Yakima County Maternal-Child Health Diversion Project

Final Evaluation Report

June 2023

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Abbreviations

COVID-19	Coronavirus disease 2019
HMIS	Homeless Management Information System
ICM	Infant Case Management
MSS	Maternity Support Services
SD	standard deviation
SNAP	Supplemental Nutrition Assistance Program
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YNHS	Yakima Neighborhood Health Services

Project Overview

The Yakima County Maternal-Child Health Diversion Project was a two-year project of Building Changes in Yakima County. The project aimed to integrate a housing service into existing health services provided by Yakima Neighborhood Health Services (YNHS). Funded through Premera Blue Cross, this project increased access to Diversion by offering Diversion services to Maternity Support Services (MSS) and Infant Case Management (ICM) clients facing homelessness or housing instability. The goal of this project was to connect pregnant and postpartum individuals who identified as experiencing homelessness or housing instability with housing services so that they may be stably housed. This model was previously implemented by Building Changes in Pierce County, Washington, through the Perinatal Housing Grant project, funded through the Bill & Melinda Gates Foundation. Using learnings from that model, we implemented a similar model through this project with adaptations for the different service providers and community.

MSS and ICM are two of three services offered through the First Steps program. This Medicaid program serves pregnant and postpartum individuals and aims to get them the health and social services they may need. MSS is open to those pregnant and up to 60 days postpartum and provides preventative health and education services. ICM can start any time after MSS ends and continues up to the baby's first birthday and can help families learn about and how to use needed medical, social, educational, and other resources in the community.

Diversion, an approach Building Changes helped to pioneer, is a strategy used to assist families experiencing homelessness or unstable housing to quickly move into stable housing. It does this through the use of creative housing solution conversations and follow-up, and, if needed, provides one-time/short-term flexible financial assistance (flex funds).

Under this grant, the MSS/ICM program at YNHS offered Diversion services to MSS or ICM clients who identified as experiencing homelessness or housing instability. MSS/ICM case workers screened eligible clients into the project and referred them to an MSS/ICM Diversion Specialist, who enrolled the clients and had a Diversion conversation to help them identify realistic prospects for becoming stably housed quickly and safely. If a client needed more support than Diversion services could provide, the MSS/ICM Diversion Specialist would perform a warm handoff to the YNHS Emergency Services team, which provides an array of housing services at YNHS, so they could provide more support as needed. For those who were enrolled in this project, upon completion of the Diversion

conversation, the Emergency Services team at YNHS entered the client data into the Homeless Management Information System (HMIS).

This report summarizes select outcomes related to housing and health and descriptive information about enrolled household characteristics, collected from the first two years of the project (March 1, 2021, through December 30, 2022). The project served participants up to March 31, 2023, and those served during that time were not captured in the data evaluated here.

Evaluation Overview

The evaluation aimed to address three questions:

- What is the correlation between project participation, housing stability, and health care access and outcomes?
- How effective is Diversion in supporting the housing needs of pregnant and postpartum women and their families?
- How effective is Diversion in the health care sector in addressing racial disparities associated with family homelessness?

Evaluation design

This evaluation was cross-sectional and formative; the findings can guide improvements to this model in the future. The evaluation was informed by both the quantitative and qualitative data that were collected, analyzed, and synthesized. Quantitative data were analyzed using R version 4.2.2 (2022-10-31 ucrt), a statistical software. The qualitative data were analyzed using content and thematic analysis to identify common themes.

Data sources

Data sources included HMIS, data captured in the YNHS Practice Management system, responses from Learning Circles, and a final interview with key YNHS staff involved with the project.

HMIS data: YNHS project team members extracted data they had entered into HMIS and provided a de-identified dataset to Building Changes for analysis. These data included all household characteristics and information on housing, income, non-cash benefits, disability, domestic violence, and flex funds.

Practice Management data: YNHS extracted the data entered into their electronic health records system by the project team and provided a de-identified dataset to Building

Changes for analysis. This data included MSS/ICM visit numbers, unit information, and MSS/ICM program enrollment information, as well as some birth outcome information.

Learning Circles: Building Changes conducted Learning Circles during the two-year period—monthly meetings with the YNHS MSS/ICM and Emergency Services teams to support the implementation and work of the project. Learning Circles provided an opportunity for the two teams at YNHS and Building Changes to discuss project implementation, learn from one another, and adjust internal processes as needed. Learning Circles were intended to foster a learning environment in which those involved in the project could support each other to work through challenges, discuss successes, and generally strengthen service delivery.

Final interview: In January 2023, Building Changes conducted a 90-minute, in-depth interview with key personnel involved with the project. Respondents were asked about their perspectives on project implementation, including strengths and.

Data suppression

To protect the privacy of households enrolled in the project, frequency and percentages were suppressed where the number of households or clients was ten or less. In cases in which the frequency or percentage could be inferred from totals, the next lowest category was also suppressed.

Characteristics of Enrolled Households

Characteristics of project households were obtained from data entered into HMIS and the Practice Management system. A total of 386 clients among 171 households were served through the project. The following sections present data for these 171 households and are based off the information from the heads of household, except for income and non-cash benefits information, which is based on all adults within the households.

It should be noted that for some characteristics, data from a portion of households are not included. This is due to the way in which YNHS collects data for their Diversion projects on-site: people who received Diversion services and did not utilize the flex funds were entered only into their Practice Management system, not into HMIS. For this project, data for a total of 55 households (32.2%) were not recorded in HMIS, but these clients did have a Diversion conversation with an MSS/ICM Diversion Specialist. Characteristics for which there was no information have been removed and noted.

Living situation at entry

The most common living situation prior to project entry was rental by client with no ongoing housing subsidy (49.1%), followed by staying or living in a family member's room, apartment, or house (25%; Table 1). Through this project, households could be enrolled if they were experiencing homelessness or housing instability, such as doubled-up not by choice, inability to pay rent, or facing eviction. More than half of enrolled households were unstably housed, although exact numbers cannot be shown to maintain client privacy. This is not surprising; through our previous pilot of this model in Pierce County, we learned that more than 80% of households were experiencing housing instability.[1]

*Table 1. Living situation of households at entry (N=116).**

Living situation at entry	Frequency	Percentage
Rental by client, no ongoing housing subsidy	57	49.1%
Staying or living in a family member's room, apartment, or house	29	25.0%
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	+	+
Staying or living in a friend's room, apartment, or house	+	+
Emergency shelter, including hotel or motel paid for with an emergency shelter voucher, or Runaway Homeless Youth–funded Host Home shelter	+	+
Rental by client, with other ongoing housing subsidy	+	+
Hotel or motel paid for without emergency shelter voucher	+	+
Owned by client, no ongoing housing subsidy	+	+
Rental by client in a public housing unit	+	+
Rental by client, with a Veterans Affairs Supportive Housing (VASH) housing subsidy	+	+
Overall total	**116**	**100.0%**

* Removed 55 households for which there were no data in HMIS due to not utilizing flex funds.
+ The frequency and percentage of households were suppressed to ensure privacy.

