Housing Assistance and Supportive Services in Memphis

Final Brief

January 4, 2013

Prepared for

The U.S. Department of Health and Human Services
under Task Order HHSP233370227

Prepared by

Lesley Freiman

Laura Harris

Amanda Mireles

Susan Popkin

URBAN INSTITUTE
2100 M Street, NW • Washington, DC 20037

TABLE OF CONTENTS

APPENDICES

INTRODUCTION

The U.S. Department of Health and Human Services (HHS) entered into a contract with the Urban Institute and its subcontractor the University of Memphis to foster effective delivery of services to current and former recipients of housing assistance in Memphis. This work was intended to inform Memphis' Strong Cities, Strong Communities planning effort and includes: 1) an assessment of current conditions, challenges, and opportunities; and 2) dialogue with and technical assistance to local stakeholders who coordinate, fund, and provide services to high-needs Memphis residents who receive housing assistance funded by the U.S. Department of Housing and Development (HUD). The project spanned 16 months (September 2011 through January 2013). This brief presents our final assessment of the needs of housing assistance recipients relocated through Memphis' HOPE VI initiatives as well as a discussion of future directions for service coordination and policy.

In 2011, the City of Memphis was selected for the White House Strong Cities, Strong Communities (SC2) initiative. SC2 provides federal technical assistance to help cities access or leverage existing federal and local resources for community revitalization and to form new organizational connections on a federal and local level. One key goal of the SC2 initiative is to help to break down existing silos between local governments and federal departments. This project is intended to support that effort by providing information about programs for residents of assisted housing, particularly those who have been affected by Memphis' HOPE VI revitalization efforts.

As part of this work, the project assessed five research questions:

1. What federally funded services are available and provided to current and former recipients of HUD-assisted housing in Memphis?
2. What other types of services (e.g., local government, privately funded) are available to assist these former residents? Are these coordinated with the federally supported service system?
3. What barriers do stakeholders in Memphis identify for the effective delivery of supportive services to HOPE VI relocatees? How do these barriers differ among residents who have relocated with vouchers, those who moved to new mixed income housing, and those who remain in traditional public housing or project-based Section 8 housing?
4. How has any relocation of individuals and families from public housing facilities to other housing types affected access and use of federally funded supportive services?
5. How can providers in Memphis improve the effectiveness of service provision to HOPE VI relocatees, regardless of their current housing assistance status?

BACKGROUND AND MEMPHIS SERVICE CONTEXT

Over the past two decades, policymakers have sought to transform public and assisted housing from a symbol of the failures of social welfare policy into a catalyst for revitalizing neighborhoods and helping residents improve their life chances. Public housing residents face numerous barriers to self-sufficiency: low educational attainment, poor mental and physical health, limited access to social networks that facilitate job access, and physical isolation from opportunity. Different federal initiatives have attempted to help residents overcome these barriers—by relocating residents to higher-opportunity areas, offering alternative rent structures, and replacing distressed developments with new mixed income housing (Turner, Popkin, and Rawlings 2009).

Evidence from evaluations of the largest federal initiatives suggests that increasing public housing residents' geographic access to opportunity improved their quality of life—but was not enough to help them overcome their multiple personal and structural barriers to self-sufficiency (Popkin, Levy and Buron 2009; Briggs, Popkin, and Goering 2010; Comey, Popkin, and Franks 2012). The $6 billion HOPE VI program, which funded the demolition and revitalization of hundreds of distressed public housing communities across the nation, had as a core goal of improving residents' quality of life and helping them move toward self-sufficiency. However, the program included only modest funding for community supportive services. Generally, these services have focused on workforce efforts and been limited in size and scope (Popkin et al. 2004) (For additional information on the evidence base for effective service provision to HOPE VI relocatees and housing assistance recipients in general, see companion document, *Best Practices for Serving High-Needs Populations.*)

Population, Geography, and Housing Assistance Migration in Memphis

The geographic distribution of HUD-assisted households in Memphis has changed dramatically over the last 15 years. Since the 1990s, Memphis has redeveloped five properties with HOPE VI grants; the city now has only one remaining traditional family public housing development (Foote Homes). Like other large city housing authorities, the Memphis Housing Authority (MHA) now relies heavily on vouchers and assisted households are dispersed throughout the city. However, most MHA housing choice voucher (HCV) recipients still live in very poor and predominantly African American neighborhoods.

By population, Memphis is a large city, with 646,889 residents as of the 2010 census. It also has an unusually large geographical footprint (315 square miles) and low population density for a city of its size (2,053.3 persons per square mile).[1] Memphis residents have become more geographically dispersed in recent decades as the city has incorporated surrounding areas, though the total population has changed little since the 1960s. Memphis' increased size presents a challenge for service delivery because of high poverty and need and the extremely limited public transportation system.

