



Healthy Beginnings at Home HBAH 1.0 process evaluation

Executive summary

Sept. 4, 2020

Healthy Beginnings at Home

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 (see figure 1). 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 (OHFA) 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 (CMHA), the Homeless Families Foundation (HFF), CareSource (Medicaid managed care plan), StepOne/Physicians Care Connection and Children's HealthWatch.

Researchers are using a randomized control trial to assess the impact of HBAH. A research team from Nationwide Children's Hospital is evaluating the program's health outcomes and researchers from the University of Delaware are conducting a housing outcome evaluation.

About this study

CelebrateOne contracted 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.

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 eight HBAH participants
- Key-informant interviews with 15 staff and partner organization representatives

Key findings at a glance

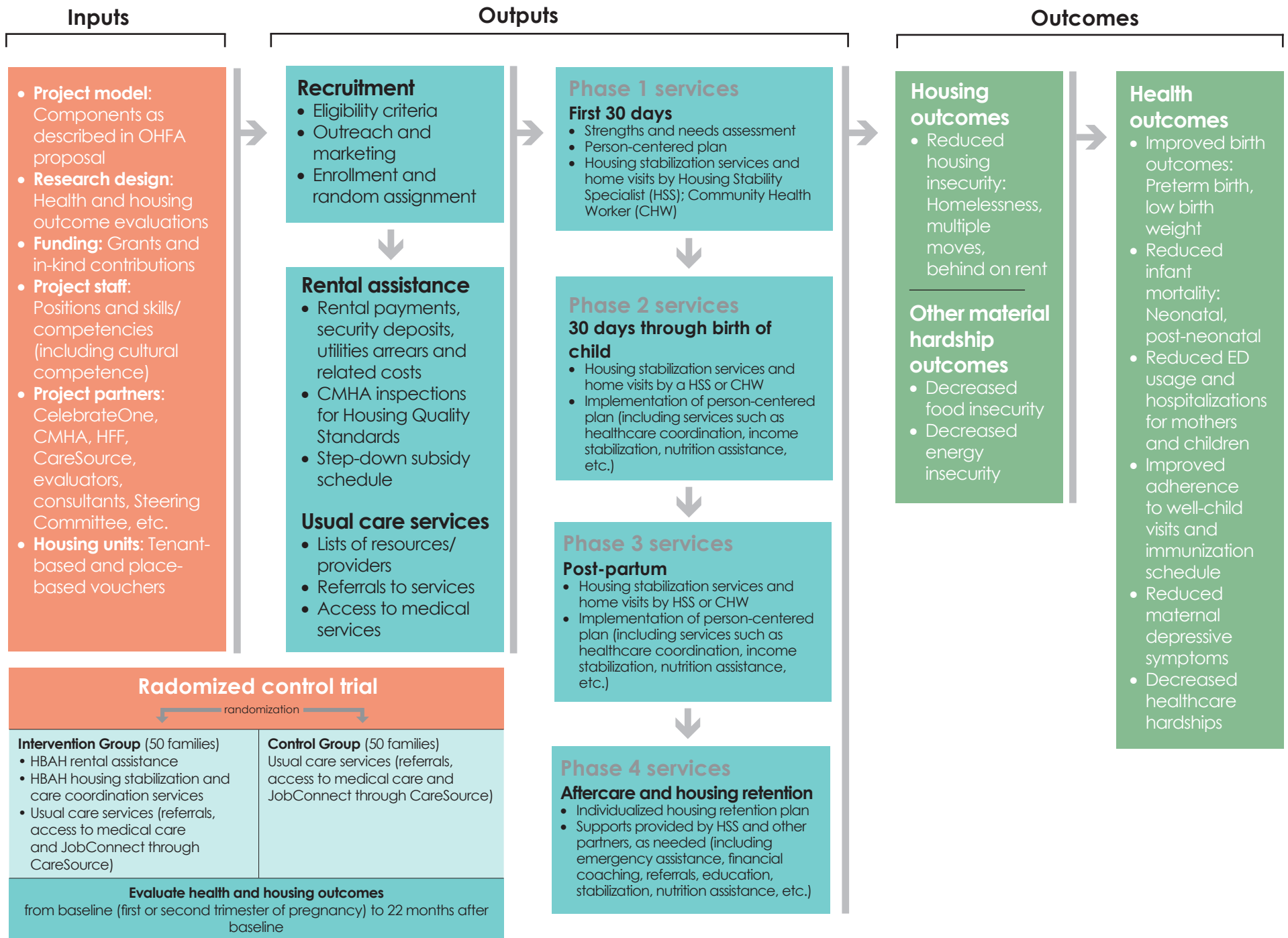
1. Cross-sector partnership is challenging, but worth it
2. Resilient participants formed strong relationships with Housing Stability Specialists, a critical component of the program
3. Rental assistance is necessary, but not sufficient
4. Racism, trauma and violence must be addressed
5. COVID-19 pandemic threatens tenuous progress