Demographic characteristics

Race and ethnicity

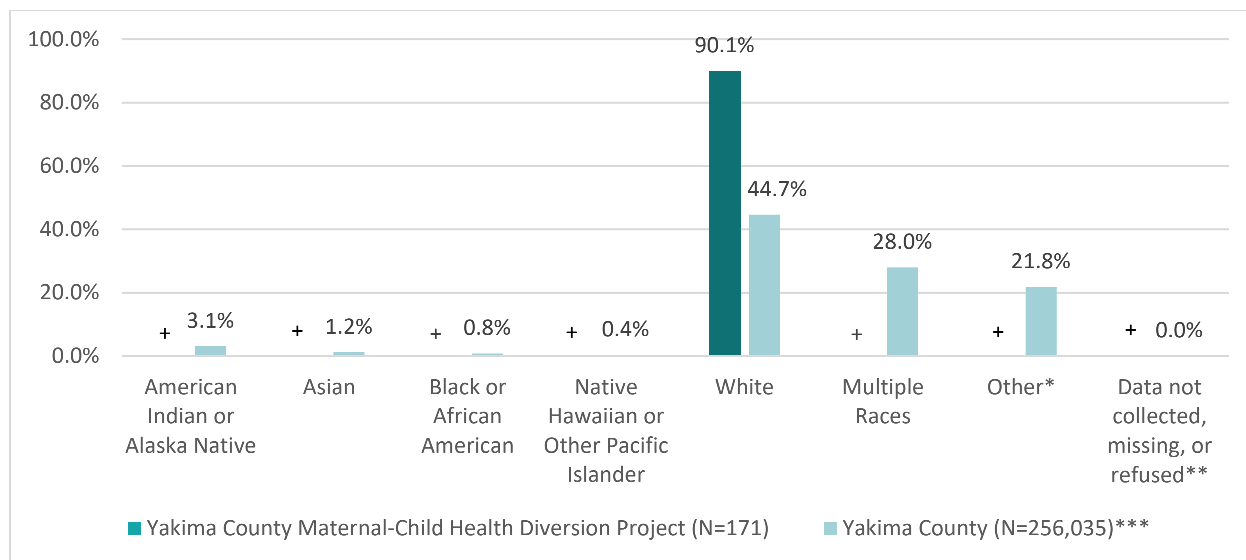
There was an over-representation of white households in the Yakima County Maternal-Child Health Diversion Project compared to the racial composition of Yakima County. Of the 171 project households, 90.1% were white, and only 44.7% of Yakima County residents were white according to the 2021 Yakima County census[2] (Figure 1). However, there was also an over-representation of Hispanic/Latinx households. The majority of the 171

[1] Building Changes. (2021). Perinatal Housing Grant evaluation research brief. https://buildingchanges.org/wp-content/uploads/2021/01/2021_PHGEvaluation_ResearchBrief.pdf.
[2] U.S. Census Bureau. American Community Survey, 2021. Table DP05: American Community Survey 1-year estimates. Generated by Building Changes using https://data.census.gov/cedsci/ (March 3, 2023).

household participants were Hispanic/Latinx households (83%; Figure 2). In comparison, a little more than half of Yakima County residents were Non-Hispanic/Non-Latinx (51.8%).

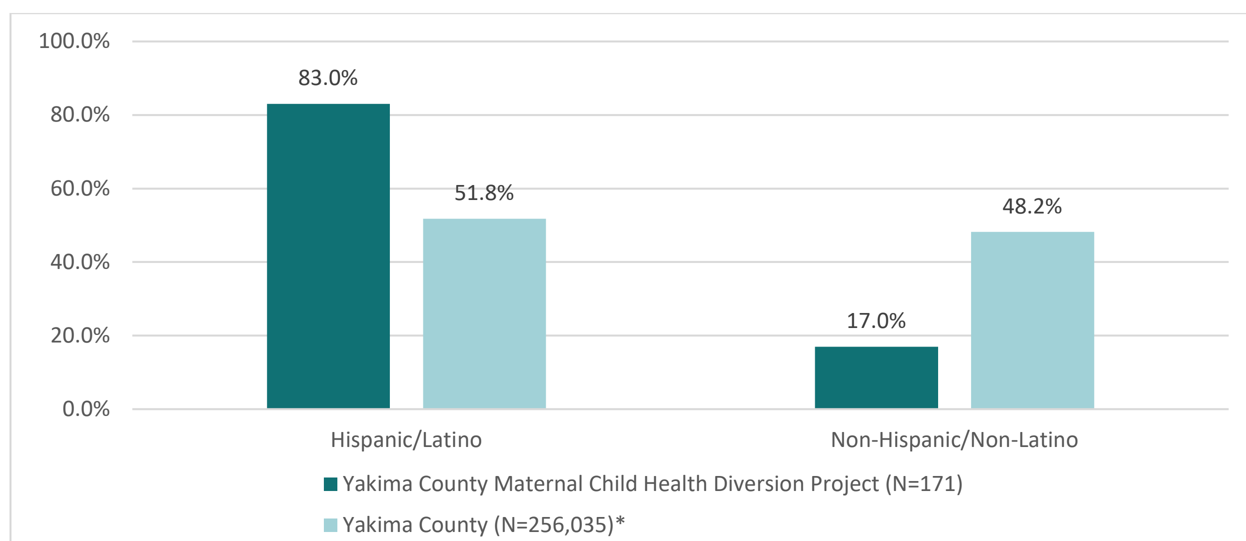
YNHS did not find these results surprising; anecdotally, they have observed an over-representation of Hispanic/Latino households in all their homeless programs and within the MSS/ICM program. They will also reflect on the over-representation of white households.

Figure 1. Race of project participants and Yakima County residents.



+ The frequency and percentage of households were suppressed to ensure privacy.
* Yakima County does not collect an "Other" category for race.
** American Community Survey does not have missing race information.
*** U.S. Census Bureau. American Community Survey, 2021. Table DP05: American Community Survey 1-year estimates. Generated by Building Changes using https://data.census.gov/cedsci/ (March 3, 2023).

Figure 2. Ethnicity of project participants and Yakima County residents.



* U.S. Census Bureau. American Community Survey, 2021. Table DP05: American Community Survey 1-year estimates. Generated by Building Changes using https://data.census.gov/cedsci/ (March 3, 2023).

Sexual orientation

Most households were headed by someone who identified as straight or heterosexual (70.2%; Table 2). However, it should be noted that 6.5% of households identified as bisexual or chose not to disclose.

Table 2. Sexual orientation of head of household (N=171).

