District of Columbia Calling All Sectors Initiative – A Collaborative Model For Practice Change

DC CASI Working Papers

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH 2023

noun

countable

WORKING PAPER

DEFINITION: "...a report by a group of people chosen to study an aspect of law, education, health, etc."

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Acknowledgements

Government of the District of Columbia

Muriel Bowser, Mayor

Department of Health (DC Health)

Department of Human Services (DHS)

Interagency Council on Homelessness (ICH)

Executive Office of the Mayor (EOM)

Office of the Deputy Mayor For Health & Human Services (DMHHS)

Department of Housing and Community Development (DHCD)

DC Housing Authority (DCHA)

Community of Hope (Community-based Partner)

Kelly Sweeney-McShane, President and CEO

The DC Calling All Sectors Initiative is a multisector approach to operationalizing health equity in the District of Columbia. Key District government agencies, in collaboration with a community-based partner, took collective action to create equity-driven systems-level change at the intersection of homelessness and perinatal health. The project was supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

These DC CASI Working Papers are managed by OHE in their capacity as the DC CASI program lead. This compendium of working papers is being shared electronically on the OHE webpage primarily as background to the ***DC CASI Evaluation Report*** *(DC Health, 2023);* and the ***DC CASI Framework Report*** *(DC Health, 2023),* both of which are being published simultaneously. The term "working paper", as defined by the Oxford Learner's Dictionary, is a noun, meaning ***"... (countable) a report by a group of people chosen to study an aspect of law, education, health, etc."*** As such, references in publications to these Working Papers by DC CASI Core Team Members and/or DC CASI project consultants (other than acknowledgment by a writer(s) that he/she/they have access to such unpublished materials) should be cleared with the author(s) to protect the tentative character of these papers.

This compendium of working papers should be cited as:

District of Columbia Department of Health. (2023). *DC Calling All Sectors Initiative—A Collaborative Model for Practice Change: DC CASI Working Paper Compendium*.

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DC CASI Final Reports: Links
DC CASI Evaluation Report *(DC Health, 2023)*
DC CASI Framework Report *(DC Health, 2023)*

Introduction & Background

The District of Columbia Department of Health (DC Health) Office of Health Equity (OHE) embarked on the Calling All Sectors Initiative (CASI) with the goal of operationalizing health equity practice and demonstrating equity informed practice change. As implemented, the project utilized a Health in All Policies (HiAP) approach for improving opportunities for health and health outcomes, that intentionally leverages the knowledge and insight of collaborating partners, while simultaneously building their capacity, as well as that of DC Health, for effective, equity-informed multisector and interagency collaboration.

Partners in the DC CASI initiative included the following seven (7) District government agencies listed below, together with a carefully selected community-based organizational partner, that served as a key representative for the non-governmental sector:

- DC Health Office of Health Equity (OHE)
- DC Health Community Health Administration (CHA) – Perinatal & Infant Health Division
- DC Interagency Council on Homelessness (ICH)
- DC Department of Human Services (DHS)
- Thrive By Five DC - Executive Office of the Mayor (EOM) & Office of the Deputy Mayor for Health and Human Services (DMHHS)
- DC Department of Housing and Community Development (DHCD)
- District of Columbia Housing Authority (DCHA)
- Community of Hope (Community-based organization partner)

DC CASI Project Aims:

The DC Calling All Sectors Initiative (DC CASI) is a multi-sector collaborative effort aimed addressing housing insecurity among pregnant residents to improve birth outcomes in the District. Highlighting the link between housing insecurity and poor birth outcomes, the iniative focused on barriers and opportunities for improvement in acccess ti vital health and social services at the intersection of housing insecurity and precgancy, with emphasis on innovative approches that create positive system level change. Collaborating partners included key District agencies and a community based partner as listed above.

DC CASI Recommendation Summary:

The network of stakeholders engaged throughout DC CASI helped distill and refine the breadth of information being uncovered by the initiative's core partners. Using consensus-building strategies and other iterative processes, the following high-level policy and practice change recommendations were brainstormed, drafted, and reviewed by the larger network of homeless and homelessness prevention services stakeholders before being finalized among DC CASI Core Team member agencies:

1. Increase collection of pregnancy information across existing homelessness data systems (e.g. Homeless Management Information System) to ensure connection to appropriate health care, such as prenatal care, for all pregnant individuals and improve system analytical capabilities.

2. Support data integration efforts between health systems and the homeless services Continuum of Care (CoC) in the District to promote coordination of services, identify client needs, and support population-level analysis.
3. Develop strategies to ensure individuals identified as experiencing concurrent homelessness and pregnancy, have access to essential supports and services; including appropriate health services, such as prenatal care.
4. Provide capacity building support for DHS and the homeless services and homelessness prevention Continuum of Care (CoC) workforce to meet their needs related to serving pregnant individuals and promote perinatal care coordination.
5. Monitor and engage new and existing efforts to create system-level progress at the intersection of perinatal health and homelessness to advance health equity in the District of Columbia.

For more information on the above recommendations, please see the ***DC CASI Evaluation Report***.

Working Paper Compendium Purpose:

The **DC CASI Working Paper Compendium** is published as a supplement to the two primary DC CASI project reports, including the *DC CASI Evaluation Report* referenced above, together with the companion *DC CASI Framework Report*.

The ***DC CASI Evaluation Report*** details elements to consider when evaluating initiatives reliant on equity-informed multi-sector collaboration. The explorative and innovative nature of DC Health's role as a backbone organization in collaborative action for systems-level change presented countless learning opportunities for approaching program development and evaluation. This collaborative learning approach contributed to DC CASI's success and was evident through various stakeholder engagement efforts.

The ***DC CASI Framework Report*** provides a flexible blueprint for government-led collaborative action to promote equity in addressing health challenges. The model focused on catalyzing practice change, represents a thoughtful creative mashup constructed by the combination of elements for multiple evidence-based models and theories to create a blueprint that is sensitive to the requirements of cross-sector collaboration, while emphasizing health equity through a health in all policies (HiAP) approach.

This **DC CASI Working Paper Compendium** includes a collection of eight working documents, providing concise but detailed information pertinent to the DC CASI project implementation process. The DC CASI implementation strategy applied six guiding principles and six model elements, that prioritized proactive engagement of stakeholders and collaborative learning, together with a commitment to evaluation, and the sharing of findings to expand the evidence base and inform practice change.

Publication of these DC CASI Reports, including this working paper compendium consistent with DC CASI's commitment to share project findings, including relevant background details. It is hoped that local governments and community-based organizations can learn from our multisector collaboration at the intersection of health and social systems. DC Health's Office of Health Equity recognizes DC CASI as a milestone in its efforts to build collaborative public health infrastructure and catalyze system-level change to promote health equity in the District of Columbia.

DC CASI Collaborating Partners

Government of the District of Columbia

DC Health, Office of Health Equity

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Housing Data and Evaluation Manager

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DC Housing Authority (DCHA)

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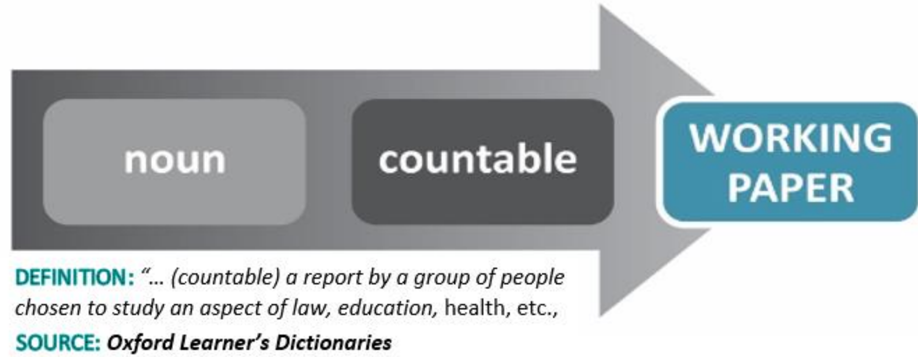
Senior Advisor

Hammere Gebreyes
Director of Strategic Planning

About The Working Papers

The **DC Calling All Sectors Initiative (DC CASI)** utilized a multisector approach to operationalizing health equity in the District of Columbia. Led by the District of Columbia Department of Health's (DC Health) Office of Health Equity (OHE), key District government agencies, in collaboration with a community-based partner, took collaborative action to create equity-driven systems-level change at the intersection of homelessness and perinatal health. The project was supported by a grant from the Health Impact Project (HIP), a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

This compendium of **DC CASI Working Papers** represents a selection of preliminary materials, including documents and reports, created during the course of project development and implementation *(October 2019 to July 2022).* They were created by and circulated amongst the DC CASI Core Team and partners, including the DC CASI project consultant and academic partners from School of Nursing and Health Studies, Georgetown University. These materials represent project outputs generated as part of the DC CASI collaborative learning agenda undertaken to distill and refine organizational and participant knowledge of the specific operational and policy context pertaining at the intersection of pregnancy and housing insecurity in the District of Columbia. Individually and collectively, they played a role in informing and stimulating critical insight and discussion, contributed to collaborative decision making and recommendations amongst participating partners. The analyses and conclusions set forth are those of the various authors as specified and do not necessarily reflect the views of the Government of the District of Columbia, the District of Columbia Department of Health (DC Health), the Office of Health Equity (OHE) or the Office's Staff; nor that of other District Government agencies and/or collaborating partners and/or their staffs.



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DC CASI Working Paper #1

DC Calling All Sectors Iniative (DC CASI):
DC CASI Partners & Structure –
Operationalizing Health Equity Practice in DC

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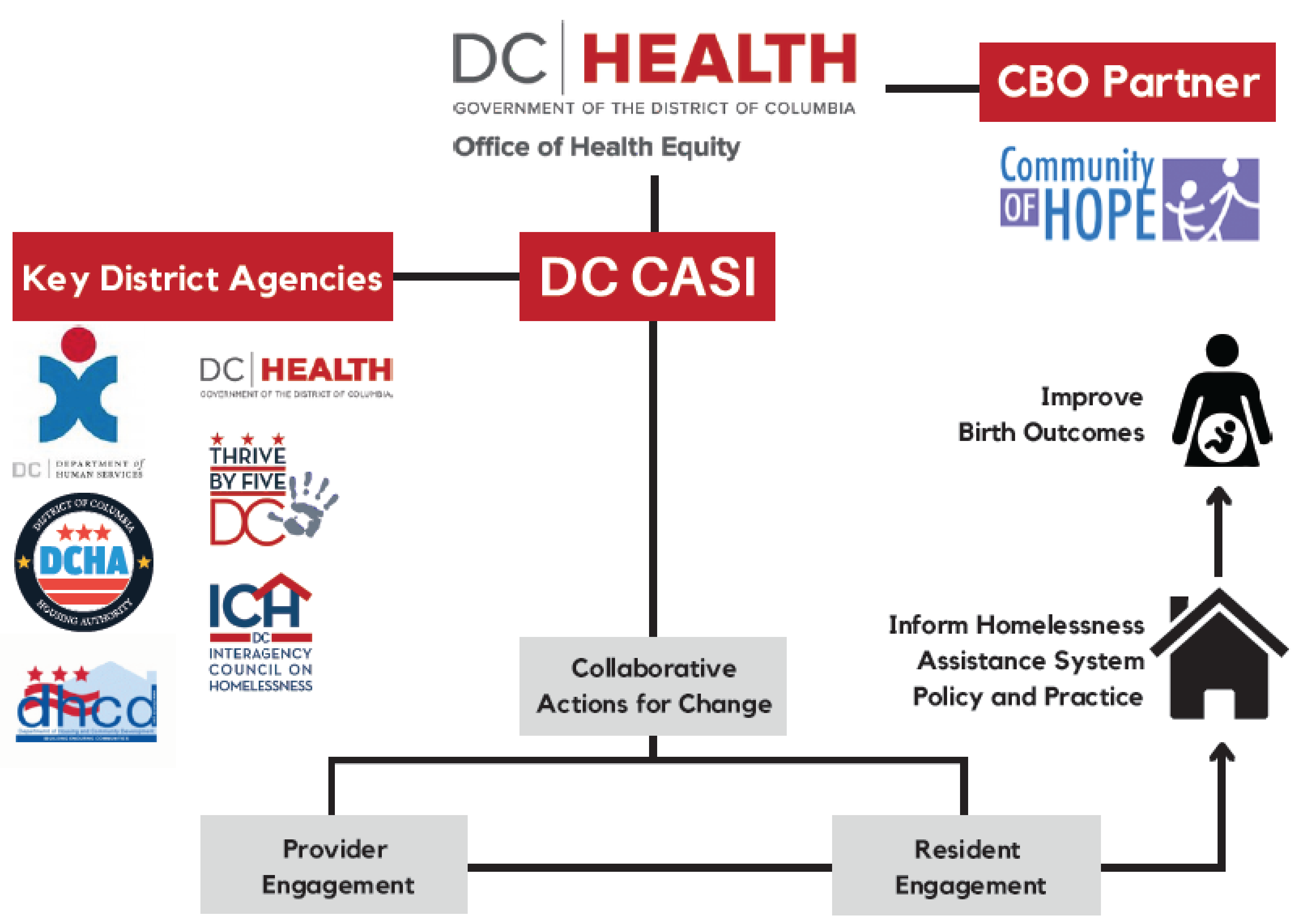
DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Health Equity
CBO Partner
Community OF HOPE
Key District Agencies
DC CASI
DC | DEPARTMENT of HUMAN SERVICES
DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DISTRICT OF COLUMBIA HOUSING AUTHORITY
DCHA
THRIVE BY FIVE DC
ICH
DC INTERAGENCY COUNCIL ON HOMELESSNESS
dhcd
Improve Birth Outcomes
Inform Homelessness Assistance System Policy and Practice
Collaborative Actions for Change
Provider Engagement
Resident Engagement

DC CASI Working Paper #2

DC Calling All Sectors Iniative (DC CASI):
DC Calling All Sectors Iniative – Project One-Pager

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DC Calling All Sectors Initiative (CASI)

The DC Calling All Sectors Initiative (CASI) is a multi-sector collaborative effort led by the **DC Health Office of Health Equity** aimed at addressing housing insecurity among pregnant residents to improve birth outcomes in the District. Highlighting the link between housing insecurity and poor birth outcomes, the initiative focuses on barriers and opportunities for improvement in access to vital health and social services at the intersection of housing insecurity and pregnancy, with emphasis on innovative approaches that create positive systems-level change. Collaborating partners include key District agencies and **Community of Hope**.

We are working together to improve birth outcomes in the District.

4.5%

2020 DC Infant Mortality Rate

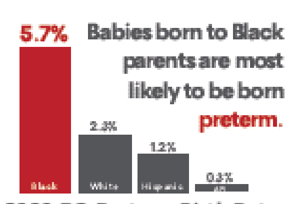
Data sourced from D.C. CPPE, 2021

Nearly 1 in 10

infants born preterm in DC in 2020

Data sourced from D.C. CPPE, 2021

5.7% Babies born to Black parents are most likely to be born **preterm.**



2020 DC Preterm Birth Rates

Data sourced from D.C. CPPE, 2021

Research shows that housing-insecurity contributes to poor birth outcomes.

Proportion of DC households cost-burdened by rent in 2018

Health Equity Report for the District of Columbia, 2018

1,240

Family Members Experiencing Homelessness in DC in 2021

Interagency Council on Homelessness, Point in Time (PIT) Count, 2021

Black residents are disproportionately affected by the drivers of homelessness in the District. 86.5% of all adults who are experiencing homelessness in DC are Black yet only 46.0% of District residents are Black.

Interagency Council on Homelessness, Point in Time (PIT) Count, 2021

Here's how we're making a lasting impact.

Engaging Service Providers

The unique perspectives of providers are essential to understanding our systems.

Provider contributions will increase our shared understanding of how District government agencies and community partners can work together to ensure that every pregnant person in the District is securely housed and connected to vital health services.

Engaging Residents

We are engaging DC residents who have lived experience with housing insecurity while pregnant.

The expertise of these residents will provide valuable insight on facilitators and barriers to vital services during pregnancy throughout DC government systems.

Informing Policy & Practice

CASI partners aim to influence long-term systems-level change by informing policy & practice.

We continue to gather new information, form new insights, and grow our coalition to strengthen our ability to inform policy and practice change. Our work has already led to valuable changes in data collection and transformative interagency collaboration.

For more information on DC CASI, please contact Andrew Lozano at andrew.lozano@dc.gov

This project is supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

DC CASI Working Paper #3

DC Calling All Sectors Iniative (DC CASI):

DC CASI Project Timeline

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DC Calling All Sectors Iniative (DC CASI):
DC CASI Project Timeline

!

DC CASI Timeline

DC CASI's initial timeline shifted due to the onset of the COVID-19 pandemic. The Core Team leveraged an extended funding period to engage in deeper exploration of the intersection of homeless and perinatal health systems.