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. 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.

The "housing wage" analysis in figure 2 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 3, 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.

Figure 1. HBAH logic model (based on OHFA proposal)



Key findings



Cross-sector partnership is challenging, but worth it

Persistent collaboration. The partnership between housing and health organizations was extremely beneficial, both to the organizations and participant families. All the contributing organizations remained committed to HBAH throughout the project. Together, the partners were able to generate new resources for families and to learn from each other's perspectives.

Partnership challenges. The difficulties of communicating across agencies and overcoming bureaucratic hurdles caused by system differences were daunting. Partnership challenges included:

- Lack of role clarity for some partners, particularly at the beginning of the project
- Difficulties with data sharing and the randomized control trial process
- Unrealistic expectations about how quickly the program could get up and running, including enrollment process hurdles

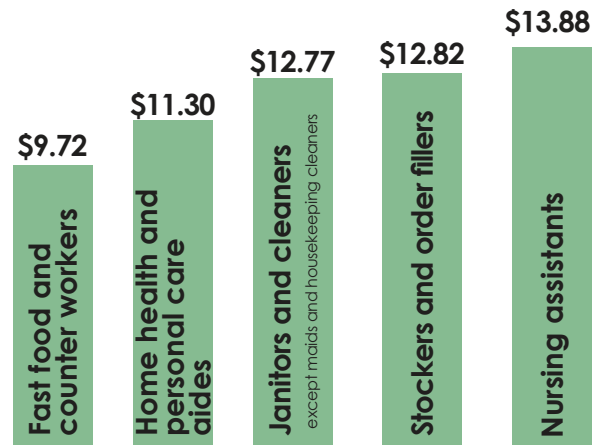
Figure 2. How much does an average renter need to earn to afford a 2-bedroom apartment in Franklin County, Ohio?

\$19.08

Housing wage
The "housing wage" is defined as the hourly wage a full-time worker needs to earn to spend 30% or less of their income on housing. The housing wage for Ohio overall is \$15.99.



Median hourly wages for types of jobs held by HBAH participants



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>

HBAH partners, in their own words

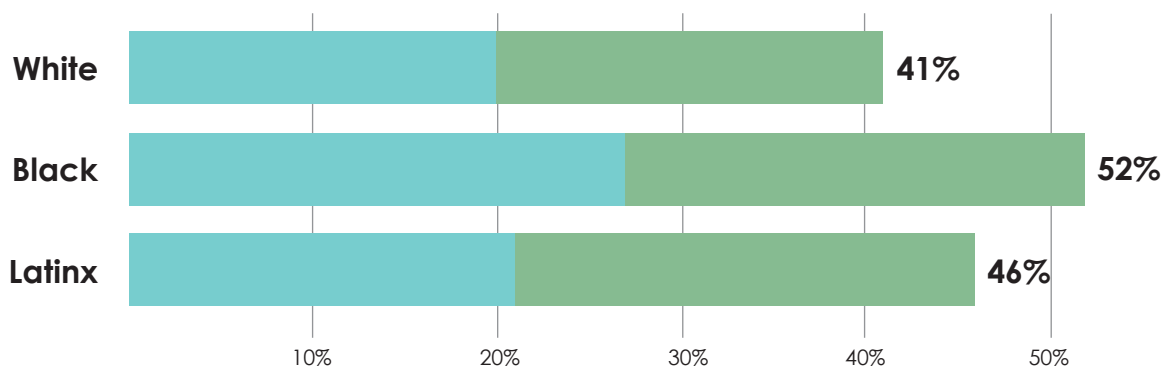
"The success of partners coming together from the private and public sector have shown that the more they come together, the better the outcomes achieved."