Living situation at entry	Frequency	Percentage
Straight or heterosexual	120	70.2%
Bisexual or Chose not to disclose	11	6.5%
Don't know	12	7.0%
Data not collected, Missing, or Refused	28	16.4%
Overall total	**171**	**100.0%**

Income and non-cash benefits

Income and non-cash benefit information was missing for close to a third of households (32.2%). This is due to the way in which YNHS does data collection: those who receive Diversion services and do not utilize the flex funds are not entered into HMIS. Therefore, their income information is not collected and not shown below.

More than half of households with income information had some form of income (i.e., income from any source) (66.4%; Table 3). A total of 44 households (37.9%) reported having earned income at project entry (Table 4).

*Table 3. Income status at project entry (N=116).**

Income status at entry	Frequency	Percentage
Yes, has income from any source	77	66.4%
No, does not have income from any source	39	33.6%
Overall total	**116**	**100.0%**

* Removed 55 households for which there were no data in HMIS due to not utilizing flex funds.

*Table 4. Source of income at project entry (N=116).**

Source of income	Frequency	Percentage
Earned income	44	37.9%
Temporary Assistance for Needy Families (TANF)	17	14.7%
Unemployment insurance	+	+
Social Security Disability Income (SSDI)	+	+
Child support	+	+
Supplemental Security Income (SSI)	+	+
Other	+	+

* These categories are not mutually exclusive, as households could have multiple sources of income and/or benefits. Percentages show the proportion of the 116 households that had a particular source of income.
+ The frequency and percentage of households were suppressed to ensure privacy.

Among the 116 households with income information available in HMIS, the average monthly income from all sources for a household at project entry was $1,329 (standard deviation [SD] $1,005), ranging from $280 to $6,000.

Among the 44 households that reported an earned income amount at project entry, the average monthly earned income was $1,492 (SD $827), ranging from $200 to $4,000.

Seven out of ten households had non-cash benefits at entry (70.7%; Table 5). A total of 71 households (61.2%) received SNAP and 44 households (37.9%) received WIC at project entry (Table 6). This is not surprising given the MSS/ICM program is a Medicaid program for those who are pregnant or postpartum.

*Table 5. Non-cash benefits at project entry (N=116).**

Income status at entry	Frequency	Percentage
Yes, has non-cash benefits	82	70.7%
No, does not have non-cash benefits	34	29.3%
Overall total	**116**	**100.0%**

* Removed 55 households for which there were no data in HMIS due to not utilizing flex funds.

*Table 6. Source of non-cash benefit at project entry (N=116).**

Source of non-cash benefit	Frequency	Percentage
SNAP	71	61.2%
WIC	44	37.9%

* These categories are not mutually exclusive, as households could have multiple sources of income and/or benefits. Percentages show the proportion of the 116 households that had a particular source of non-cash benefit.

Household size and composition

Household size and composition are presented in Table 7. Household size ranged from one to eight. The mean household size was 2.2 (SD 1.6), and the median was 1.0.

The frequency of adults in each household ranged from one to four, and the number of children in each household ranged from zero to five. Of the 171 households, 76.0% were single-adult households and 24.0% were households with two adults or more. In all, 96 households did not have children (56.1%).

Table 7. Household size and composition (N=171).

Adults and children per household	Total household size	Frequency	Percentage
Single-adult households		**130**	**76.0%**
0 children	1	86	50.3%
1 child	2	20	11.7%
2 children	3	11	6.4%
3+ children	4+	13	7.6%
Two or more adult households		**41**	**24.0%**
0 children	2	+	+
1 child	3	+	+
2 children	4	12	7.0%
3+ children	5+	11	6.4%
Overall total		**171**	**100.0%**

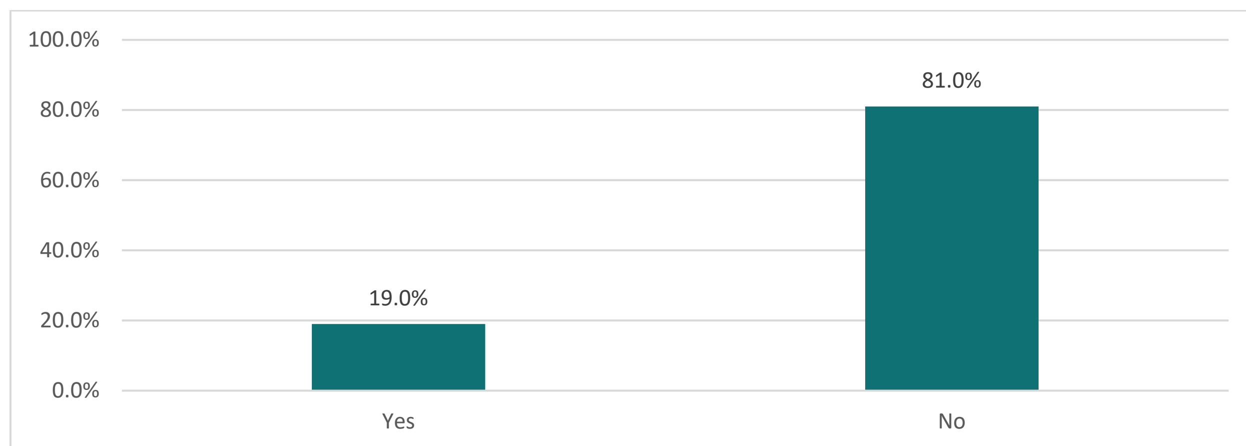
+ The frequency and percentage of households were suppressed to ensure privacy.

Disabling conditions

HMIS information was missing for close to a third of households; and thus, there were no data on disabling conditions in these households (e.g., physical or developmental disability, chronic health condition, mental health condition, substance abuse problem). This is due to the way in which YNHS does data collection: those who receive Diversion services and do not utilize flex funds are not entered into HMIS. Therefore, their disabling condition information is not collected and not shown below.

Less than one in five households had a disabling condition (19.0%; Figure 3). The most common disabling condition offered by the head of household was a mental health condition (11.2%; Table 8). Note that a head of household could have more than one disabling condition.

*Figure 3. Head of household with a disabling condition (N=116).**



*Removed 55 households for which there were no data in HMIS due to not utilizing flex funds.

*Table 8. Disabling condition of head of household (N=116).**

Disabling condition	Frequency	Percentage
Mental health condition	13	11.2%
Substance abuse disorder (SUD)	+	+
Physical disability	+	+
Chronic health condition	+	+
Developmental disability	+	+

* These categories are not mutually exclusive, as households could have multiple disabling conditions. Percentages show the proportion of the 116 households who had a particular disabling condition.
+ The frequency and percentage of households were suppressed to ensure privacy.

Domestic violence

Close to a third of households were missing domestic violence information. This is due to the way in which YNHS does data collection: those who receive Diversion services and do not utilize the flex funds are not entered into HMIS. Therefore, their domestic violence information is not collected and not shown.

Among the 116 households, less than 10% were domestic violence survivors.[3] Exact numbers cannot be shown to maintain client privacy.