Unemployment in Memphis is high; the 2011 American Community Survey showed unemployment among those over 16 years old and in the labor force was at 14.5 percent, compared to 10.6 percent in Tennessee and 10.3 nationally. Memphis also has a high poverty rate; approximately 22.6 percent of families living or having recently lived below the poverty level in 2010, compared to 13.7 statewide and

[1] U.S. Census Bureau, 2010 Decennial Census.

11.7 percent nationwide. Child poverty is extremely high in Memphis, with 42.1 percent of all Memphis children living in households in poverty, compared to 26.3 percent statewide and 22.5 percent nationwide.[2]

The majority of Memphis residents are African American. In 2011, an estimated 62.4 percent of residents were African American/black and 29.6 percent were Caucasian/white. Just over 7 percent were Hispanic/Latino (only 4.0 percent of Latinos/Hispanics are African American/black while 34.2 percent are Caucasian/white).[3]

Maps 1 and 2 in appendix B respectively illustrate the geographic dispersion of poverty level and the percentage of residents who are African American/black (non-Hispanic) by census tract.

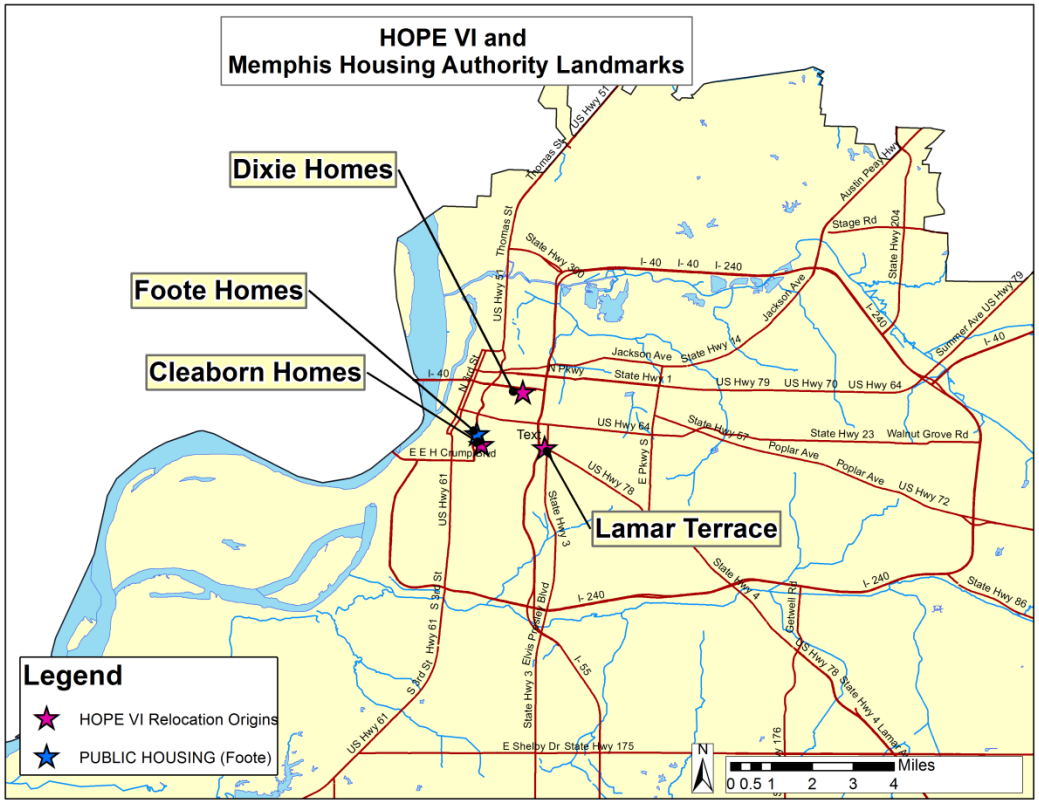
HOPE VI and Housing Assistance in Memphis

Over the past 20 years, numerous public housing authorities have used HOPE VI grants to demolish some of the most dilapidated and dangerous public housing developments in the country and rehouse residents in new units in mixed income developments and in the private market with Housing Choice Vouchers (HCVs or vouchers). The Memphis Housing Authority (MHA) has received five HOPE VI grants since 1995, the most recent in 2010 (for the Cleaborn Homes housing development). In 2011, the MHA received a Choice Neighborhoods Planning grant (the successor program to HOPE VI) for the Foote Homes, its last remaining family public housing development. In 2012, the MHA applied for an implementation grant to conduct work designed during the planning grant, but was not selected.