"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.'"

"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."

Figure 3. Housing cost burden by race/ethnicity and severity, Columbus region*, 2017

Percent of renter-occupied households that are:
■ Severely burdened (spending over 50% on housing)
■ Burdened (spending over 30% on housing)



* Columbus Metropolitan Statistical Area

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



Resilient participants formed strong relationships with Housing Stability Specialists, a critical component of the program

Hope for the future. Despite the many challenges in their lives, 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 a renewed sense of hope that HBAH had given them the opportunity to help their children grow up healthy and safe.

Critical role of Housing Stability Specialist (HSS). Most participants viewed their HFF 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.

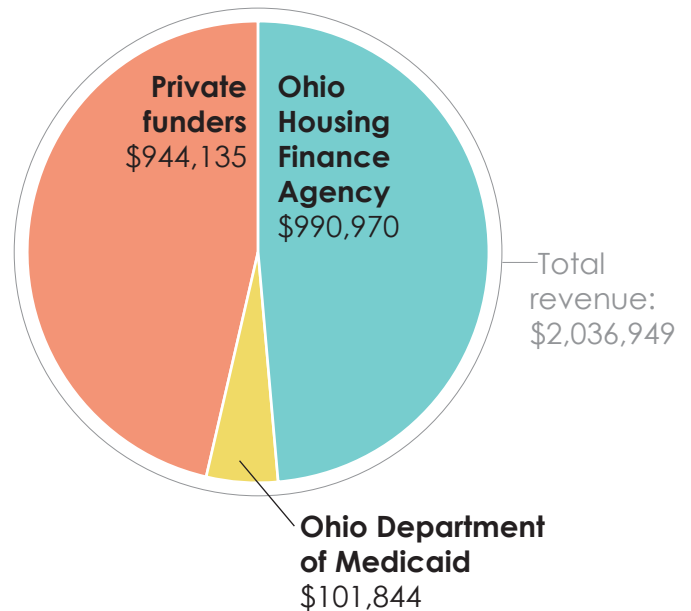
Thanks to their flexibility, skills, frequent communications and knowledge of how to access community resources, HSSs served as an effective “one-stop-shop” for participants, as well as a solid source of emotional support and coaching. HFF’s organizational knowledge of how to navigate the Columbus housing market was extremely valuable. HSSs coached participants on how to find and keep apartments and negotiated with landlords on their behalf.

Public and private funding

A grant from the Ohio Housing Finance Agency (OHFA) served as the cornerstone for HBAH. CelebrateOne then leveraged partnerships to secure additional resources for families, including:

- Long-term subsidized housing vouchers for 18 families provided by Columbus Metropolitan Housing Authority (CMHA) and for five families provided by Community Properties of Ohio
- Grants from 18 philanthropic foundations and other private funders

Figure 4. HBAH revenue sources (actual revenue as of 4/30/2020)



HBAH expenditures covered by this revenue included rental assistance, salaries and benefits for CelebrateOne staff and contracts with the housing stabilization services provider, research teams and planning consultants.

HBAH participants, in their own words

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

“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.”

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



Rental assistance is necessary, but not sufficient

Difficult housing market and low wages. Lack of affordable rental units, landlord discrimination and the mismatch between housing costs and wages in Columbus were 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. Coupled with the problematic rental histories for some participants (evictions, utility bill arrears, etc.), HBAH families were not well-positioned to succeed in the private rental market without assistance.

