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MCH Innovations Database Practice Summary & Implementation Guidance

Healthy Beginnings at Home

Healthy Beginnings at Home (HBAH) provides rental assistance, housing navigation, and case management for pregnant women experiencing housing instability to increase positive health outcomes for moms and babies.



Location

Indianapolis, Indiana



Topic Area

Birth Outcomes, Equity & Anti-Racism



Setting

Community, Home



Population Focus

Women & Maternal Health, Infant



Date Added

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Section 1: Practice Summary

PRACTICE DESCRIPTION

Healthy Beginnings at Home (HBAH) is a transitional housing program providing 24 months of support to *pregnant women* in Marion County who are *experiencing homelessness or housing instability*. In addition to being recipients of this service, participants are part of our evaluation efforts to show the impact of stable housing and case management support on maternal and infant health.

The Need

Healthy Beginnings at Home is part of the Grassroots Maternal and Child Health (MCH) Initiative which is grounded in a human-rights based approach to MCH. We believe that system change work must be done in equitable partnership with community members. To identify key issues for women in Indiana a movement was formed #askthewomen. Many women with various backgrounds and lived experience coalesced across Indiana and identified **HOUSING** as one of the main areas of need for MCH.

Key Population

Indiana is historically one of the worst states for infant mortality (IM), with a recent IM rate increase driven exclusively by the number of Black babies dying and with a Black IM rate in Marion County that is, on average, nearly twice as high as the IM rate for White, non-Hispanic infants. A systematic review of the literature on housing stability and pregnancy outcomes in the American Journal of Obstetrics and Gynecology finds “a consistent relationship between housing instability and adverse pregnancy outcomes,” with several large-scale studies documenting the relationship between housing instability and poor birth outcomes. The lack of safe, affordable housing, especially for Black households, is a prominent issue in Indiana; our state is notable for having high housing instability and weak renter protections. Prior to the COVID-19 crisis, Indianapolis ranked 14th for evictions nationwide, but 2nd highest among major cities for the sheer NUMBER of evictions. Black women are disproportionately likely to be evicted, with the time surrounding pregnancy and childbirth being particularly vulnerable, because of a lack of universal work-family supports in the United States and Indiana’s failure to adopt such policies at a state level.

Vision

Ultimately, we aim for every mom and baby in Indiana to have safe, secure housing. Indiana lacks a structure to provide housing assistance and particular challenges pregnant women are facing. This disproportionately impacts Black, pregnant women. To make our vision statement a reality, we provide direct service in the form of rental assistance.

- 1) Rental assistance-** HBAH provides 100% of rental assistance for the first 15 months and then the assistance begins to decrease. HBAH also work near the one-year mark to get participants connected with Section 8 housing vouchers.
- 2) Housing Navigation Services-** In partnership with a local housing corporation, we provide housing navigation services to help women identify and select housing that meets their needs. They are assisted by the housing navigation team in working with landlords and utilities, and to understand strategies for housing stabilization.
- 3) Case Management-** HBAH utilizes a modified version of family critical time intervention (FCTI) to connect participants with community resources. Our HBAH case managers are a part of a positive social network to support the women as they transition to and remain securely housed during the pre and postpartum periods. The other members of the positive social support team include a housing



stabilization manager, Rental Karma financial counselor, CareSource Life Coach, CareSource Care Manager, and legal advocates as needed.

HBAH uses the findings from the direct service to inform systems change and begin to build an equitable infrastructure to support pregnant women experiencing housing instability.

Background

The original HBAH intervention began in 2018 and demonstrated success in reducing adverse birth outcomes in a randomized control trial in Columbus, Ohio. The intervention group saw no infant deaths and more full-term, healthy births. It also resulted in substantially shorter NICU stays and reduced need for emergency health care and shelter services.

The Health Resources and Services Administration awarded funding to Dr. Jack Turman, Jr.’s team to replicate Healthy Beginnings at Home in Indianapolis, Indiana. Here the Healthy Beginnings at Home programming has been adopted and adapted, as there were many limitations that were not present in Ohio.

