Thrive From the Start

Support Babies. Solve Homelessness. Together.

September 15, 2026

From Housing to Health: Building Systems That Help Families Thrive from the Start

Agenda

- Introduction
- Thrive from the Start
- American Academy of Pediatrics, California Chapter 3
- Arkansas Chapter, American Academy of Pediatrics
- Nurture NC
- Q&A

Today's Panelists

Sonia Cohen, on behalf of Prevent Child Abuse America (Moderator)

Anna Strong, MPH, MPS, Executive Director, Arkansas Chapter, American Academy of Pediatrics

Miriah de Matos, American Academy of Pediatrics, California Chapter 3

Betsey Tilson, Nurture NC

Thrive from the Start

Who we are:

We are a group of organizations across the early childhood, housing, and homelessness systems dedicated to ensuring all expectant parents, infants, toddlers, and their families have the resources and opportunities to thrive.



What we believe:

We have an opportunity to ensure all infants, toddlers, expectant parents, and their families have access to stable, secure housing and the services they need to thrive.

Support Babies. Solve Homelessness. Together.



The solution

There's an opportunity to ensure all infants, toddlers, expectant parents, and their families have access to stable, secure housing and the services they need to thrive.

Uniting these sectors offers comprehensive solutions to meet the unique needs of these families and unlock their full potential.

Connected Systems

Everyone on the same team

Easy access to support

Policy Agenda



EXPAND ACCESS TO SHELTER AND PERMANENT AFFORDABLE HOUSING



INCREASE ACCESS TO EARLY CHILDHOOD PROGRAMS AND ADDITIONAL SUPPORT SERVICES



INTEGRATE HEALTH CARE SERVICES AND HOUSING SERVICES



IMPROVE DATA COLLECTION, ANALYSIS, USE, AND COORDINATION

Thrive from the Start Workgroups

Steering Committee

Housing Is

National Collaborative for Infants & Toddlers

Prevent Child Abuse America

Pritzker Children's Initiative

School House Connection

ZERO TO THREE

Federal Policy

SchoolHouse Connection

Data & Research

Prevent Child Abuse America

Communications

HOUSING IS

State Policy

ZERO TO THREE
Early connections last a lifetime

What the Science Says

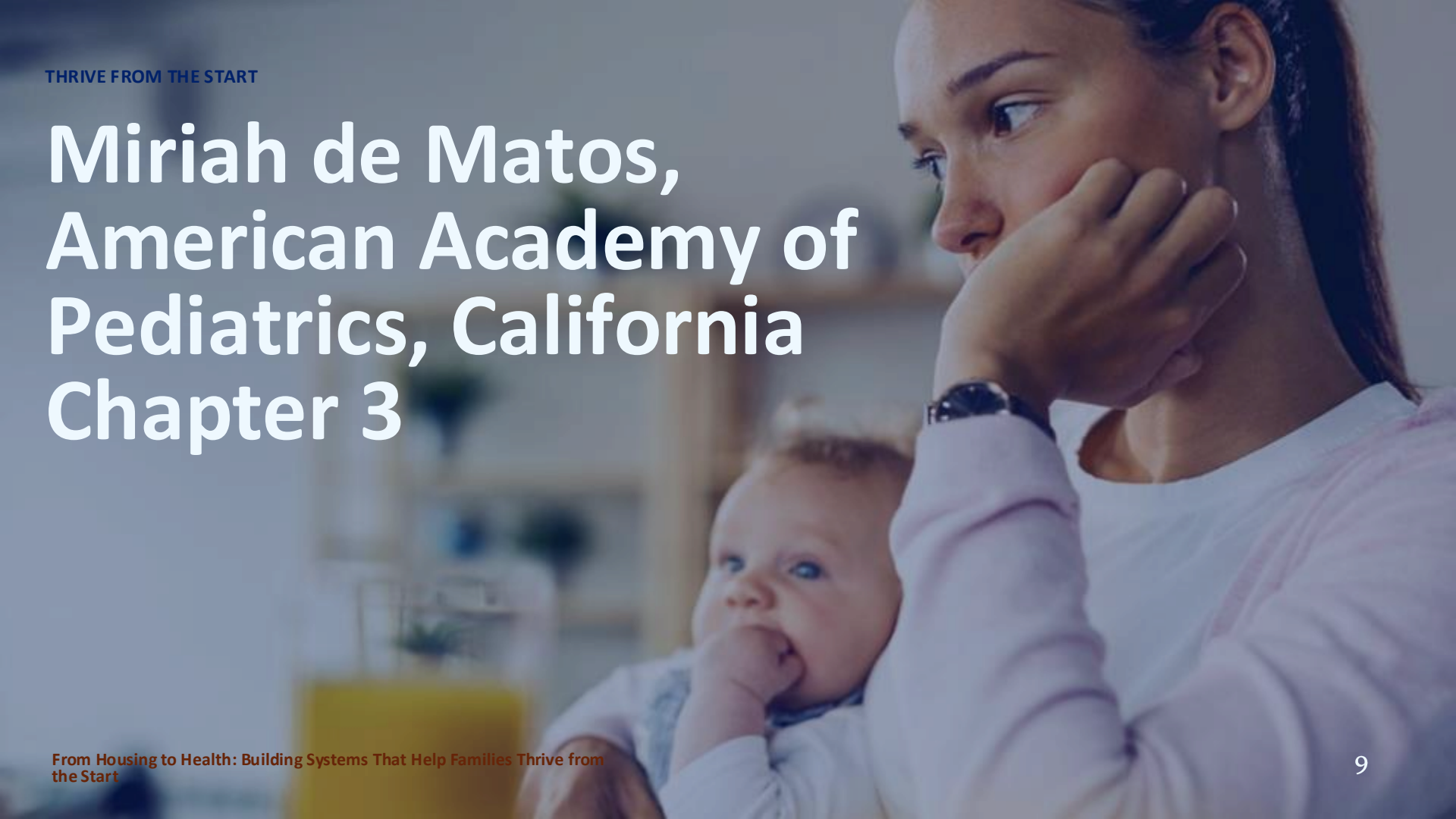
- A child's environment influences their development.
- Timing matters: early experiences and exposures are powerful in influencing children's health across the lifespan.
- Housing instability affects health and development prenatally and in the earliest days of life.
- Stable housing is a key component of children's developmental environment.