2019 OCT | 2020 JAN MAR APR JUN JUL DEC | 2021 JUN JUL OCT NOV | 2022 JAN MAR MAY JUL

ENGAGE CORE PARTNERS

Project Milestones

- Office of Health Equity launches project and develops Core Team of key DC government agencies
- Core Team builds shared understanding of housing and perinatal health policy landscape and systems through in-person meetings hosted at each agency's location
- New data collection on pregnancy status and trimester begins at the Virginia Williams Family Resource Center (VWFRC)
- Community of Hope onboarded as DC CASI community-based partner

Key Activities

- First Pew CAS initiative convening of full national cohort
- DC CASI Core Team exchanges information on agency functions, priorities, and roles in housing and/or perinatal health
- DC CASI engages in shared learning opportunities from Pew

CONSTRUCT PROGRAM

Project Milestones

- Housing & Health Equity Fellow onboarded to assist with CASI implementation
- Project activities move to virtual platforms as a result of the COVID-19 pandemic
- DC CASI core partners define roles and organizational priorities for CASI project

Key Activities

- OHE facilitates monthly core team meetings to develop focus areas for system-level change efforts
- Core team engages in shared learning opportunities from Pew
- DC CASI presents at Mayor Muriel Bowser's 2020 Maternal and Infant Health Summit

DEVELOP EVALUATION CRITERIA

Project Milestones

- Core team identifies key system gaps, barriers, and facilitators
- Project areas of focus are collaboratively defined and prioritized

Key Activities

- OHE meets with each Core Team agency to discuss key updates, gaps, and opportunities
- Core Team develops process indicators for evaluation
- DC CASI engages in shared learning opportunities from Pew
- Core Team develops stakeholder engagement objectives and work plan

IMPLEMENT & MEASURE

Project Milestones

- DC CASI engages homeless services providers to gain insight on how the homeless services system serves pregnant individuals
- DC CASI engages residents with lived experience in partnership with external consultants

Key Activities

- Survey and focus groups for homeless services providers are administered
- Data partnerships formed to obtain information on pregnancy in the DHS service population
- DC CASI presents at Mayor Muriel Bowser's 2021 Maternal and Infant Health Summit

FORMULATE CONCLUSIONS

Project Milestones

- Development of collaborative policy and practice change approach and strategic planning for dissemination of findings and insights

Key Activities

- Core team develops strategic recommendations for policy and practice change based on key project findings
- DHS rolls out new policy to enhance support for pregnant individuals at all stages of pregnancy
- Provider engagement findings confirmed by participants

SHARE FINDINGS AND PLAN FOR FUTURE

Project Milestones

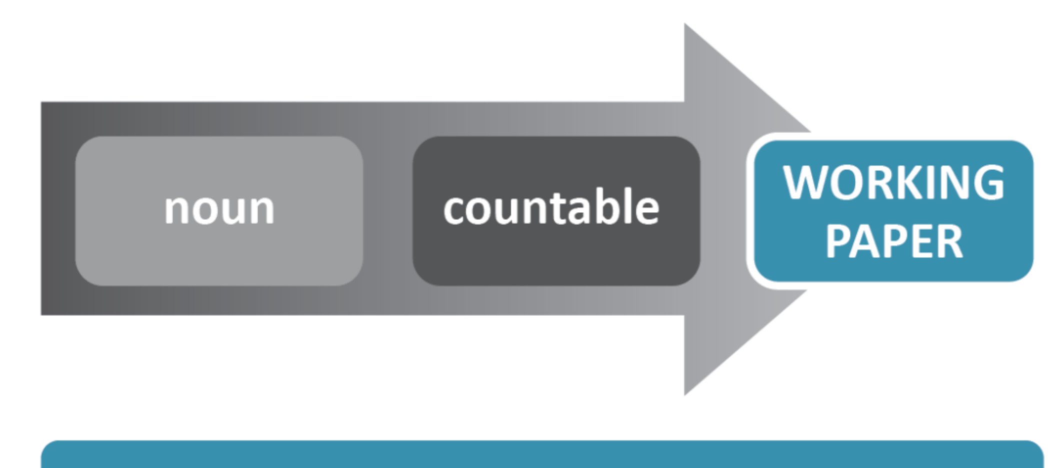
- Dissemination of findings, insights, and policy and practice change recommendations

Key Activities

- DC CASI presents the project framework and findings at the 2022 Association of Maternal and Child Health Programs Conference
- Consultants complete engagement with residents with lived experience
- Findings and recommendations are presented to the DC Interagency Council on Homelessness

DC CASI Working Paper #4

DC Calling All Sectors Iniative (DC CASI):
Community of Hope Partnership Workplan
Community & Residents Engagement Objectives & Activities



DEFINITION: "...a report by a group of people chosen to study an aspect of law, education, health, etc."

Community & Residents Engagement Objectives & Activities

Proposed Work Plan

Goal 1: To engage at least 15 identified service providers across the District of Columbia, who offer supports tailored for pregnant individuals experiencing homelessness and/or housing insecurity, to identify system needs, gaps, and technical assistance by January 1st, 2022.

Measurable Objectives/Activities:

Objective #1.1: Collect quantitative information regarding the capacity and volume of services provided to pregnant individuals experiencing homelessness or housing insecurity.
Objective #1.2: Collect data on population served, disaggregated by race/ethnicity and other social determinant variables.
Objective #1.3: Assess the technical assistance needs of system service providers serving pregnant individuals experiencing homelessness or housing insecurity.

	Key Activities Needed to Meet Objectives	Start & Completion Dates		Activity Lead - Support
1	Identify service providers that will be engaged through this effort. See initial list below.	7/1/21	7/31/21	COH -CASI
2	Develop communications plan for service provider outreach.	7/1/21	8/1/21	COH -OHE
3	Develop assessment process and tool(s) for service providers. COH to provide feedback on the process and tool during development.	7/1/21	9/1/21	DOH -CASI
4	Engage service providers; provide project information; obtain buy in with specific ask; complete MOU	8/1/21	8/31/21	COH -OHE
5	Service providers complete 'assessment,' including quantitative and qualitative measures	9/1/21	10/15/21	COH
6	Analyze data from service provider assessments	10/15/21	11/15/21	OHE
7	Report out on results of surveys	11/15/21	12/15/21	CASI
8	Develop service provider resources in response to identified needs	9/15/21	6/1/22	COH -CASI

Goal 2: To engage at least 30 residents of the District of Columbia with lived experience of pregnancy and housing insecurity or homelessness in system enhancement activities by February 1st, 2022.

Measurable Objectives/Activities:

Objective #2.1: Identify residents with lived experience of subsequent pregnancy and housing insecurity or homelessness.
Objective #2.2: Learn about the experiences of individuals who have interacted with the medical and/or housing support systems/Continuum of Care while pregnant.
Objective #2.3: Collect resident feedback on gaps and needed enhancements/supports to improve systems and outcomes.

	Key Activities Needed to Meet This Objective	Start & Completion Dates		Activity Lead - Support
1	Develop data collection tool – *focus group facilitation scripts (2) for those currently pregnant and those with prior experience*	7/1/21	10/31/21	DOH/CASI
2	Develop timeline for data collection	7/1/21	9/30/21	COH
3	Identify and recruit COH clients within target population	10/1/21	12/31/21	COH
4	Identify and recruit system service provider clients within target population	10/1/21	12/31/21	COH DHS
5	Conduct at least 5 focus groups/ disburse incentives	10/1/21	12/31/21	COH/consultant
6	Analyze findings	1/1/22	2/1/22	COH/consultant
7	Share findings with stakeholders and DC CASI Core Team	2/1/22	3/30/22	COH/DC CASI

DC CASI Working Paper #5

DC Calling All Sectors Iniative (DC CASI):
DC Government Homelessness Services & Perinatal Health Systems Overview

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DEFINITION: "...a report by a group of people chosen to study an aspect of law, education, health, etc."

DC Government Homeless Services and Perinatal Health Systems Overview
DC Calling All Sectors Initiative (CASI) 2022
DC HEALTH
Office of Health Equity
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

Introduction

Ending homelessness and improving perinatal health are top priorities for the Government of the District of Columbia. The District has committed to making homelessness rare, brief, and non-recurring by implementing Homeward DC 2.0 which outlines specific strategies and investments for realizing this vision. Additionally, perinatal health outcomes remain a priority as the District experiences high rates of preterm birth, low birth weight, and death of the infant or birthing parent. A growing body of research demonstrates that lacking safe and stable housing leads to increased odds of such outcomes. The DC Calling All Sectors Initiative (CASI), led by the DC Health Office of Health Equity, engaged in multisector collaboration to create systems-level change at the intersection of homeless services and perinatal health. The collaborative aimed to explore the system serving pregnant individuals experiencing homelessness and ensure that government-sponsored housing programs effectively serve the holistic health and social needs of pregnant people.

A primary task of the DC CASI team was to develop a shared understanding of the system that operates at the intersection of pregnancy and homelessness. This resource provides an overview of the Government of the District of Columbia's role in meeting the complex health and social needs of individuals who are pregnant and experiencing homelessness or at-risk of homelessness and uplifts salient aspects of the system of DC government agencies that may serve this population. This resource can be used as a tool to facilitate collaboration among DC government agencies to improve perinatal health and housing outcomes.

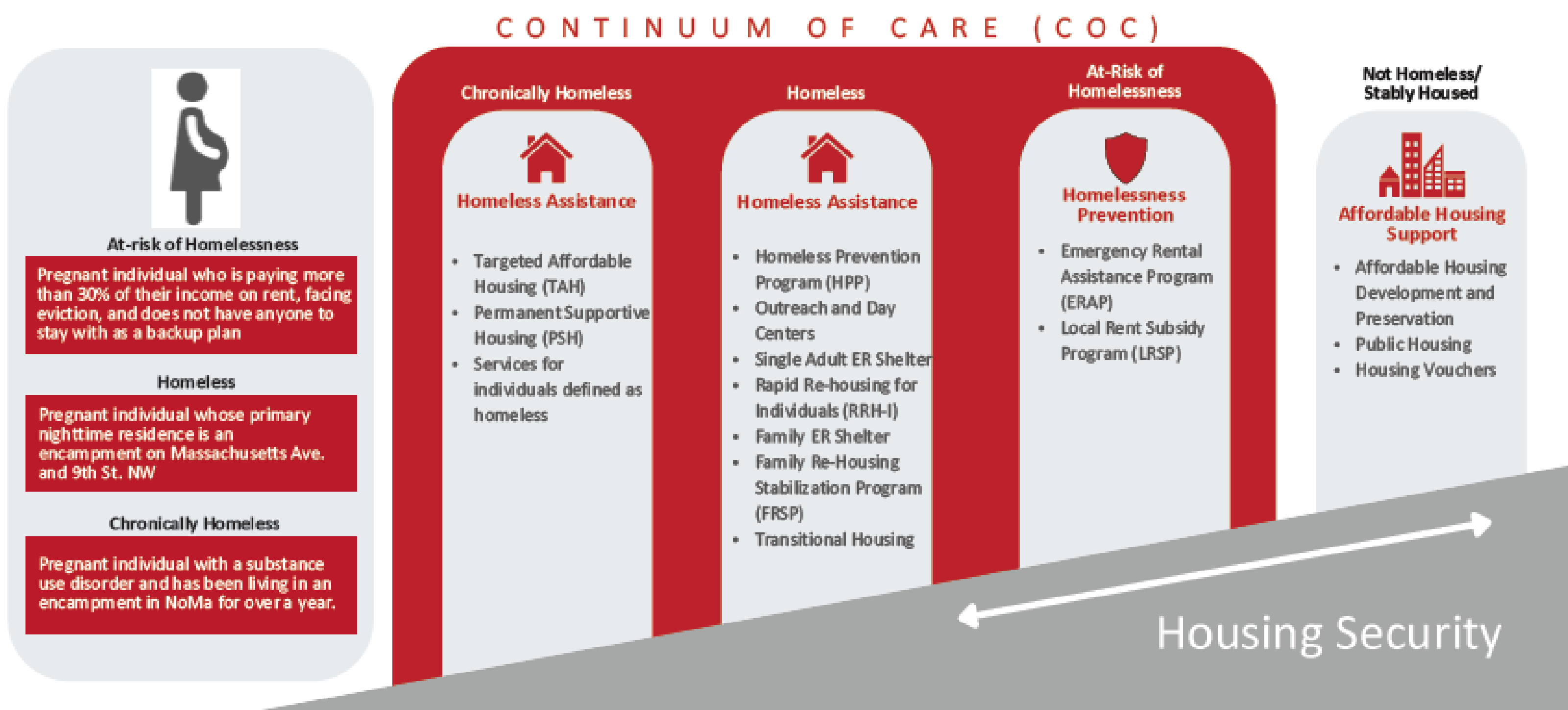
This resource was produced as a part of the DC Calling All Sectors Initiative (CASI), a multisector collaborative led by the DC Health Office of Health Equity which convenes key District agencies and a community-based partner to create systems-level change to ensure every pregnant person experiencing homelessness has the resources and support they need to have a healthy pregnancy and birth in the District of Columbia. DC CASI is supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

Prepared by: Andrew Lozano, DC Health Office of Health Equity

How the District Supports Housing Security

The homeless assistance Continuum of Care is a comprehensive range of services, delivered through various member agencies and designed to meet the specific, assessed needs of individuals and families who are homeless or at risk of homelessness in the District. The Interagency Council on Homelessness is the governing body of the CoC in the District of Columbia; the DC Department of Human Services (DHS) is a major administer of programs that operate in the continuum. Beyond the CoC, the District's efforts to create housing opportunities helps residents retain housing security.

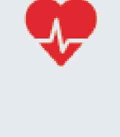
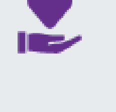
The Homeless Services Reform Act (HSRA) establishes definitions for at-risk of homelessness, homeless, and chronically homeless in the District. The services a pregnant individual can access will depend on which category they are in. Below are examples of each category followed by programs and services available through District government systems. For the full text of the HSRA law, visit code.dccouncil.us



Essential Perinatal Services and Supports

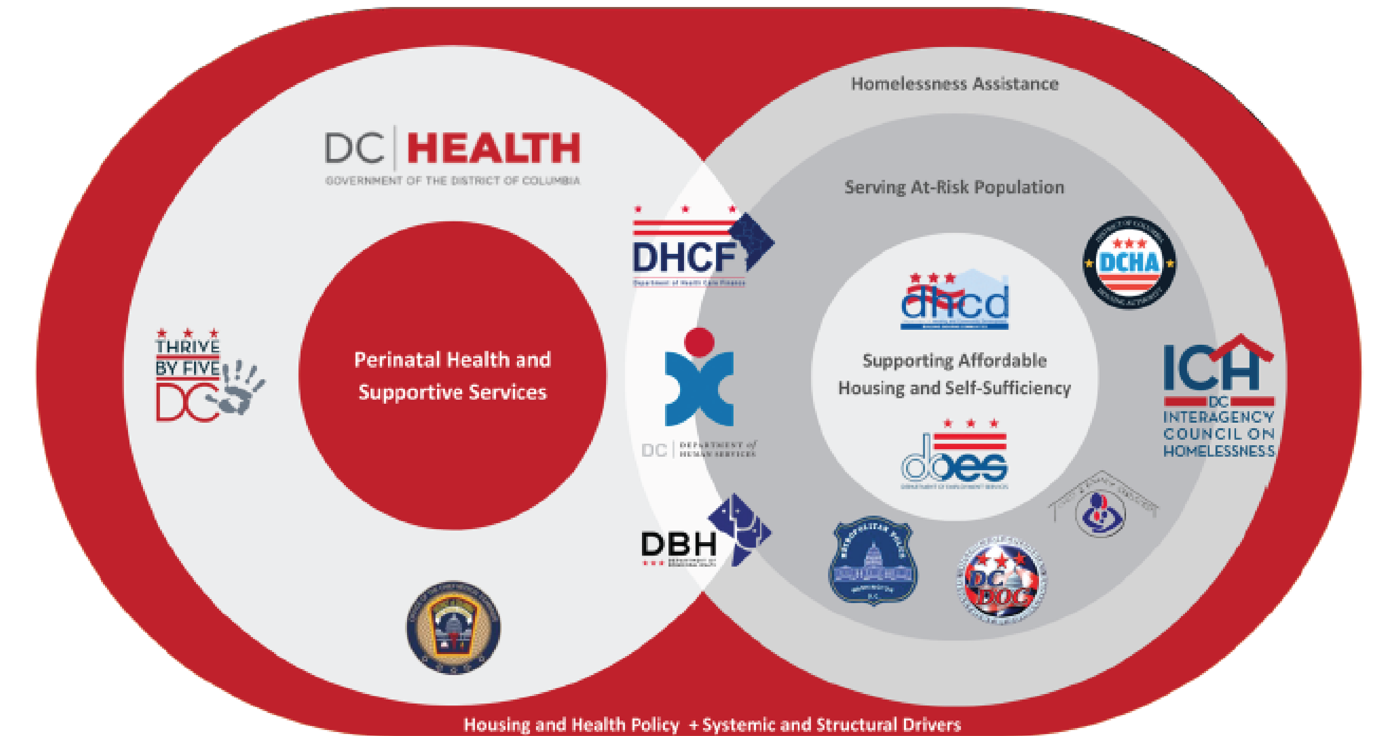
A growing body of research demonstrates that lacking safe and stable housing contributes to increased odds of adverse birth outcomes, such as preterm birth, low birthweight, and death of the infant or birthing parent. To promote positive perinatal health outcomes, pregnant individuals – especially those accessing the homelessness assistance system – must be connected to responsive services and supports that meet their unique health **and** social **needs.**

Approximately 10% of families served in the homeless services system include an individual in the perinatal period. With racial disparities persisting in rates of homelessness and adverse perinatal health outcomes, efforts to improve access to these essential services and supports are imperative to advance health equity. **Multiple District government agencies influence how the needs of pregnant individuals experiencing homelessness may be met.**

Service		Service	
Health Care (Incl. Prenatal and Postpartum)		Cash Assistance	
Nutritional Support		Parenting Classes & Lactation Counseling	
Child Care		Behavioral Health Care (Incl. Substance Use Disorder Treatment)	
Intimate Partner Violence Services		Transportation	

Government Agencies at the Intersection of Perinatal Health and Housing

Government agencies implement legislation and provide a wide range of services that influence how pregnant individuals can avoid homelessness, obtain housing, and receive supportive services. Homeless services are primarily provided by the DC Department of Human Services (DHS), but many other agencies may influence an individual's path to homelessness, the services available to those experiencing homelessness, and an individual's path to financial stability. This document portrays the supportive services a pregnant individual experiencing homelessness needs, and the network of government agencies that play a role in meeting these needs.



This portrayal of the DC Government system provides an opportunity to see CASI's work in the context of the 'big picture' to inform and strengthen collaboration within agencies and across sectors, and to inform policy efforts to address housing instability among pregnant individuals.

DC CASI Working Paper #6

DC Calling All Sectors Iniative (DC CASI): **Results Based Accountability (RBA) Framework**

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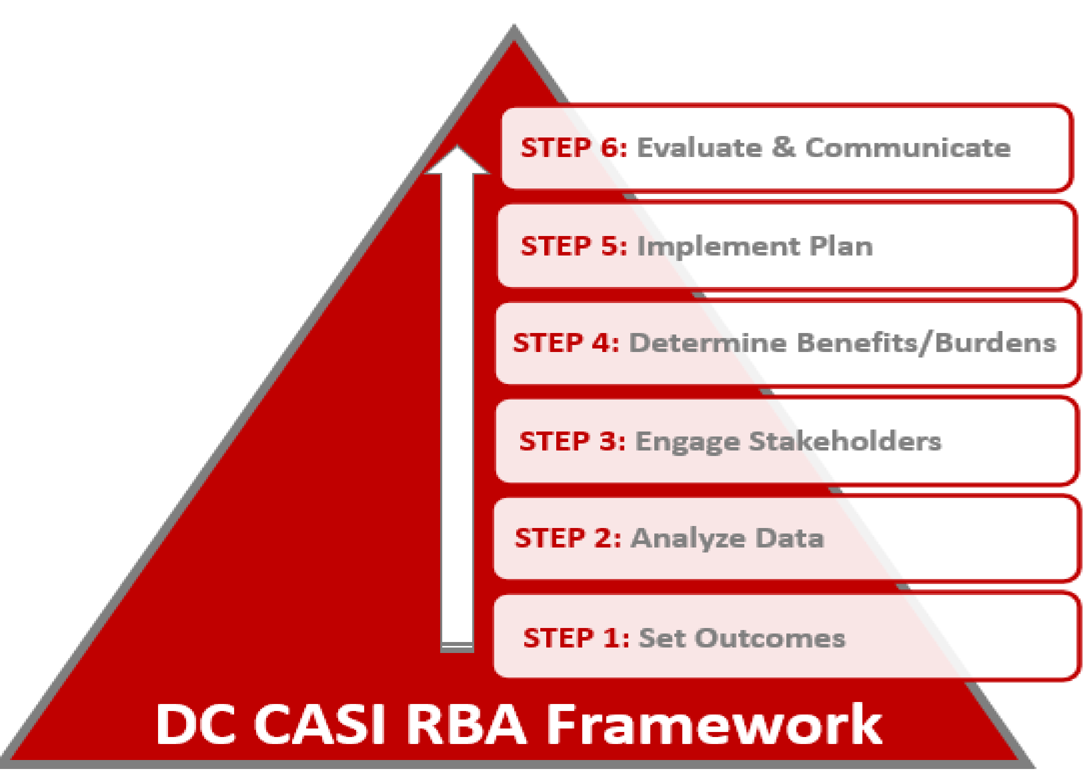
DC Calling All Sectors Initiative (DC CASI)

"Results Based Accountability (RBA) Tool"



PREPARED BY:

DC HEALTH, OFFICE OF HEALTH EQUITY (OHE) PROJECT TEAM

- *As District of Columbia's DC CASI Project Team Lead, OHE maintained this RBA Framework for and on behalf of the DC CASI Core Team, who were regularly involved in its review and update across the project implementation timeline.*

ACKNOWLEDGEMENT:

The DC Calling All Sectors Initiative (DC CASI) is a multisector approach to operationalizing health equity in the District of Columbia. Key District government agencies, in collaboration with a community-based partner, took collective action to create equity-driven systems-level change at the intersection of homelessness and perinatal health. The project was supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

DC CASI "Results Based Accountability" (RBA) Tool

Background:

About RBA: Results-Based Accountability (RBA),™ ***"uses a data driven, decision-making process to help communities and organizations get beyond talking about problems to taking action to solve problems."*** This performance management framework, developed by Mark Friedman, starts with the end goals and conditions that a jurisdiction wishes to achieve, and then uses those desired results to make decisions. This framework has its own set of key terms and definitions, with "results and indicators" representing the "ends we want for children and families," while "strategies and performance measures" represent the "means to get there." [1, 2.]