The theoretical underpinning focuses on Human Rights Theory. The Universal Declaration of Human Rights (United Nations, 2015) informs the HBAH work, with an emphasis on Article 25, 1) “Everyone has the right to a standard of living adequate for the health and well-being of himself of his family including food, clothing, housing and medical care and necessary social services....2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protections.” Indiana has limited tenant rights in comparison to other states and safe affordable housing is not always readily available. Issues with housing have been tied to negative MCH outcomes and yet there is very little focus on the need of safe and stable housing in Indiana. Human Rights recognizes that housing is a basic need for everyone and acknowledges the special care needed for mothers and their children.

Implementation is based on Family Critical Time Intervention which is an evidence-based practice intervention for rapid rehousing. This intervention has been adjusted to meet the unique needs of the pregnant women and their families in this program.

CORE COMPONENTS & PRACTICE ACTIVITES

The core components of HBAH include upholding safe housing as a Human Right as the main theoretical underpinning driving the HBAH system. Core components include having a concrete process to: connect with community resources, identify housing, process payment and maintain documentation, engage in health services. An evaluation plan should be developed prior to practice implementation.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Upholding safe housing as a Human Right	Communicating with community partners, landlord, etc. to uphold concept that access to safe and stable housing is a human right	Case managers communicate with community partners, landlords, legal entities, etc. to uphold concept that access to safe and stable housing is a human right.



		<p>Participants are responsible for contacting the landlord for maintenance, when there has been failure to resolve the issue in a timely manner that impacts safety then case managers can advocate with participants and as a last effort, inspectors will come to the property to assess the issue. This is tracked through number of times case managers are notified of issues, length of time it takes to fix issues, and in extreme cases if the participant and her family relocate due to the environment being unsafe.</p>
Connecting	Meet weekly or biweekly, link with community resources	Case managers meet with participants to provide community linkages using person-centered, solution focused case management. The resources requested by participants and the resources provided are tracked.
Identifying Housing	Search for available units that accept HBAH	The housing navigators reach out to landlords and property managers to find available units that accept HBAH and other vouchers. The time from enrollment in HBAH to the beginning date of the lease is tracked.
Processing Payment and Maintaining Documentation	Provide rental payments directly to landlords, contact	The housing program specialist keeps track of documentation, administers rental payments to landlords and documents timeliness of on time payments.
Engaging with Health Services	Connect with various health programs in CareSource	CareSource has a multitude of services that help augment HBAH case management. CareSource provides Life Services, Care Management, and other services that help participants get resources and health care for their needs.
Evaluation	Evaluate data collected and compare data with comparison data	All participants have CareSource so we compare health and cost outcomes for those who are in HBAH and those who are not. HBAH also collects qualitative data from participants regarding factors that



contributed to their housing insecurity and health issues during pregnancy.

HEALTH EQUITY

Housing instability/ homelessness and negative MCH outcomes disproportionately impact Black women and their families. HBAH currently has 25 participants and 60% are Black and 8% are Biracial, we recognize that there are a multitude of housing barriers that prevent people from getting into safe and stable housing units which include having evictions, felonies, misdemeanors, outstanding balances on utilities, low credit, etc. HBAH works with each participant to try to address these barriers so by the time they leave the program, they are non-issues. This includes access to eviction sealing, assistance with paying off balances from previous or current evictions. Connecting participants with expungement clinics, etc. We also check in with participants with the care they are receiving. HBAH case managers will attend doctor's appointments with participants at the participant's request for support and in some cases advocacy. At the one-year mark, participants are connected with Section 8 vouchers and nearly half of participants at the year mark have opted to attend school as a way to get access to a career and better paying job.

EVIDENCE OF EFFECTIVENESS

HBAH utilizes quasi-experimental evaluation from CareSource claims data which includes health outcomes and costs for pregnancy and postpartum services. Concurrent mixed methods design is used at timepoints for intake (t=0), one year (t=1), and exit of program (t=2). Qualitative data focuses on self-reported 1) barriers and issues to housing, 2) Pregnancy/ birth/ 1 year issues and successes, 3) strengths, 4) goals both long term and short term. Quantitative data includes surveys such as PHQ-9, GAD-7, PCLC-6, WHO Assist, SDOH screen and basic demographic information. HBAH also focuses on systems change.

