At the Feb. 11, 2020 Core Team meeting, attendees identified the following issues as the top three challenges for HBAH at the time. Notably, all pertain to the research methods:

- Concerns that outcomes may be skewed by the fact that some participants were housed for a short time before giving birth due to the long time it took to house many families
- Inconsistencies in data points (unspecified)
- Difficulties engaging the control group for follow-up data collection

Meeting minutes indicate that the Core Team anticipated problems with data collection. Collecting data from control group members who did not have a CareSource ID number was a primary concern. Without the ID number, NCH could not get claims data for these participants. These data collection challenges would be exacerbated if a participant had also not completed the surveys. For example, as of

the Jan. 2020 Core Team meeting, birth dates were missing for four control group infants. Because they were not enrolled in CareSource, the research team could not document their birth outcomes.

The Research Team had further problems with attrition among the intervention and control groups. Some participants were “lost to follow-up” because they could not be reached. Other participants left because the initial survey incentive of \$20 was insufficient or because of a language barrier.

Participant engagement problems

Problems with contacting participants were not limited to the control group. Frequent changes in contact information (such as phone numbers) led to a lack of communication between some participants and the HBAH partners. There were also instances when a participant would reach out to HBAH partners but not engage when the HBAH partner tried to follow up. These communication challenges specifically impacted CareSource's ability to deliver services because of the company's policy to close-out care management after 60 days of receiving no contact.

In meetings, project partners discussed potential solutions to engagement problems. For example, CelebrateOne suggested providing participants with cell phones, as was done in the Boston housing and health study. The Core Team then discussed the challenges with that solution (e.g. lost cellphones) and it was ultimately not implemented.

Frequent moves

Thirteen families have moved since first housed through the HBAH program (as of 6/9/2020). Care Coordination meeting conversations often centered on steps taken to help participants move. Moves were usually requested by participants due to domestic violence, neighborhood safety or apartment quality concerns. In other cases, the moves were requested by the landlord due to lease violations, such as a boyfriend with a criminal record living in the unit.

The Core Team mentioned in Oct. 2019 that there was pressure to house all the participants as quickly as possible at the beginning of the program. As the program continued, HFF had more time to find better housing for participants if necessary. By the Feb. 4, 2020 Care Coordination meeting, several participants were still in the process of moving despite the upcoming step down.

Recent meeting discussions indicate that the step-down process has caused anxiety in some of the participants and caused them to go into crisis mode. Conversations and reminders about step down with these participants have helped.

Collaboration, staffing and communication issues

Several collaboration challenges were identified in the meetings, including concerns about service duplication and role clarity. Some meeting minutes mention that this lack of role clarity confused program participants.

HFF and CareSource, in particular, experienced challenges with staffing and implementation logistics. HFF had challenges with staffing throughout the program. The original HBAH budget included 2 full-time HFF Housing Support Specialists (HSS) and 1 full-time case aid or part-time HSS. By Nov. 2019, HFF was down to one HSS and trying to hire another (which it eventually did in late 2019).

CareSource's challenges related primarily to their policy not to conduct home visits. In addition, some participants became ineligible for coverage through CareSource either by enrolling in employer-sponsored coverage or other reasons. CareSource often does not receive information on why a CareSource member has left their coverage. So, tracking why participants left coverage is difficult.

In adjusting to the novel coronavirus pandemic, the Care Coordination team experienced problems hosting their meetings online. Initially they tried conducting meetings through Zoom, but the 40-minute limit for the free Zoom account was problematic given that Care Coordination meetings are scheduled for an hour and a half.

Modifications to the model

Analysis of the meeting minutes found that the following modifications were made to the HBAH model:

- Enrollment and eligibility requirements
- Project timeline
- Research
- Care coordination services

Enrollment and eligibility requirements

Meeting minutes indicate that several changes were made to the program eligibility requirements to ensure that an adequate number of women were enrolled in the intervention and the study. First, the maximum utility arrears amount was raised by the Core Team to \$1,000 at their February 2018 meeting. Second, the geographic eligibility criterion was expanded from only CelebrateOne priority zip codes and neighborhoods to all of Franklin County.

