



# INTERDISCIPLINARY RESEARCH LEADERS

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## Increasing Housing Stability: Assessing Promising Tenancy Support Models to Inform Practice and Policy

### WHY WE DID THIS STUDY

Stable housing is a crucial resource for individuals with physical and mental health disabilities. However, housing can be especially challenging to obtain and maintain for this population. Permanent supportive housing (PSH) combines affordable housing with tenancy support services (TSS) for persons with disabilities, including those exiting homelessness or institutional settings. Such services are intended to provide encouragement, assistance, and skills-building for residents who need help in developing behaviors associated with successful tenancy, e.g., negotiating with landlords, budgeting, home maintenance, cooking, and cleaning.

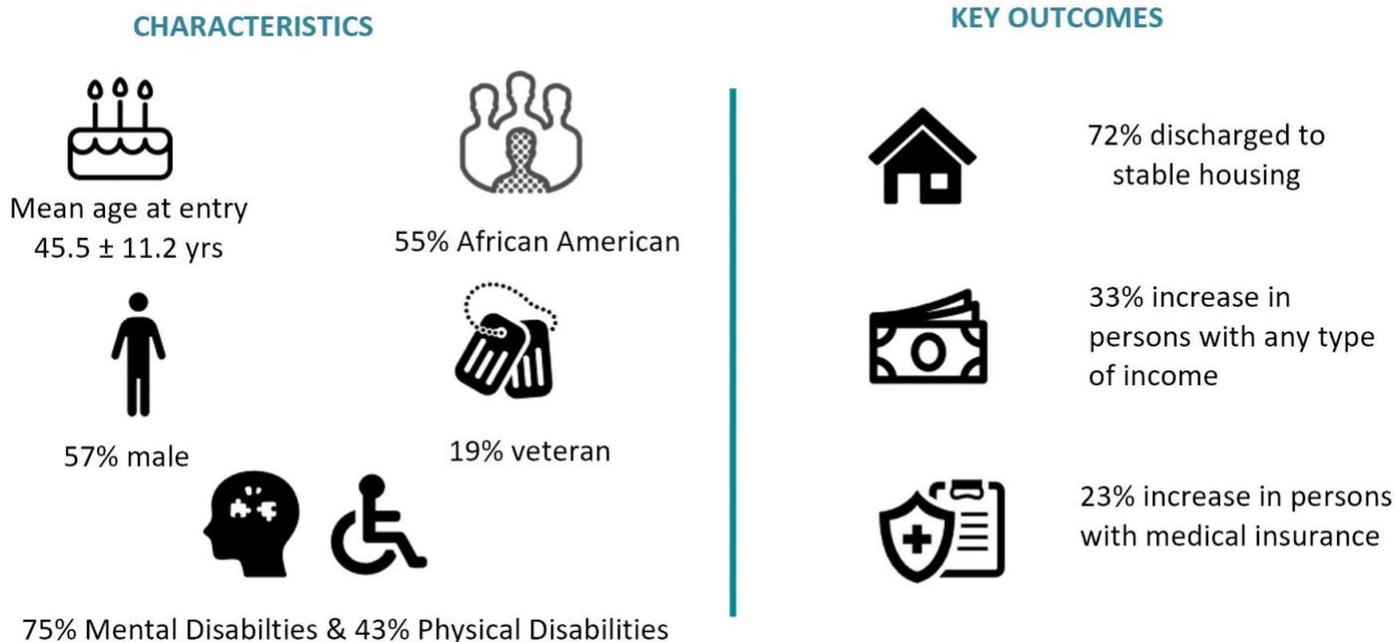
Research shows that PSH is associated with decreased homelessness, increased housing tenure, and positive health outcomes.<sup>1-8</sup> However, public financial support for PSH has been limited to date, with the U.S. Department of Housing and Urban Development serving as the primary source of funds. In 2015, the Centers for Medicare and Medicaid Services issued formal guidance on the use of Medicaid funds to reimburse for TSS. North Carolina is one of many states seeking to expand Medicaid for this purpose.

To effectively utilize Medicaid funds for TSS, it is important to understand the context in which these services are provided, and the factors associated with their successful implementation. This study used homeless service provider data and information from key informant interviews with agency staff and state officials to answer the following questions: 1) What are the characteristics of the residents who receive TSS in North Carolina; 2) What are the outcomes of effective TSS; 3) What provider practices are associated with effective TSS; and 4) What regulatory and funding contexts support effective TSS?

