

ALIGNING UP CLOSE

# Home Together: Ensuring Babies Have a Place to Call Home

Little Rock, Arkansas

May 2020

## WHO THEY ARE

Our House is a Little Rock, Arkansas-based social service nonprofit that seeks to empower individuals and families to move out of homelessness permanently.

The University of Arkansas for Medical Sciences (UAMS) is the only academic medical center in Arkansas and serves residents across the state.

## WHAT THEY DID

Arkansas' only academic medical center and a Little Rock nonprofit partnered to improve the health and well-being of pregnant women and mothers of young children who have mental health issues and face homelessness or housing insecurity. The Home Together program aligns the health care, public health, and social service systems to ensure that newborns leave the hospital for a safe, healthy, and stable home environment during the critical early years of their lives. Home Together takes a two-generation approach, targeting children and parents from the same household to create economic security that interrupts the cycle of poverty.

## BACKGROUND

UAMS realized that dozens of discharged newborns were leaving the hospital every month for housing-insecure situations—bouncing between relatives' houses or living on the street.

Recognizing the long-term health effects of a child's first years and the effect of homelessness on family health and well-being, and knowing the successes of Our House's existing Central Arkansas Family Stability Institute (CAFSI), UAMS engaged Our House—with its ability to address food insecurity, home insecurity, job insecurity, and health care insecurity for individuals and families—to develop the Home Together program. The goal is to create a culture of collaboration between health care, public health, and social services to support client families' needs and break the cycle of homelessness.

UAMS secured a five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services to launch the project. It is led by UAMS and Our House and supported by multiple community partners.



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## THE POPULATION SERVED

Home Together serves pregnant women and mothers of children younger than six in the Little Rock area who (1) experience homelessness or housing insecurity and (2) have a serious mental illness or co-occurring mental health and substance use disorder. The demand for the program outstrips its capacity of 90 families per year.

Eighty-three percent of mothers in the program are younger than 35; 84 percent are from an underrepresented racial minority; 82 percent have experienced trauma; and nearly 60 percent have a moderate to high health literacy risk.

## HOW THEY DID IT

UAMS and Our House developed an approach to leverage, strengthen, and improve alignment between their collective existing infrastructure, knowledge, professional capacity, and other assets. The program builds upon both organizations' records of strong community partnerships, innovation, and positive client outcomes. They established strong project communications through monthly leadership team meetings and quarterly formal quality improvement sessions where the project evaluator shares outcomes data and the team addresses needed improvements.

The program's comprehensive, wraparound services are designed to provide coordinated, evidence-based, family-focused, trauma-informed, respectful primary and behavioral health care, public health services, social support services, and peer supports. The two-generation approach seeks to improve client family health and well-being, as well as increase sustainable, permanent housing and long-term, successful community living.

Home Together also seeks to improve systems' responsiveness to people's needs and improve alignment across organizations and sectors. Through its partnerships with community-based organizations, Home Together strengthens the capacity, effectiveness, and responsiveness of social service and health care providers through trainings, education, and the voice of consumers. UAMS and Our House created community measurement and feedback systems through an existing UAMS task force that ensured the voices of homeless pregnant women were at the table when solutions affecting them were explored. That task force was integrated into a newly-created workgroup of the Arkansas Homeless Coalition, facilitated by the Home Together principal investigator, and including diverse provider and consumer groups working to improve resources and outcomes for the target population.

## OUTREACH AND ENGAGEMENT

Our House's CAFSI case managers serve as family-community engagement navigators, leading outreach and engagement efforts with service providers such as health care, housing, child welfare, early childhood education, courts, and faith-based providers; as well as direct client outreach at partner and community events. Each year, Our House facilitates a series of training sessions that include unstructured lunch time for relationship-building among service providers. Topics include motivational interviewing, trauma-informed approaches, and two-generation approach strategies to provide welcoming, respectful, and effective interactions with client families. Home Together client outcomes and partner requests help define future training topics.

## HOUSING, ELIGIBILITY, AND ENROLLMENT SUPPORT

Our House has considerable expertise and established connections and partnerships to help client families secure stable housing, including with federal, state, and local agencies (e.g., U.S. Department of Housing and Urban Development); nonprofits (e.g., Habitat for Humanity); and private landlord associations. Home Together continues to engage new partners to provide homeless families with assistance securing stable, permanent housing.