Project timeline

The timeline for the program has undergone several modifications which are referenced in the minutes. Initially, delays with the Ohio Housing Finance Agency (OHFA) contract shifted the start date for the program back by one month. Additionally, extension of the enrollment period shortened the study period. Instead of a 24-month follow-up, surveys results would only be collected up to 22-month for follow-up. The 30-day follow-up changed from 30 days after the participant is housed to 30 days after being enrolled.

The step-down timeline was reduced for participants housed after March 29, 2020. During the August Core Team meeting, the service team made plans to meet for extending HBAH services through March 2021. Further alterations may be made to the step-down timeline because of the on-going COVID-19 pandemic.

Research

The research team increased the incentive amount for survey completion. The amount was initially \$20 for each survey but raised to \$40.

Care coordination services

Initially, “usual care” services from CareSource only included standard care management for control group members. This definition was expanded to include JobConnect life coach services later in the project. Throughout the project, efforts have been made to improve Care Coordination meetings and make care coordination services more flexible. Starting in February 2020, Care Coordination meetings changed to focus primarily on participants that were beginning or about to begin the step-down process.

Cultural competence

Meeting attendees identified several ways in which HBAH addresses cultural competence:

- Staff training
- Program design
- Service delivery

Staff training

Several cultural competence-related trainings were held for HBAH partners virtually and in-person. HFF and CelebrateOne were the main audience for trainings; however, CareSource was encouraged to attend as well. All HBAH partners were urged to recommend trainers for these sessions and were encouraged to attend additional cultural competence trainings outside of those provided by HBAH. For example, CelebrateOne staff attended a training on equity, autonomy and substance use disorder treatment during pregnancy.

HBAH reviewed key cultural competency components of the step-down process with the Core Team, including family-centered care and the goal of transferring participants from HBAH to community services in a way that is led by each participant.

Program design

HBAH is described in the minutes as an extended version of the Critical Time Intervention (CTI) model. The CTI model has key elements which were used to undergird the cultural competence components of the housing stabilization services, including:

- Person-centered planning
- Motivational interviewing
- Harm reduction
- Trauma-informed care

In addition to these elements, the Code of Ethics from the National Association of Social Work guided daily practice in culturally competent care for all HBAH partners.

Service delivery

Comments on the cultural competence of service delivery were also found throughout the meeting minutes. Core Team minutes explain that the Participant Advisory Committee was established to help the Core Team receive feedback and guidance from participants. Participants also received requested types of culturally-specific therapy and other services. One participant, for example, requested Christian counseling and was linked with two resources that met this request.

Aligning with harm reduction principles, some partners were naloxone providers and attended naloxone trainings. The HFF Care Team supervisor also led a review of HBAH's cultural competence principles, discussed best practices for harm reduction, and emphasized the importance of supporting substance use disorder recovery and mental health treatment.

The minutes also identify when service delivery was not culturally competent. Language translation services were noted as being insufficient, causing one participant to leave HBAH. Some participants experienced medical neglect by doctors (not affiliated with HBAH), possibly due to racism, implicit bias or other forms of discrimination.

Meeting minutes also captured some problems with lack of rapport between participants and providers. For example, one participant was experiencing notable levels of stress and anxiety related to step-down. The lack of rapport between the HSS and the participant interfered with the HSS being able to offer adequate support to the participant.

Suggestions for improvement

Analysis of the meeting minutes identified opportunities for improvements proposed by meeting attendees in the following areas:

- Program design
- Service delivery

Program design

During a Care Coordination meeting observed by HPIO, HFF advocated for more natural consequences to be included in the program when participants reject multiple units, such as capping the number of units offered if participants want to remain in the program. The Core Team also recommended that the housing evaluator and housing stabilization partner be included in trainings on housing data systems.

HBAH partners mentioned other types of organizations that should be included in future iterations of HBAH, including mental health and medication-assisted treatment (MAT) providers and legal aid.

Some partners proposed changes to the project's timeline, such as extending the implementation phase or extending the housing subsidy by 6 months to account for the challenges faced by women right after giving birth.