Maternity Support Services and Infant Case Management information

Those enrolled in the Yakima County Maternal-Child Health Diversion Project were either MSS or ICM clients (N=171). However, 15.8% of households did not have MSS or ICM information available (N=27). Therefore, they are omitted from the below analysis.

MSS and ICM programs

When enrolled in this project, households were in either the MSS or ICM program. The majority of enrolled households for which there was MSS and ICM information (89.4%) were MSS clients, and 12.8% were ICM clients (Table 9).

*Table 9. First Steps program among households (N=144).**

Program	Frequency	Percentage
Infant Case Management (ICM)	18	12.8%
Maternity Support Services (MSS)	126	89.4%
Overall total	**144**	**100.0%**

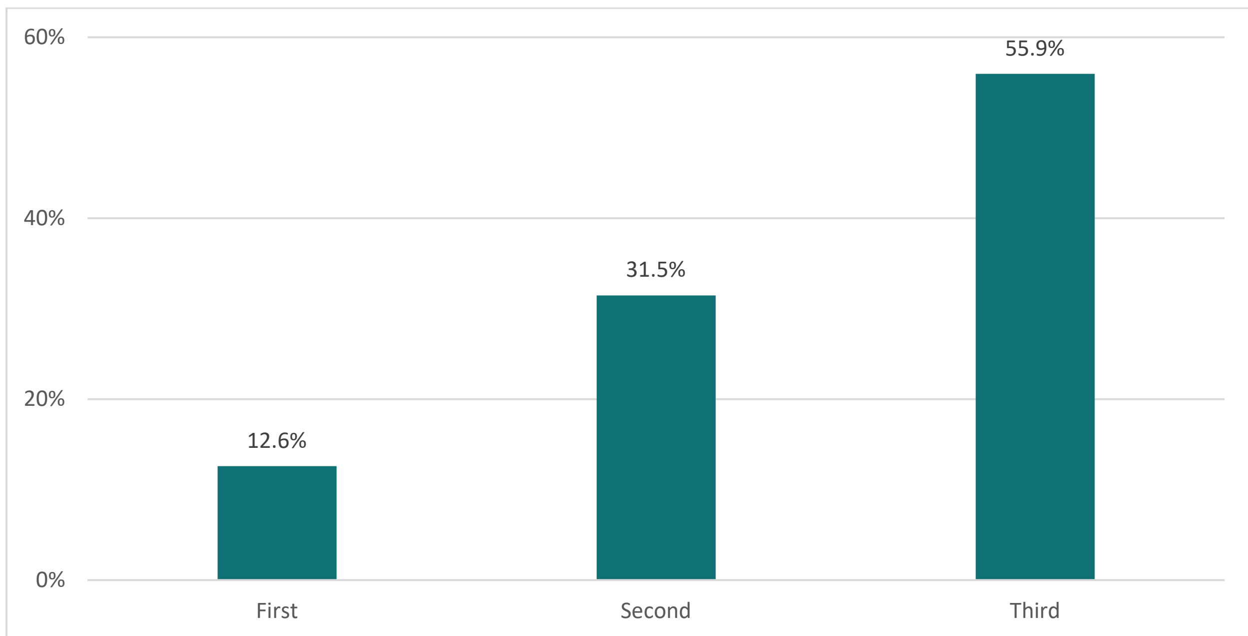
* Removed 27 households for which there were no data in the Practice Management system.

[3] In the HMIS data dictionary, the field name is "Domestic Violence Victim/Survivor," but this report refers to this variable as domestic violence survivor. A "Yes" indicates the program participant has experienced any domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place within either the individual's or family's primary nighttime residence (https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf).

Trimester

MSS client trimester information was captured upon enrollment in the project. More than half of households (55.9%) entered the Diversion project in their third trimester. YNHS was not surprised that more clients enrolled in the project in their third semester due to clients getting into more services and reaching out for help as they approached their due date.

*Figure 4. Trimester at project entry (N=143).**



* Removed 27 households for which there were no data in the Practice Management system. One additional household for which trimester information was missing was thus excluded from this analysis.

Level of service

The level of service for MSS and ICM correspond to the number of units a patient is able to use in the MSS and ICM programs and is determined by guidelines created by the Washington State Health Care Authority. The level of service is determined based on risk factors and is determined at different points within a client's enrollment in these programs.

Those who are prenatal and enrolled in MSS are screened for risk factors that determine their needs and therefore their level of service using the MSS Prenatal Screening Tool (HCA 13-874).[4] The three levels of service are basic (7 units), expanded (14 units), and maximum (30 units). Then, an MSS client is screened again postpartum for their post-pregnancy level of service using the MSS Postpartum Screening Tool (HCA 13-873).[5] For clients who are enrolled during the post-pregnancy eligibility period only, the potential

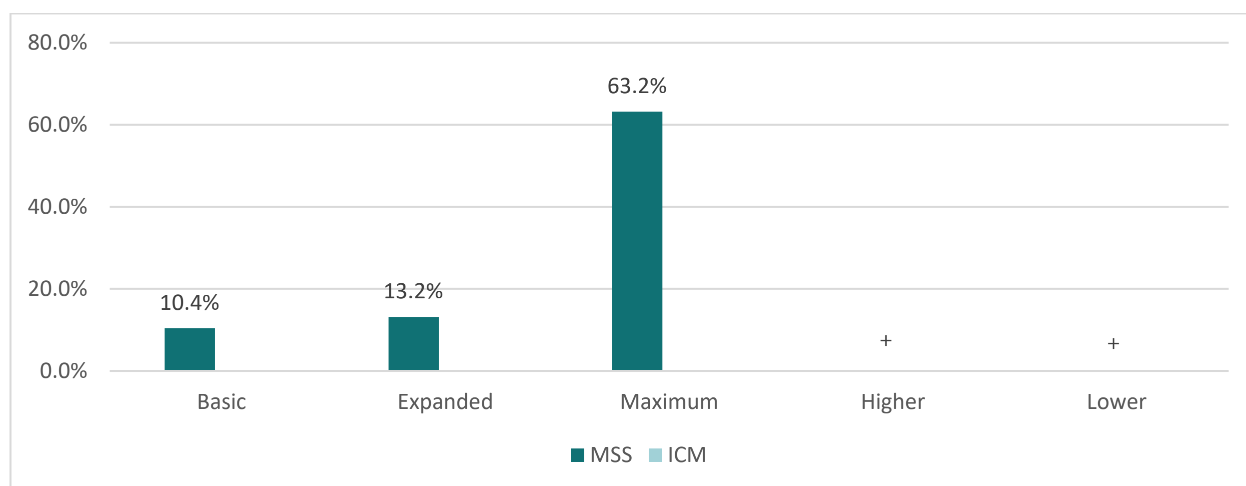
[4] Washington State Health Care Authority. (2021). MSS Prenatal Screening Tool. https://www.hca.wa.gov/assets/billers-and-providers/13-874-prenantal-screening-tool.pdf.