Racial Equity-Centered RBA:

Results-Based Accountability™ (RBA) is **a tool that starts with the desired results and works backwards towards the means, to ensure that plans work toward community results with stakeholder-driven implementation.** As recommended by GARE (Government Alliance on Race & Equity), the approach is preferred, because it enables a health equity informed and racial equity centered practices that intentionally disrupts historic patterns of "doing what we've always done, because we've always done it that way." These traditional ways of work, while they may have been done with the best intentions, have not produced the health and racial equity outcomes demanded for our communities. As GARE notes further, Equity-Centered RBA also helps distinguish between population level (whole groups) indicators, that are the responsibility of multiple systems and take a long time to shift, and performance measures (activity-specific) that organizations can use to determine whether what they do is having an impact.[3]

DC CASI RBA Utilization:

Utilization of a RBA Framework, including engagement and review by GARE as consultants to the project, was one of the key strategic resources provided and deployed by the Health Impact Project, in supporting the ten (10) Calling All Sector state grantees. This **DC CASI RBA Framework** product utilized a six-step template, which included key exploratory questions, that generated discussion amongst the DC CASI Core Team and partners. This framework served as a useful tool during project planning and implementation, and supported the DC CASI Team's collaborative learning process, as well as course correction as needed. It was also utilized as a means of process documentation, as a method of tracking and reporting progress to our funders, as well as generating thoughtful discussion and feedback by project support consultants. As a living document, it was created initially by the OHE DC CASI Project Team, and reviewed and revised several times in collaboration with the DC CASI Core Team, convened with representation from key District Government partners from DC Health Office of Health Equity (OHE); DC Health Perinatal & Infant Health Division, Community Health Administration (CHA); the Department of Human Services (DHS); the Interagency Council on Homelessness (ICH); DC Thrive by Five, Executive Office of the Mayor (EOM); The Department of Housing & Community Development (DHCD); the DC Housing Authority (DCHA); and our community-based organizational (CBO) partner, Community Of Hope.

DC Calling All Sectors RBA Framework *from GARE Racial Equity Toolkit*[3]

October 1, 2019 – June 30, 2022

Step 1: Set Outcomes

1a. What are the proposal's **desired results**?

Results are at the community level are the end conditions we are aiming to impact. Community indicators are the means by which we can measure impact in the community. Community indicators should be disaggregated by race.

- ✓ Pregnant people in the District of Columbia and their families, live in safe and stable housing, regardless of their income, race, class, culture, immigration status and/or where they live - across all 8 Wards.
- ✓ In the year after the birth of a child, postpartum parents and infants are healthy.

1b. What are the proposal's **desired outcomes**?

Outcomes are at the jurisdiction, department, or program level. Appropriate performance measures allow monitoring of the success of implementation of actions that have a reasonable chance of influencing indicators and contributing to results.

- ✓ Overarching goal: ensure that the District's housing assistance system can provide at least 100 pregnant people with housing and supportive services that meet their holistic health and social needs during the perinatal period.
- ✓ To have identified and addressed gaps in housing services for pregnant and parenting people, with an emphasis on those in their 1st and 2nd trimester at risk of homelessness.
- ✓ Achieve timely, coordinated referrals.

1c. What/who does this proposal have the ability to **impact**?

- ✓ Pregnant people, especially:
    - low income,
    - African Americans,
    - young people,
    - people of color, within the DC homelessness continuum of care
- ✓ Infants born to District residents, especially low income, African Americans, people of color and other minorities within the DC homelessness continuum of care.

Step 2: Analyze Data.

2a. What does population-level data tell us about existing racial inequities? Does it tell a story about root causes or factors influencing racial inequities?

- ✓ Housing instability and insecurity, while having no standard definition, encompasses a number of challenges from being housing cost-burdened, with the associated risk of being unable to afford rent; living in unsafe of overcrowded conditions; to having to move frequently; or 'doubling up' with friends and family; with homelessness as its most severe form. Indeed, the health effects of housing instability and insecurity can begin early in life. In 2014, almost 3,800 persons in families (defined by HRSA as a group of individuals with at least one minor or dependent child or a pregnant woman in her third trimester) experienced homelessness on any given night[1].

- ✓ The "Health Equity Report: District of Columbia 2018" (DC HER 2018) not only identified housing as a key driver of opportunities for health, but noted the differential impact of housing cost burden across the city. The occurrence of cost-burdened households (gross rent as a percentage of household income (GRAPI) equal to 35% or greater), differs in concentration across the District, ranging from 19.9% of households in Capitol Hill, where over 61% of residents are non-Hispanic whites, to a high of 59.6% in Historic Anacostia where non-Hispanic Black residents make up over 93% of the population[2].

- ✓ Though the proportion of households that spend more than 30% of income on housing has been trending down, from 50.7% of households in 2014 to 47.9% in 2018, there is still much work to be done towards the DC HP 2020 Target of 43.7%. Housing affordability relative to income is critical in determining how much households have left over to meet other basic needs. Severely cost burdened households endure frequent financial strains and must make difficult tradeoffs between essentials such as food, utilities, and medical bills. An estimated 14% of District households experience some level of food insecurity, and 10% worry about running out of food before getting enough money to purchase more[2].

- ✓ Homelessness, while at the extreme end of the housing need spectrum, impacts many District households, including pregnant women and their families. While homelessness is trending down in the District, in 2017 there were 1,166 homeless families, including a total of 3,890 family members of parents and children, of which children make up 60%[2].
- ✓ While the long-term trends in infant mortality are positive overall, persistent differences in maternal and child health outcomes remain, with mortality rates three times higher for babies

born to black mothers than their white counterparts. Differential health outcomes also persist across the life course. In 2015, while 19.5% of black residents reported fair/poor health, this was significantly higher than that for white residents (3.9%), and double the 9.1% rate for other races/ethnicities as a group[4].

- ✓ For more information, please see:
  - (1)Homeward Bound DC;
  - (2)Health Equity Report: District of Columbia 2018;
  - (3)Point-in-Time Study and
  - (4)DC Perinatal and Infant Health Report 2018

2b. What performance-level data do we have available for our proposal?

This includes data associated with existing programs or policies.

- ✓ Number and demographics of housing assistance applicants presenting at DHS Virginia Williams Center.
  - Though we hope to include race data, this information is often not collected as ineligible residents do not complete a full intake. Ethnicity data (Hispanic/not Hispanic) is available.
- ✓ Number and demographics of young people utilizing housing assistance and support services including the number/percentage that become pregnant.
- ✓ Community of Hope (COH) housing programs served 1229 unique households in 2019 (3964 total people)
- ✓ COH has over five years of experience providing accessible and effective maternal-child health care programs. In 2019, Community of Hope provided prenatal care to nearly 700 patients. As of October 2018, 93% of COH prenatal patients identify as from a racial or ethnic minority, and 87% identify as African American. Additionally, 74% have incomes at or below 100% of the Federal Poverty Level
- ✓ Number of pregnant Medicaid users who use an emergency shelter as a home address, indicating some level of housing insecurity.
- ✓ Number of individuals served by the Department of Human Services' Continuum of Care, including if the ages of any dependent children age 0-1, indicative of recent pregnancy

2c. Are there data gaps? What additional data would be helpful in analyzing the proposal?

- ✓ The number of 1st time pregnant people are accessing services while pregnant (person with no other kids); this value can be estimated based on DHS CoC data, but more accurate collection is needed.
- ✓ What metrics are systems service providers currently collecting to measure impact?

- ✓ Are there differential outcomes in the homelessness Continuum of Care when data is aggregated by race?
- ✓ % of 1st time pregnant people accessing services while pregnant
- ✓ % of families reporting barriers to accessing services
- ✓ % of families reporting gaps in services
- ✓ # of policies or strategies implemented to improve housing support system
- ✓ # of barriers eliminated through the implementation of a policy or strategy
- ✓ # and % of data dashboard metrics indicating improvement
- ✓ # of barriers reported among individuals utilizing Virginia Williams
- ✓ % of referrals for African American families accessed/completed relative to other racial/ethnic groups

Step 3: Engage Stakeholders

3a How have communities been engaged?

- ✓ To supplement our original Core Team, we have engaged with Thrive by Five, brought on additional members from DHS' Family Services Administration, engaged the office of Housing and Community Development
- ✓ Community of Hope (COH), DC CASI's Community Partner, has joined as a thought partner, engagement partner, and learning partner in this initiative. To deepen our co-learning, as well as to tap into concurrent MIH and housing efforts more broadly, the team members anticipating meeting regularly with COH to bring more focused insights back to the Core Team
- ✓ We have engaged the DC Child and Family Services Agency (CFSA), specifically the CFSA liaison at Virginia Williams, in order to fill gaps in understanding around how the system serves youth active in, or transitioning out of, the CFSA system, who are pregnant or parenting and seeking housing services. We are also seeking to learn more about young people engaged in a new working group within the Interagency Council on Homelessness with a focus on this population.
- ✓ Development of a local research agenda to deepen the projects analysis included exploring opportunities to engage DC Health Care Finance (DHCF) to learn more about the impact of health insurance on housing insecurity during pregnancy. As a result of our discussion of this shared area of interest, a churn analysis will be completed to learn more about what Medicaid data can tell us about our population of focus.
- ✓ Renewed focus on hiring a Housing & Health Fellow was also prioritized, and Andrew Lozano joined the team in December and has been playing a key role in research and administration related to the project.
- ✓ We have engaged the Department of Housing and Community Development, to broaden our perspective of affordable housing and barriers to affordable housing for families.
- ✓ In May 2020, COH conducted a needs assessment of ward 8 resident to gather their specific and unique need. The needs assessment consisted of phone interviews and focus groups with residents and the newly implemented Bellevue Community Advisory Council (CAC) composed of representatives from the Bellevue community. Residents and the CAC stated that there was a gap in Ward 8 in terms of health that sufficiently addressed stress management and wellness education and activities. In this context, participants talked about access to courses or programs that give them the ability to successfully handle life's stresses and adapt to change and difficult situations. Therefore, COH has aimed to incorporate emotional wellness and self-care into the already existing service array.
- ✓ National Maternal & Infant Health Summit 2020[4]: As a part of pre-Summit activities, OHE led a brief conversation between DC CASI Core Team representatives that showcased our multi-agency/multi-sectoral grant funded work, related to reducing the impact of homelessness and housing insecurity during pregnancy. Entitled, ***"Let's Connect the Dots: Maternal and Infant Health & Equity"***[4], and developed both as a learning and engagement vignette, this 30-minute prerecorded video sampler performed very well during the week prior to launch of the summit, attracting a total of over 3,000 views. It also generated positive comments contributed by viewers regarding the importance of proactively linking housing and health, as well as the equity

informed multi-sectoral lens that informs our PEW Charitable Trust Funded Calling All Sectors (CASI) project.

- ✓ National Maternal and Infant Health Summit 2021[5]: Led by Community of Hope (COH) and showcasing the specific context and challenges of DC CASI work at the intersection of housing and health, a multi-person presentation with the overarching title -- ***"Which Comes First: Why is it so hard for Housing & Health Care to Work Together During Pregnancy?"*** [5] focused primarily on the provider side of the equation. DC Health Office of Health Equity Director was one of the presenters and panelist, and presented on the DC CASI project partnership, concluding the presentation on the then upcoming multi-level engagement activities proposed, to include providers, and residents with lived experience, using surveys and focus groups.
- ✓ In September 2021, DC CASI launched a survey to collect information from housing service providers on how they are able to serve the unique needs of pregnant individuals. Results from the survey will be used to inform policy and practice change recommendations.
- ✓ In January 2022, DC CASI contracted researchers from Georgetown University to conduct interviews about service provision, barriers, facilitators, and personal circumstances with residents with lived experience of concurrent homelessness and pregnancy.

3b Are there opportunities to expand engagement?

- ✓ DC's Core Team has successfully utilized a strategic consensus-building approach, which supported our engagement efforts by focusing collective identification of key organizational traits desired in a community partner. A spreadsheet with information about each of the potential partners below was compiled in order to inform the Team's discussion, deliberation and decision making. In May 2020 we selected and engaged our community partner – Community of Hope- and continue to move towards strategic planning and implementation.
- ✓ There are a number of agencies, especially service providers affiliated with DHS, that may be engaged. These include the 6 continuum of care (CoC) provider programs (administered by Echelon, Edgewood-Brookland-Iona Whipper Home, LAYC & Sasha Bruce) and others funded by or participating in ICH (Community of Hope, Muriel's House, Healthy Babies, etc.)
- ✓ Some agencies that we may want to engage operate independently of the CoC to fill the gaps, e.g. St. Ann's Infant & Maternity Home, The Northwest Center, The Gabriel Network, Capitol Hill Pregnancy Center, Queen of Peace Shelter, Clark Inn, etc.
- ✓ As of March 2022, DC CASI is undergoing efforts to sustain project aims beyond its official date of completion, including information sharing with local initiatives.

Step 4: Determine Benefit/Burden

4a. Given what we have learned from the data and stakeholder involvement, how will the proposal increase or decrease racial equity? Who would benefit from or be burdened by our proposal?

- ✓ We know that approximately 90% of our District's homeless population is Black/African American, and so we expect most initiative beneficiaries to be Black/African American, with other races also expected to experience benefit. As we are not intending to shift allocation of resources currently, we do not foresee a burden on another group or any systems.

- ✓ The proposal should contribute to the advancement of racial equity by improving the services and supports available to the infants born to pregnant people experiencing housing insecurity; an enhanced, better coordinated and data-informed system will generate better outcomes for peripartum parents and infants.

4b. What are potential unintended consequences? What are the ways in which our proposal could be modified to enhance positive impacts or reduce negative impacts?

- ✓ TBD, however, we anticipate that though our collaborative process documentation, implementation planning, and evaluation processes, we will be able to monitor and address emergent impacts, both positive and negative.

4c. Are there complementary strategies that we can implement?

What are ways in which existing partnerships could be strengthened to maximize impact in the community? How will you partner with stakeholders for long-term positive change?

- ✓ $93 million initiative by the Clark Foundation "to improve the quality of parent-child health care for families living in marginalized communities in Washington, DC," with a 5-year timeline, has potential as a complementary strategy focused on the healthcare delivery system.
- ✓ As we have engaged in collaborative meetings and activities, including data collection to enhance our shared understanding of the homelessness system, we have identified additional opportunities to complement DC CASI's efforts:
  - MAHMEE digital platform for coordinating health and social services for pregnant individuals

4d. Are the impacts aligned with our community outcomes defined in Step #1?

- ✓ As we expect the impact of our efforts to primarily impact Black/ African American families at risk for homelessness, the community outcomes related to safe and stable housing for District families and infants are aligned with our assessment of the potential benefits and burdens of our initiative.

Step 5: Implementation Plan

5. What is our plan for implementation?

Is your plan:

- *realistic?*
- *adequately funded?*
- *adequately resourced with personnel?*
- *adequately resourced with mechanisms to ensure successful implementation and enforcement?*
- *adequately resourced to ensure on-going data collection, public reporting, and community engagement?*

If the answer to any of these questions is no, what resources or actions are needed?

DC Calling All Sectors Implementation Plan:

- ✓ 1: Develop an outcome evaluation plan to complement our strategic plan
  - This includes a robust process documentation plan, in order to collect qualitative feedback of our collaborative efforts and monitor expected and unintended impacts.
- ✓ 2: Collect data and information to identify gaps and create a full picture of the housing support system as it pertains to pregnant people in the District of Columbia.
  - As 2020 came to an end, attention turned to development of a local research agenda, to deepen the projects analysis, including engaging with additional partners like DC Health Care Finance (DHCF) to learn more about the impact of health insurance on housing insecurity during pregnancy. Renewed focus on hiring a Housing & Health Fellow was also prioritized, and Andrew Lozano has since filled the position and continues to provide valuable insights to the Core Team.

- ✓ 3: Identify and engage additional stakeholders, in collaboration with our Community- Based Organizational partner, Community of Hope. As of March 2022, these efforts have included engagement with system providers & residents with lived experience.

- ✓ 4: Utilize insights from data collection and stakeholder and resident engagement to develop policy and practice recommendations for DC government agencies.

- ✓ 6: Dissemination of impact and communication about the collaborative work accomplished.

Step 6: Evaluate, Communicate & Be Accountable

6a. How will impacts be documented and evaluated? *How will we know we are achieving the anticipated outcomes and having impact in the community?*

Evaluation of this collaborative initiative will be informed by the Framework for Program Evaluation in Public Health (1); and will in turn, inform strategies to promote maternal and infant health outcomes by and through enhancing the systems that serve pregnant District residents experiencing housing insecurity.

DC CASI has developed a network of housing providers showing interest and enthusiasm for the project goals. This network has been leveraged to gain insights through surveys and provide feedback on project reporting. This additional collaboration complements the collaborative work of the core team and will be documented to exhibit the success of DC CASI in engaging outside stakeholders. Tools to measure this sort of collaborative action are not widely available, however DC CASI's backbone organization, the DOH Office of Health Equity, has received technical assistance from the Human Impact Partners to develop guidance for evaluating District agency collaboration. This includes qualitative metrics for use in determining the effectiveness of a collaboration and will be documented in additional reporting for the DC CASI project.