The average participant identified as a single, 30-year-old Non-Hispanic and Black with a high school degree or GED (See Table 1). Participants enrolled when they were in their first or second trimester. Participants on average were 17.3 weeks pregnant at the time of enrollment. The average participant experienced three pregnancies and 42% had experienced a miscarriage.

Table 1: Participant Demographics

	N	%
Race		
<i>Black</i>	15	60
<i>White</i>	8	32
<i>Biracial</i>	2	8



Ethnicity		
<i>Non-Hispanic</i>	21	84
<i>Hispanic or Latina</i>	4	16
Marital Status		
<i>Single (never married)</i>	22	88
<i>Married</i>	1	4
<i>Divorced</i>	2	8
Education		
<i>Less than High School Diploma</i>	4	16
<i>High School or GED</i>	12	48
<i>Some College/training</i>	8	32
<i>Associate Degree</i>	1	4

In our first year of HBAH 77% of our first 25 participants had full term infants. All these were high risk pregnancies, with medical fragility. We have had 4 preterm deliveries, and one participant experienced fetal loss (17 weeks) after she enrolled and was not yet housed. We are currently analyzing our participant data against the case comparison data provided by CareSource.

The birth data for the first sixteen participants identified the following maternal and infant complications. 50% identified maternal complication, 19% had pre-eclampsia/eclampsia, 12.5% had C-section. The infant complications (N=16) include 56.3% had complications, 25% had jaundice, 18.7% had respiratory complications, 12.5% had GI complications, 50% spent time in the NICU, and average birth weight of 6.56 lbs.

When reviewing the comparison claims data, the intervention group (HBAH participants) **had more medically fragile mothers**. The intervention group had a **longer gestational periods** The intervention group had **fewer pre-term births and low birth weight babies**. The intervention group **had higher number of prenatal visits (including 1st trimester), ED visits, and postpartum well visit** (See table

Table 2: Comparison Data Outcomes

Birth Outcome	Intervention (n=11)	Comparison (n=18)
Twins	2	0



Gestational Age (median)	266 days (8.87 months)	263.5 days (8.78 months)
Infant Mortality	0	0
Preterm Birth	3	4
Low Birth Weight	2	6

HBAH experienced significant systems change results (see Figure 1). The HBAH housing teams finds 100% of our participants housing in a mean of 36.9 days, as opposed to the city process that only houses 70% of housing insecure people in an average of 120 (this does not account for intake, where are data does include the intake process). We instituted a referral system so we can more accurately identify the extent of the problem of pregnant people experiencing housing insecurity. For example, between October 2023 and May 2024, 129 people reached out for assistance. While we cannot serve them all due to a lack of funding, they at least can get referred to other resources for help. We developed a process to get our participants vouchers after being in our program. Our partnerships with legal aid services, now provides opportunities for each participant to have all her evictions sealed, and our partnership with Rental Karma provides the opportunity for each participant to increase her credit score. These latter two issues are critical for the participants’ future when they are trying to secure other housing.

Figure 1: HBAH Systems Change

<i>Develop an Intake System</i>	<i>Rapidly Housing Pregnant Women</i>	<i>Provide a Path for Sustainable Housing</i>	<i>Data Tracking System</i>
<ul style="list-style-type: none"> •CareSource •211 •Self-Referral Link 	<ul style="list-style-type: none"> •HBAH Staff, RDOOR Staff, CareSource Staff •An average of 36.9 days to house participants •Typical city process – 70% housed in average of 120 days (not counting intake). 	<ul style="list-style-type: none"> •HBAH staff, RDOOR staff, Indianapolis Housing Authority partnership. •Guide participants through process to get Section 8 housing. •First 11 participants now have vouchers. •Process in place to serve the others. •Working with INHP for home ownership 	<ul style="list-style-type: none"> •Health outcomes •Economic outcomes •Social outcomes •Qualitative data from participants

During the focus group participants relayed how HBAH has impacted their life.