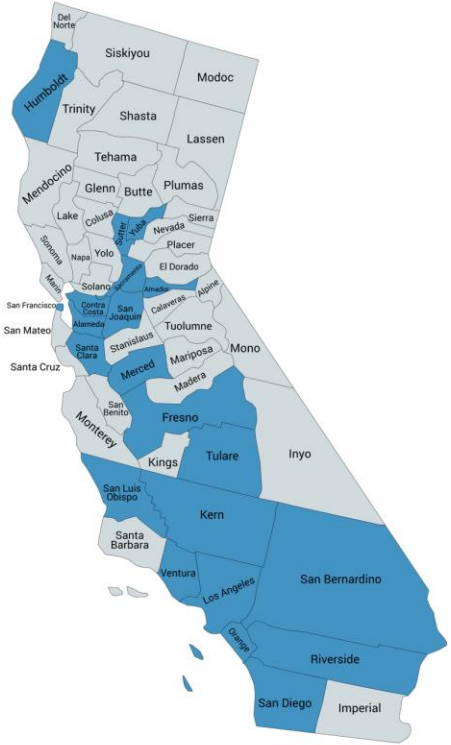


Early Childhood Scientific Council on Equity and the Environment. (2026, March 11). *From resources to routines: The importance of stability in the developmental environment* (Working paper number 4). Center on the Developing Child, Harvard University. https://developingchild.harvard.edu/resources/working-paper/importance-of-stability-in-developmental-environment/

Miriah de Matos, American Academy of Pediatrics, California Chapter 3



Thrive From the Start CALIFORNIA



AAP-CA3 San Diego & Imperial Counties Incorporated in California
American Academy of Pediatrics
Dedicated to the Health of All Children®

The Children's Partnership

Global Communities
HEALTHY START

The Child Abuse Prevention Center

california homeless youth project

FIRST 5 SAN BERNARDINO
Stronger starts, better life

Why Are We Here?

~75,000

California infants and toddlers **experience homelessness**[1]



Levi's Stadium – Santa Clara, Northern California

1. SchoolHouse Connection. (2025). Infant and toddler homelessness across 50 states: 2022–2023. https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/2025/04/2025-Infant-and-Toddler-Homelessness-Across-50-States-2022-2023.pdf

State of PN-3 Homelessness in CA

17%

of homeless infants and toddlers are enrolled in an **early childhood program**.1

1 in 4

homeless women were **pregnant** during their current episode of **homelessness**.2

1 of 7

states where the number of children **continue to rise** even as homelessness declines.1

1. SchoolHouse Connection. (2025). Infant and toddler homelessness across 50 states: 2022–2023. https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/2025/04/2025-Infant-and-Toddler-Homelessness-Across-50-States-2022-2023.pdf
2.Kushel, M., Moore, T., et al. (2023). Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative.

What do Families Say?

*“Nothing has negatively affected **my mental health** like being homeless... My baby **can't even crawl on the floor** because of the hotel's floor isn't clean... there's bugs so it's hard to even let my **baby fully develop**.”*

*“I was rejected for housing due to me going to maternity leave. I was also denied into a shelter because they said the **pregnancy was a liability**.”*

"I get food stamps... and since I don't have a kitchen to cook, I spend all my money in just a week just to eat out... every where is so expensive now."

California Policy Momentum

California Advancing & Innovating Medi-Cal

- **Goal:** create a more **coordinated**, **person-centered**, and **equitable** health system
- **Funding:**
  - Medi-Caid
  - Behavioral Health Services Act*
- **Innovations:**
  - Birthing Care Pathway

Families First Prevention Services

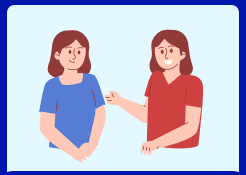
- **Goal:** establish state and county specific prevention plans to **reshape child welfare programming for programs** that stop children from entering foster care.
- **Funding:** Title IV-E
- **Innovations:**
  - Evidence-based models

California Housing & Homelessness Agency

- **Goal:** coordinate housing, homelessness, affordable housing finance, and **civil rights** work under a unified structure.
- **Funding:**
  - Federal Grants & State Budget
  - Voter Approved Bonds & Acts*
  - Flexible Local Grants
- **Innovations:**
  - Standalone cabinet exclusively focused on housing/homelessness

Coordination, Prevention, & Equity

Our Goals



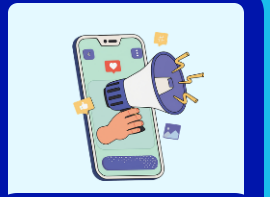
Engage People with Lived Expereince



Engage Key Sectors for Colloboration



Develop a Statewide Collaborative



Create a Communications Campaign



Develop a Train the Trainer (T3) Program



Make this issue a cross-sector state & county priority

Thrive From the Start CALIFORNIA

Why Pediatricians?

AAP-CA3
San Diego & Imperial Counties
INCORPORATED IN CALIFORNIA
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

- Medical Home: Birth to 18
- Well Child Care is Prevention
- Relational & Social Determinants of Health



Extend to Obstetrics & Emergency Room

Why Family Support Providers?



Maternal, Infant, Early Childhood Home Visiting



Head Start & Early Head Start



Family Resource Centers

Why Housing and Homeless?