### WHAT WE FOUND

- The clients who receive tenancy support services (TSS) through permanent supportive housing are a diverse group.
- Effective TSS includes lowering barriers to program entry; centering services on housing retention; client individualization; staff training and working in teams.
- Resident outcomes associated with TSS include increased housing stability; improved health; increased social connectedness; higher income; and improved quality of life. These outcomes benefit not only individuals, but also the larger community.
- Key ingredients for successful regulation and funding of TSS include multiple funding streams; agency coordination; and training and quality assurance to balance access, quality, and flexibility.

## HEAD OF HOUSEHOLD CHARACTERISTICS AND KEY OUTCOMES FOR RESIDENTS LIVING IN PERMANENT SUPPORTIVE HOUSING



Source: Authors' analysis of North Carolina Homeless Management Information System Data 2014–2017

Study findings indicate that successful implementation of tenancy support services (TSS) not only helps people with mental and physical disabilities by increasing their likelihood of obtaining and maintain housing, but also produces positive outcomes for other key stakeholders. For example, landlords, property managers, and developers all benefit from stable tenancy and a support system for problem-solving. These outcomes can, in turn, increase their future willingness to rent to individuals with disabilities and develop more affordable housing. The community benefits from TSS through decreased homelessness and reduced state expenditures associated with health care utilization and other adverse outcomes associated with homelessness.

Study findings suggest that successful TSS is associated with adherence to a “Housing First” philosophy, which asserts that helping people get housing without traditional pre-conditions—such as sobriety and income—is both ethical and feasible. Further, successful implementation of TSS requires that providers tailor service type, intensity, and duration to meet clients’ unique and evolving needs. Securing stable housing and realizing its potential to improve health and quality of life might take time and trial and error; but instances of re-housing should not be considered a failure.

Finally, several strategies can help agencies to provide flexible and client-centered TSS. These include working in teams to balance workloads, developing specialized positions such as housing locators, implementing safety protocols, training staff to ensure skills-development and creative problem-solving, and providing staff with adequate supervision and support.

### WHAT THESE FINDINGS MEAN

To date, information from this study has informed state-level training of tenancy support services (TSS) providers, development of post-disaster rapid re-housing, screening for social determinants of health, and reimbursement rate-setting. Study efforts have also contributed to relationship building both across and between service providers and state agencies, which we hope will continue as North Carolina and other states work to expand Medicaid funding for TSS.

**“Health is “probably THE outcome.”**  
— Housing program director

Going forward, agencies should work to ensure that both veteran staff and new employees are committed to a “Housing First” approach and that they understand how it leads to improved outcomes.

As states move to expand Medicaid funding for TSS, the ways in which they define, reimburse, and oversee these services will influence whether providers can implement them effectively. State Medicaid programs and housing services providers will need to find ways to prioritize and balance three goals: 1) broad access to care across the state for diverse populations, 2) provision of high quality services, and 3) the flexibility to meet the needs of individual clients. For instance, while Medicaid funding might increase access to care, it could also prove to be insufficiently flexible by medicalizing allowable services and by underfunding activities that do not involve direct client contact. Also, quality assurance (QA) requirements could reduce access to TSS if service providers are unable to meet these standards. In order to receive reimbursement, they might overprescribe what is to be done, which also reduces flexibility.

Successful negotiation of these tensions to achieve an effective balance of access, quality, and flexibility will require proper infrastructure. To achieve this infrastructure, state agencies should coordinate their activities to create the funding streams necessary in order to cover diverse populations with a full range of services; facilitate a comprehensive spectrum of care; align funding strategies to improve access to and quality of TSS; and marry housing and service access.

States should also provide support for training and ongoing technical assistance to the TSS workforce, housing services provider agencies, intermediary organizations and state agencies to increase capacity at all levels of the system. In addition, quality assurance (QA) is needed to create accountability at all levels and should rely on both field observations and consumer feedback. Outcome-based oversight tied to financial incentives and advanced use of data for QA should be piloted.