Participants stated they were able to get housing, transportation, legal assistance, and some of them were able to go back to school. Some participants called this a life changer/ a 360 to a new start.

Feedback from individual Participants:

- “this program is going to help me a lot... I feel like God sent me this program for a reason because it's been a lot like I've been going through a lot since I moved out here dealing with fake people just dealing with a lot of stuff and I just feel like this is my opportunity to do what I got to do and really stand on my ground and get everything together...”
- “Well, since you guys are helping me with rent utilities. And now no car, I can kind of just focus on saving up until I have her. It would be nice if I can't take my whole time off maternity leave, but I'm not depending on nobody to make sure I'm okay. So I'm going to take as much time as I can, so I can get back to work and have my full income coming back.”
- “they were able to pay off my past due balance and deal with the property manager themselves, so I don't have anything to do with it, and they will make sure that they keep track of all stuff like that.”



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Collaboration is imperative for HBAH to function. Integrated into the HBAH team are Grassroot MCH leaders, CareSource, RDOOR, and the Indiana Justice Project. All of these partners contribute to the various HBAH processes. The MCH leaders provide valuable feedback when developing the HBAH questionnaires, implementing processes, and upholding standards in line that safe, habitable housing should be viewed as a right, and HBAH participants need to reside somewhere safe and habitable. CareSource founded the original HBAH in Columbus, Ohio and has provided support to the HBAH team. CareSource representatives have been integral in recruitment, coordinating supportive services for participants regarding their health and social determinants of health, and collaborating with HBAH case managers to increase continuity of care for participants. RDOOR has the experience and knowledge regarding housing standards, payment processing, and voucher systems. RDOOR also has inspectors to ensure rental units are habitable. The Indiana Justice Project has provided eviction sealing for participants and provided information regarding renter rights.

Practice Collaborators and Partners			
Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Grassroot MCH Leaders,	MCH leaders are asked for input since developing the programing for HBAH, they are continually engaged and asked to provide feedback.	MCH leaders have provided feedback data collection activities. They attend weekly case presentations to provide feedback, and they conduct two focus groups yearly.	Yes, Grassroot MCH Leaders are women from the community with lived experience of parenting with housing instability or homelessness.
CareSource	CareSource representatives are consulted during various parts of the HBAH process and provide insight for continuity of care issues.	A part of steering committee and executive meetings. They are initial contact during recruitment and provide comparison data and health claims information.	No, CareSource is a Medicaid provider and HBAH originates with CareSource in Ohio.



RDOOR	RDOOR provides feedback on what to expect with housing, landlords, and offer experience in managing landlord relations and habitability issues.	RDOOR meets weekly with HBAH personnel when recruiting, RDOOR meets every other week when recruitment is closed to address habitability, shift to vouchers, inspections, etc.	No, RDOOR personnel have experience in the rapid rehousing field.
Indiana Justice Project	Provides education to HBAH regarding renter's rights and processes.	HBAH personnel meet with Indiana Justice Project weekly. Also interns at justice project provide eviction sealing for HBAH participants.	No, the Justice project provide legal knowledge and practices around housing, habitability, and tenant rights.

REPLICATION

Healthy Beginnings at Home was initially going to be a replication study from the original HBAH in Columbus, Ohio. However this HBAH model is distinctly different from the original in that: 1) It was created to inform systems change, 2) we did not initially have access to voucher for participants which has allowed us the opportunity to tackle some of the housing barriers like evictions, 3) Our case management modified aspects of the family critical time intervention model; however, case managers are at minimum MSW students or have an MSW, 4) our programming is out of Indiana University, not a community mental health center. Our version of HBAH has not been replicated elsewhere.

INTERNAL CAPACITY

Principal Investigator

The principal investigator on this project fundraises and presents on HBAH, he makes the executive decisions on the project. If there is an instance where there are major issues or there is a crisis, the PI is notified and makes the executive decisions. PI dedicates 20% time.