Evaluating the DC CASI project's impact is limited by the difficulty in determining causality between the project's activities and related system improvements, but these policy and practice changes will be documented.

6b. What messages and communication strategies will we use to help advance racial equity?

As our Core Team continues to collect data and information, and engage partners, towards enhancing our shared understanding of the District's housing assistance systems and those it serves, we anticipate that methods to most effectively communicate with the community and systems about strategies to advance racial equity will become clear.

a) The core team will apply confirmed findings to development of strategic actions, outputs or recommendations across initiative priorities.
b) Report on evaluation findings, Initiative Action Plan and Strategic Recommendations will be compiled by June 2022.
c) Initiative efforts and findings will be leveraged to advance multi-sector, collaborative approaches to improve maternal and infant health in order to address the needs of pregnant people experiencing housing insecurity.

6c. How will we continue to partner and deepen relationships with communities to make sure our work to advance racial equity is working and sustainable for the long haul?

As our Core Team continues to collect data and information, and engage partners, towards enhancing our shared understanding of the District's housing assistance systems and those it serves, we anticipate that methods to build-in sustainability in partnership and the advancement of racial equity to become clear.

Endnotes:

1. NASBO (2016) ***"Methods and Tools to Use Performance Data at Stale Level: Key Terms, Definition & How They Connect"*** - The National Association of State Budget Officers (NASBO) https://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/Issue%20Briefs%20/Key%20Terms%20on%20Using%20Performance%20Data.pdf

2. Mark Friedman, ***The Results and Performance Accountability Implementation Guide***, http://raguide.org/index-of-questions/

3. GARE (2017) ***"Racial Equity: Getting to Results",*** Erika Bernabei, for Government Alliance on Race & Equity (GARE) - https://www.racialequityalliance.org/wp-content/uploads/2017/09/GARE_GettingtoEquity_July2017_PUBLISH.pdf

4. Mayor Muriel Bowser's National Maternal & Infant Health Summit 2020 – DC Calling All Sectors Initiative, **"Lets' Connect the Dots: Maternal & Infant Health & Equity"** (DC CASI) *– Presentation led by DC Health, Office Of Health Equity (OHE).* https://www.facebook.com/MomHealthDC/videos/2020-pre-summit-discussion-calling-all-sectors-initiative/1175062179605938/

5. Mayor Muriel Bowser's National Maternal & Infant Health Summit 2021 – DC Calling All Sectors Initiative, ***"Which Comes First: Why is it so hard for Housing & Health Care to Work Together During Pregnancy?*** (DC CASI) Calling All Sectors Initiative) *– Presentation led by Community of Hope (COH) -* 2021 National Maternal & Infant Health Summit - DAY 2 (Session B) - YouTube (at 3.47:15)

DC CASI Working Paper #7

DC Calling All Sectors Iniative (DC CASI):
Housing Provider Engement & Perspectives:
Accessing Homeless Services During Pregnancy in DC

noun

countable

WORKING PAPER

DEFINITION: "...a report by a group of people chosen to study an aspect of law, education, health, etc."

Housing Provider Engagement & Perspectives:

Accessing Homeless Services During Pregnancy in the District of Columbia

DC Calling All Sectors Initiative (DC CASI), 2022

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ABOUT THE REPORT

This DC Calling All Sectors Initiative (DC CASI) report on ***Housing Provider Engagement & Perspectives: Accessing Homeless Services During Pregnancy in the District of Columbia*** presents the data, results and key findings generated by a survey and focus group conducted by the DC CASI Project. In fall 2021, a voluntary survey was administered to 30 organizations representative of the District of Columbia's network of housing providers within the homeless services continuum of care (CoC), followed by two voluntary focus groups. This research was undertaken to gain insight into how the CoC supports the unique needs of pregnant residents experiencing homelessness in the city. The data and information generated provided a snapshot of the range of housing and supportive services available to pregnant people experiencing homelessness, and how the system as a whole responds to the unique needs of pregnant individuals, including facilitators and barriers to success. As detailed in sections of this report on methods, results, and as contained within the appendices, the survey and focus group instruments, their administration, and the analysis of results were developed and implemented collaboratively by staff within the District of Columbia Department of Health (DC Health) Office of Health Equity (OHE) in partnership with staff at the DC CASI Community Based Organization (CBO) partner, Community of Hope. DC CASI partners aim to influence long-term systems level change by informing policy and practice. The data, results, and conclusions presented in this working paper of the DC CASI project has informed the projects work and recommendations and is shared in the spirit of unpacking and informing the local policy context.

As a working paper of the DC CASI project, these data, analysis and conclusions were shared with the DC CASI Core Team for their consideration.

DC CASI PROJECT PARTNERS

Government of the District of Columbia Partners

- Muriel Bowser, Mayor
- Department of Health (DC Health)
- Department of Human Services (DHS)
- Interagency Council on Homelessness (ICH)
- Executive Office of the Mayor (EOM)
- Office of the Deputy Mayor for Health and Human Services (DMHHS)
- Department of Housing and Community Development (DHCD)
- DC Housing Authority (DCHA)

Non-Governmental / Community-Based Organization Partner

- Community of Hope

ACKNOWLEDGEMENTS

The DC Calling All Sectors Initiative (DC CASI) is a multisector approach to operationalizing health equity in the District of Columbia. Key District government agencies, in collaboration with a community-based partner, took collective action to create equity-driven systems-level change at the intersection of homelessness and perinatal health. The DC CASI Core Team wishes to thank the 30 organizations that participated in the survey and/or focus groups, the results of which generated the data upon which this report is based. Their time and effort, as well as their individual and collective willingness to share insights and perspectives were invaluable in their contribution to the DC CASI Project's collaborative learning and collective success.

The project was supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. For the purposes of this report, the term Calling All Sectors (CAS) refers to the activities of the Health Impact Project and the abbreviation Calling All Sectors Initiative (CASI) or DC CASI refers to the DC Calling All Sectors Initiative.

This report should be cited as:

DC Calling All Sectors Initiative (DC CASI 2022) - Housing Provider Engagement & Perspectives: Accessing Homeless Services During Pregnancy in the District of Columbia

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Executive Summary

As a part of the DC Calling All Sectors Initiative (CASI), the DC Health Office of Health Equity and Community of Hope, a non-profit community-based organization, led collaborative efforts to engage organizations providing housing services to people experiencing homelessness (i.e. housing providers) in the District of Columbia. Information on how these providers serve the unique needs of pregnant individuals experiencing homelessness was collected using a survey and focus groups. This process called attention to the CASI project throughout the DC housing and homeless services system and established a shared purpose between project collaborators and housing providers who may serve pregnant individuals experiencing homelessness.

In October 2021, a voluntary survey was administered to the District's network of housing providers followed by two voluntary focus groups. The information collected provides insight into how the current housing and homeless system serves the unique needs of pregnant individuals, including facilitators and barriers to success. The survey data provided a snapshot of the range of housing and supportive services available to a pregnant person experiencing homelessness. Responses indicated that one-third of the participating organizations do not ask their clients if they are pregnant and that standardized protocols for serving pregnant individuals are not widely in place. Focus group participants provided additional insight into how a pregnant individual may receive services throughout the system, and identified opportunities for system enhancement through quality improvement, collaboration, and more. The focus groups shed light on how current policy and practice pertaining to client eligibility, service capacity, and data collection may create system gaps and act as barriers to securing stable housing for pregnant individuals seeking services.

DC CASI set out to engage service providers across the system that deliver supportive housing services in the District to increase a shared understanding of how it meets the unique needs of pregnant individuals. Some key insights uncovered include:

- Many family housing providers do not ask their clients if they are pregnant at any point while they receive services. There is also not a consistent location to track this data. Therefore, it is difficult to capture how many pregnant individuals move through the housing and homeless services system and assess related system needs.

- There is no uniform provision of housing and supportive services for pregnant clients. Less than half of survey respondents indicated that they refer pregnant clients to prenatal services.

- Housing providers are not currently able to consistently track how their clients move between programs and receive services from other agencies and organizations across their referral networks.

- (Lack of) housing provider workforce preparedness to respond to the needs of pregnant individuals may act as a barrier or facilitator for pregnant clients when receiving services.

- Housing providers indicate that the time-sensitive nature of pregnancy requires the delivery of services to align with pregnant clients' needs as they change throughout the perinatal period, and current programs do not consistently do this.

- Eligibility guidelines based on gestational age, enhanced data tracking capabilities, and responsive case management were cited by housing providers as areas of opportunity to improve the quality of services for pregnant clients.

Introduction

Working at the intersection of housing and perinatal health, DC CASI aims to improve birth outcomes in the District through shared learning and identification of areas of opportunity to enhance how the District's homelessness continuum of care (CoC) serves pregnant individuals. The initiative is a multisector collaborative effort anchored by a health in all policies (HiAP) approach and convenes key District agencies and a community-based partner (i.e. the Core team) to create system-level change that ensures every pregnant person experiencing homelessness has the resources and support they need to have a healthy pregnancy and birth.

A growing body of research shows that lacking safe and secure housing during pregnancy can increase the chance of an adverse birth outcome, including preterm birth, low birth weight, and perinatal death. Rates of adverse birth outcomes in the District of Columbia are unfavorable. This inequity is particularly clear when looking at outcomes for Black birthing individuals and their babies as compared to their White counterparts Similar racial disparities are apparent in the population of people experiencing homelessness in the District. According to the 2021 point in time (PIT) count, Blacks or African Americans, a population that makes up 46% of District residents, accounted for 86.5% of individuals and adult family members experiencing homelessness. The District's CoC is administered by the DC Department of Human Services and funds programs of community-based organizations that serve the needs of people experiencing homelessness. The CoC can provide pregnant individuals experiencing homelessness with safe and secure housing and linkage to other necessary services, such as quality prenatal care. Current eligibility guidelines for DC government-funded homeless services offered to families exclude pregnant individuals until their third trimester of pregnancy. While these individuals may be able to access services offered to single individuals, additional support in meeting the complex medical and social needs of pregnancy is primarily available from organizations serving families. Pregnant people seeking family housing services while in the first and second trimester are redirected to the intake center for single individuals, where low-barrier emergency shelter is prioritized and pregnancy status is not collected.

The impact of homelessness on the health of pregnant individuals and their babies can be mitigated by ensuring safe and secure housing and providing proper linkage to other necessary services, such as quality prenatal care, during all stages of pregnancy. Housing providers hold key perspectives on how to best ensure that pregnant individuals experiencing homelessness in DC are met with services that are responsive to their holistic needs.

Methods

Housing Provider Survey on Services and Operations

In October 2021, DC CASI launched a survey for housing providers to gain insight into how the current network of housing providers support pregnant residents experiencing homelessness. The survey included questions pertaining to the services and operations at community-based organizations serving District residents experiencing homelessness. These questions were tailored to obtain information on how providers respond to pregnant clients accessing their services and gain insight into the services currently available to pregnant individuals in the District. Survey responses were collected for 30 organizations providing homeless services to DC residents; two of these were not funded by the District's CoC program. The survey was the first component of a three-step approach to engaging housing providers in the collaborative work of DC CASI.

A list of housing providers that may serve pregnant residents was produced in collaboration with the DC CASI Core Team. The list of organizations produced by the Core Team included those that received funding through the District's CoC program. Organizations with relevant programs that were not funded by the CoC were identified and outreach was done over email to obtain contact information for survey distribution.

Survey respondents included representatives from 28 organizations that receive funding as a part of DHS's CoC and two that do not. These providers do not serve pregnant individuals exclusively, but the survey intended to gain insight into how a pregnant individual would receive services in the existing system. Survey questions were developed collaboratively between the DC Health Office of Health Equity, Community of Hope, and the DC CASI Core Team. Respondents that indicated that their programs are not funded through the District's CoC were asked additional questions on service capacity and volume. We seek to gather complementary information about CoC-funded programs through the DC Homeless Management Information Systems (HMIS).

The survey was developed using the Microsoft Forms platform and distributed with periodic reminders via email to housing providers by the President and CEO of DC CASI's community-based partner, Community of Hope, who is well-established in the DC housing provider network. The survey was distributed to organizations that were not included in the original contact list due to additional outreach by collaborating partners. Most responses were submitted within a two-week time frame and data was exported to a Microsoft Excel workbook for analysis.

Focus Groups for DC Housing Providers

Housing providers that responded to the survey administered in the first stage of these efforts were asked if they would be willing to participate in a focus group to further discuss how pregnant individuals receive services in the current system. A list of willing providers was produced from the survey responses and two focus groups were scheduled by DC CASI's community-based partner, Community of Hope. Invitations for these focus groups were emailed to the primary contacts provided on survey responses with instructions to accept one. In October 2021, one-hour, virtual focus groups were held on two consecutive days at 12:00 noon and were recorded to produce transcripts for analysis.

Representatives from DC CASI's backbone organization, the DC Health Office of Health Equity (OHE), moderated the focus groups and prepared questions were displayed on screen and presented verbally with participants. When necessary, additional prompting questions were asked to further engage participants.

Transcripts from the focus groups were produced using an online transcribing software. Representatives from the DC Health OHE and Community of Hope performed a thematic analysis on the de-identified transcript content using inductive coding and extracted quotes to support data interpretation.

Results

Housing Provider Survey on Services and Operations

Information on Provider Service Populations

The results of the survey are from 30 unique organizations or programs that provided responses. Most (80%) of the responses were from providers whose service population includes families with dependent children, and 10 providers listed pregnant individuals as a part of their identified service population.

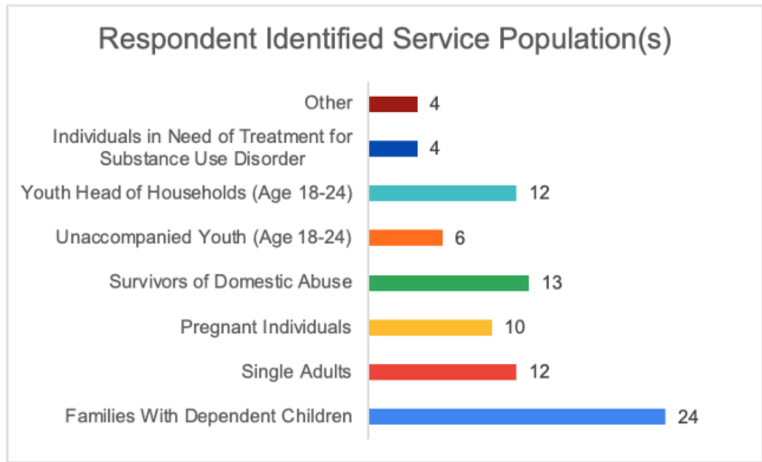

Fig 1: Respondents were asked to indicate which subpopulations were included in their identified service population(s).

Information on Pregnancy in Service Population

Survey responses indicated that 67% of providers ask their clients if they are pregnant at some point while receiving services. When this does occur, it is primarily during the intake and assessment process. When collected, this information is used primarily to inform case management planning that will connect individuals to supportive services, such as prenatal care, nutrition assistance, and cash assistance. One respondent indicated that the information is used to track pregnancy data. Most respondents did not know how many pregnant individuals were receiving any services from their organization at any given time, though seven organizations provided estimates ranging from one to 75 individuals.

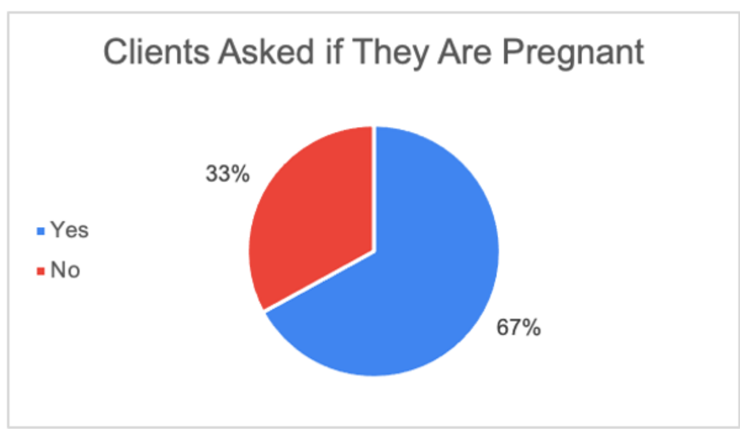

Fig 2: Many respondents do not ask their clients if they are pregnant at any point of service delivery.

Housing Services

The housing programs and services offered by respondents included rapid rehousing (66%), transitional housing (63%), permanent supportive housing (60%), emergency shelter (43%), and homelessness prevention (50%). Two respondents indicated that no housing services were directly provided for pregnant individuals, and 16 provide housing referral services.

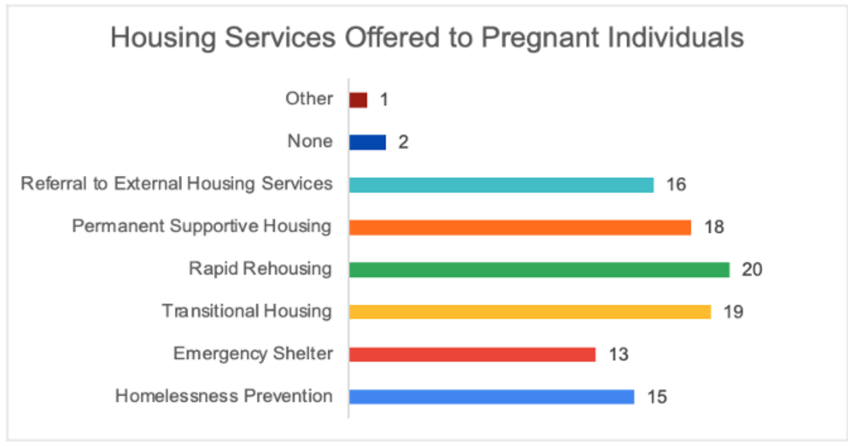

Fig 3: Respondents were asked to indicate which types of housing services were offered in their programs. The listed programs are part of DC's Continuum of Care (CoC).

Supportive Services

Respondents were asked to indicate if supportive services are provided as part of their housing/homelessness programs that may serve pregnant individuals. Behavioral health and transportation services were the most selected out of the respondents that indicated they provided supportive services directly (53%).