Rental assistance is a critical foundation. Given the challenges of being a pregnant woman with a low income trying to find an affordable apartment in Franklin County, the rental assistance provided by HBAH set the foundation for family stability. HBAH provided the following rental assistance over a 21-month period:

- Twenty-two families received rental assistance in privately-owned units. At month 16, these families entered the “step-down” phase where they became responsible for a larger portion of the monthly rent (see figure 5)
- Twenty-four families received project-based vouchers for units owned by CMHA or Community Properties of Ohio

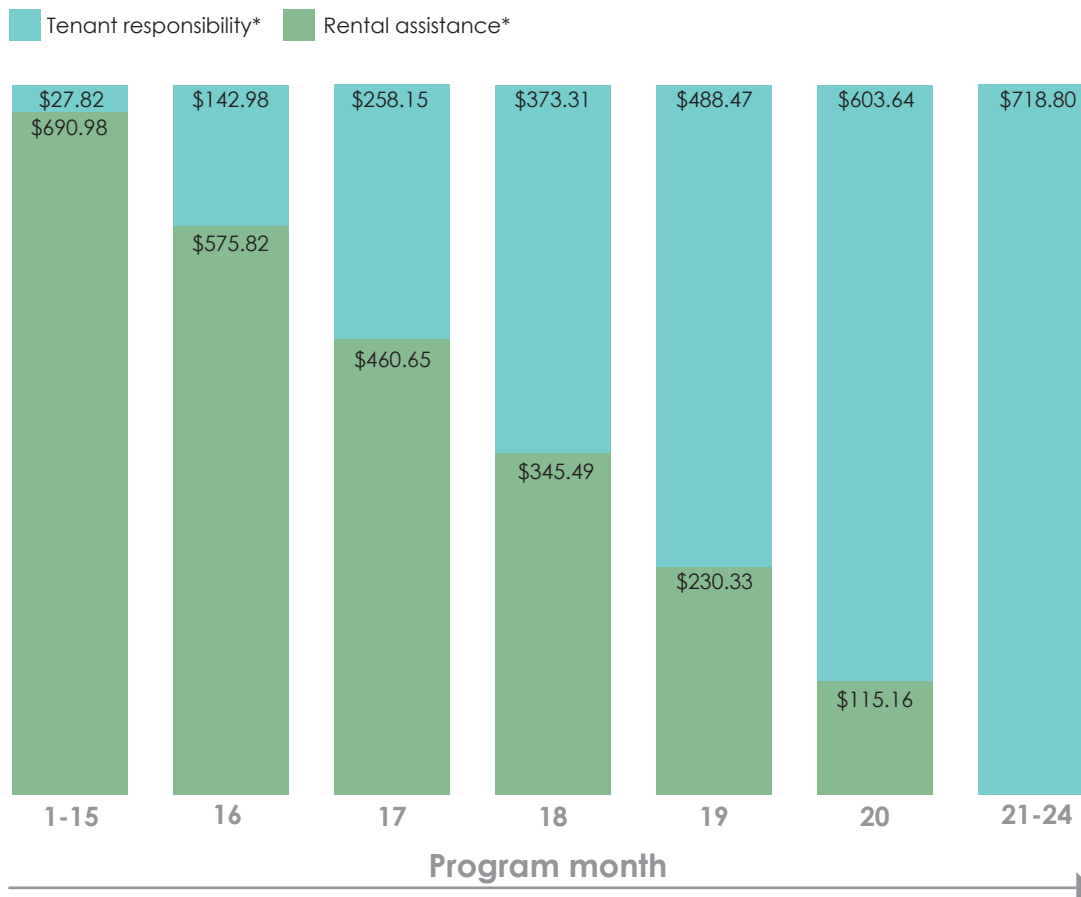
- Three families received long-term portable vouchers and were housed in private units

Intensive help beyond rental assistance was needed.

Each family came to HBAH with a unique constellation of needs and strengths, many shouldering the weight of trauma and deep poverty. At baseline, mothers had many barriers to housing stability, such as having no credit score (54%), a criminal record (44%) or no income (46%) (see figure 6). Many also had behavioral health conditions and were experiencing intimate partner violence.