[5] Washington State Health Care Authority. (2021). MSS Post Pregnancy Screening Tool. https://www.hca.wa.gov/assets/billers-and-providers/13-873-post-pregnancy-screening-tool.pdf.

levels of service are basic (4 units), expanded (6 units), and maximum (9 units). Finally, during the postpartum period of MSS, the infant and client are screened using the Infant Case Management (ICM) Screening Tool (HCA 13-658) to determine their eligibility for ICM as well as their level of service.[6] These levels of services are higher (20 units) or lower (6 units). Figure 5 shows the level of service allocated to MSS and ICM clients enrolled in the Diversion project.

It should be noted that none of the screening tools include social determinants of health. YNHS expressed that, after this project, housing status should be included in screening tools due to recognizing the importance of it in the health and stability of their clients.

Figure 5. Level of service for MSS and ICM clients (N=144).



* Removed 27 households for which there were no data in the Practice Management system.
\+ The frequency and percentage of households were suppressed to ensure privacy.

Baby Closet

Another component of this project was the implementation of a stockpile of infant items that could be given to Diversion project households as needed. Throughout the project, the YNHS team saw gaps in the ability of flex funds to meet household needs and expressed their concerns to Building Changes in Learning Circles. Although flex funds could go toward housing needs for those enrolled in the project, clients commonly asked about other essential items for their infants, which would not be covered by flex funds. YNHS reported this need was high; Diversion project households could become more stable if these items were provided. Thus, in July 2022, Building Changes approved the creation of the "Baby Closet"—a stockpile of commonly needed items for the safety and health of infants, including infant beds, diapers, cleaning kits, strollers, and blankets. YNHS shared that this was unique compared with other maternal and child health programs that

[6] Washington State Health Care Authority. (2021). Infant Case Management (ICM) Screening Tool. https://www.hca.wa.gov/assets/billers-and-providers/13-658.pdf.

may provide similar items, because they could give the items to clients immediately, rather than making them wait. Furthermore, it allowed their staff to provide items specific to the needs of enrolled households, which varied.

YNHS expressed that the impact of this added component was huge. It helped to establish rapport and trust with enrolled households, which helped them in the process. Furthermore, it helped relieve the financial stress of purchasing necessary baby items for those who had an impending due date. Finally, it also allowed enrolled households to get items that would not impact their benefits from other programs, such as WIC. Overall, YNHS expressed that this unique aspect of the project was something that had a positive impact on the clients served.

Diversion services

Flex funds

Of the 171 households enrolled in the Diversion project, 54 (31.6%) received flex funds. A total of $44,607.47 in flex funds were spent to assist enrolled households (Table 10). There were 99 flex funds transactions completed for the 54 households; the majority of transactions were for food and gas (N=34; 34.3%) and utility bill payments (N=27; 27.3%).

Table 10. Categories of flex funds assistance (N=99).

Type of assistance	Frequency	Percentage	Amount
Food and gas	34	34.3%	$8,534.14
Rental assistance	14	14.1%	$18,917.68
Utility bill payment	27	27.3%	$11,680.16
Other	24	24.2%	$5,475.49
Overall total	**99**	**100%**	**$44,607.47**

The mean amount of flex funds used among the 54 enrolled households that used flex funds was $826.10 (SD $763.20; median $587.30), ranging from $75 to $4,000 (Table 11). The mean amount of flex funds used among all 171 enrolled households was $260.90 (SD $574.39; median $0.00), ranging from $0.00 to $4,000.00.

Table 11. Flex funds information.

Flex funds used	Mean	Median	Minimum	Maximum
Enrolled households that used flex funds (N=54)	$826.10 (SD $763.20)	$587.30	$75.00	$4,000.00
All enrolled households (N=171)	$260.90 (SD $574.39)	$0.00	$0.00	$4,000.00

Household Outcomes

Among the 171 households enrolled in the Diversion project, 149 households exited. Forty-eight of those households were only entered into the Practice Management system; their information is not in HMIS. This is due to the way in which YNHS collects data for their Diversion projects on-site: those who receive Diversion services and do not utilize the flex funds are entered into their Practice Management system only, not into HMIS. Data were not recorded in HMIS for 48 households that exited (32.2%), but those clients did participate in a Diversion conversation with an MSS/ICM Diversion Specialist and had an exit date. For outcomes determined by HMIS, these 48 households are removed and noted.

Housing outcomes

Among the 101 households that exited and whose information was included in HMIS, 70 exited successfully into a permanent housing situation (69.3%; Figure 6). It should be noted that, normally, those with unknown housing exits are included in analysis for housing outcomes. However, unknown housing exits are normally captured within HMIS and are marked as such when no exit interview is completed with clients. In this case, the 48 households with missing housing outcome information are due to data practices at YNHS. As this is a unique data practice, they were removed from the analysis for housing outcomes.

Although exact numbers cannot be shown to maintain client privacy, housing situations that were successful exits were:

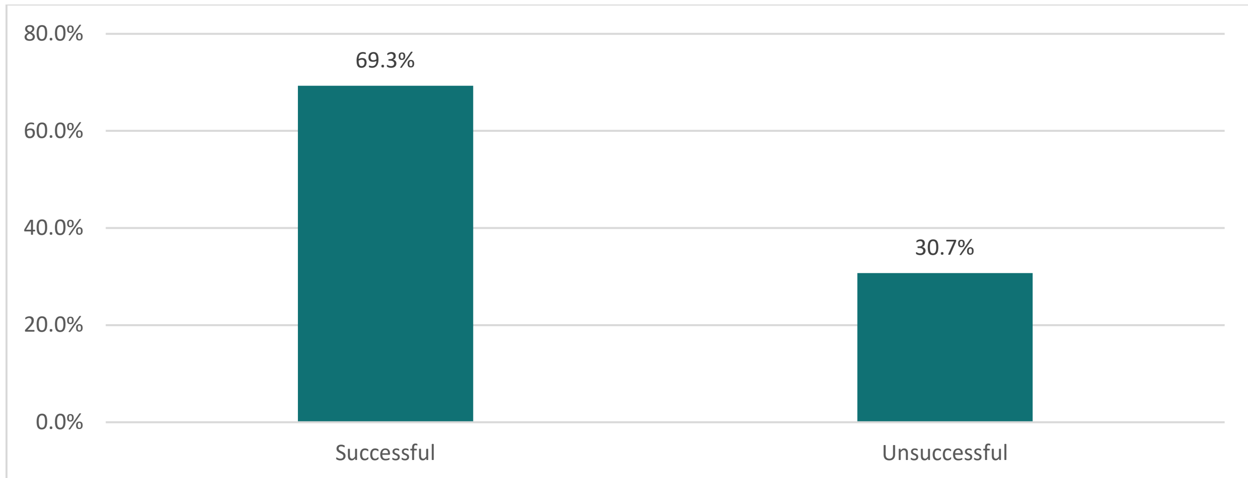
- Owned by client with no ongoing housing subsidy
- Rental by client without an ongoing housing subsidy
- Rental by client with an ongoing housing subsidy
- Rental by client in a public housing unit
- Staying or living with family permanently

Unsuccessful exits were those that were temporary housing situations: 30.7% of exits in this project. Although exact numbers cannot be shown to maintain client privacy, housing situations that were successful exits were:

- Place not meant for habitation
- Staying or living with family temporarily
- Staying or living with friends temporarily
- Emergency shelter including hotel or motel
- Substance abuse treatment facility

- Transitional housing

*Figure 6. Exit success (N=101).**



* Removed 48 households for which there were no data in HMIS due to not utilizing flex funds.