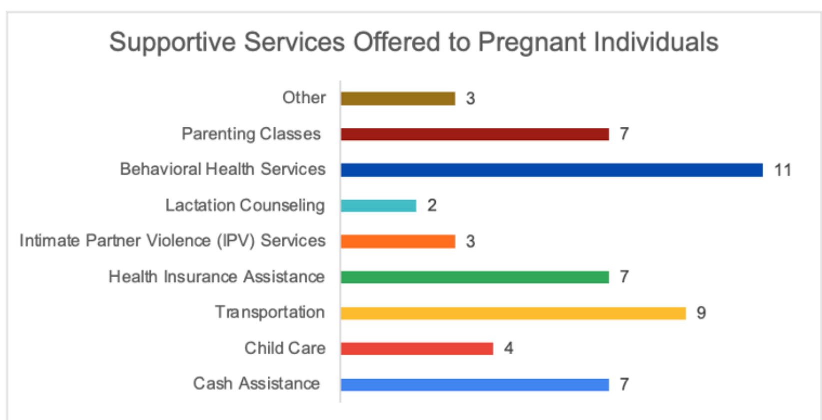

Fig 4: Respondents were asked to select which of the listed services/support were directly offered in their housing programs. The list of services was produced in collaboration with the DC Health Community Health Administration (CHA) to reflect the holistic needs of a pregnant individual experiencing homelessness.

Most (90%) of the respondents offer referral to supportive services for clients, which include services that may assist pregnant individuals in meeting their unique health and social needs. In short responses, respondents indicated that their services can be tailored to meet the needs of pregnant individuals through case management, and that some services/programs, while offered to all clients, would support the unique needs of pregnant individuals. The services mentioned include transportation assistance, cash assistance, parenting classes, and behavioral health.

Fig 5: Respondents were asked to select which of the listed services/support were referrals offered in their housing programs. The list of services was produced in collaboration with the DC Health Community Health Administration (CHA) to reflect the holistic needs of a pregnant individual experiencing homelessness.

Medical Services

Two respondents reported that their organizations directly provide medical services, while most (67%) offer referral to outside medical services.

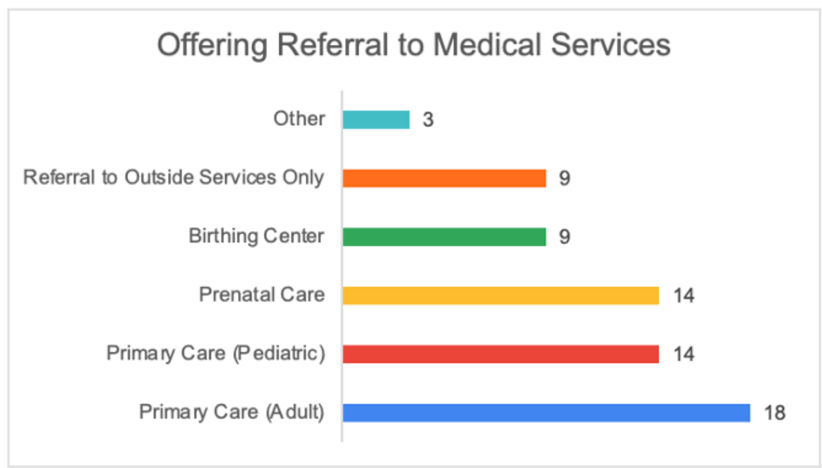

Fig 6: Respondents were asked to indicate if any medical services were offered by their organization. Respondents who answered yes were asked to indicate which of the listed services were provided.

Referral Protocols

Case management is a standard service provided by CoC organizations. Most respondents indicated that case management was provided, but formal protocols were seldom mentioned. An organization with pregnant individuals as the sole identified service population indicated that referrals are tracked in a database and follow-up is documented in client notes. One respondent outlined a protocol that includes the use of a social worker to facilitate, monitor orchestrate and track referrals of clients to outside services. Similar responses were recorded for referral to medical services. Some organizations use databases to track referrals, and there was variety in the type of databases used (HMIS, Quickbase, Efforts to Outcome). One organization has a department responsible for tracking referrals to external partners. An organization serving youth indicated that clients may be accompanied by a staff member to medical appointments with the organization's medical partner.

Focus Groups for DC Housing Providers

A thematic analysis using inductive coding produced 15 codes that characterize focus group discussion. These codes are further categorized into four encompassing topics.

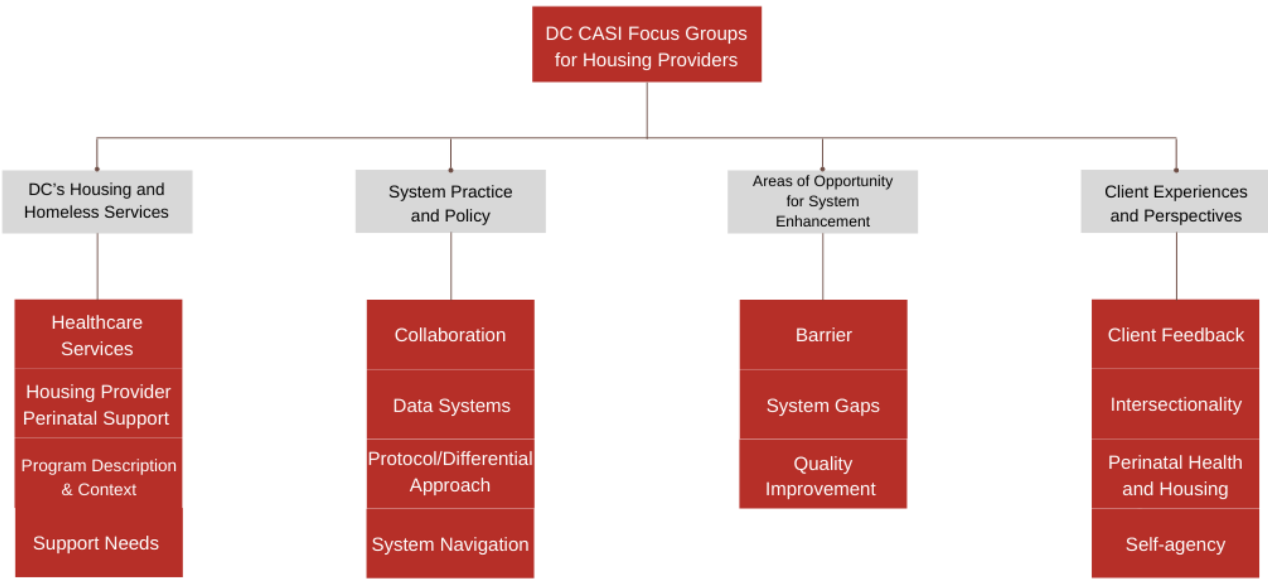

Figure 7: Thematic analysis of focus group transcripts using inductive coding produced 15 codes. The codes were categorized into four encompassing topics: DC's Housing and Homeless Services, Systems Practice and Policy, Areas of Opportunity for System Enhancement, and Client Experiences and Perspectives.

DC's Housing and Homeless Services

During the focus group discussions, participants described the services offered by their programs serving people experiencing homelessness. They detailed the types of services and support available to a pregnant person receiving services, including healthcare-related services and other support to meet the complex social needs of pregnancy. The codes included in this category characterize conversation that provides a snapshot of current housing and homeless services in the District of Columbia.

Healthcare Services

The healthcare services provided to pregnant clients, directly or indirectly through referrals, by housing providers were mentioned by participants. The importance of these services in relation to the perinatal period for pregnant clients with varying lived experiences was emphasized. The services mentioned include prenatal care, OBGYN services, primary care (medical home), reproductive health, and birthing

centers. Participants described how healthcare services meet the perinatal needs of their clients and must be delivered with sensitivity to social and cultural contexts.

> *"One thing that we know that kind of helps…is early initiation of care when they're pregnant. So, are there barriers to getting that initial care that they need? Do most of the families have a medical home that they can go to immediately when they find out that they're pregnant?"*

A participant notes the importance of initiating medical care early in a pregnancy and underscores the question of whether a client has a regular medical provider to receive care from.

> *"So what else can we do? And I know that DC is working on it. But to really look at that, especially for all women of color and black women, especially what type of prenatal care are they receiving?"*

This participant underscored questions around how pregnant clients, especially people of color, are receiving medical care, especially prenatal care, while receiving services from CoC providers.

Housing Provider Perinatal Support

Participants mentioned supports currently available to pregnant individuals receiving services from their housing programs that meet the needs of pregnant individuals, directly or indirectly through referrals. These supports included a role dedicated to guiding pregnant individuals in accessing health and social supports (perinatal care coordinator) and post-birth programs such as diaper banks and health education aimed at Sudden Infant Death Syndrome (SIDS) reduction. The importance of programs that facilitate warm hand-offs and transitions between programs and providers were emphasized.

> *"I think that there are a lot of resources from the Diaper Bank, [and] the food bank that can help our youth and we utilize those."*

A participant notes the availability of diaper banks as a resource for pregnant and parenting clients receiving services through the CoC.

> *"I am the perinatal care coordination specialist for the families in our housing program. So my role was created specifically to support pregnant clients and housing programs at [REDACTED], and so I can provide education for them around pregnancy, childbirth and infant feeding. I also connect them to resources and help them stay connected with their medical home and get all their care for themselves and their infants."*

One participant described their role in connecting pregnant clients to resources needed outside of housing, such as health care.

> *"I think also what is crucial is the opportunity to have a social worker and staff that's able to navigate and assist the families through the process, especially when it comes to our expecting mothers. I think that's key because again, it's all about advocacy [and] bridging the gap. So to have that person there to kind of facilitate the process and actually do a warm hand-off is very crucial."*

This participant noted the need for staff roles dedicated to assisting clients in making informed decisions about the services they need and advocating for themselves.

Program Description & Context

As our audience was made up of staff across housing service provider programs, discussion of represented program elements was common. Participants talked about how their various programs supported pregnant individuals who sought services.

> *"We are a provider of housing services and comprehensive services for women experiencing homelessness here in DC. So we cover the spectrum from emergency shelter and temporary to permanent supportive housing. And...should a person be pregnant or become pregnant, we set up of a referral with our partners on our family side."*

This participant described the housing services provided in their programs and how referrals serve as their response to pregnant individuals receiving services and in need of additional support.

> *"Our mission is to support women to enable them to have the resources to continue their pregnancies. So we have both a pregnancy center program where we offer free pregnancy tests and then material emotional resources support until the child is two and a half. And out of that about eighteen years ago saw the need for the maternity home...we provide transitional housing for pregnant women between the ages of 18 and 30 at any stage in their pregnancy, the earlier, the better."*

A participant mentions how their organization's mission is to support pregnant individuals and describes supportive services offered.

Support Needs

Participants expressed that some clients may be unaware of the additional supportive services available to them, such as perinatal health education, rent assistance, etc., or how to access them due to lacking

resource documentation and referral guidance for case workers. The current system lacks the capability to effectively capture how related resource needs of pregnant individuals are being met through existing processes. Additionally, providers mentioned that some needs, such as childcare, are not sufficiently met by current programs. Providers suggest that the time-frames for some programs are not responsive to the needs of an individual in the perinatal period.

> *"One thing that I've noticed, and especially last year with the pandemic, that kind of hinders the process for our youth to get stable is child care."*

A participant notes how childcare is an additional supportive service that pregnant clients may need and it sometimes acts as a barrier to success for these individuals.

> *"If they're on TANF, TANF typically gives women 12 months off in the sense, meaning they don't have to do job searches and things like that, and they may have changed. It's been some years since I worked with families that were on TANF. But if they get that exemption for a year and they're in transitional housing and they only have a year to 18 months already...they're racing against the clock."*

This participant highlights how housing program requirements may not account for the time-sensitive nature and needs of the perinatal period. If, for example, transitional housing is available for up to 18 months, pregnant and newly parenting clients face the challenge of rapidly securing financial stability while still recovering from birth and caring for an infant. By contrast, Temporary Assistance for Needy Families (TANF), a cash assistance program, allows pregnant individuals an exemption for up to 12 months from the program's work requirement.

System Practice and Policy

This category includes discussion pertaining to how pregnant residents currently receive supportive housing services and how providers work across sectors to meet the needs of these residents. Participants gave insight into current practices around data collection as an individual moves through their programs and discussed any protocols or systematic responses to pregnancy in their programs.

Collaboration

Participants emphasized the importance of collaboration to meet the wide range of needs of pregnant clients. Examples of collaboration included partnerships with healthcare providers, including colocation of services, and health departments that meet the intersectional needs of pregnant clients and bridge health and housing systems.

> *"We work a lot with the D.C. Department of Health on its prevention training, and I think that program shows how much you can help address...risk of SIDS reduction."*

This participant describes a collaborative effort between their organization and the DC Department of Health.

"One of the things that would be beneficial is greater cross collaboration, specifically when we're talking about OBGYN...often...we are most often met with obstetricians and gynecologists who are not trained to address the specific needs of these young ladies."

This participant notes the existence of collaboration between the healthcare system and their organization and mentions that increasingly responsive collaborative efforts would benefit the target population, pregnant clients.

Data Systems

Efforts to capture information on pregnancy status and outcomes from providers' service population were emphasized as participants expressed a need for more of this information through primary data systems, such as DC's Homelessness Management Information Systems (HMIS). Participants mentioned that current data systems do not capture pregnancy-related information throughout the housing system and referral networks. Therefore, data is lacking on the effectiveness of individual housing programs, referral success, and pregnancy-related outcomes for clients. A perinatal care coordination program may track outcomes for clients, but lacks a comparison group against which to measure impact. Additionally, data on the outcomes of perinatal health/parenting education programs are tracked by some programs offering these services.

"I think it'd be good to look to see what it will look like when the services are not provided. I don't know if that's a number that a lot of programs can capture. Maybe there is some collaboration with hospitals, you know, to really kind of have that same continuum of care, you know, because we work on the single sector. It would really be hard for us to even put in some valuable input."

This participant notes the current inability of existing data systems to track outcomes between clients receiving different services in various sectors and mentions they would like to see greater data alignment.

"I think it would be helpful to have it included in HMIS because individuals mostly report it coming in through Virginia Williams. We're not aware if they are pregnant, but nine times out of 10, you know, it is documented on the referral form. However, it's not always stated clearly in the system."

This participant refers to tracking whether clients are pregnant in HMIS, the existing shared database for DC's CoC.

Protocol/ Differential Approach

Participants expressed that it is important to consider the perspectives of providers/staff when developing language regarding the response to the needs of pregnant individuals. A need for a differential response, including referral guidance, for pregnant clients was expressed. Participants emphasized the need for any response tailored to pregnant residents to avoid a "one size fits all" approach to account for the complexities of clients' intersectional experiences and identities.

> *“I don't know necessarily the language of protocol. I think I would prefer to use language around a differential response. And when I say that [I mean] recognizing the unique [needs of] some families or individuals that sit at other intersections...recognizing the unique needs for that particular family, not just mom, but it could be the other siblings."*

A participant notes that the use of the word ‘protocol’ in developing a system-wide response to pregnancy may not be in the best interest of housing providers or clients. The variety of intersectional identities and experiences of clients is mentioned as a reason to steer away from uniform approaches.

> *“I do think something could be helpful to we're thinking about her case management and social workers are people of varied backgrounds and experiences...I also think additional kind of protocols are...information about post-birth resources and supporting families as they're adjusting to the financial cost of having an additional child in the home and a newborn at that...more kind of documentation or information that can be provided about different resources for families after childbirth could be very helpful”*

This participant describes components of a protocol for serving pregnant clients that would improve the current system, including documented information on resources outside of housing for case managers.

System Navigation

Participants indicated that the system’s strengths include supportive housing access for pregnant clients before giving birth and the opportunity for referrals to external support. They cited a lack of clarity on what is required of clients to progress through the housing system, including eligibility requirements. Providers expressed uncertainty about the impact of their referrals on perinatal health and housing outcomes, citing the lack of connectivity between providers of services for single individuals and for families. Participants indicated that personable support and warm hand-offs while facilitating transitions across housing programs are lacking.

> *"Families seeking shelter services and or homeless services, first come through Virginia Williams Family Resource Center to complete intake processing and determinants. Those things determine*

if they are eligible for shelter placement or homeless services. And for those women who come in, all persons who have indicated they are pregnant, we still provide the same services."

This participant describes how clients first encounter the District's CoC at the intake center, Virginia Williams Family Resource Center. At this center, client eligibility for family services is determined.

"So it's kind of like a cycle in which it's just we don't know who to talk to, and it seems like a lot of youth get stuck in between, like dealing with one agency and the other."

This participant describes a lack of clarity about requirements that sometimes occurs when clients, especially youth, are accessing housing services and transitioning between programs.

"I think that's key because again, it's all about advocacy, is all about bridging the gap. So to have that person there to kind of facilitate the process and actually do a warm hand-off is very crucial."

A participant describes the importance of advocacy for clients moving through the system and how 'warm hand-offs' may ease transitions between programs and services.

Areas of Opportunity for System Enhancement

Participants discussed various opportunities to improve the current housing and homeless services system's ability to serve pregnant individuals and meet their complex health and social needs to promote a healthy pregnancy. These opportunities were either identified as barriers for pregnant individuals receiving services or system gaps. Participants provided ideas to improve the quality of services provided by their programs and enhance the system overall.

Barrier

Lack of time and eligibility guidelines act as barriers to accessing appropriate housing during different stages of pregnancy. Clients lack access to needed supports, such as childcare, when receiving housing services. Short term solutions limit long-term success for pregnant individuals who give birth while receiving housing services. Eligibility guidelines based on gestational period act as a barrier to accessing services that support clients in securing stability.

"I interact with people who are pregnant and have two weeks or a month left at the place where they're at, and then they're having their baby [soon]. So, it just makes it a very difficult situation to find a good solution for them…rapid rehousing can often take too long in the short term,

rental assistance cannot be enough when they're going to be out of the workforce for the foreseeable future."

A participant describes how the timeliness of service provision can act as a barrier for pregnant clients who must meet requirements, such as work requirements, for other assistance they are receiving.

"I realize it's in D.C. law that in order to get assistance from Virginia Williams, the women need to be seven months pregnant. But as we look at birth outcomes, having that stability, having a place with less stress, having a place where you can have food, it's predictable looking at all of those."

This participant pointed out the barrier that eligibility requirements at the CoC intake center may pose to pregnant clients' success in having a healthy pregnancy. Currently, a client must have other dependent children or be in their third trimester of pregnancy to receive services in the families system within the CoC. This barrier came up many times throughout focus group discussions.

System Gaps

Participants identified system gaps, including lack of awareness and knowledge of clients outcomes, needs, and next steps after they exit or are referred out of program; lack of staff awareness of DC-specific information about perinatal resources, especially post-childbirth; lack of responsive, flexible and supportive resources and housing options that meet the time-sensitive needs of pregnant individuals, and lack of staff trained in sensitivity to culture, context, trauma, and identity.

"Not all case managers recognize the unborn child as part of the family dynamic, where a lot of the conversation in the services is centered around mom. But that's a new family member."

A participant describes how current efforts to stabilize clients are focused on the needs of the individual and may not take into consideration the needs of an unborn child. This creates a gap for post-birth resources and consistent pregnancy-focused referrals across the system.

"I think sometimes even though we like the families to [have] the case management, sometimes the time it takes for them to obtain a case manager to kind of assist them through the process to their next steps takes a little bit longer."

