



# Research-Community Partnerships to Support Ending Homelessness: A Case Study of Research on Tenancy Support Services

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NC COALITION<sup>to</sup><sub>end</sub>  
HOMELESSNESS

**INTER  
DISCIPLINARY  
RESEARCH  
LEADERS**



Increasing Housing Stability: Assessing Promising Tenancy Support Models to Inform Local, State, and National Policy and Practice



# Rationale

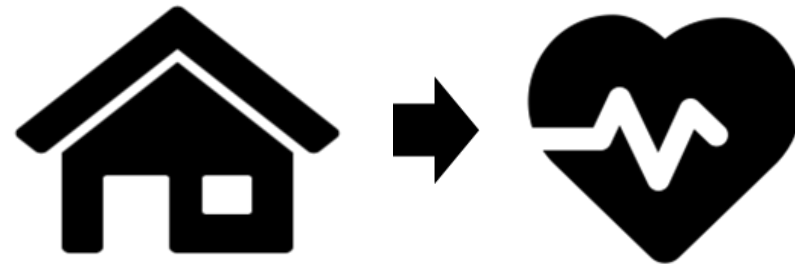
Community Engaged research benefits both the community and researchers:<sup>1</sup>

- Ensures working on issues of concern to the community
- Can improve research quality
- Research more likely to impact community



Homelessness is a risk factor for:

- poor physical health,
- poor mental health,
- poor health services outcomes,
- mortality.<sup>3-7</sup>



# Study goal – Provided by Emily

Study promising practices in tenancy support services (TSS) to provide information to North Carolina Department of Health and Human Services (NC DHHS) for Medicaid funding.



# Key stakeholders in addition to NCCEH

- NC DHHS
- Louisiana Department of Health (LA DOH) and LA Housing Corporation
- Consumer Advisory Council (CAC)
- NC Agencies: Homeward Bound, UNC Center for Excellence in Community Mental Health



# Study Questions

1. What constitutes effectiveness of supportive housing? Is improved health one of those outcomes?
2. What are the practices of effective TSS providers?
3. Which aspects of provider agency context support effective TSS that is responsive to client needs and accessible to a diverse population? Which create challenges?
4. Which aspects of local, state, and federal regulation support delivery of effective TSS that is responsive to client needs and accessible to a diverse population? Which create challenges? What are the benefits and challenges for providers to use Medicaid funding for TSS?



# Our study design

Two Effective  
Louisiana Provider  
Agencies

Louisiana  
Medicaid  
Regulatory  
Practices

Two Effective  
North Carolina  
Provider Agencies

**What should  
North Carolina  
Medicaid do?**



# Data sources

Conducted interviews and focus groups with key sources in NC and LA:

- Homeward Bound leaders, staff, clients, and landlords
- UNC Center for Excellence leaders, staff, clients, and landlords
- NC DHHS leaders involved with housing
- LME/MCO housing specialists
- LA state leaders involved with housing
- LA high performing agency leaders

Quantitative data gathered:

- NC HMIS (PSH clients with activity from 10/01/13 - 9/30/17)
- UNC Center for Excellence program data





# Benefits of Research

- New knowledge
- New relationships and tables
- New legitimation



# New knowledge, e.g.,

## Income and benefits at entry to and exit from services\*

Asset	% at Entry	% at Exit
<b>Income (n = 4870)</b>		
Any type of income	43.5	76.4**
Earned income	12.4	23.1**
Disability income	23.9	50.0**
<b>Non-cash benefits (n=4870)</b>		
Any type of non-cash benefits	50.1	72.1**
<b>Insurance (n=4870)</b>		
Any type of insurance	58.1	71.4**
Medicaid	41.8	53.2**

\*If not yet exited, % at latest recorded point.

\*\*Change from entry to exit is statistically significant using McNemar's Test and  $p < .05$ ;  $.05/14$  (.0036) = Bonferroni-corrected alpha level.



# New Relationships and New Tables, e.g.,



# New Legitimation, e.g.,

## Tenancy Support Services

Respondents identified a number of tenancy support services that are listed below.