HBAH Director

The HBAH Director directs the implementation of HBAH process; provides supervision for case workers and students, coordinates HBAH processes with community partners like RDOOR and CareSource, manages data collection, and data analysis. Has PhD and MSW with 2+ years of practice experience, full-time position.

Maternal and Child Health Leaders

Maternal and Child Health Leaders provide expertise in the MCH field and provide a community voice during case presentation meetings. MCH leaders provide feedback and connection to other community resources based on case manager assessments during the weekly case presentations. Every six months a focus



group occurs for our participants as part of a process evaluation. The MCH leaders lead the focus groups. There are 3 MCH leaders one hour weekly.

Case Managers

The case managers work with the participants. Case manager tasks include but are not limited to meeting with participants (frequency dependent on FCTI stage), documenting visits/phone calls/texts via progress notes. Completing intake, annual, and exit interview, identify resources, connecting participants to partners or community resources as needed, gather documents needed for RDOOR and complete payment request forms for RDOOR as needed. Case managers use solution focused case management and motivational interviewing. Case managers include 1 LCSW, 1 MSW, 3 MSW students.

Researcher(s)

Researchers adjust issues with data collection portal. She analyzes data and outcomes when CareSource shares health information/discharge summaries, lengths of stays, and costs of services. Analyzes self-reported data and formats into quarterly reports and coordinates with program director for funding reports. One researcher is faculty (10% time) and a PhD student 2-3 hours weekly.

PRACTICE TIMELINE

In this section you will find the tentative pre-implementation process followed by the implementation process for housing and case management.

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Partner Legal Agreements	6-8 months	Legal representatives negotiate and finalize contracts for data sharing and payment.
Development/ selection of data collection instruments	2 months	Director, Researcher, and MCH leaders
Identify, build, manage secure web application for database	2 months	Director, Researcher
Institutional Review Board Approval	3-4 months	Director

The Housing and Case Management processes coincide with one another but have varying responsible parties. For the housing process (see below) The Housing Navigator assists participant In Identifying a rental. The



Housing Specialist focuses on rental payments and document compliance. The case manager does assist with completing forms with participants to complete the Intake packet for the Section 8 Voucher. The case management process involves the case managers.

HBAH Housing Process

<p>Enrolled</p>	<ul style="list-style-type: none"> •HBAH Personnel Send Items: Housing Preferences, RDOOR Documents, and Vital Documents to RDOOR Housing Specialist and Housing Navigation Team •Register for “Successful Renting” Class through INHP
<p>Navigation</p>	<ul style="list-style-type: none"> •Housing Navigator Provides Rental Options •Tour relevant units that accept HBAH and Section 8 Voucher •Notify Housing Navigator and Submit Application (HBAH covers application fee)
<p>Select Unit</p>	<ul style="list-style-type: none"> •Housing Navigator notifies Housing Specialist and HBAH Director •Housing Specialist communicates with landlord to ensure payment pathway and rent reasonableness. •Minimum Requirement Inspection
<p>Lease Signing</p>	<ul style="list-style-type: none"> •Walk through Unit •Read through lease •Sign Lease and get keys (typically takes 6 weeks from time of enrollment)
<p>Month 6</p>	<ul style="list-style-type: none"> •Begin Completion of IHA Section 8 Intake Packet with HBAH Case Manager
<p>IHA Briefing</p>	<ul style="list-style-type: none"> •During month 7 attend Pre-Briefing and Briefing meeting for Section 8 Voucher •Get Rental Tenancy Agreement (RTA) document at briefing
<p>Submit RTA</p>	<ul style="list-style-type: none"> •Submit RTA to Landlord within 90 days of getting the RTA at Briefing (No later than month 10).
<p>Section 8 Voucher</p>	<ul style="list-style-type: none"> •Once RTA is submitted, IHA has Healthy Homes Inspection- This can take anywhere from 3-6 months for them to complete. HBAH will continue to pay rent until Section 8 Voucher is fully set up.