Through Home Together, CAFSI case managers assist clients in applying for and obtaining health insurance coverage and needed social supports, including: Medicaid; Supplemental Security Income/Social Security Disability Insurance; Temporary Assistance for Needy Families; Supplemental Nutrition Assistance Program; Special Supplemental Nutrition Program for Women, Infants, and Children; Head Start; and child care and housing vouchers.

Home Together also provides assistance with unfunded, nonclinical needs, such as securing a driver's license or state identification, paying fines or debts that prevent access to housing and employment benefits, transportation fares, employment needs (e.g., uniforms), children's needs (e.g., school uniforms, child care while waiting for vouchers, diapers, cribs, formula), and housing essentials (e.g., utility deposits).

## INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE

Through Home Together, CAFSI case managers connect client families with evidence-based, integrated primary and behavioral health care, including medication management, substance use disorder treatment, wellness visits and screenings, safer-sex education and supplies, and tobacco use cessation support.

## TRAUMA-INFORMED AND CLIENT-CENTERED

CAFSI case managers ensure family members are full and equal partners in their care planning, goal setting, and implementation of services. UAMS and Our House expect most client families have recent or past experiences with emotional, sexual, or physical abuse. Home Together therefore employs trauma-informed approaches, including child and family therapy services, to ensure families feel safe, accepted, and worthy. Service agencies receive trauma-informed training each year to ensure they understand trauma's effect on families so they can implement strategies that make participants feel safe to engage. Home Together also provides participants with parenting classes using a trauma-informed curriculum.

Case managers provide other needed support to families for up to two years as they navigate complex systems such as school conferences and court dates to build their confidence, knowledge, and stability in the long-term.

## RESULTS

UAMS and Our House believe Home Together is a long-term investment in the health of individual family participants and the broader community.

The first 78 client mothers to receive six-month follow-up assessments showed an improvement in every indicator measured except alcohol use (majority of users reported using only once or twice in the past 30 days), including improvements in housing status, mental health symptoms, and access to health care. Project outcomes also show decreases in binge drinking and tobacco use, both key in improving pregnancy outcomes and reducing future health and social costs. Clients' perception of care ratings are very high.

INDICATOR	INTAKE (N=78)	SIX-MONTH FOLLOW-UP
<b>HOUSING STATUS</b>		
Own/Rent	51.3%	74.4%
Someone else's house	28.2%	15.4%
Homeless (street/outdoors, shelter)	20.5%	10.3%
<b>MENTAL HEALTH SYMPTOMS (INDICATOR = PAST 30 DAYS)</b>		
Experienced nervousness	87.2%	85.6%
Experienced hopelessness	80.8%	69.2%
Experienced restlessness	91.0%	74.4%
Experienced being depressed	76.9%	71.8%
Experienced feeling like everything takes too much effort	91.0%	82.1%
Feeling worthless	64.1%	48.7%
<b>ACCESS TO HEALTH CARE</b>		
Lacks health insurance (n = 62)	14.5%	9.7%
Does not have primary care physician	32.3%	25.8%
<b>ALCOHOL AND TOBACCO USE (INDICATOR = PAST 30 DAYS)</b>		
Alcohol use (Majority of users reported using only once or twice)	39.7%	41.0%
Of those who drank, percent drinking 4+ drinks	26.7%	18.7%
Tobacco use	51.3%	44.9%

Each participant completes the assessment upon joining the program and again six months later. Enrollment occurs on a rolling basis.

## SUSTAINABILITY

Home Together seeks to create a culture of alignment across sectors and organizations, and Our House and UAMS believe it can serve as a model and example.

UAMS and Our House credit shared goals, strong communication, honesty, shared decision-making, and deep partnership as critical elements of the program's success. The project leaders meet every two weeks to analyze data; problem solve; and discuss successes, challenges, and specific families' needs. The organizations intend to build Home Together into their cultures in order to achieve cross-sector alignment that is built to last. A strong partnership with shared purpose, data, governance principles, and financing is critical. The program relies on each partner to bring its expertise to the table, building on each organization's strengths while learning from each other.

The program is in year two of its five-year grant and will need to identify sustainable funding in order to continue beyond its fifth year. UAMS and Our House are planning for how to increase the number of families they can serve and fund the program in the long term. The partners are focused on demonstrating Home Together's community-wide benefit through data and metrics, which they can use to make the program's case in the local community and with local, state, and federal funders.

While early data out of the program are encouraging, UAMS and Our House believe Home Together's greatest promise lies in disrupting the generational cycle of poverty. Securing sustainable financing will require funders to believe in the program's long-term potential and consistently prioritize it over many years—even as leadership and elected officials change over time.