Our project has focused on households receiving MHA housing assistance, and in particular, those relocated from public housing developments in the most recent three HOPE VI relocations, including Cleaborn Homes (relocations in 2010), Dixie Homes (2008), and Lamar Terrace (2003). Residents relocated from these distressed public housing developments are particularly high need; those who were most able moved elsewhere as conditions deteriorated. In addition, relocation may have removed access to services, resources, and transportation networks that these residents relied on previously. MHA provided case management, relocation, and post-relocation services through Memphis HOPE, an independent non-profit that is part of Urban Strategies' national service network for housing redevelopment initiatives.[4] Memphis HOPE was created in 2006, funded by the Women's Foundation for a Greater Memphis. Figure 1 (below) shows the original locations of the last three developments for which MHA received HOPE VI grants (and from which it relocated residents) as well as the location of Foote Homes.

[2] U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, Table DP03.
[3] U.S. Census Bureau, 2011 American community Survey 1-year Estimates, Table DP05.
[4] Urban Strategies is a non-profit that provides supportive services in partnership with community revitalization initiatives nationwide. See http://www.urbanstrategiesinc.org/.

Figure 1



Service Landscape

Historically, low-income Memphis residents have received services through individual government programs or funding sources, including funds flowing from federal sources (e.g., Medicare, TANF, and Supplemental Nutrition Assistance Program (SNAP) formerly food stamps) and local community organizations, many of which are small faith-based entities. Memphis also has had an unusually large number of community development corporations (CDCs) (over 30 incorporated and over 100 including those not formally incorporated), most with few resources or staff. In recent years, the city and the community organizations within it have attracted and dedicated substantial new resources and sources of funds, many with sweeping and ambitious mandates. Several of the larger and most ambitious efforts set in motion since 2010 are place-based, with the aim of organizing and growing existing resources and services, creating new neighborhood- or housing-based services and resources, spurring neighborhood economic development, and fostering community.

One of these new place-based efforts is Agape's[5] Powerlines Community New initiative, which is based out of apartment buildings in poor and distressed neighborhoods. Powerlines' goal is to coordinate, provide, and leverage community resources for neighborhood residents. Another is Memphis

[5] A long-standing, Memphis-area, Christian faith-based, service-provider targeting children, single mothers, and families.

Community LIFT, which grew out of a longer-term community planning process. LIFT is focused on specific clusters of neighborhoods identified in the planning process, where it will work to foster neighborhood-level economic development and revitalization. On a city-wide level, the Mayor's office has obtained several new sources of funding. This includes substantial federal and private funding awards for strategies and implementation regarding local business revitalization, reduction of gun violence (particularly among youth), and prevention of teen pregnancy.

(For a detailed summary of new and continuing local efforts, see the assessment memo included as appendix C).

ASSESSMENT AND TECHNICAL ASSISTANCE

For this project, the research team has conducted three main tasks: 1) an assessment of service need and provision in Memphis, 2) reporting to and communication with the U.S. Department of Health and Human Services, and 3) technical assistance to the Memphis service provision community in the form of gathering information on relocatees' needs from focus groups and compiling information on best practices for serving this population.

Assessment Phase

The research team produced an assessment of the service needs, geographic distribution, and service landscape for high-needs populations in Memphis. This work focused on households receiving MHA housing assistance, particularly those relocated from public housing developments in the most recent three HOPE VI relocations, including Cleaborn Homes (relocations in 2010), Dixie Homes (2008), and Lamar Terrace (2003). From the assessment, the research team produced a memo, which is available as appendix C.

This work included discussions and interviews with a variety of stakeholders, including city and county government officials, the contracting agency providing Community Supportive Services to HOPE VI relocatees in Memphis (Memphis HOPE), non-profit leaders, local service funders, and local researchers, as well the head of the HUD field office and members of the Memphis Strong Cities, Strong Communities (SC2) team.

The interviews covered a range of topics, including details of the policy, planning, and service provision landscape in Memphis, new and long-standing challenges in serving high-needs populations, coordination between service providers and other stakeholders, and current and upcoming programs and initiatives. In each interview, the research team also discussed possibilities for the technical assistance that the team might provide for local stakeholders.

The research team also obtained household- and client-level administrative data on public housing residents relocated as a result of MHA HOPE VI initiatives. We received data from two sources: Urban Strategies, which administers the Memphis HOPE program that provides case management and supportive services to HOPE VI relocatees, and the HUD field office in Memphis. The data from Urban Strategies pertain to households that receive services from Memphis HOPE and were relocated from Cleaborn Homes, Dixie Homes, and Lamar Terrace; data include current (or last known relocation) and

former locations, housing assistance use, service referral history, and demographics.[6] The HUD field office provided an extract from the Public Housing Information Center database, which includes information on all households currently receiving housing assistance through MHA housing voucher programs.[7] We used these two data sources to analyze the current and former locations and concentrations (or dispersion) of housing assistance users in Memphis, as well as to compile information about likely service needs based on referral records and demographics.