Critical Window of Development & Breaking Cycles

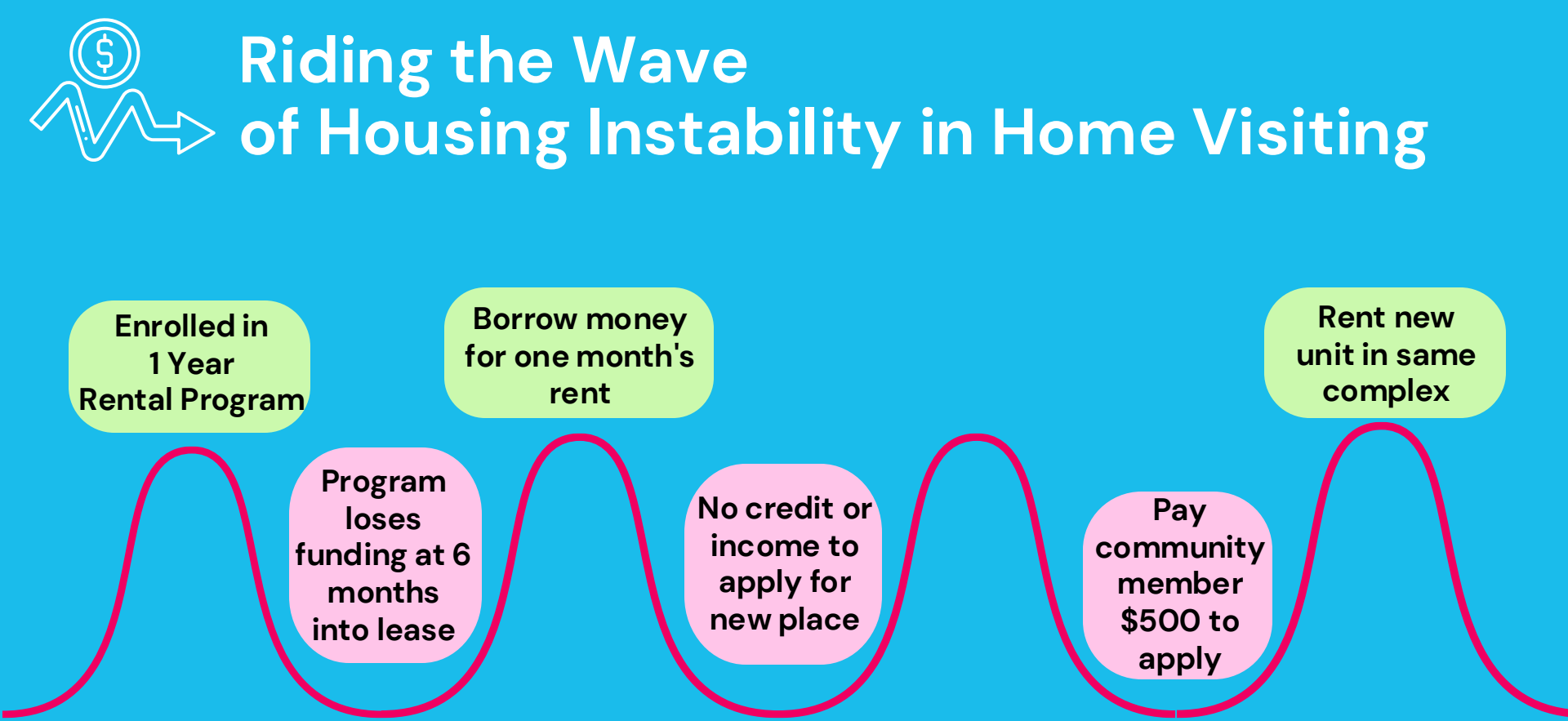


Unique Needs of PN-3



Systems Coordination & Joint Advocacy

Riding the Wave of Housing Instability in Home Visiting





1 Year of Home Visiting

Knowledge of Parenting & Child Development	Parental Resilience	Concrete Supports	Social Emotional Competence
Routines	Problem Solving	Food Banks	Nurture
Consistency	Validation	Cal WORKS Stipend	Stable Environment
Well Child Visits	Sense of Safety	Referrals to Housing	Early Relational Health
Immunizations	Advocacy		

Celebrating Stabiity



Stay in Touch

TFtS CA Collab Portal

- Collaborative Updates
- Resources
- Newsletters

Join Our Platform





Miriah de Matos

mdematos@aapca3.org

Contact Us!

Anna Strong, MPH, MPS, Executive Director, Arkansas Chapter, American Academy of Pediatrics



Arkansas Thrive from the Start: Supporting Healthcare Needs for Homeless Infants, Toddlers, and their Families

Arkansas Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

EXCEL BY EIGHT

Our House

HOME TO NEW BEGINNINGS

Thrive from the Start Policy Agenda

- Preventive and Mental Health Care
  - Secure presumptive Eligibility for Medicaid/ARKids First for children 0-3
  - Reimburse for preventive mental health care services in a medical home
- Early Childhood
  - Ensure effective implementation of homeless preference for school-readiness vouchers that honors the most comprehensive definition of homelessness
- Housing
  - Explore local solutions

Thrive from the Start Collaboration Agenda

- Preventive and Mental Health Care
  - Provide education on housing for **HealthySteps** Specialists, doulas, home visitors, child care workers, and other perinatal health care workers
  - Connect homeless families to HealthySteps clinics
  - Engage Community Health Workers to address housing and other social needs
- Early Childhood
  - Ensure other ECE partners advocate for homeless families
- Housing
  - Connect with new partners



What is HealthySteps?

An evidence-based, interdisciplinary pediatric primary care program that promotes nurturing parenting and healthy development for babies and toddlers, particularly in areas where there have been persistent inequities for families of color or with low incomes.

HealthySteps Specialists are integrated into the pediatric team to provide short-term behavior/development consultation and referrals, intensive services when needed, and support practice screening efforts.

© 2022 ZERO TO THREE. All rights reserved.

HealthySteps® A Program of ZERO TO THREE



Pediatric Setting

ACCESS	Almost all families take their babies to see a pediatric primary care provider
TRUST	Parents trust their pediatric primary care provider
ACCEPTED	The pediatric office is a non-stigmatizing setting
FREQUENT	New parents attend 12-13 well-child visits within the first 3 years of life; half occur in the first year

© 2021 ZERO TO THREE. Use of these materials is expressly limited to Programs approved by the HealthySteps™ National Office (Program) and which are a part of the HealthySteps™ National Network for the sole purpose of implementation and delivery of the Program. Adaptations, reproductions, revisions, excerpts, derivatives including but not limited to translations, and other exploitation of the materials are expressly forbidden without the prior written authorization of ZERO TO THREE.