This participant describes how the time it takes to obtain a case manager may create a gap in providing services that meet the time-sensitive needs of pregnancy.

"I do think something could be helpful to we're thinking about her case management and social workers are people of varied backgrounds and experiences ... You know, many of my staff don't live in D.C. So also they may not be as familiar with D.C. resources"

A participant describes how lacking resource documentation creates a gap in case workers' ability to consistently refer clients to available resources for pregnant clients in the District due to varied knowledge of these resources.

Quality Improvement

Participants proposed system improvements, including increasing provider understanding of referral network and connections; gathering and sharing comparable and aligned information about outcomes for clients across the system; implementing staff guidelines for meeting perinatal needs of clients; promoting workforce development around supportive resources and training on the needs of pregnant people; gathering additional client feedback; promoting early initiation of perinatal care; collecting pregnancy status information, and expanding housing options specifically for pregnant individuals.

"Having women be able to enter Virginia Williams at four months pregnant, also just removing some of those obstacles. I speak to many women who go to Virginia Williams, who are told they need a copy of their mother's lease or someone's lease, which is actually not the case, according to the law. And it's just so difficult and they get so discouraged and they don't go back. So lowering those barriers, I think, would be extremely helpful as well as having more resources and more housing."

This participant recommends altering the eligibility requirements for clients seeking services through the family services system from seven months to four months. Additionally, they recommend clarification of requirements as clients move through the system and receive services ranging from temporary shelter to housing vouchers.

"I don't know the intensity about monitoring, but to gain that knowledge for any referral that is provided in having a type of outcome-based report of some sort and that's shared or that's possible to have available."

A participant expressed that they would like more knowledge on the outcomes associated with their referrals across the current system. They recommended an outcome-based report to inform housing providers on the success of their referral processes.

"And while our case managers are aware of some resources, a more kind of documentation or information that can be provided about different resources for families after childbirth could be

very helpful as the family is kind of adjusting and rebalancing their financial obligations post-birth."

This participant recommends providing guidance for case managers on the resources available for pregnant individuals or that meet the client needs during the perinatal period.

"So I also feel that more permanent supportive housing programs should be involved because with the transitional they only have a year to 18 months. And if you're calculating the time of pregnancy, plus a rehabilitation time for the mom to heal after she has the baby and if she has other children, a year to 18 months is just not enough time."

A participant recommends increasing the availability of permanent supportive housing spots for pregnant individuals to ensure they have adequate time and support to meet their needs during the perinatal period.

Client Experiences and Perspectives

Participants referenced the experiences of pregnant clients, including their housing and health outcomes, intersectional identities, and their agency throughout housing programs. Additionally, participants referenced feedback that is currently received from clients and new sources of feedback on housing programs they would like.

Client Feedback

Providers explained how they would like feedback from pregnant clients on how their needs are being met by individual programs and throughout the system. Additionally, participants expressed interest in obtaining feedback that provides insight into the lived experience of clients with ranging degrees of experience with homelessness. Key questions arose around how clients received information about supportive programs available to them, how well their needs were met by the services provided, and the timeliness of service provision. Participants shared that receiving feedback in the past has provided insight into how the programs they offer have benefitted the overall wellness and resource needs of their clients.

"I think sometimes even though we like the families to advance or expand the case management, sometimes the time it takes for them to obtain a case manager to kind of assist them through the process to their next steps takes a little bit longer. I mean, we get some of that feedback even 30, 60 days after exit. "

This participant would like to receive feedback from clients on case management services sooner than they currently do.

“You know how much information they know or how do they learn about specific programs?...How do they specifically find out about specific resources they have within the community and outside of the community?”

This participant would like to know how clients receive information about the services and resources available to them.

“I would also want to know when you hear that from residents with the lived experience and really like looking at being informed about their experience in the ease of navigating the system, the availability of resources, especially in meeting their limited resource needs and then wanting to know like in their opinion, like, are those needs being met?”

This participant would like clients’ perspectives on how the current system meets their needs during pregnancy and how easy it is for them to navigate the system.

Intersectionality

Examples of intersectionality mentioned include victims of domestic violence, young people, sex workers, survivors of sexual trauma, or marginalized race/ethnicity. Participants highlighted the importance of considering the intersectional identities of clients in program delivery and when developing innovative approaches to serving pregnant individuals.

"And there is a lot of intersections in terms of like mental health, pregnancy and being a mom and finding issues. There is a lot of I can think of, like many ways in which pregnancy intersect. It's just an abundance of different things that come with those unique groups. And I would love some additional support around how we can properly support."

This participant notes the various intersectional identities and experiences pregnant clients may have and explains the need for attention to the varied supports required to meet the needs of unique groups.

Perinatal Health and Housing Outcomes

Participants mentioned that health and housing outcomes of pregnant clients impact one another. The ability of pregnant clients to be housed before birth was applauded and the ability to gather information on pregnancy-related outcomes for these individuals was identified as lacking. Information on perinatal outcomes was collected by one program and information on the outcomes of pregnant clients who decline to participate in this program is unavailable/ not collected. Participants expressed that while their goals include improving birth outcomes, this information is not tracked throughout their referral

network, so the effectiveness of their programs in relation to non-housing outcomes is often unknown. Additional consideration for racial disparities in birth outcomes was emphasized in examples of birth outcomes that providers lack information on. Examples include stress relief, birthing complications, and housing stability.

> *"But I do think it's a valuable thing to look into to see how the services that are being available to the city, to the women, I mean, are impacting them."*

This participant notes the importance of tracking outcomes for clients receiving services while pregnant, something that participants expressed is not done across the system.

> *"What I see as ...working well [is] our system supporting pregnant homeless women. I see that they are housed."*

This participant mentions the success that the current system has in housing pregnant clients. This is an outcome related to the current system's housing capacity.

> *"Some of the data that we already collect is a rate related to like birth weight, preterm birth, NICU admission for the infants and things like that...So being able to get that kind of information for families that aren't receiving my service so that we can compare and see what's like, what's happening and if it's like we know it's making a difference and I feel like the main way that we know that is just by kind of some of the feedback we get from the clients that I do work with. But just having some hard data to back that up would be good."*

This participant describes some of the outcome data their organization collects and expresses the need for additional data to be collected across the system.

Self-agency

Participants mentioned that clients can choose which services they would like to receive and how they would like to experience pregnancy. Participants emphasized the importance of tailoring programs to ensure this agency is maintained throughout the housing/homelessness services system.

> *"Even with that, and we often have individuals who are grappling with what I want to do, you know, as it relates to this pregnancy. Then in many instances when we think of prenatal care, you know, I'm vacillating between whether or not I move on to, you know, maintain a pregnancy. So I'm not really sure if I want to engage in prenatal care. It's just an abundance of different things that come with those unique groups."*

This participant mentions the need for clients to maintain agency when making decisions about the services they receive. They note that some clients may be unsure if they want to continue with a pregnancy and services must consider these circumstances.

> *"We are now asking case managers to identify every family that they're working with that is pregnant or has a baby under the age of six months and at least offer a referral to our perinatal care coordinator. They don't have to accept, but we do a basic. Just asking that. And then they fill out a very basic referral that either says, Yes, I want the services or no, I don't."*

This participant provides an example of client decision-making in their programs and underscores the importance of considering client decisions in service delivery and data collection.

Conclusion

The information collected from providers through the survey and focus groups offers a snapshot of the range of supportive housing services available to a pregnant person experiencing homelessness, the barriers and facilitators to service delivery, and areas of opportunity for system-level enhancements. For example, survey responses indicated that one-third of the participating organizations do not ask their clients if they are pregnant and that standardized protocols for serving pregnant individuals are not widely in place. Additionally, focus group discussion shed light on how current policy and practice pertaining to client eligibility, service capacity, and data collection may create system gaps and act as barriers to securing stable housing for pregnant individuals seeking services.

Themes that arose from both responses to the survey and the focus groups are reflected in the following conclusions:

- Many family housing providers do not ask their clients if they are pregnant at any point while they receive services. There is also not a consistent location to track this data. Therefore, it is difficult to capture how many pregnant individuals move through the housing and homeless services system and assess related system needs.
- There is no uniform provision of housing and supportive services for pregnant clients. Less than half of survey respondents indicated that they refer pregnant clients to prenatal services.
- Protocols for tracking referrals to outside services for pregnant individuals are not common among respondent organizations. Where referrals do exist, they vary in the use of tracking databases.
- Pregnant clients receiving services from the District's CoC housing providers have wide-ranging and intersectional identities and lived experiences. Housing providers may tailor services, such as case management, to ensure the complex needs of pregnant clients are met through other health and social services.
- Housing providers are not currently able to consistently track how their clients move between programs and receive services from other agencies and organizations across their referral networks.
- Current policy and practice support collaborative efforts between the District's health and housing systems. Housing providers welcome additional collaborative efforts to support pregnant clients moving through the system.
- (Lack of) housing provider workforce preparedness to respond to the needs of pregnant individuals may act as a barrier or facilitator for pregnant clients when receiving services. Providers noted a need for more comprehensive information about resources, guidance and referrals recommended for pregnant individuals seeking housing services.

- Housing providers indicate that the time-sensitive nature of pregnancy requires the delivery of services to align with pregnant clients' needs as they change throughout the perinatal period, and current programs do not consistently do this.
- Eligibility guidelines based on gestational age, enhanced data tracking capabilities, and responsive case management were cited by housing providers as areas of opportunity to improve the quality of services for pregnant clients.
- Housing providers would like to know more about clients' experiences in navigating the CoC and accessing information about additional resources to meet their needs.
- Data collection is not aligned across the housing system for information pertinent to pregnancy and referrals to programs and services for pregnant clients. As a result, providers often are unaware of the outcomes tied to their referral processes.

Appendix 1

DC CASI Survey for Housing/Homelessness Program Providers

Services and Operations

1. Who is your identified service population? (Check all that apply)
    a. Families with dependent children
    b. Single Adults
    c. Pregnant Individuals
    d. Survivors of Domestic Abuse
    e. Unaccompanied youth (age 18-24)
    f. Unaccompanied youth head-of-households (age 18-24)
    g. Individuals in need of substance use disorder treatment
    h. Other

2. Does your organization ask clients if they are pregnant?

- Answer: YES
    - At what point(s) in care is this question asked? (Short Answer)
    - How is this information used? (Short Answer)
    - Approximately how many pregnant people are in your programs at any given time, enter "unknown" if this information is not available.
- Answer: NO
    - Proceed to question #3

3. Housing services offered to pregnant individuals (check all that apply)
    a. Emergency Shelter
    b. Rapid Rehousing
    c. Transitional Housing
    d. Permanent Supportive Housing
    e. Homelessness Prevention
    f. Referral to external housing services
    g. None
    h. Other (with short answer box)

4. Does your organization directly provide other specialized services to support pregnant individuals, such as, cash assistance, childcare, transportation, health insurance assistance, IPV services, lactation counseling, behavioral health services, etc?

- Answer: YES
  - Which of the following services are directly provided by your organization to pregnant individuals?
    a. Cash assistance
    b. Child Care
    c. Transportation
    d. Health Insurance Assistance
    e. Intimate Partner Violence (IPV) Services
    f. Lactation Counseling
    g. Behavioral Health Services
    h. Parenting Classes
    i. Other (with short answer box)
  - Please briefly explain how the selected services are tailored to meet the unique needs of pregnant individuals.
- Answer: NO
  - Proceed to question #5

5. Does your organization provide external referrals for other specialized services to support pregnant individuals, such as cash assistance, childcare, transportation, health insurance assistance, IPV services, lactation counseling, behavioral health services, etc?

- Answer: YES
  - Which of the following services does your organization provide external referrals to pregnant individuals for?
    a. Cash assistance
    b. Child Care
    c. Transportation
    d. Health Insurance Assistance
    e. Intimate Partner Violence (IPV) Services
    f. Lactation Counseling
    g. Behavioral Health Services
    h. Parenting Classes
    i. Other (with short answer box)
  - Please explain your organization's protocol to guide and/or track referrals of pregnant clients to the previously selected services.
- Answer: NO
  - Proceed to question #6

6. Does your organization provide in-house medical services to pregnant individuals?

- Answer: YES

- Which of the following in-house medical services are provided by your organization?
    a. Primary care (adult)
    b. Primary Care (pediatric)
    c. Prenatal Care
    d. Birthing Center
    e. Referral to external medical services
    f. None
    g. Other

Answer: NO

- Proceed to question #7

7. Does your organization provide referrals to external medical services to pregnant individuals?

- Answer: YES
    - Which of the following medical services does your organization provide external referrals to pregnant individuals for?
        a. Primary care (adult)
        b. Primary Care (pediatric)
        c. Prenatal Care
        d. Birthing Center
        e. Referral to external medical services
        f. None
        g. Other
    - Please explain your organization's protocol to guide and/or track referrals of pregnant clients to the previously selected medical services.

8. Are your organization's homelessness prevention programs funded by the Community Partnership for the Prevention of Homelessness or the D.C. Department of Human Services?

- Answer: YES
    - End of Survey
- Answer: NO
    - Proceed to question #9

Services and Operations – Include in non-CoC survey only

9. Does your organization adhere to the U.S. Department of Housing and Urban Development (HUD) definition of homelessness? If not, how does your organization define homelessness?

10. How does your organization prioritize residents attempting to access services? Is pregnancy considered in this process?

11. Do you know where most of your organization's clients are referred from? If yes, where?

Quantitative Information (to be retrieved from HMIS via TCP for CoC providers, include in non-CoC survey only)

Characteristics of Client Population

12. Do you collect data on the race/ethnicity of the residents you serve?

13. If you answered yes to #18, please provide annual racial/ethnic demographic data for the residents your organization serves.

14. If you are able, please provide annual racial/ethnic demographic data for pregnant individuals served only.

Facility/Service Capacity and Volume

15. What is the capacity for housing provided at your facilities?

16. What is the capacity for services provided at your facilities? (i.e. how many households can your organization provide services to concurrently?)

17. How many family households does your organization serve annually? How many are experiencing homelessness upon entry?

18. How many single individuals does your organization serve annually? How many are experiencing homelessness upon entry?

19. How many pregnant individuals does your organization serve annually? How many are experiencing homelessness upon entry?

20. How many 1st time pregnant individuals does your organization serve annually? How many are experiencing homelessness upon entry?

Appendix 2

DC CASI Provider Focus Group Questions

1. Thinking about the current housing support/homelessness system, and how it serves pregnant residents in the District, what is working well? What could be improved?
2. How do you believe the services provided to pregnant individuals and families are impacting birth outcomes?
3. What would you like to know from residents with lived experience of concurrent housing insecurity and pregnancy?
4. Do you think it is important to have a protocol in place for providing services to pregnant individuals served by your organization?
5. Is there any additional information that you'd like to share with us?
6. In your own words, how do you define housing-insecurity? *bonus question if time permitted

Appendix 3

DC CASI Qualitative Analysis Codebook – Housing Provider Focus Groups

Code/Theme	***Definition***
Barrier	*Pregnancy-related barriers in accessing needed resources and supports, including housing services*
Client feedback	*Instances of perspective and input from individuals with lived experience of homelessness seeking services, as well as requests for such feedback, i.e. to inform program/system*
Collaboration	*Discussion of existing and requested partnerships and collaboration among providers and across sectors*
Data Systems	*Referring to tracking and monitoring capacity/activity for referrals and information on pregnancy via data systems, such as HMIS; inclusive of program or system -level data.*
Healthcare Services	*Participant description of healthcare service needs, access and utilization (including prenatal care), of pregnant individuals in the housing system.*
Housing Provider Perinatal Support	*Services, including case management, that housing providers offer to clients during the perinatal period*
Intersectionality	*Discussion of unique characteristics of clients at the intersection of pregnancy and various identity/lived experience; inclusive of experience of mental health need, domestic violence and sexual trauma*

Perinatal Health and Housing Outcomes	*Indicates mentions of outcomes specific to perinatal individuals, including medical, housing and other family-level outcomes, and the perinatal experiences/outcomes of clients who may or may not be receiving services*
Program Description & Context	*Participant describes their organization's program that provides housing/homelessness services and how the program supports pregnant individuals*
Protocol/Differential Approach	*Indicates discussion of a standardized process used to inform provision of services to clients based on unique needs. i.e. protocol for pregnant clients*
Quality Improvement	*Recommendations for improvement, including workforce development, process, and policy changes, within the homeless services system to improve the quality of care/outcomes for pregnant/post-natal clients receiving services*
Self-agency	*Instances of discussion of choices that clients make, including advocating for themselves, in pursuit of a healthy life and stable housing*
Support Needs	*Supports and resources provided to clients outside of housing and healthcare that support pregnant individuals in undergoing a healthy pregnancy. including, cash assistance, transportation, parenting classes, social support etc.*
System Gaps	*Indicates discussion of needed resources or gaps in services that negatively impacts the housing stability of pregnant clients within the homeless services system*

System Navigation	*Indicates mention of clients moving through the homeless services system from referral/intake through to program exits, including transfers across program types and ease (or otherwise) of utilizing and accessing housing supports*

DC CASI Working Paper #8

DC Calling All Sectors Iniative (DC CASI): Consultant's Report

Resident Lived Experience Engagement & Perspectives

Homelessness During Pregnancy in Washington DC – A Qualatative Study

noun

countable

WORKING PAPER

DEFINITION: "...a report by a group of people chosen to study an aspect of law, education, health, etc."

The Lived Experience of Homelessness During Pregnancy In Washington DC

A Qualitative Study for the DC Calling All Sectors Initiative (CASI)

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DC CASI Working Paper 2022

ABOUT THIS REPORT

This report intends to capture the key findings and subsequent recommendations of a qualitative assessment commissioned by the DC Calling All Sectors Initiative (DC CASI), a multi-sector collaborative effort led by the DC Health Office of Health Equity aimed at addressing housing insecurity among pregnant residents to improve birth outcomes in the District. Noelene K. Jeffers and Christina Marea wrote this report and developed the implications and recommendations based on needs identified by participants.

As a working paper of the DC CASI project, these implications and recommendations were shared with the DC CASI Core Team for their consideration.