These data showed that HOPE VI relocatee households have particularly low incomes (in line with their need and eligibility for public housing at the time of relocation), with a median monthly income of just $304 per household. About one-quarter of heads of household receive TANF (25.5 percent) and Supplemental Security Income (SSI) (27.7 percent). Virtually all relocatee heads of household were African American, and most were female.

The research team found that relocatee households continue to live in high-poverty areas after relocation. A large majority of HOPE VI relocatee households (68.9 percent) use HCVs. A small portion—just 9.3 percent—live in Foote Homes (the last remaining family public housing development in Memphis), and a slightly larger portion live in public housing developments for the elderly and disabled (11.3 percent). Under 4 percent (3.8 percent) live in new HOPE VI mixed income developments.[8] Many have relocated a substantial distance to other neighborhoods within Memphis. Relocatee households that transitioned onto HCVs moved in a similar dispersal to all voucher-holding households.[9] (See appendix B for density maps of relocatee households, voucher-holding households, and voucher-holding relocatee households). MHA's traditional public housing developments were located centrally, near downtown; in stakeholder interviews, respondents reported that most former residents have relocated primarily to the large communities of Hickory Hill (southeast), Frayser (north), and Raleigh (northeast), all miles from the city center.

Our spatial analysis confirms this assessment. Memphis households receiving MHA assistance are located throughout the city, although the households receiving assistance tend to be clustered in areas with high poverty rates and high percentages of African American residents. Households relocated from Lamar Terrace, Dixie Homes, and Cleaborn Homes are more highly concentrated in their former neighborhoods than MHA voucher holders overall. However, while many have stayed near their original public housing location, others have moved to neighborhoods across the city, following similar patterns of dispersion to the overall population of voucher-assisted households.

[6] The data on former Lamar Terrace and Cleaborn Homes residents were extracted from the case management data system in April 2012, and the data on former Dixie Homes residents were extracted in October 2011. However active case management for Lamar Terrace and Dixie Homes relocatees ended in 2008 and 2011, respectively, so many of these records have not been updated in years. For these cases, we used the last available information Memphis HOPE could provide on location, demographics, services, and income for each household or resident.

[7] The data extract included all Memphis households either receiving vouchers for the first time or undergoing annual recertification between March 2011 and February 2012. Data provided information on location, household size, and demographics of head of household.

[8] This number may be higher in reality than the available data show, as these developments are new and the Lamar Terrace and Dixie Homes relocatee data were only updated as long as the relocatees remained in case management.

[9] Only 10 percent of voucher-holding households are HOPE VI relocatees.

The Memphis HOPE administrative data also revealed patterns of referrals for services. Overall, 40 percent of all relocatees have been referred to services more than once, nearly 28 percent only once, and 32 percent have never been referred. The highest share of all relocatees (for whom data are available) were referred at one point to employment services, though this number is still relatively low. This low rate of referral likely reflects factors such as service availability, appropriateness, and high caseloads rather than need, which the income data, discussions with stakeholders, and resident focus groups all suggest is great. Approximately 16 percent of relocatees for whom referral data are available were referred to employment services, 11 percent to child care, 9 percent to education, 8 percent to material resources (e.g., food and clothing supply), 5 percent to youth services, 3 percent to health, and 1 percent to financial literacy.

Technical Assistance

The assessment clarified that there are many initiatives underway in Memphis with the goal of ameliorating poverty by addressing housing, health, or human service needs. During the January site visit, the project team and a number of different stakeholders discussed the fact that there are so many initiatives in Memphis, which creates challenges in coordination and avoiding duplication of services. These efforts receive funding from a variety of sources (public, private, philanthropic); provide services from unconnected sources (e.g., branches of city government, county/state government, and local non-profit or partnered service providers); and employ different strategies.

Through an assessment of needs, resources, and efforts currently underway in Memphis, the research team, with the support of HHS, determined it could best assist Memphis stakeholders and HHS through gathering and sharing additional qualitative information about service use, concerns, and unmet needs among HOPE VI relocatees in Memphis and by recommending evidence-based best practices for meeting the needs which the Memphis service community is working to address. The project team has produced a summary memo which aims to provide Memphis service stakeholders, including service providers, local funders, development organizations, and city and county government, with research-supported practices for serving high-needs populations. Our hope is that this information will help local stakeholders focus ongoing and new efforts toward proven and promising practices. This summary of proven and promising practices is available in the companion document to this brief, *Best Practices for Serving High-Needs Populations*. The research team will also share with stakeholders the maps and tables and the findings produced during the assessment phase of the project.