The HBAH model anticipated the need for comprehensive supports, including landlord mediation, care coordination, job coaching, health education provided by community health workers and referrals to transportation, education and mental health services. The housing stabilization services followed many components of Family Critical Time Intervention (CTI), an evidence-based case management model grounded in Housing First practices that provides emotional and practical support during the transition to stable housing. Person-centered planning, motivational interviewing and trauma-informed care were also incorporated into the model to ensure that services were relevant and culturally responsive.

Figure 5. Example of rental assistance step-down schedule as outlined in project model



*Calculated based on average fair market rent for units occupied by HBAH participants (\$718.80 per month) and average tenant responsibility (\$27.82 per month). These amounts were reported to HPIO by CelebrateOne. Calculations were based on these averages through the formula used to identify tenant rent portion by CMHA.

Unexpected hurdles to housing stability. Despite the HBAH model's comprehensive array of supports, the extent and complexity of families' needs were greater than expected, resulting in timeline delays and budget changes. For example:

- **Time-to-house:** It took an average of 62 days to secure a housing placement for families, more than double the goal of 30 days. Reasons for the delay included property owners refusing to rent to voucher holders (also known as "source of income" discrimination), units failing housing quality inspections and participant preferences not matching available units.
- **Utility arrears:** 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 (see figure 6).
- **Frequent moves:** 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.

Figure 6. Demographic characteristics of HBAH intervention group participants

	Intervention group (n=50*)	
	Count	Percent
Race		
Black/African American	46	92%
White	4	8%
Ethnicity		
Non-Latinx (any race)	47	94%
Latinx (any race)	3	6%
Age (at intake)		
18-24	24	48%
25-29	14	28%
30-34	10	20%
35+	2	4%
Gestational age (at intake)		
1 st trimester (4-14 weeks)	11	22%
2 nd trimester (12-28 weeks)	39	78%
Education attained		
Less than high school	2	4%
Some high school	15	30%
High school diploma/GED	29	58%
Post high school	2	4%
Missing	2	4%
Income per month		
Zero	23	46%
\$1 to \$500	7	14%
\$501 to \$1,000	8	16%
Above \$1,000	12	24%
Utility bill arrears		
Had any electric arrears	30	60%
Average electric arrears	\$1,163	N/A
Had any gas arrears	28	56%
Average gas arrears	\$738	N/A

* One intervention group family left the program.



HBAH participants, in their own words

"They [HSS] 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."

"They [HSS] 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."

"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]."



Racism, trauma and violence must be addressed

Systemic racism. Most participants (92%) were Black. Historical and contemporary racist housing policies, residential segregation and neighborhood disinvestment 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 CelebrateOne priority 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).



HBAH participants, in their own words

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



COVID-19 pandemic threatens tenuous progress

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 randomized control trial 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. Longer-term comparisons of health and housing outcomes for the control and intervention groups may provide insight on the impact of the pandemic and economic recession and the role of HBAH step-down and aftercare support during this time period.

Figure 7. CelebrateOne neighborhoods and Healthy Beginnings family placements

	Number of families
CelebrateOne neighborhoods (zip code(s))	
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 neighborhoods (zip code(s))	
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.



HBAH partners, in their own words

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

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

“[Some] landlords were not willing to take the risk, even with CMHA vouching for them.”

Recommendations

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

1. Provide pregnant women without stable housing 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 assistance and person-centered care coordination.
3. Support long-term family self-sufficiency through education, training, job coaching and 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 upfront
 - 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 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 processes.
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.

Learn more

- **Technical report.** For more details about the methodology and results of the process evaluation, visit the [CelebrateOne website](#) to access the technical report.
- **Health and housing outcomes.** This process evaluation was completed before the health and housing outcomes evaluations were finished. A [July 2020 policy brief](#), however, provides promising initial results. Researchers are following the HBAH families for 24 months from baseline. Final results will be shared in 2021.