Service delivery

Meeting discussions indicate that participants asked HBAH to offer more networking opportunities and workshops. Participants called for these events to increase skills and social support. The Core Team also proposed additional participant workshop ideas, specifically financial literacy classes.

To address problems with changing contact information among participants, one partner suggested that a \$25 incentive be used to encourage participants to update their information with HBAH partners, a strategy that was used in the Boston study.

The Core Team suggested recruiting landlords closer to when participants are enrolled. HBAH had engaged landlords too early compared to when HBAH started enrolling participants, resulting in landlords holding units unoccupied for months during enrollment.

Part 6. Discussion

What were the most successful components of the project?

Persistent collaboration among cross-sector partners. HBAH brought together five organizations to provide services to families and engaged several other organizations in planning, research and evaluation. These organizations represented different sectors, including housing, health insurance, health care and social services. Each sector brought unique perspectives, strengths and limitations to the project. While coordination among partners was complex and difficult at times, all organizations were deeply committed to the effort, maintained their involvement and learned valuable lessons from the perspectives of other sectors.

Resilient participants. Families entered HBAH with multiple barriers to housing stability. For example, 54% had no credit score, 44% had a criminal record and 46% had no income. Despite these challenges, many participants made the most of HBAH resources, including active engagement with education and employment programs, HBAH workshops and behavioral health treatment. In interviews, several mothers expressed a positive outlook and renewed sense of hope that HBAH had given them the opportunity to help their children grow up healthy and safe.

Ability to secure critical resources. HBAH was able to leverage partnerships to secure critical resources for families. Most importantly, CMHA provided HBAH with more housing vouchers and subsidized units than initially anticipated in the project design. These units will provide long-term housing stability for 27 families. In addition, CelebrateOne leadership was able to build upon community relationships to garner support from a diverse set of private funders to supplement public funding from the Ohio Housing Finance Agency (OHFA) and the Columbus Metropolitan Housing Authority (CMHA).

Housing Stabilization Specialists. The Homeless Families Foundation (HFF) Housing Stabilization Specialists (HSS) played a pivotal role in supporting HBAH families. Participants described HSSs as respectful and empowering, and generally viewed them as the primary point of contact for HBAH. Thanks to their flexibility, skills, frequent communication and knowledge of how to access community resources, HSSs served as an effective “one-stop-shop” for participants, as well as a solid source of emotional support and coaching. HFF’s organizational knowledge of how to navigate the Columbus housing market was extremely valuable; HSSs coached participants on how to find and keep apartments and negotiated with landlords on their behalf.

Promising outcomes that set foundation for further research. Initial health and housing outcomes described in a [July 2020 policy brief](#) are promising. Although the sample size for the randomized control trial was relatively small (n=49 families in the intervention group), the HBAH health and housing outcome and process evaluations provide planners with useful information about baseline challenges facing families and how housing interventions can improve housing stability and maternal and infant health outcomes, as well as decrease NICU spending. This work has already laid the foundation for CareSource to move forward with a proposal to expand and improve the program.

What were the most challenging aspects of the project?

HBAH families, staff, planners and researchers faced multiple challenges with external systems and community conditions, as well as internal program logistics. As a new program, HBAH underwent several course corrections and HBAH families had to contend with past and present limitations of poverty and discrimination within a highly competitive housing market, fragmented safety net and a global pandemic.

What external factors were barriers to positive outcomes?

Housing market and wages. Lack of affordable rental units, landlord discrimination and the mismatch between housing costs and wages in Columbus were likely the biggest external challenges to positive outcomes for HBAH families. Columbus has one of the hottest housing markets in the state, giving landlords little incentive to rent to lower-income families. In 2019, Franklin County's "housing wage" (income needed to afford basic housing) was \$19.08 per hour—far higher than wages earned by most HBAH participants. Coupled with the problematic rental histories for some participants (evictions, arrears, etc.), HBAH families were not well positioned to succeed in the private rental market without assistance.

Systemic racism. Most participants (92%) were Black. Historical and contemporary racist housing policies, residential segregation and neighborhood divestment all serve as significant external barriers to housing stability and positive health outcomes.