The following section of this document is comprised of a summary report and findings from three focus groups held with HOPE VI relocatees in Memphis in October and November 2012.

FOCUS GROUPS WITH HOPE VI RELOCATEES IN MEMPHIS

To further understand the experiences of service receipt for adults in households receiving housing assistance, we conducted three focus groups in October and November 2012. The focus group topics were developed to help answer two of the project's five research questions:

3. What barriers do stakeholders in Memphis identify for the effective delivery of supportive services to HOPE VI relocatees? How do these barriers differ among residents who have relocated with vouchers, those who moved to new mixed income housing, and those who remain in traditional public housing or project-based Section 8 housing?

4. How has any relocation of individuals and families from public housing facilities to other housing types affected access and use of federally funded supportive services?

The focus group protocol (see appendix A) was developed to address these issues, focusing on understanding a wide range of experiences that relate to participants' housing situation and service needs.

Focus Group Participants

The intent of this project was to address service needs for people receiving housing assistance. As described above, this project has focused on HOPE VI relocatees because they are a known high-needs population and because households relocated via HOPE VI may have been removed from their previous resource and service networks. Based on case management and location data provided by Memphis HOPE, we identified three populations for our focus groups:

- **Focus group one**: This group consisted of former Cleaborn Homes residents who currently live in zip code 38126. We choose to limit this group to Cleaborn Homes residents to concentrate on a group that has more recently been relocated and actively involved in initial case management activities. (Residents from the other two HOPE VI sites in the Memphis HOPE case management data we examined were initially relocated five or more years ago.)

- **Focus groups two and three**: These groups consisted of a combination of residents from Lamar Terrace, Dixie Homes, and Cleaborn Homes, and were geographically based. We conducted one focus group with adults living in the 38127 zip code (Frayser area of North Memphis) and one with adults living in 38106/38109 (South Memphis area).

Memphis HOPE conducted the recruitment for focus group participants and provided assistance in arranging transportation. (A more detailed description of research methods, including selection and recruitment criteria, is available in appendix A, along with protocols, consent forms, and recruitment script).

Descriptive Information about Focus Group Participants. The three focus groups included a total of 26 people.

- 24 women, 2 men
- 25 black, 1 white
- Approximately 40 percent were 62 or older
- Most participants said that they had less than a high school education, and only a few reported having earned their GED.

- Some participants lived alone (several seniors, but also a few younger single people on disability), while others had households that included family beyond their immediate family.
- A few residents lived in public housing, but most used HCVs in single-family housing or apartments. Most were receiving SNAP, though some seniors received as little as $25.
- Four people reported that they had their own cars. Only a few relied on public transportation (i.e., the bus system), while most relied on friends, family, or others they pay to transport them.
- Only one was currently employed, only part-time.

Summary Findings

Overall, these residents reported positive housing situations; this finding is important, given that stable housing is a crucial platform for delivering other services. Still, the focus group participants were struggling with economic and health-related challenges that likely necessitate changes in service delivery strategies.

Housing as a platform. No participants discussed concerns about having stable and sufficient housing. Some mentioned wanting a bigger apartment or additional amenities, but overall, they felt their housing was better since they had relocated through HOPE VI. The biggest and most often-raised concern relating to housing was the struggle to pay utility bills. Even for those receiving utility assistance, their monthly bills often exceeded the subsidy amount. This is consistent with findings from other studies of HOPE VI relocatees[10] and represents a fundamental challenge for users of the HCV program—particularly for former public housing residents who have not previously paid utilities separately. Voucher holders receive a utility allowance as part of their housing assistance, but clearly these allowances do not keep pace with costs.

Current benefit receipt. Most participants were receiving HCVs, and a few currently live in public housing. Most were not currently receiving cash assistance, other than SNAP. A few mentioned cash benefits and SSI or SSDI (for their children). The older participants relied almost entirely on Social Security.

When asked how they make ends meet, participants reported borrowing money from family and a few did periodic and informal jobs, such as doing hair or some hourly work cleaning. The few currently working did so as temporary warehouse or retail workers, and the pay was not sufficient to fully support their households. Some were concerned that working would reduce the amount of the benefits they receive, particularly for those receiving disability.

Seniors and children seemed to have health insurance and access to healthcare, but most of the other adults without significant health problems or disabilities did not have health insurance. Several people said they relied on public clinics that had bad service, where they often waited hours for appointments. Others described using emergency room care for non-urgent illnesses. When asked how they dealt with the sizeable medical bills from emergency room care, most reported that they merely threw them away.

[10] See for example Popkin, Levy and Buron 2009; and Comey, Popkin, and Franks 2012.