The HBAH Case Management Process

Pre-Enrollment

- You are here
- Consent/ Authorization
- Questions

Enrolled

- Complete Housing Preferences Form
- Complete RDOOR Documents and Submit Vital Documents Needed by RDOOR
- Connect with Case Manager

Intake

- Background Information
- Set Priorities
- Mental Health Screens

Housing Phase I

(Month 1-12)

- Weekly meetings with case manager
- Work Toward Goals
- Connect with needed resources

Annual

(Month 12)

- Update Background Information
- Set Priorities
- Mental Health Screens
- Birth Outcomes Questionnaire

Housing Phase II

(Month 13-18)

- Meetings every other week with case manager
- Work towards Goals
- Prepare for step down

Housing Phase III

(Month 19-24)

- Meeting with case manager every month
- Finalize a plan for exiting program

Exit Interview

- Review Progress toward quarterly goal.
- Review Barriers and continued needs
- Refine Exit plan as needed



PRACTICE COST

General Annual Budget for Program:

1 Principal Investigator (20% effort): \$53,000: Oversees direction and vision of the project, provides evaluation and monitoring, and oversees reporting, leading steering committee.

1 Intervention Director (100% effort): \$105,000: Oversees the implementation, evaluation and daily management of the program, case managers and participants, and partnerships with housing navigation team and CareSource.

1 Statistician (15% effort): \$17,000: Provides analyses of quantitative data.

Case Managers: 1 full time: \$70,000, 1 50% effort: \$40,000, 1 20% effort: \$15,000: Provide the routine case management of the participants.

2 part time MSW students: \$7500 each: Provides routine case management of the participants.

3 Grassroots MCH Leaders: \$12,000 each: Provide counsel on direction of program, lead the focus group of participants to gain feedback on program.

Housing Navigation Services Team: \$20,000: Provides housing navigation for each participant, provides the payment of rent and utilities and arrearages for participants.

Legal Aide Consultation: \$50,000: Provides eviction sealing and legal counsel for participants as needed.

Materials and Supplies for Participants: \$1500: Gift cards, and household items as needed.

Rental Assistance for Participants (this value is the total rental, utility and arrearage support for a participant for a 2 year period – this value fluctuates based on rent value: \$42,000.

LESSONS LEARNED

Affordable, safe housing is very limited and has so many barriers for participants. Indiana does not have employment that supports women experiencing pregnancy and especially high-risk pregnancy. There are out of state investment companies who provide substandard living conditions that disproportionately impact mom and children health. Intentional systems change is needed. We are only able to help a fraction of the women who reach out to us. There is a high need for housing safety nets in Indianapolis, but also Indiana in general. Many of the women have additional barriers to housing such as previous evictions, felonies, utility arrearages, so when budgeting for similar programming it is important to include funds to help smooth some of these barriers.

The biggest issue after habitability was funding for the rental assistance. Indianapolis Housing Authority was not willing to help support this program at its onset, thus we had to raise the funds to support the rental assistance. We have raised \$1.7 million thus far to support the rents, arrearage fees and utility fees. We have been able to show the efficacy of the program so that now the housing authority is providing our participants with Section 8 vouchers to sustain their housing. Another issue is simply the lack of affordable housing in our city, as with cities across the nation. This poses challenges in finding units to rent at fair market value or up to 120% of fair market value. Fortunately, we have developed relationships with some landlords who now cooperate with us. Finally, our budgeting is challenging for rental assistance as rents are escalating so rapidly, for instance, since starting our program rents in Indianapolis have increased 36%.



NEXT STEPS

HBAH continues to enroll participants, continue to work with systems willing to work with us and provide a process for rapid rehousing form pregnant women. We will continue to apply for grant funding to support this needed initiative. We are hoping to add additional formal supports for habitability. We are currently waiting for results on our proposal to HUD to implement a Healthy Homes Intervention for all the participants. This will help address their habitability issues and support landlords in making large renovations to address mold, lead and/or radon exposures.

RESOURCES PROVIDED

Webpage: <https://medicine.iu.edu/pediatrics/specialties/health-services/grassroots-maternal-child-health/housing-equity>