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INTRODUCTION

Housing Insecurity and Perinatal Health in Washington DC

Housing insecurity is a key social determinant for perinatal health.[1] People experiencing homelessness in pregnancy are at increased risk for negative health outcomes in the perinatal period, the first year of life, and early childhood. Homelessness is associated with adverse pregnancy outcomes including late prenatal care, more frequent emergency department visits, hypertension, and hemorrhage.[2–4] Pregnant people experiencing homelessness are at increased risk for poor birth outcomes such as preterm birth and low birth weight.[2–5] The impact of homelessness in pregnancy also extends beyond the perinatal period. Pregnant people who experience homelessness have a greater likelihood of being readmitted to the hospital through the first 12 months postpartum[2] and are less likely to bring their child in for a well child visit.[6] Infants born during an episode of homelessness are at increased risk for acute and chronic health challenges such as respiratory illness, fever, longer neonatal intensive care unit stays and more emergency department visits. These risks remained elevated for up to 6 years beyond the initial period of homelessness.[7]

Housing insecurity is also a key social determinant for perinatal health equity.[8] Research suggests that racial disparities in housing and in perinatal health are caused by mutually reinforcing systems that are driven by structural racism. Exposure to structural racism through racial residential segregation may result in lower quality housing and greater exposure to environmental toxins and contaminants during pregnancy.[9–11] Unstable housing may impact the ability to access early and regular prenatal care.[2] And the stress associated with homelessness contributes to the overexposure of chronic racism-related stress.[12]

Understanding the complex and intersecting relationships between homelessness and perinatal health is critical in Washington, DC given the city's poor perinatal outcomes, significant challenges with homelessness, and persistent racial disparities in both perinatal health and homelessness. DC faces poor perinatal outcomes that are driven by racial disparities. Black pregnant people in Washington, DC are 2.5 times more likely than White pregnant people to deliver early, 2 times more likely to give birth to a low birth weight baby, and 5 times more likely to have their child die before its first birthday[13]. Washington, DC also faces a homelessness crisis that is disproportionately experienced by Black women and people who can become pregnant (i.e. trans-men, and non-binary people who were assigned female at birth). This group represent 82.2% of the adult population in families experiencing homelessness and 86.5% of DC residents experiencing homelessness are Black.[14]

Homelessness Assistance in Washington D.C.

The current process for obtaining homelessness assistance in Washington D.C. is managed through the Department of Human Services (DHS). There are different pathways for individuals versus families who are seeking assistance. Up until mid-2022, pregnant people were only eligible for family homelessness assistance in the third trimester. This was recently expanded to the first and second trimesters.

DC Homelessness assistance occurs via Coordinated Entry, referred to as Coordinated Assessment and Housing Placement (CAHP). According to DHS, this process ensures standardized access and assessment for all individuals and families experiencing homelessness within the District of Columbia. Households receive

referrals for housing (permanent supportive housing, targeted affordable housing, rapid rehousing, transitional housing, emergency housing, day programs, and other housing options) based on acuity of service needs (including medical vulnerability, mental health needs, substance use issues and other risk factors) and length of homelessness. Families (now including pregnant people of all trimesters), experiencing a housing crisis that they cannot resolve on their own are directed to contact the Virginia Williams Family Resource Center (VWFRC). They can present in person, or use the shelter hotline that is open every day from 8 AM - 12 AM. During hypothermia season (November 1 - April 15), the shelter hotline is open 24 hours a day. The guidance for accessing services at the time this study began was as follows:

To be eligible for homeless services for families through VWFRC, you must be a District resident; have minor children or adult dependents in your custody, or be a pregnant woman in your third trimester; and have no other safe place to stay.

Key Purpose

The overarching purpose of this research study was to explore the experiences of pregnant people who have experienced or are experiencing homelessness.

Research Aims

This study aimed to:

1. Characterize the perspectives, experiences, needs and expectations of people who have experienced homelessness in pregnancy.
2. Explore how the experience of homelessness in pregnancy impacts perinatal health care and outcomes.
3. Understand how pregnant people experiencing homelessness perceive and experience engagement with the Washington, DC housing and homelessness, and healthcare systems.
4. Identify ways in which Washington, DC housing and homelessness services can meet the unique needs of people experiencing homelessness in pregnancy.
5. Understand how the intersection of homelessness and other complex social and health challenges (i.e., mental illness, exposure to violence, experiences of racism, substance use and dependence) impact the perinatal health needs and outcomes of people experiencing homelessness in pregnancy.

Our Approach

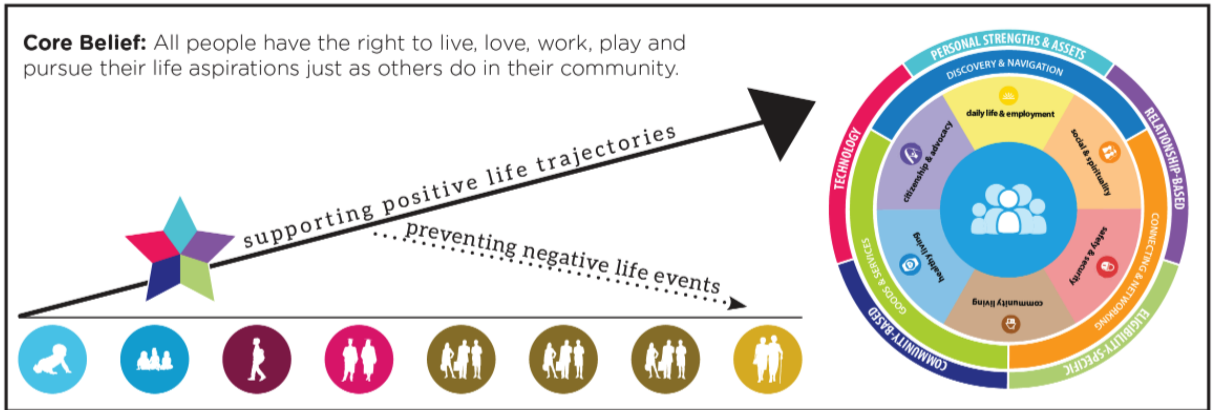
We used an action-oriented qualitative research approach to design and conduct this study. This approach to qualitative research is ideal for studies that aim to rapidly utilize research to inform changes to policy and clinical care. We aimed to understand the lived experiences of people who have experienced homelessness during pregnancy from a life course perspective, and to explore the ways in which they feel the homelessness assistance system supported them well, let them down, and what changes they recommend to better support pregnant people who are experiencing homelessness.

Reproductive Justice Framework

The reproductive justice framework includes the human right to 1) have children; 2) not have children; and 3) parent children in safe and sustainable communities.[15] This framework is important to the study design and analysis because it requires us to consider how experiencing homelessness affects the participants' ability to access these rights.

Life Course Health Development Framework

The Life Course Health Development Framework (LCHD) posits that health is a series of developmental capacities that emerge and adapt throughout the life course in response to internal (biologic, genetic, epigenetic) and external (stress, trauma, resources, education, exposures, etc.) factors that interact throughout the life stages (childhood, adolescence, pregnancy/parenting, senescence).[16] The LCHD framework emphasizes that one's life course health development is particularly susceptible to trajectory shift during periods of change, particularly when those changes occur during socially or physically vulnerable times. This framework is appropriate for this study evaluating the experiences of homelessness (socially stigmatized) during pregnancy (physically vulnerable). The figure below illustrates how negative life events (like homelessness) can affect life and health trajectories.



METHODS

Sample

Participants were eligible to participate in this study if they were 18 years of age or older, had experienced homelessness during a pregnancy or within 3 months of the end of a pregnancy, spoke fluent English, sought housing-related services in Washington D.C., and had access to a phone/smartphone or computer. Participants were excluded if they were less than 18 years old, currently incarcerated, or were unable to provide informed consent.

Recruitment and consent

We used a modified snowball sampling strategy to identify people who had experienced homelessness during a pregnancy. The CASI team generated a list of agencies that provide services to those experiencing homelessness in Washington DC, including key contacts within each agency who could support dissemination of the study to staff and clients. Next, Kelly Sweeney McShane, CEO of Community of Hope - a DC homelessness services provider and a Federally Qualified Community Health Center - emailed key contacts within each agency as a "warm contact" to inform them that they would be receiving study information from "*The Housing Study."* Study team members then sent emails to agency staff with study information, and a request that they share the study information with any clients who may meet inclusion criteria. Agency contacts were able to share study information via email, text, phone or QR code.

Interested participants could contact the study team via phone or text, or directly to the study enrollment website. Participants either conducted their eligibility screening directly through the enrollment website, or a study team member conducted the eligibility screening by phone. Eligible participants were then scheduled for an interview. Eligible participants were emailed study information and informed consent documents upon scheduling their interview.

Setting and participants

Interviews were conducted in January and February 2022 by authors Noelene K. Jeffers (NKJ) and Christina X. Marea (CXM,) both nurse-midwives and PhD prepared researchers experienced in the clinical care of marginalized groups, and with extensive training and experience in qualitative research. Interviews began with the interviewer introducing herself, explaining the study purpose and procedures, and obtaining verbal consent. Interviews were conducted at a time and place, and using a format acceptable and convenient to the participants. Interviews were audio-recorded with participants' permission and lasted between 40–90 minutes. Participants who completed an interview were given a $75 incentive gift card in appreciation of their time and participation.

Interview Guide

The qualitative interview guide (see Appendix) was organized according to the aims of the study and the theoretical framework informing our approach. Questions explored factors that led to the participant experiencing homelessness during pregnancy, the experience of homelessness during a pregnancy, services

that were helpful or that let them down, experiences seeking help with housing, strategies used to meet their needs and care for their pregnancies, and any recommendations they may have for improving the supports offered in Washington D.C. for pregnant people experiencing homelessness.

Analysis

We used directed content analysis with an action-oriented approach for qualitative data analysis. This methodology was appropriate because we are studying a phenomenon that requires further examination and clarification, and requires policy changes in order to better address a critical public health need.

We immediately transferred all audio recordings from the recording device to a secure server hosted by Georgetown University, and erased from the recording device. We used a certified transcription service to have the audio recordings transcribed and error checked. We used Dedoose to conduct the qualitative analysis. NKJ created the preliminary codebook via inductive coding of one transcript. Codes represented a topical area of interest, or a key example of a topical area. CXM then applied the codebook to the same transcript, adding additional codes as needed. NKJ and CXM then met to review, compare and clarify the codes, and write a brief summary of each code. CXM and NKJ then independently coded another two transcripts, and met again reviewing the coding until we achieved >80% consensus on code application. We then applied the finalized codebook to all interview transcripts.

Ethics Statement

The Georgetown University Medical Center Institutional Review Board granted ethical approval for the conduct of this study. We obtained verbal consent from all participants.

FINDINGS

We conducted a total of 20 in-depth individual interviews, either via telephone or Zoom. All participants reported Black/African American race. About one-third of participants were currently pregnant and most have been pregnant within the last two years. Most participants had accessed services from DHS/Virginia Williams in search of help addressing their homelessness status. One quarter of participants report that they are working part-time, though several disclosed that they would prefer to work full time but are unable to find full time work that has adequate flexibility that they can also manage childcare. Those who are unemployed also cite a lack of childcare, irregular childcare closures due to COVID, and employer policies that are perceived as punitive to parents with childcare responsibility as reasons for their unemployment.

Table 1. Characteristics of Participants

Characteristic	% (N)
Race - Black/ African American	 100% (20)
Pregnancy - Currently Pregnant - Pregnant within the last 2 years	 35% (7) 85% (17)
Homelessness Services via DHS/Virginia Williams - Yes - No	 85% (17) 15% (3)
Employment Status - Part time - Full time or student - Unemployed	 25% (5) 15% (3) 60% (12)
Current Age, Mean (Range) - Emerging Adult (18-24) - Adult (25+)	25.7 (19 - 35) 55% (11) 45% (9)
Age at First Unstable Housing - Childhood (<18) - Emerging Adult (18 - 24) - Adult (25+)	18.4 (4 - 33) 30% (6) 55% (11) 15% (3)

Pathways to homelessness

Participants often described one or more pre-existing factors that increased their vulnerability for experiencing homelessness. Participants reported that a precipitating event then initiated homelessness.

Finding #1: Pre-existing contextual and life factors influence pathways to homelessness during pregnancy.

Participants reported exposure to numerous adverse childhood experiences including exposure to physical and sexual violence, neglect, incarceration, death of a parent, foster care, and previous homelessness and unstable housing. Participants also describe difficult transitions into adulthood with strained family relationships, being "put out" by family members, intimate partner violence, substance use/ abuse, and mental health challenges including histories of suicidality.

Exemplar Quote

"I lived with my dad as a kid. Then, I ran away [at 13] because it was toxic and... abusive. Ended up in foster care, two foster homes and a therapeutic group home. After that, my aunt got custody of me for two years…That didn't work out. Her kids were on drugs and they were stealing from me and I experienced lots of problems there.

I did a lot of house hopping. Went with my grandma actually. That didn't last too long...We didn't leave on bad terms but it was overwhelming for her. I went back with my dad…That didn't last long. His wife and I have always really bumped heads and [it was] toxic. They're still alcoholics... Anyway, long story short, she wrote me up an eviction notice and kicked me out. Again, homeless… [I was] 19."

- *Participant 7*

Implications

Pregnant people experiencing homelessness may have complex life course histories with one or more adverse life events occurring in childhood or early adulthood. Pregnant people experiencing homelessness may benefit from warm hand-off referrals for mental health support. All service providers working with pregnant people experiencing homelessness should be trained in and implement a trauma-informed approach.

Finding #2: Precipitating events initiate homelessness during pregnancy.

Participants associated their homelessness with one or more precipitating experiences or events, including job loss, family strained relationships, physical altercation, formal evictions, kicked out (or "put out") of the home, and/ or pregnancy. These events resulted in homelessness for the participants in the context of challenges experienced in early life. Participants describe a lack of material resources like cash savings, and lack of a family or social safety net as reasons why a triggering event resulted in homelessness. Some participants describe relying on family or friends to sleep in a sheltered environment; however, they emphasize that having temporary shelter with someone with whom they are in a "toxic" relationship does not equate with being housed. Participants further emphasized that family members often "put them out" again either because they cannot pay rent, or they experience interpersonal strain. Participants strongly felt that "couch surfing" is not a safe and stable environment in which to experience a pregnancy or care for a new baby.

Exemplar Quote

“It ended up happening because...we were in a rooming house. I had gotten pregnant, and then I had to end up telling the landlord like, "Hey. I'm pregnant. This is what's going on. There is about to be another kid in the house." She [said] "Okay. Well, you and your mom are going to have to find somewhere else to stay because I can't have you bring another kid in here." We had to go to court and I just kept saying like, "Oh, she's kicking me out because of the baby."

- *Participant 4*

Implications

Current procedures for homelessness verification may include inquiring whether the individual can stay with friends or family. For pregnant people experiencing homelessness, being a “guest” in someone else’s home can be an unstable and unsafe situation. The pregnant person must then rely on their good will, and cannot be sure that they will have a stable place to live. In evaluating a “friend or family” housing option, service providers should assess for the safety of the environment, including a private space in which to sleep for the pregnant person and a future newborn, and the longevity of the placement including a clear plan for expected or unexpected transitions out of these types of stays.

Experiences of homelessness during pregnancy

Pregnant people in DC who are experiencing homelessness contend with significant stress and fear, struggle to meet their basic needs, and have difficulty caring for themselves and their pregnancy. Participants describe the experience of homelessness during pregnancy as stressful and scary. Participants emphasized the immense worry they experienced as they sought safe and stable shelter for themselves and their newborn. Participants described struggles to meet their basic needs including transportation, food (especially healthy food, and food they could tolerate during pregnancy-related nausea/vomiting and/or cravings), childcare, clothing (particularly as their body changed due to the pregnancy), and having an address to receive insurance and social service documents.

Finding #3 Worry about finding safe shelter

Participants described the intense stress and feelings of fear that they experienced when they did not know if they would have a place to stay, or if they were unsure how long they would be able to stay in a current shelter or housing environment.

Participants described fear around other circumstances as well, often related to their safety. Participants reported sleeping on the street where they feared exposure to the elements (cold in winter, heat in summer), violence, theft, and injury to themselves or the fetus. Participants reported feeling fear in many of the shelters that they utilized including DC shelters and homes of friends/family where they describe fear of theft or attack from other shelter residents, particularly when they were required to stay in shared spaces.

Participants describe how not knowing when, where or for how long they will be housed as immense sources of stress. They reported that having unclear timelines about when housing may become available, whether it

would be short- or long-term, and what would happen at the end of a shelter/housing program contributed to a lived-sense of instability that made it difficult to find work, care for themselves and their pregnancies, and left them with a persistent sense of hopelessness and insecurity.

Exemplar Quote

"It was very difficult and stressful and scary because you never know where you're going to be-- like you have to keep finding places to stay at and you don't know if you're going to be sleeping on the street. It's just stressful because you don't know where you're going to lay your head the next day. That's all I would worry about, is like where am I going to stay at the next day? I didn't want to be out in the street with my own toddler. It was a lot. I always worked and stuff. We had to save up money and things like that. I always wanted to get my own place, but every time I wanted to apply for Section 8, the list was closed, so I could never apply. Even now I try to apply for Section 8 because where I'm living now you have to put in the work to get your own place and you have only a two-year time period. In two years, if I don't get stuff together, then I'm technically going to be back on the street and homeless."

- *Participant 1*

Implications

Chronic stress and fear contribute to adverse pregnancy outcomes, and increase risks to the fetus and newborn both as a result of possible prematurity or other pregnancy complications, and also secondary to having a parent whose mental health is compromised by the fear that basic needs for housing and safety are not met. Pregnant people experiencing homelessness would benefit from prompt assistance during early pregnancy (or whenever they first present), a clear roadmap and timeline to safe and stable housing, minimizing housing transitions, and provision of private space where they can stay during pregnancy and prepare for the newborn. Having a housing environment that is safe for the infant *before* the birth is important to ensure that the pregnant person has enough stability to fully attend to their prenatal care, and establish a safe environment to return to following the birth - including a safe sleep environment for the newborn free from pests (mice, roaches) and environmental hazards (mold, smoke, etc.).

Finding #4 Meeting basic needs

Participants reported ongoing challenges meeting their basic needs for food, clothing, showers/hygiene. They described how the stress of not knowing how to access things they needed negatively affected their mental health, and their pregnancy. Participants described these challenges across housing status types (housed but lacking employment/access to cash, living in shelters, or while staying with friends and family). Participants discussed that they spent immense amounts of time trying to get basic needs met, which strained their mental health and did not leave them with much capacity to navigate the bureaucratic systems that may have provided them with more access to needed resources.

Exemplar Quote

"Pretty scary because I'm not eating as much as I should. My baby isn't getting as much as nutrients, especially with my health conditions, I'm diabetic. That makes me a high-risk pregnancy. Two years ago when I was pregnant and I was homeless, I was 109 pounds. I really didn't know about the different locations, where to go to get daily food or daily showers, and things of that nature. It was difficult to keep my weight up and my

sanity, my mental state together."

- Participant 6

Implications

Pregnant individuals seeking homelessness assistance should be assessed for whether their basic needs for food, clothing, personal hygiene, transportation, and method of communication are met upon presenting. Ideally, a checklist will exist to assess these needs and provide warm hand-offs to individuals within service agencies who can support pregnant individuals in meeting their basic survival needs. This checklist should be reassessed frequently during pregnancy and their first two years postpartum.