Current case management. Focus group participants were recruited out of a pool of relocatees currently receiving Memphis HOPE case management services. The vision for creating a separate community-funded entity of Memphis HOPE was that a more comprehensive system could be created and sustained over time, but this model is difficult to sustain. The initial funding for both Lamar Terrace and Dixie Homes (a total of $7.2 million over five years) officially expired in 2011. Memphis HOPE continues to operate as the service provider for the Cleaborn Homes HOPE VI caseload, as well as for some of the remaining public housing residents (funded by HUD's ROSS program). While some of the Lamar Terrace and Dixie Homes residents continue receiving services beyond the grants' official end dates, the focus groups suggest that these services are not intensive.

Participants' experience with case management suggests that their contact with case managers is currently infrequent and limited. A minority of focus group participants were able to identify specific assistance they had received from case managers, however, these accounts were limited and assistance varied, suggesting an absence of coordinated case management services.

Similarly, participants noted difficulties communicating with case managers. Many cited long waiting times between follow-up with case managers, regarding resources such as utility assistance and employment and child-related program opportunities. Several participants noted that these long waits and challenges communicating with the case managers were not problems until the last year or two; previously, they said that the case managers were more responsive and helpful. Many of the challenges participants shared suggest organizational constraints coupled with limited time and resources hinder case managers in providing comprehensive supportive services to meet residents' needs (including support navigating pathways to health care access). Further, these residents' experience suggests that they are not able to access the kinds of supportive services they need in their new communities.

Ongoing service and resource needs. Overwhelmingly, participants reported that their greatest need was employment. Utility assistance and health care coverage were also mentioned repeatedly as significant expenses. A few participants spoke specifically about the sizeable medical bills they incurred from using the emergency room as their only providers. The participants seemed realistic about their job expectations given their education and skills. (Most reported wanting warehouse and housecleaning positions, often because they could work alone.) Only a few people discussed a desire or need for more schooling or training.

Mental health. Each group discussed living with depression and anxiety. For some, mental health problems made it difficult to obtain or maintain employment. Others discussed the burden they feel of caring for family and struggling with depression.

> *My health is failing and I'm really struggling. I try to keep that smile up there, but behind that smile there's pain, there's pressure, there's depression. A whole lot is going on inside of me. Stressed out knowing you got a family to take care of and it's hard when you try to get from point A to point Z. I see my children doing well in school, and they are being there and doing what they're supposed to be doing, but me, they look at mom and think mom can't do anything for us. That's a hurtful thing. I split myself in half to take care of my mom (who just had a stroke) and take care of my children.*

Transportation accessibility and costs. Few participants had their own cars, but only a few said they relied exclusively on public transportation. Many relied on family or friends, generally for a fee of $15–20 per trip. Several people added that, in addition to charging a fee, family and friends providing transportation asked them to purchase a few items while at the store. In those cases, the total cost for getting a ride to the store was easily $30. Though public housing developments were and are located in the central part of the city, the low density of Memphis means that shopping is not convenient via a limited bus system. The exception to this problem is participants who currently live in the Frayser neighborhood of North Memphis. While Frayser is poor overall, a number of large grocery stores and occupied strip malls provide many retail options.

Changes since relocation from public housing. One concern that prompted HHS to undertake this project was that public housing relocation moved residents to areas without community service providers. However, participants in our groups reported that the proximity to services was not a problem for them (Many services had not been nearby even when they were in the centrally located public housing because of transportation accessibility). They saw lack of follow up contact from case managers was the true frustration; as noted above, most had received services through Memphis HOPE for some period after they relocated, but those services have now been cut back. Memphis HOPE staff are not currently able to do as much outreach to clients now dispersed across Memphis communities, especially given that high-touch case management is not currently funded by MHA or any other funding source.

Views on returning to redeveloped public housing. Almost all participants who had HCVs said they were not interested in returning to the redeveloped public housing. While many are struggling with paying utilities, they are happy with their new housing and neighborhoods. Several mentioned concerns that the new developments would quickly return to the level of crime that existed at the old development. However, many focus group participants still living in public housing are interested in moving to one of the newer developments. There seemed to be some confusion about the criteria and cost to live at the new developments. For example, though most in the group were unemployed and only a few were receiving disability, no one mentioned the work requirement[11] as a possible barrier to moving back—which would likely affect most of them. Also, the consensus in two of the three groups was that public housing at the new developments cost about $2,000 per month—which is not the case.