HealthySteps® A Program of ZERO TO THREE

Tiers of Service Delivery

TIER 3

COMPREHENSIVE SERVICES

FAMILIES MOST AT RISK



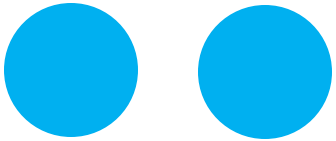
SERVICES INCLUDE

Ongoing, preventive team-based well-child visits

TIER 2

SHORT-TERM SUPPORT

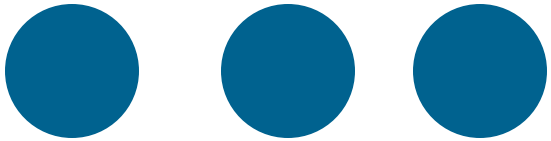
MILD CONCERNS



- Child development & behavior consults
- Care coordination & systems navigation
- Positive parenting guidance & information
- Early learning resources

TIER 1

UNIVERSAL SERVICES



- Child developmental, social-emotional & behavioral screenings
- Screening for family needs
  - -MATERNAL DEPRESSION
  - -OTHER RISK FACTORS
  - -SOCIAL DETERMINANTS OF HEALTH
- Family support line
  - -PHONE, TEXT, EMAIL, ONLINE PORTAL

© 2022 ZERO TO THREE. All rights reserved.

HealthySteps® A Program of ZERO TO THREE



© 2023 ZERO TO THREE. All rights reserved.

HealthySteps A Program of ZERO TO THREE

National Average: Short-Term Medicaid Cost Savings



CHILD-FOCUSED INTERVENTIONS

- Oral health
- Asthma*
- Appropriate use of care for ambulatory sensitive conditions
- Flu vaccine



ADULT-FOCUSED INTERVENTIONS

- Breastfeeding
- Postpartum maternal depression
- Intimate partner violence
- Healthy birth spacing
- Smoking cessation

Average Annual Savings to Medicaid (national)

163% AVERAGE ANNUAL ROI

Includes analyses at state, health system, and site levels with both well-established and new sites, leveraging the HealthySteps cost savings model developed by Manatt Health.

For every $1 invested in HealthySteps, an estimated $2.63 in savings is realized by state Medicaid agencies each year.

*Asthma is a *recently* added cost savings intervention and therefore is not captured in the 163% annual ROI calculation.

© 2021 ZERO TO THREE. All rights reserved.

HealthySteps A Program of ZERO TO THREE

Initial HealthySteps Demonstration in Arkansas

Arkansas Children's Care Network

Arkansas Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

EXCEL BY EIGHT



Blue & You FOUNDATION
For a Healthier Arkansas

Walmart org

ARKANSAS community foundation
Smart Giving to Improve Communities

Access to HealthySteps



- 17 sites active, one inactive
- More than 70,000 children served as of February 2026
- Estimate more than 16,600 kids served annually going forward.

Health Policy Successes in Arkansas

- **Supplemental $3.44 per member, per month** in Medicaid Patient-Centered Medical Home began 1/1/24 for HealthySteps practices (Act 513 of 2023)
- Medicaid Reimbursement for Pediatrician-Recommended **Screenings**
  - Maternal Depression
  - Developmental Screenings
- **Integrated Behavioral Health** by employed team members (administrative)
  - Supports small teams and deeper levels of behavioral health care
- **Breastfeeding and Lactation** Services Reimbursement (Act 627 of 2025)
- **Doula** Certification and Reimbursement (Act 965 of 2025)
- **Healthy Moms, Healthy Babies** (Act 140 of 2025)
- **Community Health Worker** Reimbursement (Act 435 of 2025)

Our House



Our House

Huge Level of Need

92 families tried to check in to our housing program in October 2025, including 210 children

Our House



Our House



Our House

Escaping Homelessness

81%

of our families were stably housed after 12 months in our program.

Providing for their Families

Adults in our program earned

$11,261,952

from working full-time jobs in 2025.

Helping Children Thrive

87%

of our preschool-aged children meet their kindergarten readiness milestones










Think how much more effectively we could help homeless families if we built policy that reflected the work Our House and its partners do for child health.

Thanks!

Anna Strong
Executive Director
AR Chapter, AAP
anna@arkansasaap.org

Arkansas Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Betsey Tilson, Nurture NC



From Housing to Health: Building Systems That Help Families Thrive from the Start

Leveraging Medicaid

Elizabeth Cuervo Tilson, MD, MPH
Executive Director, Nurture NC
Former State Health Director, Chief Medical Officer
North Carolina Department of Health and Human Services

- Brief overview of NC Medicaid Healthy Opportunity Pilots
- How we brought the housing providers to the table
- Data and evaluation

Healthy Opportunity Pilots: Overview

- **NC's 1115 Medicaid transformation waiver** authorized **up to $650M** in state and federal Medicaid funding for the Healthy Opportunities Pilots

- **Pilot funds were used to:**
  - Pay for 28 **evidence-based, federally-approved, non-medical services** defined and priced in NC DHHS' Pilot **fee schedule**

  - **Build capacity of local community organizations** and **establish infrastructure** to bridge health and human service providers