Trauma and violence. Almost all HBAH intervention group families found housing within the CelebrateOne neighborhoods. Identified because of their high infant mortality rates, these areas also have higher rates of poverty and crime. Some participants reported that they did not like the neighborhood they were living in, often because of violent neighbors. Many also experienced intimate partner violence; several requested moves to new units that were allowable thanks to provisions of the Violence Against Women Act (VAWA).

COVID-19 pandemic. COVID-19 was a major external event that affected HBAH participants and partners. See details on page 67.

What internal factors were barriers to positive outcomes?

Partnership challenges. Partner roles were unclear at times, particularly at the beginning of the project. Communication and trust between organizations was not always optimal and there were tensions around defining the role of Project Coordinator. Some partners perceived that there were duplications of services because several HBAH partner organizations provide care coordination functions, including HSSs employed by HFF, community health workers employed by Celebrate One and case managers employed by CareSource. This landscape was further complicated by varying responsibilities among these professionals and restrictions on the kind of work each could perform, leading some participants to be confused about which partner to go to for which needs. Staff turnover at the direct service agencies exacerbated some of these challenges.

Difficulties with research and data sharing. The randomized control trial (RCT) research design presented many challenges for HBAH partners. Direct service staff felt uncomfortable handling the randomization process and some expressed concerns that a randomized study was inherently unethical because the experimental group would receive housing assistance while the control group would not. The relatively small sample size limited researchers' ability to establish statistical significance of the study's promising birth outcomes, and the newness of the HBAH program and the rapidness with which it was created led partners to feel they were "building the plane while flying it." Taken together, these issues call into question the utility of employing the RCT design at this stage of development of the HBAH model.

Partners also mentioned problems with data sharing due to privacy policies and incompatible data systems, and bureaucratic challenges such as Institutional Review Board (IRB) delays and burdensome data collection processes.

Unrealistic expectations about enrollment and barriers to housing stability. HBAH planners underestimated the length of time it would take to enroll participants, challenges finding and maintaining stable housing and the size of utility arrears previously incurred by families. Unrealistic expectations about how quickly the program could get up and running seem to have stemmed from a lack of awareness of the extreme difficulties of finding affordable housing in Columbus for families with multiple barriers, such as low or no credit scores, past evictions, criminal backgrounds, no income and behavioral health issues. In addition, the logistics of the screening and enrollment process may not have fully accounted for the challenges of families with limited communication and transportation resources.

To what extent was the model implemented as intended?

The HBAH model was largely implemented as it was envisioned in the original OHFA proposal. There were, however, three primary differences between what was planned and what actually happened.

Timeline changes. Delays were caused by a complex eligibility and screening process that resulted in slower-than-anticipated enrollment. Research challenges, such as the IRB approval process and data sharing hurdles, also slowed down the initial phases of the project. The end date for project services has been extended through March 2021 to provide ongoing support to families during the COVID-19 pandemic.

Project coordination and care coordination roles. The complex reality of managing the project and coordinating services across multiple organizations was not fully accounted for in the original plan. The role of the Project Coordinator and the structure of care coordination therefore shifted somewhat over the course of the project. Initially envisioned as a neutral convener of partner organizations, the Project Coordinator became more involved in direct service through supervision of the Community Health Workers. Similarly, the original plan for integrated care coordination by three different organizations was unwieldy and HFF eventually became the primary care coordination entity.

Housing stability expenses. Expenses for utility arrears and frequent moves were higher than anticipated. Early in the project, the eligibility criteria had to be revised to allow for utility arrears up to \$2,500 (up from \$1,000), which were paid by HBAH. In addition, several families requested moves to different apartments during the project due to domestic violence, neighborhood safety or unit quality concerns, or were required to move due to lease violations. HBAH covered the cost of these moves, which sometimes involved paying landlords to break leases. These expenses, however, were largely offset by CMHA's provision of more project-based vouchers than originally planned.

What are the lessons learned from modifications to the model?