Relocatees learning from their peers. Over the discussion, participants learned about available resources from one another (e.g., caregiving programs, youth services, and toy drives for Christmas). When asked how they normally discover available services and resources, participants answered that they often learn about these resources through friends and acquaintances. At the end of each focus group, participants either exchanged more information about services or shared phone numbers. Several participants informed the focus group leaders that the conversations were useful and enjoyable. Given this high degree of peer learning, MHA, Memphis HOPE, and other service agencies may consider convening and facilitating similar discussion in the future, with the goal of allowing residents to share common challenges and solutions.

[11] At new HOPE VI developments, public housing residents who are not elderly or disabled are subject to requirements to work full-time (at least 30 hours per week) in order to qualify and remain qualified for the public housing unit.

FUNDING AND COORDINATION

As discussed in the introduction, this project was designed to answer five broad research questions about service provision in Memphis. We addressed two of these (questions 3 and 4) primarily through the focus groups. We addressed questions 1, 2, and 5 during the assessment phase and have summarized the results below.

1. **What federally funded services are available and provided to current and former recipients of HUD-assisted housing in Memphis?**

To summarize the HHS funding streams that support services in Memphis, the research team reviewed available data from the Tracking Accountability in Government Grants System and USAspending.gov. The research team discovered that, while housing assistance recipients, particularly relocatees from MHA public housing, use a number of services and resources that come through federal programs (such as Medicaid), these resources almost never flow directly from the federal government. The bulk of funds flowing directly from HHS to municipal and county agencies or individual organizations (including universities and hospitals) go to medical research, particularly to research in the large Memphis-based children's hospital. Much HHS funding toward services is awarded to the state, which distributes this money down to the county or locality, and from there to individual service recipients. (A full list of direct HHS funding to entities in the City of Memphis or in Shelby County is available in the assessment memo.)

A large share of HOPE VI relocatees who receive housing assistance in Memphis also receive TANF. (Economic and demographic information for HOPE VI relocatees and HCV recipients are available in the assessment memorandum produced in the earlier stages of this project, included as appendix C of this brief). The report resulting from the focus groups further discusses HOPE VI relocatee service use. Because of the income requirements for housing assistance eligibility, we know that all MHA HOPE VI relocatees (who originally lived in public housing) and most of the current housing assistance recipients are income eligible for Medicaid. However, TANF and Medicaid funding is administered by the state and through local jurisdictions.

2. **What other types of services (local government, privately funded) are available to assist these former residents? Are these coordinated with the federally supported service system?**

The research team was also able to address this question during the assessment phase. An extensive summary of local service efforts and strategies, compiled in the assessment memo, is included in appendix C. An earlier section of this document ("Service Landscape") summarizes recent notable local, private and government service provision and anti-poverty efforts, many of which are new, ambitious, and neighborhood-based.

While coordination with federally funded services is a concern for Memphis (demonstrated by the enthusiasm with which the mayor's office has met the federal SC2 initiative) much new funding the city and its service providers have acquired runs independently of federally funded resources and has no clear, direct link to federal sources. In fact, as we found in the assessment phase, many new and long-standing local efforts, both private and public, run parallel. This includes the common silos seen in government and private service communities nationwide. For example, many MHA staff members have a specific contact at the Shelby County department of Health and Human Services, and vice versa, but there are no common procedures or processes or communication plans to make sure each agency is

aware of relevant issues arising in its major counterparts. The assessment memo (Appendix C) addresses the key challenges of coordination in more detail.

LESSONS LEARNED

The assessment pointed to a large need for services, connection to community providers, and extensive follow up for housing-assisted populations in Memphis. HOPE VI relocatees confirmed in the focus groups that they face many challenges and are having both existing and new difficulties accessing services now that they are living in the larger community.

Memphis HOPE has a role of connecting the relocatees with community providers, but because the agency is primarily funded through the MHA's HOPE VI funds, its caseloads are large and it has few resources for tracking of and outreach to relocatees who have moved to the private market with HCVs. The agency has provided more intensive services in the past when it had additional philanthropic resources through agencies such as the Women's Foundation for a Greater Memphis, but at this time, it is primarily able to serve drop-in clients. In the absence of additional resources that would permit smaller caseloads and more aggressive outreach, this situation seems unlikely to change.

Another finding from our focus groups was that these residents are not being picked up by community providers in their new neighborhoods. Therefore, a key opportunity to improve service delivery would be to increase coordination between Memphis HOPE/MHA and other community providers to ensure smooth transitions for high-need MHA relocatees. Since Strong Cities, Strong Communities (SC2) has coordination as its core mission, working to plan effective hand-offs seems like an area where the team should focus attention and resources.