- More details - Healthy Opportunities Pilots | NCDHHS

Core Domains

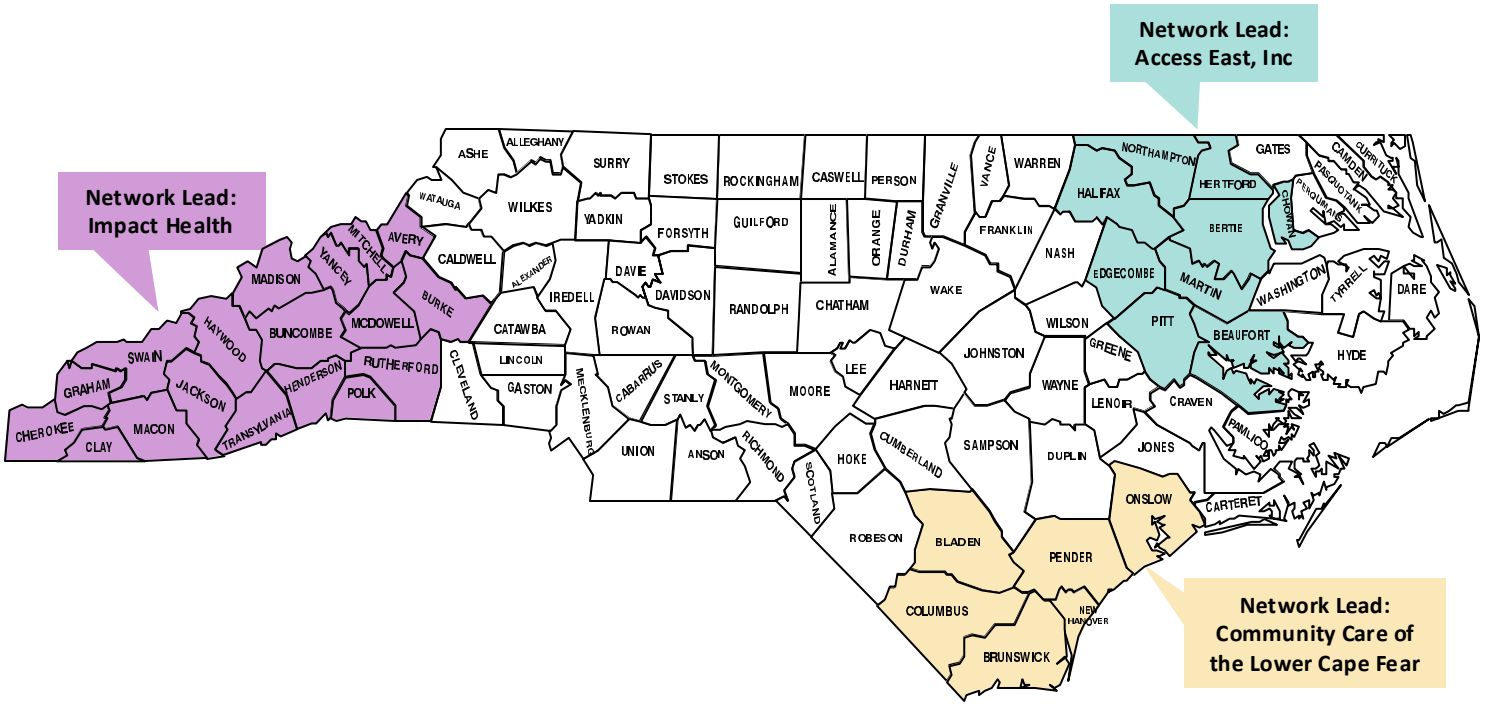
- Dedicated staff intersecting with providers across all efforts
- Providers at the table for development of service definitions and fee schedule



- Drivers of health disparities
- Risk factors for chronic diseases and increase health care costs
- Addressing can improve health and lower health care costs

Healthy Opportunity Pilots: Where and How

HOP operated in three geographic regions of the state led by Network Leads. Created a network of social service providers, in cluding housing providers, and provided support and technical assistance, including intermediary with Medicaid Managed Care Plans



Healthy Opportunity Pilots: Enrollment/Engagement

HOP Engagement as of November 30, 2024:



- 31,597 HOP enrollees
  - 2,431 children 0-3 (7.7%)

- 27, 902 of enrollees were served (86%)
  - 2,129 of enrolled children 0-3 were served (88%)

Healthy Opportunity Pilots: Needs Identified

The most common need identified by participants was food



- Food 82%
- Housing 68%
- Transportation 37%
- IPV 3.5%

The majority of participants (60%) indicated 2+ social needs

Table 14. Needs per Assessment

Needs Indicated on a Screening	Count	Percentage
0	24	0.02%
1	38,140	39.33%
2	37,975	39.16%
3	19,669	20.28%
4	1,167	1.20%
Total	**96,975**	**100.00%**

Healthy Opportunity Pilots: Evaluation Findings

HOP participation results in:



Reduced risks of food, housing, and transportation needs



Decreased emergency department utilization and hospitalizations. Increased outpatient visits.



Lower health care expenditures by $164 per beneficiary per month, after accounting for HOP service delivery spending