Cross-sector partnership has risks and rewards. The partnership between housing and health organizations was extremely beneficial to the service organizations and participant families. Together, the partners were able to generate new resources for families and to learn from each other's perspectives. The difficulties of communicating across agencies and overcoming bureaucratic hurdles caused by system differences, however, were daunting. Well-defined roles, including a neutral convener, are critical to ensure well-coordinated services and efficient research.

Unstably housed families need intensive help. Each family came to HBAH with a unique constellation of needs and strengths, many shouldering the weight of racism, trauma and deep poverty. While the model anticipated the need for comprehensive supports, the extent and complexity of the needs was larger than expected.

Inclusion of the housing stability experts (HFF) earlier in the planning may have been beneficial. HFF was not involved in the original proposal development. Earlier involvement may have prevented some of the challenges with care coordination across organizations and provided more realistic estimates of housing stability costs, time-to-house and service needs.

How did participants perceive HBAH? To what extent were participants satisfied with each component of the project?

High overall satisfaction. Many participants were extremely thankful for HBAH, and all identified positive aspects of the program, including getting apartments they liked, connections to resources and help with employment, job training and education.

Strong relationships with HFF HSSs. Most participants viewed their HSS as the primary point of contact for HBAH. They described very positive, affirming and close relationships with their HSS and reported that they were respectful, empowering and good at communicating and following through on plans and promises.

Some dissatisfaction with apartments. Housing quality and location were the main areas of dissatisfaction. Some participants did not like their neighborhood, neighbors or landlord, or felt their unit was of poor quality.

To what extent was the project culturally competent?

Staff competence. The HBAH model included cultural competence by specifically identifying culturally competent practices, such as person-centered planning for partners to implement. The program hosted cultural competence trainings for partners and included cultural competence in job descriptions. However, some partners felt that implementation of cultural competence was not uniform and that some organizations were not well prepared to work with high-risk African American families and women with substance use disorder. Some partners inferred during interviews that other staff lacked empathy and humility, or that cultural competence had not been adequately addressed.

Participant perceptions. Participants generally reported positive interactions with HBAH staff, primarily with the HFF HSSs. Partners linked participants with requested services, such as mental health therapy, and worked with them to maintain their safety and well-being, especially when participants experienced domestic violence.

Potential impact of COVID-19 pandemic on HBAH outcomes

Loss of employment. HBAH participants experienced high rates of pandemic-related unemployment, frequently due to loss of child care (as of July 2020, approximately 20 families have lost daycare because of the pandemic). Many HBAH families have worked hard toward their self-sufficiency goals, but still live paycheck to paycheck and cannot afford to miss work. Unemployment compensation is often not available due to work history. The pandemic has forced many participants to choose between staying home with their children or working.

Impact on study outcomes and participants. The extent to which the HBAH RCT will capture the impact of COVID-19 on participants is uncertain. The pandemic began after all HBAH babies had been born, so birth outcomes were not affected. Furthermore, HBAH services helped to stabilize participants through the step-down phase. Longer term comparisons of health and housing outcomes for the control and intervention groups may provide insight on the value of this support, as well as the overall impact of the pandemic and economic recession.

Utilization of services. Partners are unsure how COVID-19 will impact utilization of HBAH services. CareSource, in particular, is concerned about how the pandemic may affect healthcare utilization. Before the pandemic, participant utilization of HBAH services largely depended on which phase of the program they were in, with heaviest utilization around the time of birth.

Part 7. Recommendations

Organizations that are considering replication or expansion of the HBAH model should **maintain the following strengths** of the program:

1. Provide unstably-housed pregnant women with a safe and affordable place to live for as long as possible, including use of subsidized rent vouchers.
2. Provide intensive housing stabilization services, including landlord advocacy, utility assistance, rental subsidies and person-centered care coordination.
3. Support long-term family self-sufficiency through education, training, job coaching and job placement services and access to high-quality child care.
4. Formalize and fund collaboration between organizations with different strengths and expertise.
5. Cultivate relationships to leverage a diverse range of public and private funding.
6. Engage research and advocacy partners to build the evidence base for housing and health programs and to elevate the affordable housing crisis on local, state and national policy agendas.