This is approximately similar to what we saw in our pilot MSS Diversion project in Pierce County, which took place from November 1, 2016, to October 31, 2019, and was funded through the Bill & Melinda Gates Foundation. This pilot project, the Perinatal Housing Grant, was Building Changes first time implementing Diversion for MSS clients and saw 69.7% of project participants exit successfully.[1] Although the Yakima County Maternal-Child Health Diversion Project was in a different community and involved some differences in the flow of services to meet the unique needs of the organizations, it produced similar outcomes to what was seen in the Perinatal Housing Grant. Furthermore, both projects had a higher proportion of exits to successful housing compared to Building Changes' Diversion pilot, which saw 49%.[7] Overall, both our MSS Diversion projects have seen similarly higher rates of successful exits compared to other Diversion projects.

When looking at the race and ethnicity of those who exited successfully, more than 84% were Hispanic/Latinx and more than 84% were white. To maintain client privacy, exact numbers cannot be shared. However, the composition of race and ethnicity of enrolled households mirrored that of those that exited successfully through this project.

[7] Building Changes. (2018). *Homeless to Housed in a Hurry: Extending the use of Diversion to help families exit homelessness, an overview.* http://buildingchanges.org/wp-content/uploads/2018/04/2018_DiversionOverview_FINAL.pdf.

Health outcomes

Low birth weight and preterm

During the evaluation period, 107 clients gave birth. Of those who gave birth, less than 10% of births were preterm and had low birth weight. To maintain client privacy, exact numbers cannot be shared.

MSS and ICM utilization

As described above, MSS and ICM are screened to determine their level of service, which then determines the number of MSS or ICM units a client can use. The average percentage of MSS and ICM units used during enrollment in the project was 24.4% (SD 22.2%; minimum 0%; maximum 100.0%).

Visit information

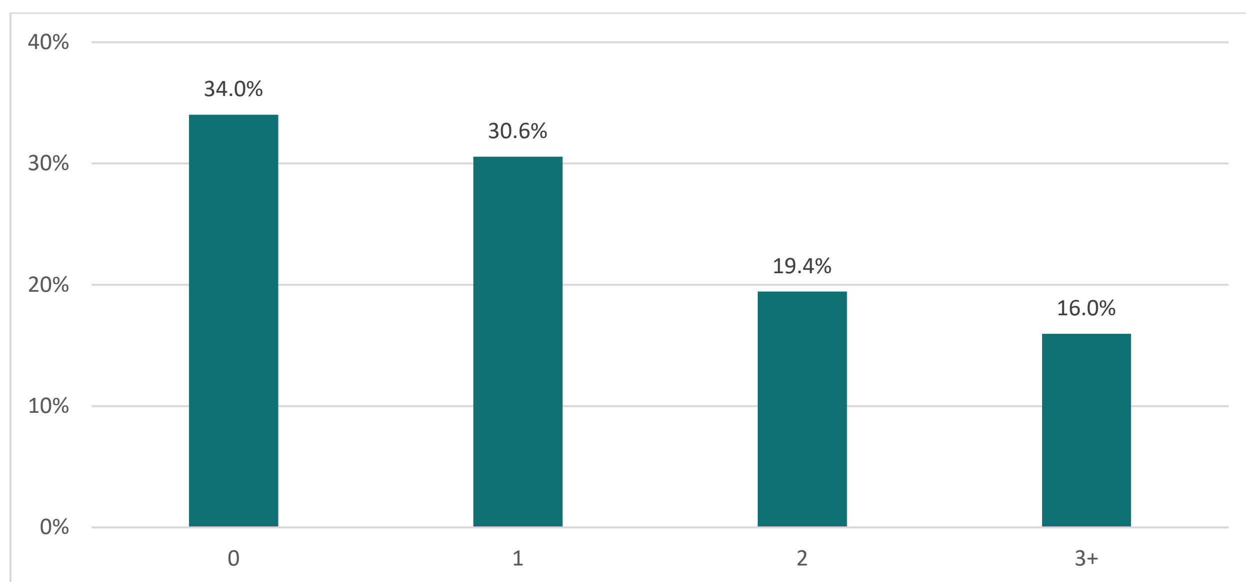
After enrollment, the average number of visits by both MSS and ICM clients was five (SD 4.3; minimum 0; maximum 21). The average number of visits by MSS and ICM clients, respectively, is shown in Table 12. The frequency of visits by the Diversion Specialist after enrollment can be seen in Figure 7; the average was 1.5 (SD 1.9; minimum 0; maximum 12).

Table 12. Number of MSS/ICM visits after enrollment in the project.

Program	Mean	Median	Minimum	Maximum
Maternity Support Services (MSS)	4.8 (SD 4.5)	4	0	21
Infant Case Management (ICM)	0.3 (SD 1)	0	0	7

Removed 27 households for which there were no data in the Practice Management system.

*Figure 7. Number of follow-up visits by a Diversion Specialist after enrollment (N=144).**