Tenancy Support Services	
Accessing Housing	Maintaining Housing
<ul style="list-style-type: none"> <li>Assess clients' housing needs</li> <li>Assist with goal-planning</li> <li>Support and motivate clients</li> <li>Connect to payee services</li> <li>Provide referrals to community services</li> <li>Complete paperwork to connect to and maintain services*</li> <li>Help secure identification</li> <li>Transport clients to see units</li> <li>Assist with housing search that meets clients' needs</li> <li>Complete housing applications</li> <li>Walk through units with clients prior to move in</li> <li>Engage and maintain relationships with landlords (to reduce barriers to rentals, gain access to units before listed, etc.)</li> <li>Incentivize landlords, e.g., through risk mitigation services or increased deposit</li> <li>Write letters of support for rental applications</li> <li>Find resources to pay for housing costs</li> <li>Pay or assist with obtaining money for deposits and arrears</li> <li>Review the lease with clients so that they understand rent payment, damages, termination, and occupancy terms</li> <li>Accompany to lease signing</li> <li>Assist to secure household goods and furniture</li> <li>Assist with moving client into housing</li> </ul>	<ul style="list-style-type: none"> <li>Assist with goal-planning</li> <li>Support and motivate clients</li> <li>Manage client trauma and symptoms</li> <li>Connect to payee services</li> <li>Complete paperwork to connect to and maintain services*</li> <li>Navigate school system and child benefits</li> <li>Reauthorize services quickly to prevent crises</li> <li>Assist with rental payments/help develop rental payment plans</li> <li>Act as rent payees for clients</li> <li>Teach clients to manage utilities</li> <li>Assist with paying utilities</li> <li>Engage and maintain relationships with landlords (to manage crises, resolve housing issues, respond to landlord concerns, etc.)</li> <li>Transport clients (for appointments, to pay rent, etc.)</li> <li>Arrange transportation resources</li> <li>Assist with obtaining home goods</li> <li>Teach daily living skills (grocery shopping, laundry, cleaning, budgeting, cooking, etc.)</li> <li>Assist with maintaining and cleaning apartment</li> <li>Inspect units during occupancy to see if there are any developing issues</li> <li>Orient the client to the apartment</li> <li>Teach residents to navigate their community</li> <li>Advocate to prevent eviction and assist with rental voucher appeals</li> <li>Rehouse clients in difficult circumstances</li> <li>Establish a routine with meaningful activities</li> <li>Develop natural supports and a community with neighbors</li> <li>Assist with establishing social boundaries</li> <li>Assist client to feel safe in the home</li> <li>Teach residents to advocate for themselves</li> <li>Help to modify behaviors to not endanger housing (e.g., manufacturing meth away from the unit)</li> </ul>

\*Mental health services, benefits, income, health care (including accompanying to doctor appointments), food resources, substance use services, other Medicaid services



# Advocate Contributions to the Challenges of Regulatory Research

Regulatory research challenge #1	Advocate Contributions
Requires highly-detailed knowledge of regulation subject matter, design, process, and implications	<ul style="list-style-type: none"><li>• Advocate specialization allows for an understanding of the subject matter details needed for regulation design.</li><li>• Advocate understanding of regulatory process assists in translating research findings into regulatory recommendations.</li></ul>



# Advocate Contributions to the Challenges of Regulatory Research

Regulatory research challenge #2	Advocate Contributions
Risk of research remaining siloed and not impacting regulation design or implementation	<ul style="list-style-type: none"><li>• Advocate relationships with key staff at executive branch agencies provides access to regulation design process and allows for engagement of key staff in the research study.</li><li>• Advocate understanding of the challenges faced by staff in regulation design influenced research questions and increased buy-in from the regulatory agency.</li></ul>



# Advocate Contributions to the Challenges of Regulatory Research

Regulatory research challenge #3	Advocate Contributions
Regulation development follows a changing timeline that may not match study timelines	<ul style="list-style-type: none"><li data-bbox="1080 425 2458 725">● Advocate knowledge and monitoring of regulation development can inform study timeline, and if possible, team adjusts study timeline to maximize impact on regulation development.</li><li data-bbox="1080 748 2458 1125">● Advocate understanding of the larger implications of regulation development at the local, state, and federal level provide multiple opportunities for research to influence regulation at design and implementation.</li></ul>



# Advocate Contributions to the Challenges of Regulatory Research

Regulatory research challenge #4	Advocate Contributions
Requires knowledge of the specific context for regulation and broader knowledge of examples of similar regulation design	<ul style="list-style-type: none"><li>● Advocate specialization allows for an understanding of the context needed for regulation design.</li><li>● Advocate relationships with other states and advocacy organizations increases the ability to learn from other agencies with similar regulation and incorporate their experiences into the study.</li></ul>