Longer participation associated with greater reduction in needs

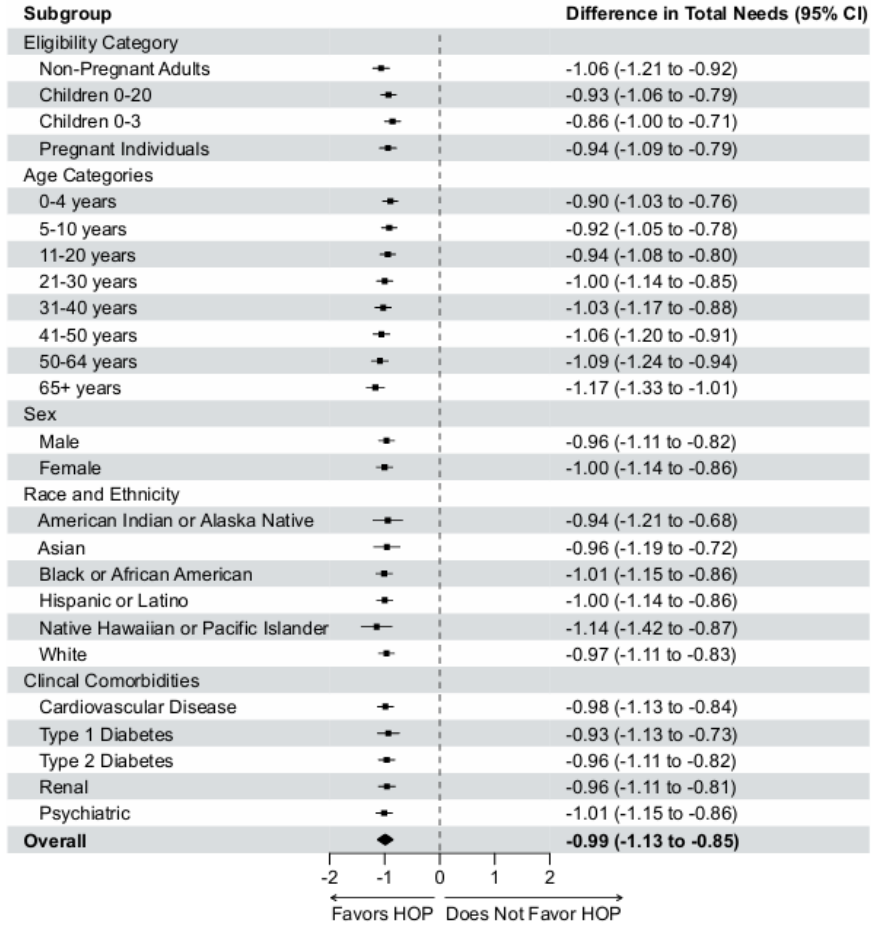


Figure 17. Estimated difference in total needs attributable to HOP

Reduction of Total Social Needs

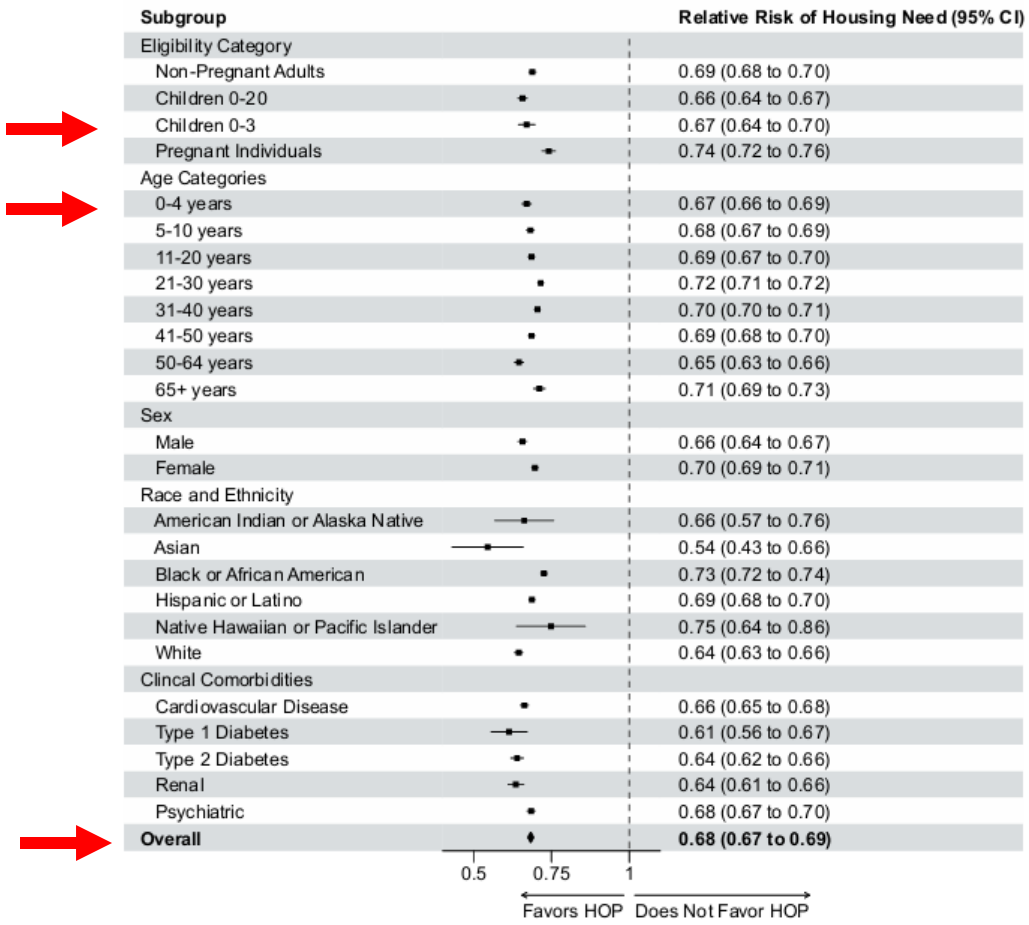


Figure 21. Relative Risk of Housing Need Attributable to HOP

Reduction of Housing Needs

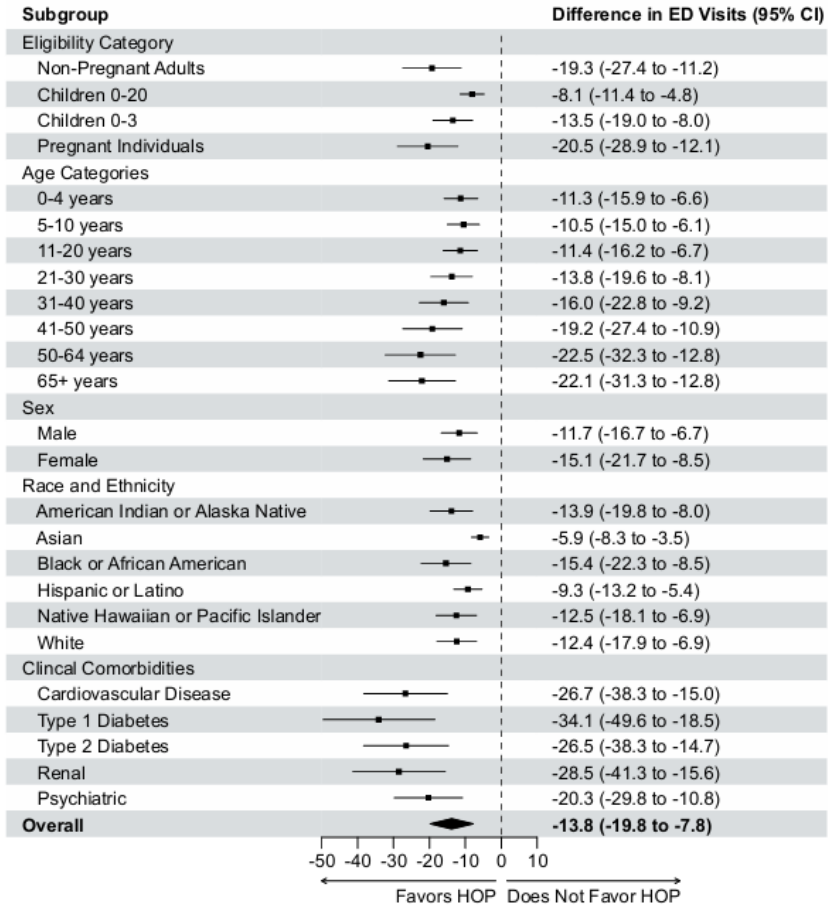