## **MORE ABOUT THIS STUDY**

Qualitative data were collected between October 2017 and September 2018 through focus groups with 19 frontline staff and 23 clients from two agencies. The agencies were purposively chosen on the basis of two criteria. First, they are highly regarded TSS providers, offering the opportunity to generate information about effective strategies for TSS provision. To use the taxonomy of case selection, these were “extreme” cases exemplifying a phenomenon we wanted to understand (i.e., high-performing TSS). They are also diverse cases<sup>9</sup> in terms of sector and region. Each represents one of the two primary sectors involved in TSS -- homeless services and mental health services -- allowing us to learn about ways in which provision of TSS in those sectors is similar and different. Homeward Bound is a non-profit agency located in Western North Carolina that connects homeless individuals with housing and provides case management, including TSS. As the one of the largest providers of services for the homeless in Buncombe County, they are recognized as having made a significant contribution to reducing homelessness there. The UNC Center for Excellence in Community Mental Health, located in the middle of the state, has led NC’s mental health system in making the connection between housing and recovery and, in addition to running their own programs, performs fidelity oversight of other providers of integrated services. We also conducted 23 informant interviews with other key stakeholders including agency leads, specialized personnel, and landlords and property managers associated with the two agencies included in our study. In addition, we analyzed data and existing documentation from these agencies to develop case examples that described agency programs. We used these case examples to draw conclusions about promising practices for delivery of tenancy support services (TSS) and key considerations for the design of North Carolina Medicaid funding for TSS.

We also interviewed eight North Carolina state officials to provide further insight into promising practices for the provision, funding, and oversight of TSS. In addition, we conducted two focus groups with nine housing specialists at North Carolina Local Management Entities, which coordinate safety-net mental health services in the state. Louisiana was selected as a comparison state since it is one of the few states with an extensive history of funding TSS through Medicaid. In addition, the Medicaid program in Louisiana is structured similarly to North Carolina’s program, which makes lessons learned particularly relevant. Interviews in Louisiana included three state officials and two directors of housing service provider agencies.

We also analyzed data provided by each agency and from the North Carolina Homeless Management Information System (HMIS), which is used by homeless service providers to track provision of services to homeless clients. Use of this system

is required by all agencies that receive Housing and Urban Development (HUD) funding for homeless services. We used data from October 2013 to September 2017 on active cases (n=5115) to provide information on client characteristics (e.g., demographic information and disability status) and outcomes (e.g., increases in income, benefits, etc. from entry to exit) across the state.

## SOURCES

- <sup>1</sup> 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.
- <sup>2</sup> Byrne T, Fargo JD, Montgomery AE, Munley E, Culhane DP. The relationship between community investment in permanent supportive housing and chronic homelessness. *Soc Serv Rev*.2014;88(2):234-63.
- <sup>3</sup> Rog DJ, Marshall T, Dougherty RH, et al. Permanent supportive housing: assessing the evidence. *Psychiatr Serv*. 2014;65(3):287-94.
- <sup>4</sup> Benston EA. Housing programs for homeless individuals with mental illness: effects on housing and mental health outcomes. *Psychiatr Serv*, 2015;66(8):806-16.
- <sup>5</sup> Henwood BF, Katz ML, Gilmer TP. Aging in place within permanent supportive housing. *Int J Geriatr Psychiatry*. 2015;30(1):80-7.
- <sup>6</sup> Collins SE, Malone DK, Clifasefi SL, et al. Project-based Housing First for chronically homeless individuals with alcohol problems: within-subjects analyses of 2-year alcohol trajectories. *Am J Public Health*. 2012;102(3):511-9.
- <sup>7</sup> Buchanan D, Kee R, Sadowski LS, Garcia D. The health impact of supportive housing for HIV-positive homeless patients: a randomized controlled trial. *Am J Public Health*. 2009;99(Suppl\_3):S675-80.
- <sup>8</sup> 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.
- <sup>9</sup> Seawright J, Gerring J. Case selection techniques in case study research: A menu of qualitative and quantitative options. *Polit Res Q*. 2008 Jun;61(2):294-308.

## STUDY CONTACT INFORMATION:

Donna Biederman (donna.biederman@duke.edu), Emily Carmody (emily@nceh.org), and Mina Silberberg (mina.silberberg@duke.edu). This research was conducted as part of their distinguished fellowship in the Robert Wood Johnson Foundation Interdisciplinary Research Leaders program from 2016 to 2019.