Finding #5 Managing the pregnancy

Participants reported that they struggled to manage their pregnancy while experiencing homelessness. While some women described having normal and uncomplicated pregnancies, others reported dealing with chronic pre-existing conditions while pregnant or with pregnancy-specific complications. Some participants did not receive prenatal care and relied on the emergency room or labor and delivery triage system to periodically confirm the wellbeing of their baby and to request help with securing safe housing. Others who were connected to prenatal care had difficulties getting to appointments for ultrasounds and consultations with specialists. Participants reported difficulty in accessing critical medications and in taking medications as prescribed. The lack of a safe and consistent place to stay meant that they did not have access to a refrigerator to store medications and they feared their belongings and medications would be stolen.

Participants reported not getting enough to eat. Many women did not know where to get a meal, while others secured food from shelters, soup kitchens, friends, family, or by asking passersby for help outside of food establishments. Participants described significant changes in their access to fresh and nutritious foods, a particularly dangerous situation for some individuals with complications such as diabetes. Many participants attributed pregnancy complications (e.g., miscarriage, preterm birth, fetal growth restriction, decreased fetal movement, and high blood pressure) to homelessness.

Exemplar Quote

"With diabetes, you're supposed to have multiple small meals throughout the day to keep your blood sugar at a certain level. I don't have a refrigerator that I can just tag along with me all day. It's hard to do that. It's hard to get in small meals. Sometimes I would sit outside of certain restaurants all day just so I would be able to have, just a little bite throughout the day, like outside of 7-Eleven people would come past, they would just give you random stuff throughout the day and that would help. Now, I just take Metformin and with that, the government does give you free insurance, but it's hard to keep up with medication, somebody might steal my bag. Now my medicine's gone all over again."

- Participant 3

Implications

Pregnant people experiencing homelessness are at risk for numerous adverse health outcomes for themselves, the pregnancy, and the infant through early childhood. Homelessness assistance programs have an opportunity to assess women and other people who can give birth when they first seek services. Assessments should occur on an intermittent basis via case management to ensure that pregnant people obtain safe and stable housing as early as possible during their pregnancy and minimize program and housing transitions. These assessments should also identify if the person has health insurance, and if not provide referrals or support for enrollment. Once an individual experiencing homelessness has been identified as being pregnant, referrals should be provided to prenatal care providers, and there should be ongoing integrated case management for housing and pregnancy-related services and care. Interval check-ins can be beneficial for pregnant people experiencing homelessness to assess if they are experiencing any barriers to accessing prenatal care, basic necessities (food, medications, transportation, etc.), and/or mental health support. Pregnant people experiencing homelessness are under immense strain, fear and stress so proactive and regular contact and support can be immensely helpful to mitigate and address the negative health effects of homelessness for pregnant people and infants.

Finding #6 Pregnant people experiencing homelessness experience depression, anxiety, suicidality and other mental health challenges.

Participants reported significant mental health challenges. In addition to common stressors that arise during pregnancy, participants dealt with the added stressors related to homelessness. Many participants described experiencing depression and anxiety and some reported that they struggled with suicidality. For many participants, mental health challenges may be debilitating, making it difficult to conduct activities of daily living, manage the pregnancy, and take the necessary steps to secure long-term housing. While some participants were connected to a mental health therapist or support program, others reported that they had no mental health support and relied on constructive and destructive (e.g., substance use) coping strategies.

Exemplar Quote

“ I did stress a lot. I was in the hospital because her heart rate was always going up for no reason because they was like I was stressing too much…It's just that I just had to stop stressing because they said it's not good for the baby and I was just like it's so hard to do that when life is not great at all.”

- Participant 14

Exemplar Quote

“The only reason why I was feeling suicidal was, honestly, because I didn't have any support, any family, or the child's father wasn't supportive at all. It was like I [was] just doing it by myself, and I needed help. A lot of times, it would get very, very overwhelming or even challenging to where I'm just like, "I'm ready to end it." Like, "What am I here from this here?" Taking care of a child. We're barely making it. The only thing I could say, we have a roof over out head, but it's just like, "Damn, I don't get no break. I can't go to the store without the baby or anything." I just didn't have that physical help that I needed.

A lot of times it was just taking me into a depression. Like I told you, I suffer from depression… It's just like a lot

of times I be like, "If I just end it, everything will be okay," but in reality, it won't be okay."

- Participant 18

Implications

Pregnant people experiencing homelessness should receive routine referrals to mental health providers. Mental health services will ideally be offered across multiple modalities, integrating in-person, telehealth, and text-based support services to mitigate barriers to care. Service providers should maintain a list of accessible mental health providers who accept Medicaid/Alliance insurance.

Perspectives on Homelessness and Housing Services in DC

Participants' experiences with homelessness assistance services were often characterized by inconsistency in support and a perceived lack of compassion. Participants described the homelessness assistance system as difficult to navigate, and lacking clear and consistent information from staff. Participants were frustrated by inconsistent communication from agency staff. Participants reported that they feel like staff do not care about those seeking services, and express a strong desire to feel like someone cares about them. Positive experiences were described as grounded in genuine relationship and demonstrated care and respect. Participants reported examples of caring as being listened to, treated with kindness and respect, and receiving timely follow-up and proactive updates about their case status. Participants further described a sense that homelessness assistance services wanted to have them housed, but were not committed to supporting them with a long-term commitment to stable housing.

Finding #7 Inconsistent support from homelessness assistance

Participants expressed frustration with the inconsistent support received from DC homelessness assistance via the Virginia Williams Center. They reported that the support they received would be different depending on which staff member or caseworker they were working with, which contributed to feelings of insecurity. Participants often reported challenges navigating the homelessness assistance process, and not knowing what to expect from staff added to the challenge. Participants further expressed feeling as though they received piecemeal instructions, and as though there was always one more hurdle that needed to be accomplished in order to get help. Participants described some feelings of discouragement or even despair when they perceived that help was being denied on a technicality. The most frequent example participants provided was being denied services because they were on someone else's lease, but not being believed when they stated that they had been kicked out of that unit - particularly if the lease holder (often a parent) reported to the agency a different story. Participants reported that these family conflicts are an immense source of stress - being kicked out of the home by a parent, and then being denied services because the parents report that the participant still resides there.

Exemplar Quote

"Every time I went there, they assigned me to different caseworkers. Some workers would want to really truly help me but they require a lot of things for me to go get for them to help me move forward. Some caseworkers

would just be like, "You …won't be able to get the help without these things." Then I'll have to leave them and then go find the things they want me to get like, proof that I'm not on nobody's lease. I had to get…my mom's lease. Then I had to go get my cousin's lease…because they want to know if he was homeless in the past two years. I have to give all those things and then come back. Then when I come back to give them the stuff, it be like, they need something else. I used to get so tired … like I don't want to do anything because all I've been doing is go back and forth on the train or the bus."

- *Participant 14*

Implications

Participants desire clear and consistent communication when seeking homelessness assistance services. They would benefit from a clear roadmap and instructions on how to access services, including all required documentation and transparent timelines. Participants deeply appreciate proactive communication and updates about their status - even when that update is simply that things are still pending. The fear and insecurity of not knowing what comes next, or when they will have housing, adversely affects participants' mental health and their ability to manage their health and pregnancy. Further, pregnant people experiencing homelessness would like to attest or self-certify that they do not have access to safe and stable housing, including having themselves removed from any other lease upon which they are listed without requiring the agreement of the lease-holder. Challenging relationships with their family of origin is a frequently reported stressor, and often causal factor, for the homelessness experienced by pregnant people in Washington D.C.

Finding #8 Desire for caring and respectful support

Participants described needing therapeutic relationships that communicated genuine care and concern. Lack of respect and compassion was a frequently cited problem. Examples of disrespectful care included receiving late or no response to inquiries, infrequent communication, outdated information, and argumentative or combative conversations. Participants reported that the most helpful caseworkers provided timely, respectful, and holistic care that addressed both housing and non-housing needs.

Exemplar quote

"Be patient. For better support, you need to have a little more patience. That's all. A little more patience and not say act like you care but actually care about the pregnant person that you're encountering. Actually, care about the pregnant females that are out here and know that everybody's circumstances are different. Everybody's situation is different."

- Participant 15

Exemplar Quote

"I've been concerned about not being able to pay my rent, and they're telling me, "You know we'll contact someone," and I can't contact anyone because no one returns my phone calls through the [redacted] program. I've emailed them as well. I'm kind of confused as to how things are going to go moving forward in April."

- Participant 19

Implications

Respectful, safe, and compassionate care is a foundation of homelessness support services. Pregnant people experiencing homelessness deserve respect while seeking assistance with securing housing. Respect is demonstrated through friendly, welcoming, and caring attitudes and also by delivering timely, accurate, and consistent support. Service providers should foster a care culture in which respect is a requisite component and ensure that the staff have adequate training, support and accountability to provide respectful care.

Participant recommendations

Participants felt strongly that people who are pregnant should be supported in order to avoid pregnancy complications, and ensure they have somewhere safe to take their baby home. Participants recommended that pregnancy should be a prioritized status for homelessness support.

Finding #9 Targeted support for pregnant people experiencing homelessness

Participants expressed empathy and compassion for all people experiencing homelessness; however, they felt that pregnant people should be given special consideration. Participants described how being pregnant made them feel especially vulnerable and isolated. Participants described the difficulties maintaining sufficient employment while pregnant and experiencing homelessness, challenges exacerbated by lack of transportation. Participants emphasized that pregnant people need a secure foundation of a safe and stable place to live in order to have the bandwidth to manage their pregnancy, and prepare for the arrival of an infant. Participants talked about how short-term solutions like couch surfing and sleeping outside, or even moving between shelters, was immensely challenging during pregnancy - though many stressed they wished there was more support for all people experiencing homelessness.

A few participants also reported that they wish that there was support for their baby's father. They describe how men, and particularly young men, often struggle with housing, family strain, instability, and lack of social support, but that there is almost no support for them. This was described in the context of wanting the father to have support, but also often needing to maintain an independent living space in cases of intimate partner violence.

Exemplar Quote

"I really think that they should work on trying to help more of the pregnant women out here. Not saying that women who have kids already don't need the help...Pregnant women, they go through a lot... For the homeless pregnant women, I really wish that they really work hard into trying to get them on their feet. I remember when I was pregnant and homeless and I didn't have that person to be like, "Okay, well, we're going to make sure that you get straight. We're going to make sure you good. We're going to place you here so that you can work on whatever you need to work on." I really wish they'd work on that. I really wish they work on not turning people away when their help is needed regardless if their name is on the lease. I think that if they do that and take those actions to make it better for pregnant women, I think it'd be a little bit more easier for [pregnant women] to transition from being in the shelter to being in their house. I'm really going to write a book about this."

- Participant 4

Implications

Pregnant people experiencing homelessness have a brief period of time during which to care for their pregnancy, and establish a safe and stable environment in which to bring home an infant. Participants expressed a hope that pregnant people experiencing homelessness would receive prioritized and timely homelessness assistance services, and that referrals to other needed services would be integrated with housing-related case management.

Finding #10 Reduce housing transitions and lay a path for long-term stability

Vulnerability during the pregnancy continuum extends into the first postpartum year. Pregnancy and postpartum are periods of intense life changes and health needs. Participants shared a need for programs that facilitate long-term family stability.

Exemplar Quote

”[In the rapid rehousing program], if you don't have enough financial backing living in DC, it costs a lot. You going to end up back in the streets again after the year when they are done helping you. From my understanding, [in] the rapid rehousing [program], you pay 40% of your income. Then the government helps with …60% for a year. Then you go back to paying the normal markets rate for the place you're living in. If anything is supposed to happen within that year when they stop paying, in case you lose your job, like how it is happening on pandemic or anything you end up back in the street again. [You'll have to] start the process all over again. With transitional housing, they have more accommodations. I still pay 40% of my income towards my program fee, but I get to live here for two years with no more bills, just my rent, and that program fee. Then in case, there are any incidents or something else happen, my stay could be extended.”

-Participant 10

Implications

Homelessness services should utilize a lifecourse approach that prioritizes policies and programs that provide a path for longer-term stability for the pregnant person and their children. Shorter-term programs are critical interventions that provide assistance in quickly exiting homelessness. Families and children also need affordable, stable long-term housing options and access to services when needed. Pregnancy is a stage of vulnerability for both the parent and child that extends well into the first year postpartum and beyond. Participants would like the DC government to consider providing pregnant people with access to longer-term housing programs to promote a positive trajectory towards permanent housing and overall life stability

RECOMMENDATIONS

Throughout this report we have highlighted the lived experiences of DC residents who have experienced homelessness during pregnancy. These individuals often have complex life histories, early exposure to trauma, and lack a social support system and family safety net. Many of these individuals have profound levels of material, housing, and health-related needs that require interdisciplinary and cross-sectoral responses. The authors of this report have highlighted the implications of what the study participants shared with us for service providers and policy makers who provide homelessness assistance. The DC homelessness assistance system is meeting immense needs among the DC community during an incredibly challenging time of the COVID-19 pandemic and deep structural inequity in our city. We affirm that we will not look away from the lived experiences and needs of the most vulnerable DC residents, such as those experiencing homelessness during a pregnancy and parenting very young children. We commit to the reproductive justice outcome that families in DC can have, or not have, children and parent them in safe and stable communities. This report represents a step in our collective commitment to ensure DC residents who are pregnant and parenting will have safe and stable housing, and their physical, mental, and social needs met. We move towards this goal by establishing recommendations for how homelessness assistance in DC can better meet the needs of pregnant people experiencing homelessness.

Recommendation #1

Ensure meaningful access to homelessness assistance for people who are pregnant, including the elimination of barriers that may impede timely access

Sub Recommendations

1. **Ensure pregnant people have immediate access to homelessness assistance,** including during the 1st, 2nd, and 3rd trimesters of pregnancy.
2. **Amend homelessness verification process.** Consider changes such as: enable pregnant individuals to self-attest that they no longer reside at an address where they may be listed on someone else's lease (i.e. pregnant person's mother has kicked them out of the house, but refuses to remove them from the lease); listen to and trust pregnant individuals when they state that they cannot live with a friend or family member. These environments may be unsafe, unstable, and inappropriate for the pregnant person and/ or bringing home a newborn.
3. **Develop and share a clear roadmap** for pregnant individuals seeking homelessness assistance. This might include steps for navigating the system, information about different program eligibility and requirements, individual vs. agency responsibilities, timeline, exit requirements, and a concrete communication plan including frequency of contact.
4. **Ensure a respectful and responsive environment** at all homelessness assistance agencies, including in all communications and contacts with agency staff. Key ways that respectful communication can be demonstrated is through a caring interpersonal demeanor, timely follow up, and believing and validating the experiences of the individual who is seeking support.

Recommendation #2

Ensure all pregnant individuals seeking homelessness assistance receive referrals to services to support their physical, mental and social well being

Sub Recommendations

1. **Provide universal referral to health care, including prenatal care.** Provide pregnant people experiencing homelessness a list of healthcare and prenatal care providers in Washington, DC. With permission, service providers can share their information with a prenatal care provider so that the housing services provider can follow up directly. The healthcare or prenatal care and housing service providers should identify clear roles on who is ensuring follow-up. Assess at each contact if the resident has initiated care, and whether they require any further assistance accessing care (transportation, childcare, etc).
2. **Provide universal referral to mental health services.** Homelessness during a pregnancy is a stressful life event that may benefit from mental health support. Many individuals who experience homelessness during a pregnancy have complex, and often traumatic, life histories that may contribute to anxiety, depression, suicidality, substance use disorder, and acute stress responses.
3. **Explore how technology might be leveraged to improve findability and delivery of homelessness assistance and human services.** Technology (e.g., mobile app) may be able to facilitate identification of resources to meet needs (e.g., food, clothing, mental health, medical/ prenatal care, transportation, etc.). Additionally, technology could also be utilized to improve the delivery of homelessness assistance services and housing support.
4. **Provide targeted care coordination/case management** to ensure pregnant people are able to access needed items and services. Adequate training for care coordinators/case managers can help to ensure they are connecting pregnant people to all available resources and being mindful to time-sensitive needs during pregnancy and postpartum (i.e. sonograms, diapers/wipes, safe sleep space for the infant).

Recommendation #3

Continue to work to ensure that DC residents have meaningful access to housing that is affordable, and sustainable so that families can parent in safe and stable environments.

Sub Recommendations

1. **Prioritize safe, stable, independent housing with minimal transitions** for pregnant people and parents of young children. Pregnant people experiencing homelessness face immense challenges, and unfortunately these circumstances often become more challenging and complex once they are parenting young children. Pregnancy is a development period during which the pregnant person is preparing physically, mentally, and emotionally to become a parent - including preparing a safe space for the infant. Once the child arrives, it becomes challenging to manage complex demands or sustain paid work due to the demands of parenting, sleep deprivation, and lack of free or affordable childcare options.

2. **Invest in programs that support pregnant people and parents** including cash support, job training and placements, subsidized housing, and ongoing mental health resources.

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Appendix

Interview Guide

Introduction

Welcome. My name is ______. Thank you for coming here today to talk with us. We've asked each of you to come here today because you are currently experiencing or you have experienced homelessness during pregnancy. We don't know enough about the experiences of people who are pregnant and experiencing homelessness, and want to learn more about how to provide better care and services.

Let's get started.

1. Please tell us about how you ended up experiencing homelessness.
    a. PROBE: Was being pregnant part of the reason why you ended up experiencing homelessness?
2. Please tell us about what it was like to be pregnant while you were experiencing homelessness.
    a. PROBE: What are some of the biggest challenges you experienced when you were experiencing homelessness during pregnancy?
    b. PROBE: For example, did you have any challenges related to prenatal care, accessing ultrasounds/antenatal testing, food, transportation, work, childcare, mental health like anxiety, other medical care
3. What do you think would have been most helpful to you when you were pregnant and experiencing homelessness?
    a. PROBE: Were there any services that were particularly helpful?
    b. PROBE: Were there any services that disappointed you or let you down?
    c. PROBE: Is there something that would have made your experience easier? Like a person to talk to or more information on resources?
4. Some people who experience homelessness in pregnancy may seek out housing support. Did you ever try to access any house support services? What was that like?
    a. PROBE: Please describe the support/assistance you received while in need of help with safe and stable housing.
    b. PROBE: How many weeks pregnant were you?

   c. PROBE: Were you ever sent away?

   d. PROBE: Were there any barriers that stopped you from getting the support you needed?

5. What were some of the ways you were able to get the things you needed while you were pregnant and homeless?

   a. CLARIFICATION: For example, food, clothes, a place to sleep or a phone.

   b. PROBE: Would an app with resources or a person to talk to have been helpful?

6. What did you do to take care of your health and the health of your pregnancy while you were experiencing homelessness?

   a. PROBE: Many people find it hard to keep prenatal care appointments. Was there anything that made it hard to get appointments scheduled? Or to get to your appointments?

   b. PROBE: Sometimes doctors or midwives write prescriptions or give referrals to things like sonograms or specialist care. Did you have any experiences like that during your pregnancy? Were you able to access what you needed?

   c. PROBE: What motivates pregnant people to start and keep getting prenatal care?

7. Is there anything you’d like to share or discuss today?