Figure 37. Estimated differential emergency department visits per 1000 person-months

Reduction of Emergency Department Visits

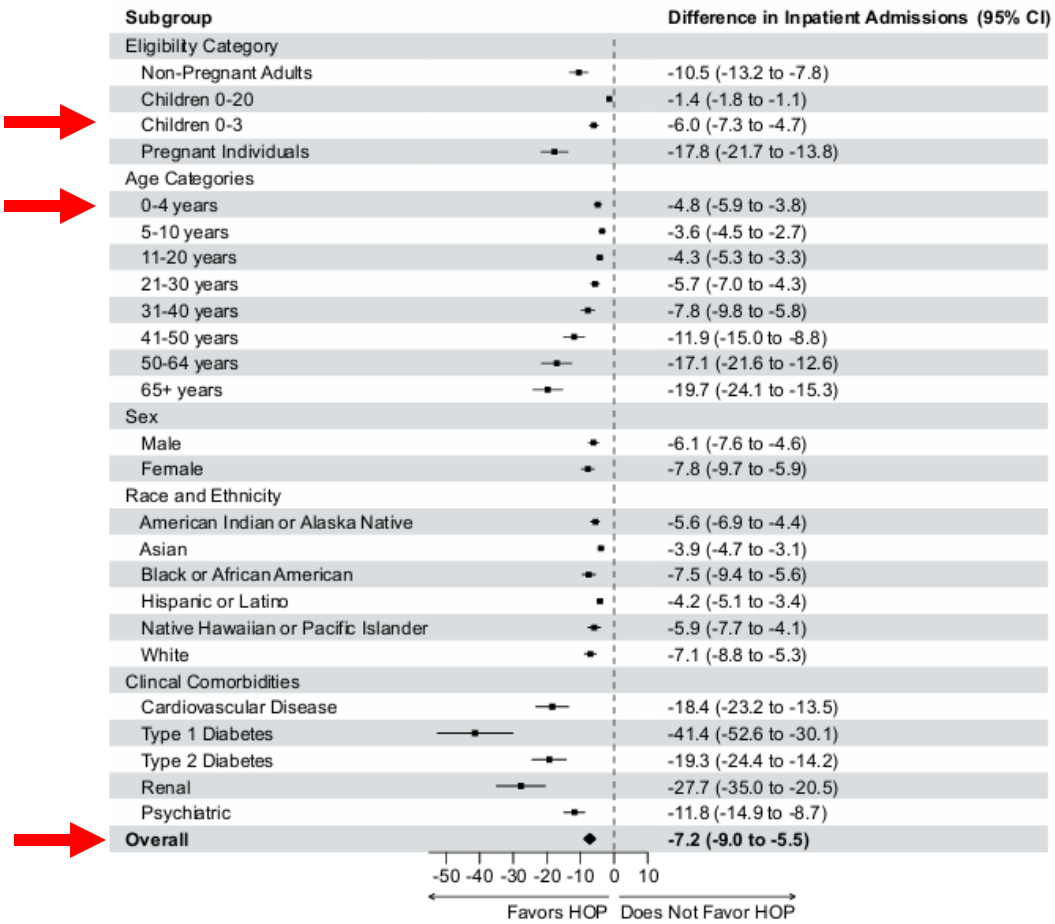


Figure 41. Estimated differential inpatient admissions per 1000 person-months

Reduction of Inpatient Admissions

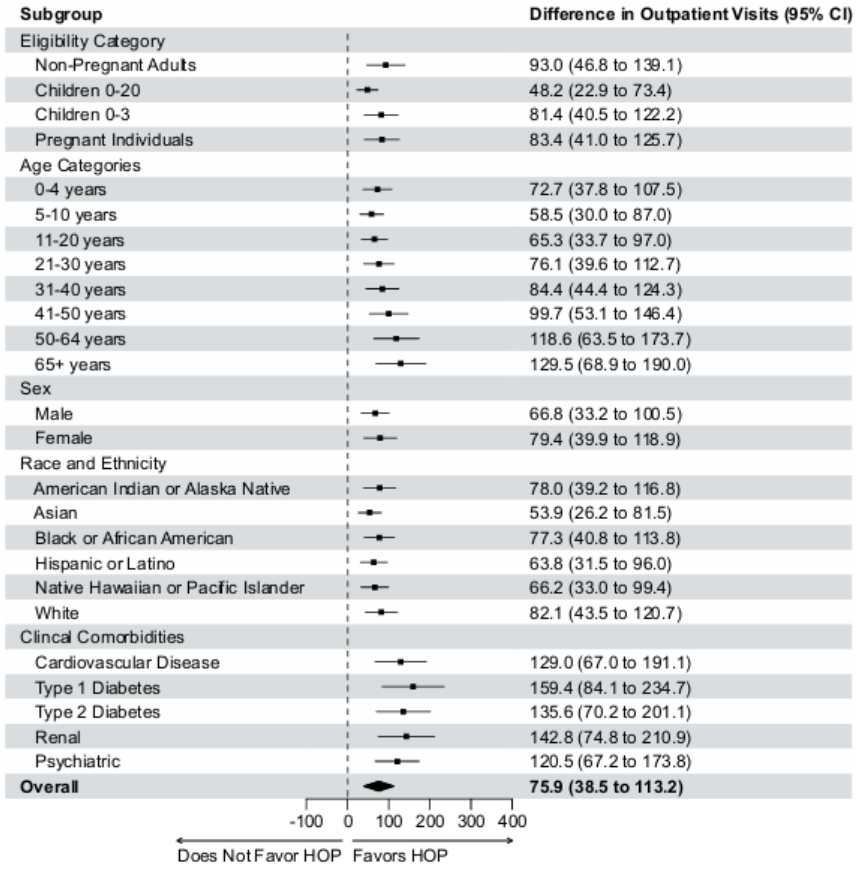


Figure 45. Estimated differential outpatient visits per 1000 person-months attributable to HOP, by subgroups