In our assessment, we also pointed to the large number of new neighborhood-based poverty alleviation, service, and development efforts in Memphis. It would be useful to facilitate communication and coordination among community-based agencies that serve MHA relocatees and other low-income, vulnerable Memphis residents to create a community of practice. This coordination would help nascent neighborhood-based agencies and efforts learn from one another as they develop. Coordination may help groups anticipate common challenges and share effective practices for serving similar communities. SC2 could be instrumental in organizing a forum for regular meetings and communication so that agencies serving a vulnerable population can share lessons learned. One possible scenario would be to provide some funds to Memphis HOPE to convene the group, since they have the most knowledge about the challenges facing the MHA relocatee population.

LESSONS FOR SERVING VULNERABLE PUBLIC HOUSING RESIDENTS

As described above, Memphis is in some respects an unusual city. The city covers a large area and the population is relatively sparse. In addition, the city has recently attracted several substantial new sources of funding for development, planning, anti-poverty, and anti-violence initiatives. At the same time, Memphis shares many challenges and opportunities with other cities throughout the country, and many of the lessons outlined in this document will apply more broadly to urban areas around the country.

Over the past 20 years, public housing transformation has meant a shift away from hard units of deeply-subsidized housing to HCVs. Hundreds of thousands of distressed public housing units have been demolished under the HOPE VI program and other initiatives, meaning that there are now about twice as many voucher households as public housing households (Turner and Kingsley 2010). The Urban Institute's research on HOPE VI relocatees in a number of cities has documented that residents who receive HCVs move to better quality housing in safer neighborhoods, but that these neighborhoods are still largely high-poverty and predominantly minority (c.f. Popkin, Levy and Buron 2009; Turner, Popkin, and Rawlings 2009). Further, these former public housing residents often face many challenges, including physical and mental health problems, disability, and unemployment. Low-touch case-management programs tend not to be sufficient to meet the needs of these vulnerable residents; more intensive models have shown promising results for adults (Popkin et al. 2010; Popkin et al. 2012), so high-touch case management and neighborhood-based initiatives are promising options for addressing these populations in other cities as well. Delivering services to a widely-scattered population is extremely challenging—while the geography and transportation system in Memphis may make the scale and urgency of the challenge greater than in some other cities, there is no question that the problem is widespread. The Chicago Family Case Management Demonstration showed that it was possible to provide intensive, wrap around services to vulnerable families at a relatively low cost (Popkin et al. 2010b), but even this relatively low cost may be out of reach for most housing authorities, especially for agencies coping with reductions in federal funding.

Finally, there is increased emphasis on place-based efforts as a promising strategy to address entrenched poverty and chronic disadvantage. The federal Choice and Promise Neighborhood initiatives are the most prominent, but there are also numerous other efforts, including SC2, the Byrne Criminal Justice Initiative, and numerous smaller, localized efforts such as the many programs serving Memphis communities. For all of these efforts, large and small, coordination is critical to increase effectiveness and avoid service duplication. Groups involved in these efforts would benefit from establishing regular meetings and other strategies to create communities of practice both locally and nationally. Supporting a community of practice seems like a natural role for private foundations, many of which have community change as a key focus. To help support local, community-based efforts, federal agencies could potentially reach out to philanthropic partners. The benefits of such a strategy could be great for both local communities and vulnerable families.

References

Briggs, Xavier de Souza, Susan J. Popkin, and John Goering. 2010. Moving to Opportunity: The Story of an American Experiment to Fight Ghetto Poverty. Oxford: Oxford University Press.

Comey, Jennifer, Susan J. Popkin, and Kaitlin Franks. 2012. MTO: A Successful Housing Intervention. *Cityscape* 14(2): 87-107

Freiman, Lesley, Laura Harris, Amanda Mireles, and Susan Popkin. 2013. Housing Assistance and Supportive Services in Memphis: Best Practices for Serving High Needs Populations. Washington, D.C.: Urban Institute.

Popkin, Susan J., Diane K. Levy, Larry Buron. 2009. "Has HOPE VI Transformed Residents' Lives? New Evidence From the HOPE VI Panel Study." Housing Studies 24(4): 477-502.

Popkin, Susan J., Bruce Katz, Mary K. Cunningham, Karen D. Brown, Jeremy Gustafson, and Margery Austin Turner. 2004. A Decade of HOPE VI : Research Findings and Policy Challenges. Washington, D.C.: The Urban Institute.

Popkin, Susan J., Brett Theodos, Liza Getsinger, and Joe Parilla. 2010. A New Model for Integrating Housing and Services. Supporting Vulnerable Public Housing Families Brief No. 2. Washington, DC: The Urban Institute.

Turner, Margery A., Susan J. Popkin and Lynette Rawlings. 2009. Public Housing Transformation: The Legacy of Segregation. Washington DC: Urban Institute Press.

Turner, Margery Austin, and G. Thomas Kingsley. 2008. Federal Programs for Low-Income Housing Needs: A Policy Primer. Washington, DC: Urban Institute.