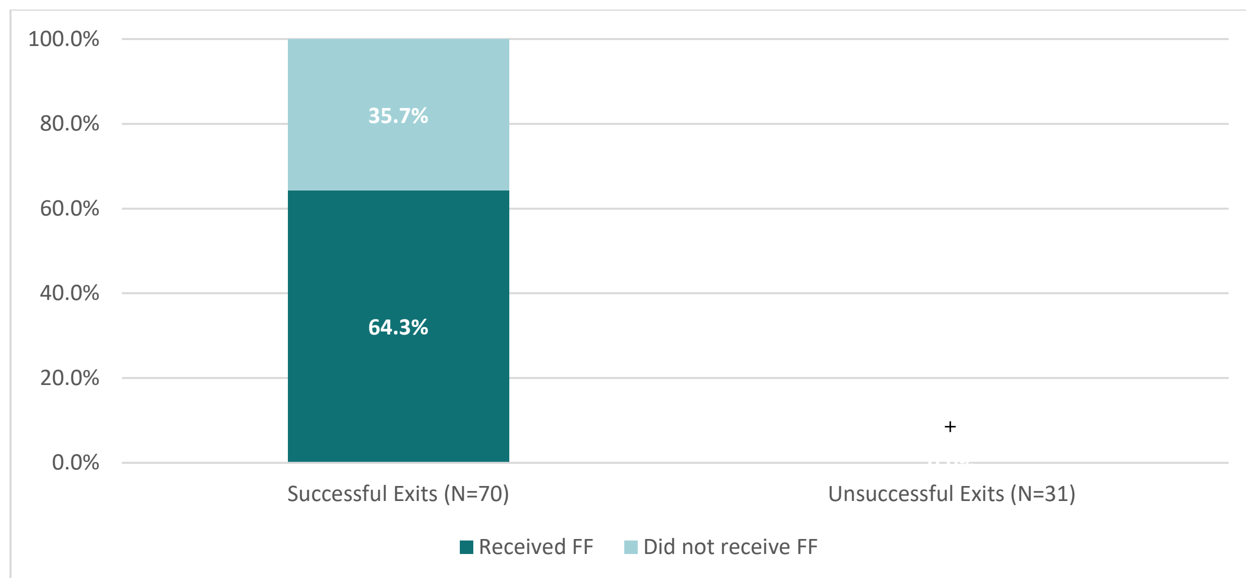


Removed 27 households for which there were no data in the Practice Management system.

Flex funds and housing outcomes

Of the 70 enrolled households that successfully exited the project, 64.3% used flex funds (Figure 8). Of the 31 enrolled households that had unsuccessful exits, less than half used flex funds. To maintain client privacy, exact numbers cannot be shared.

Figure 8. Use of flex funds by exit success.



+ The frequency and percentage of households were suppressed to ensure privacy.

The average amount of flex funds used for enrolled households that exited successfully and among all enrolled households is presented in Table 13.

Table 13. Flex funds used by enrolled households.

Flex funds	Mean	Median	Minimum	Maximum
Enrolled households that used flex funds and exited successfully (N=45)	$873.80 (SD $799.78)	$605.09	$87.52	$4,000.00
Enrolled households that used flex funds (N=54)	$826.10 (SD $763.20)	$587.30	$75.00	$4,000.00
All enrolled households (N=171)	$260.90 (SD $574.39)	$0.00	$0.00	$4,000.00

Length of enrollment

Households could be enrolled zero days because a housing solution was quickly identified. The average number of days enrolled for the 149 enrolled households that exited was 72 days (SD 66 days; median 51 days), ranging from zero to 293 days (Table 14). Figure 9

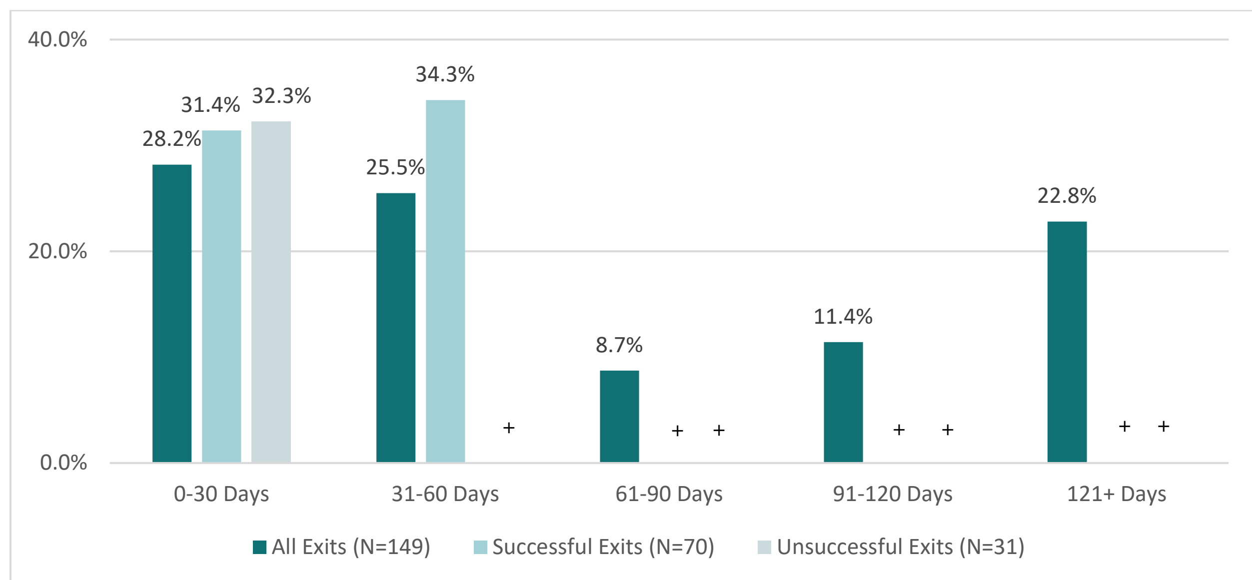
shows that 28.2% of households were enrolled from zero through 30 days and more than half (53.7%) were enrolled 60 days or fewer. More than one in five households (22.8%) were enrolled in the project more than 120 days.

Although the average length of time and the proportion of clients enrolled more than 60 days is higher than for other Diversion projects, YNHS suggested this could be due to COVID-19 pandemic–related limitations, such as staffing shortages and difficulty in finding a housing solution in the current market.

Table 14. Length of time, in days, household was enrolled in project.

Flex funds	Mean	Median	Minimum	Maximum
All households that exited (N=149)	72 (SD 66)	51	0	293
Households that exited successfully (N=70)	65 (SD 68)	41	0	293
Households that exited unsuccessfully (N=31)	62 (SD 53)	49	0	172

Figure 9. Length of time, in days, household was enrolled in project.



+ The frequency and percentage of households were suppressed to ensure privacy.

Declined Services

Less than ten MSS or ICM clients declined to enroll in the Yakima County Maternal-Child Health Diversion Project despite being eligible. To protect client privacy, demographic data on these clients cannot be shared. Collecting data on those who decline enrollment is a new practice at YNHS; and therefore, this number may be an underestimate. Overall, YNHS reported that most of the time, eligible clients chose to enroll in the project.

Project Strengths

YNHS shared several strengths of the Yakima County Maternal-Child Health Diversion Project. One strength of the project, and of Diversion in general, was the availability of flex funds for households enrolled in this project. Having funding available to meet clients' housing needs immediately and fully was a successful component of the work. It allowed staff to target help as needed and create trust with the clients. They shared that this should not only be a standard piece of Diversion but also part of other services, such as within MSS and ICM programs.

Another strength of the program was that the project was availability of the project to those who were unstably housed, not just those already experiencing homelessness. This allowed for prevention of homelessness for many pregnant and postpartum individuals and families.

The Baby Closet of commonly needed items for infants was another strength of the project. YNHS stressed that provision of much-needed baby items, obtained with money allocated for flex funds, was a huge success and something that should be included in future iterations of this project model. Being able to immediately provide supplies based on each household's needs helped establish trust with clients and resulted in them engaging more fully in the services provided.