Increase in outpatient visits

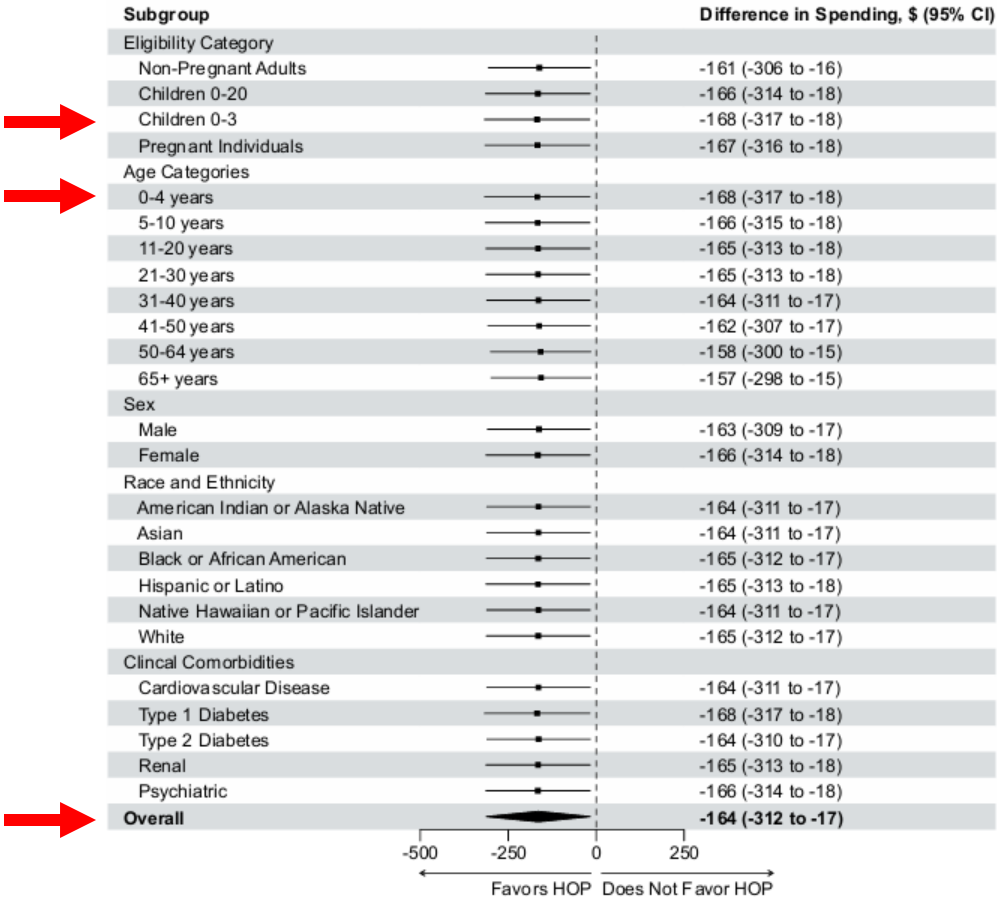


Figure 50. Estimated differential monthly healthcare spending

Reduction of Healthcare Costs

Healthy Opportunity Pilots: Participant Feedback

It's been life-changing and it is a tremendous force of good in this world. (Beneficiary)



How Beneficiaries Describe their Positive HOP Experiences

"A blessing"
"Very satisfied"
"Quite favorably"
"Pretty content"
"It was a total lifeline"
"It's been more than expected"
"A positive reinforcement about the world around him"
"Life changing"
"Very helpful in our time of need"
"We had security"
"A really good experience"
"Wonderful"

I like that it offers-- there's not any programs out there besides this one that I know of that will help with housing, things for your house, transportation for everything that it does. It's very well-rounded. Usually, a lot of times they'll just help with food or one bill. They usually don't help with housing or transportation. So it's nice to have it all in one spot. (PROXY)

Healthy Opportunity Pilots: Next steps

- 1115 Waiver Renewal
- HOP was paused

NC General Assembly Approves $9 Million for HOP

The North Carolina General Assembly approved $9 million in SFY27 state funding to restart services for the Healthy Opportunities Pilot. Along with leveraging federal match, the state is working to determine how to best use the Healthy Opportunities Pilot resources to provide health-related social needs services to a subset of Medicaid members meeting specific eligibility requirements. NCDHHS will reach out directly to partners with next steps as additional details are finalized.

Contact Information

Elizabeth Cuervo Tilson, MD, MPH

Executive Director

Nurture NC

Former State Health Director/Chief Medical Officer

North Carolina Department of Health and Human Services

Betsey@nurturencnow.org

Questions?



Thrive From the Start
Support Babies. Solve Homelessness. Together.

How to Get Involved



Join the Thrive from the Start Movement

Join our working groups:

- Communications
- Data & Research
- Federal Policy
- State Policy

Connect with us!

- Follow us on LinkedIn at https://www.linkedin.com/company/thrive-from-the-start/
- Sign up for our newsletter at https://thrivefromthestart.org/
- Sign up to be a champion on our website at https://thrivefromthestart.org/

Thank You

All slides, links and resources will be up on the Thrive from the Start website: https://thrivefromthestart.org/