The HBAH model could be strengthened by making the following improvements:

Partnership improvements

1. Clearly define all partner roles:
 - a. Establish a neutral convener to coordinate activities across all partner organizations
 - b. Acknowledge the strengths and limitations of each partner organization up front
 - c. Identify a lead entity for care coordination and ensure frequent communication among all direct service partners
2. Expand the range of partner organizations to include domestic violence survivor advocates and mental health and addiction treatment providers (including Medication Assisted Treatment, harm reduction and peer recovery approaches)
3. Allow adequate time for initial proposal development and program planning, including involvement of all key partners during development of the budget.
4. Build trust among partners and facilitate more frequent exchange of approaches and perspectives from all organizations involved in HBAH (direct service, research, planning, fundraising, etc.).
5. Engage external facilitators to conduct team building and cultural humility training.
6. Assess the extent to which partners and staff reflect the racial and ethnic composition of the participants. Recruit and retain more women of color as needed to staff and lead the program.
7. In addition to reviewing individual-level data at Care Coordination team meetings, incorporate continuous quality improvement into Core Team meetings by regularly reviewing aggregate data on short-term outcomes.
8. Foster open communication among partners and participants to adjust services as needed to meet performance targets.

Direct service improvements

9. Offer more workshops to participants and other opportunities for them to network, build friendships and support wellness.

10. Anticipate high amounts of utility arrears and other credit challenges and raise money to address these barriers to housing.
11. Provide financial assistance so that participants can maintain consistent phone numbers and phone access.
12. Consider establishing more “natural consequences” for participants, such as limiting the number of times they can have moves paid for by the program.

Research improvements

13. If randomization is used again, require researchers to make the random assignments. Direct service staff should not participate in the randomization process.
14. If a control or comparison group is used again, improve the quality of “usual care” provided, such as more accurate housing service referrals.
15. Streamline eligibility criteria and the screening and enrollment/baseline survey process.
16. Track the type and “dose” of services received by participants to better describe the intervention and evaluate which services are most effective.

Housing improvements

17. Aggressively seek affordable housing options in safer neighborhoods. Ensure that participants can select an apartment in a lower-poverty area if they choose to do so.

Advocacy

Advocate at the local, state and federal levels to:

18. Increase availability of safe, quality rental housing for households with extremely low incomes. See [HBAH policy brief](#) for specific recommendations.
19. Expand access to transportation, child care, food assistance, health care, home visiting, education, workforce development and self-sufficient wages for low-income families with young children. See [HBAH policy brief](#) for specific recommendations.

¹ Ohio. Washington, DC: National Low Income Housing Coalition, 2020.

<https://reports.nlihc.org/sites/default/files/oor/files/reports/state/OH-2020-OOR.pdf>

² “Picture of Subsidized Households.” Office of Policy Development and Research. Accessed 7/30/2020. <https://www.huduser.gov/portal/datasets/assthsg.html>

³ “Housing Burden. Columbus, OH.” National Equity Atlas. Accessed Aug. 18, 2020.

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- ⁸ *Confronting Homelessness: Examining the Scope of Ohio's Silent Crisis and Its Local Solutions*. Columbus, OH: Ohio Housing Finance Agency, 2018.
- ⁹ Ibid
- ¹⁰ Ibid
- ¹¹ Ibid
- ¹² HPIO developed this logic model based on the OHFA proposal. The logic model was not included in the proposal.
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- ¹⁵ For more information, see "Income limits." Columbus Metropolitan Housing Authority. Accessed on Nov. 14, 2019. <https://cmhanet.com/Home/PaymentStandards>
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- ¹⁷ One participant was withdrawn from the program.
- ¹⁸ See next sub-section for modification.
- ¹⁹ See next sub-section for modification.
- ²⁰ See next sub-section for modification.
- ²¹ One participant was withdrawn from the program and one participant had not been housed.
- ²² Housing Stabilization Intervention 3-31 copy (document name)
- ²³ Samuels, Judith. *Young family critical time intervention (CTI): Successful transitions from homelessness to stability*. June 2010. Accessed Nov. 21, 2019. <https://www.criticaltime.org/wp-content/uploads/2011/10/Samuels-Young-Families.pdf>
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