Another strength of the project shared by YNHS was the Diversion trainings by Building Changes and the monthly Learning Circle. YNHS felt the Diversion trainings were beneficial and effective. Further, MSS/ICM staff Diversion skills were strengthened during case conferences in Learning Circles with their Emergency Services staff and Building Changes. As the project progressed, Building Changes noticed more confidence among MSS/ICM staff and the YNHS project team, due, in large part, to the Learning Circle spaces.

YNHS further shared that this project provided lasting skills gained by the MSS/ICM team. MSS/ICM staff were trained in and provided Diversion to their clients and reported that these skills strengthened MSS/ICM services, and stressed the importance of the impact of housing on pregnancy and birth outcomes. They also expressed that, similar to flex funds, Diversion as a whole should be more standard in MSS/ICM programs or for MSS/ICM clients. It helped their clients become more physically safe in a stable housing situation as well as become more mentally and emotionally stable by being able to address their housing crisis. Overall, this project allowed the MSS/ICM team to fully realize the impact of housing on the health and safety of their clients and integrate it into their screening and services moving forward.

Finally, YNHS also shared that this project helped to build trust built with clients. YNHS attributed this to the ability to provide flex funds for housing needs, provide supplies from the Baby Closet, engage in warm handoffs between the MSS/ICM team and Emergency Services teams, and of their MSS/ICM team to recognize the value of social determinants of health and be equipped with Diversion skills. They shared that these components, which built trust and relationships with their clients, resulted in the return of clients when they needed help.

Project Challenges

YNHS shared a few challenges that arose during implementation of this project that required adaptations to allow them to better serve enrolled households.

One challenge was how this project was staffed. Originally, YNHS had a single MSS/ICM Diversion staff person who took referrals to their project from both of their sites, Yakima and Sunnyside. As these referrals increased, staffing increased, and new staff were trained, YNHS realized that a single MSS/ICM Diversion staff person who split time between the two sites created difficulties in getting clients served. After discussion between the Emergency Services and MSS/ICM teams about workflow, YNHS recognized the need for a consistent relationship with the teams at each site for the project. They adapted their workflow so that a dedicated MSS/ICM Diversion project staff was at each site starting in May 2022.

Another challenge was generally integrating the services as the project was implemented. At the beginning of the project, the MSS/ICM and Emergency Services teams at YNHS did not work together closely, requiring creation of new internal processes that resulted in more work for MSS/ICM and Emergency Services staff. YNHS shared that there was some fear about the added workload and paperwork this project created. Furthermore, MSS/ICM staff had to learn and provide Diversion services, which was new. As MSS/ICM staff were new to identifying housing needs and providing support, constant coaching and conversation were required with the Emergency Services team on Diversion conversations and creative housing solutions. However, as the project progressed, MSS/ICM staff recognized the importance of identifying housing needs and became more confident in providing Diversion services. Furthermore, the two teams increased communication and warm handoffs and better understood the services each team could provide. Overall, these two teams became comfortable in how best to provide services and make referrals, strengthening their shared work and creating a bridge between these two service areas at YNHS.

COVID-19 pandemic challenges

The COVID-19 pandemic created many challenges for this project.

This project was granted funds in December 2019 and planning and launching were scheduled for 2020 but delayed due to the COVID-19 pandemic. YNHS, as a Federally Qualified Health Center, was at the forefront of pandemic health services during this time and had to change all their processes and workflow to address the many emergent and critical needs resulting from the pandemic. Thus, the project start date was pushed back; contracting started in January of 2021, and project services launched in March. Further, processes that were scoped when originally planning this project were changed.

MSS/ICM staff conducted home visits prior to the pandemic, which would have allowed easy assessment of a client's housing needs and thus allow MSS/ICM staff to determine eligibility for this project. However, after the onset of the pandemic, home visits were not allowed for the safety of YNHS staff. Thus, YNHS shared that they had to adapt their MSS/ICM services and discuss changes to the initial process for identifying households for this project. They also shared that, overall, this made this project more challenging than originally anticipated.

Furthermore, the pandemic created work shortages in the health sector and a loss of trained staff in many health programs, including in MSS and ICM programs. This impacted the project throughout, as the MSS/ICM team, as well as YNHS in general, experienced many staffing changes. This required YNHS to hire and train new staff for their teams and this project. Additionally, YNHS requires COVID-19 vaccination for employees, which further impacted hiring.

YNHS also requires masking on-site for all, as they are a clinic. YNHS shared that there would be clients who would not want to wear a mask on-site, and they had to develop ways to de-escalate potential clients so they could engage in services and potentially figure out ways to meet them where they were while also being safe, such as outside the clinic.

Another challenge the pandemic created was the lack of affordable housing, or housing of any kind, in the community. YNHS shared that there is a less than a 1% vacancy rate. Furthermore, what housing is available is unaffordable to their clients. They described that, for all their housing programs, it feels like musical chairs—they have to wait for someone to be evicted for their client to move in, but then another family becomes homeless. Building Changes has heard this from many communities across the state as an ongoing impact from the pandemic. To help address this issue, YNHS is continually working to create landlord relationships, educate landlords, and create ways to mitigate risk for landlords so they are more willing to rent to YNHS clients. To help address this issue in this project,

Building Changes allowed flex funds to go to temporary hotel and motel stays starting in January 2022. This allowed YNHS staff to connect with those who were literally homeless and mitigate their risk and allow them to develop a plan to become stably housed in a market in which affordable housing options are limited.

Next Steps

YNHS shared that, overall, through this project, they have made changes to their services that will have lasting impact once this project ends. YNHS expressed that this project has made MSS/ICM staff recognize the importance of adequate housing and how lacking it can have a negative impact on the health and outcomes of their clients. Housing status is not built into the MSS/ICM screening tools. After participating in this project, the MSS/ICM team feels housing status should be part of standard client screening, and has seen their staff become much more passionate about understanding housing status for all clients. Thus, the MSS/ICM team plans to continue to screen clients for housing needs, as the project helped to illuminate the importance of social determinants of health. They plan to use the Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) tool to screen for and better understand their client's social determinants of health.[8]

Additionally, Building Changes will use these outcomes and learnings to inform policy priorities for our Policy & Advocacy team. These priorities are policies that benefit those who are pregnant, mothers, and infants who are experiencing a housing crisis. Additionally, this information will be shared with legislators, policymakers, housing programs, and others as part of general advocacy efforts.

Finally, this project focused on integration of housing and health services. YNHS expressed the value of the integration of the MSS/ICM team and Emergency Services team throughout the project. Not only did the MSS/ICM team become more aware of and provide housing services, but the Emergency Services team also learned about MSS/ICM services and is better equipped to connect clients to these services moving forward. Overall, YNHS shared that they plan to continue referrals to one another as needed and provide warm handoffs to best serve their clients.

[8] National Association of Community Health Centers, Inc. (2016). *PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences.* https://prapare.org/wp-content/uploads/2023/01/PRAPARE-English.pdf.