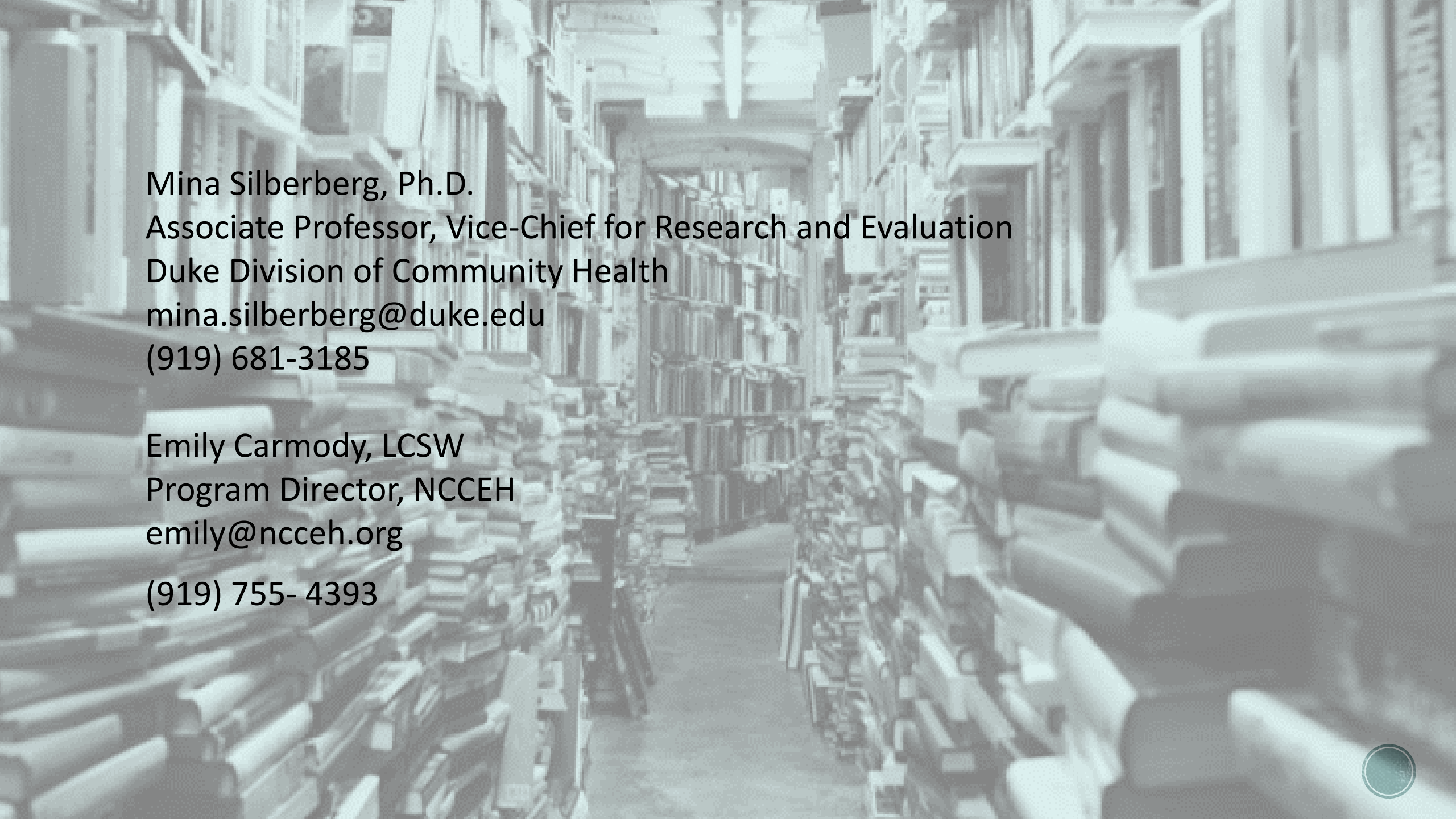




## And more stakeholder contributions, e.g.,

- CAC input into focus groups
- Stakeholder help with logistics
- Stakeholder help with relationships
- Stakeholder help with understanding and elaborating on findings
- Stakeholder translation of findings into action





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## References

1. Shalen E. Homelessness is an independent risk factor for cardiovascular disease hospital readmission in the California Health Care Utilization Project. *Circulation*. 2017;135(suppl\_1):AP333.
2. Castellow J, Klooom B, Townley G. Previous homelessness as a risk factor for recovery from serious mental illnesses. *Community Ment Health J*. 2015; 51(6):674-84.
3. Oppenheimer S, Nurius P, Green S. Homelessness history impacts on health outcomes and economic and risk behavior intermediaries: new insights from population data. *Fam Soc*. 2016;97(3):230-42.
4. Morrison D. Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *Int J Epidemiol*. 2009;38(3):877-83.
5. Saegert S, Klitzman S, Freudentberg N, Cooperman-Mroczeck J, Nassar S. Healthy housing: a structured review of published evaluations of US interventions to improve health by modifying housing in the United States, 1990–2001. *Am J Public Health*, 2003;93(9):1471-77.
6. Burt MR. Impact of housing and work supports on outcomes for chronically homeless adults with mental illness: LA's HOPE. *Psychiatr Serv*, 2012;63(3):209-15.
7. National Academies of Sciences, Engineering, and Medicine. Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. Washington, DC: The National Academies Press; 2018.

