Evidence Based Practices: Comprehensive Case Management
Chicago Family Case Management

CASE MANAGEMENT FOR “HARD TO HOUSE” FAMILIES
BACKGROUND

• Grew out of previous research on HOPE VI and MTO

• Linked Services and Research

• Enhanced supportive services for all residents in two CHA developments with hope of assisting most vulnerable households
## ENHANCED CASE MANAGEMENT SERVICES

<table>
<thead>
<tr>
<th>SERVICE FEATURE</th>
<th>CHA SERVICE MODEL AT START OF DEMONSTRATION</th>
<th>DEMONSTRATION SERVICE MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>50 percent</td>
<td>90 percent</td>
</tr>
<tr>
<td>Case manager-to-client ratio</td>
<td>1 case manager for 55 residents</td>
<td>1 case manager for 25 residents</td>
</tr>
<tr>
<td>Frequency of contact</td>
<td>Once a month</td>
<td>Two to four visits a month</td>
</tr>
<tr>
<td>Contact with household</td>
<td>Leaseholder</td>
<td>Family</td>
</tr>
<tr>
<td>Length of time case managers remain with residents, even after they move</td>
<td>3 months</td>
<td>3 years</td>
</tr>
<tr>
<td>Financial literacy training and matched savings program</td>
<td>Not available</td>
<td>Available</td>
</tr>
<tr>
<td>Clinical and substance abuse services</td>
<td>Referral to substance abuse counseling</td>
<td>On-site licensed clinical social worker; referral to substance abuse counseling</td>
</tr>
<tr>
<td>Transitional Jobs program</td>
<td>Not available</td>
<td>Available</td>
</tr>
<tr>
<td>Relocation counseling</td>
<td>Traditional relocation services (e.g., neighborhoood tours for residents interested in vouchers, help locating apartment listings, assistance negotiating with landlords and the voucher program)</td>
<td>Augmented workshops and &quot;second mover&quot; counseling; traditional relocation services</td>
</tr>
<tr>
<td>Case manager training</td>
<td>Limited, varies with service provider</td>
<td>Additional training for case managers and ongoing clinical support groups</td>
</tr>
</tbody>
</table>
RESEARCH PURPOSE

- Implementation
  - Test the feasibility of wrap-around supportive services for vulnerable families in public housing
- Expected resident intermediate and final outcomes
  - Engagement
  - Housing stability
  - Mental and physical health
  - Self-sufficiency
  - Safety and fear
INTEGRATING HOUSING AND SERVICES

• Resident engagement increased from 50 to nearly 90 percent
• Engaged residents average 3 meetings per month with case managers
• In 2009, residents felt their case managers were more trustworthy, more prepared, and better motivators than at baseline
COST OF SERVICES

- Total cost of the Demonstration (accounting for no-shows)
  - $2.1 million
  - Approximately $2,900/year/household
- Total cost of the Demonstration (assuming all services are attended)
  - $2.6 million
  - Approximately $3,600/year/household
- Employment and substance abuse services are the most cost intensive
## SERVICES USE AND COST

<table>
<thead>
<tr>
<th>REFERRAL TYPE</th>
<th>TOTAL COST FOR REFERRAL CATEGORY</th>
<th>TOTAL REFERRALS</th>
<th>AVERAGE PER PERSON COST FOR REFERRAL CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>$1,304,947</td>
<td>794</td>
<td>$1,644</td>
</tr>
<tr>
<td>Housing services</td>
<td>$564,199</td>
<td>653</td>
<td>$864</td>
</tr>
<tr>
<td>Mental/physical health services</td>
<td>$126,729</td>
<td>233</td>
<td>$544</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>$119,010</td>
<td>74</td>
<td>$1,608</td>
</tr>
<tr>
<td>Education</td>
<td>$116,354</td>
<td>169</td>
<td>$688</td>
</tr>
</tbody>
</table>
RELOCATING VULNERABLE PUBLIC HOUSING FAMILIES

- Demonstration participants live in much higher quality homes and apartments.
- Residents accessed areas where they feel safer, but very few made moves to opportunity neighborhoods.
- Relocation counseling for vulnerable families needs to be intensive, long term, and integrated with other services.
RELOCATING VULNERABLE PUBLIC HOUSING FAMILIES

Percent perceiving as a big problem

<table>
<thead>
<tr>
<th>Issue</th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug selling</td>
<td>80</td>
<td>30*</td>
</tr>
<tr>
<td>Gangs</td>
<td>63</td>
<td>30*</td>
</tr>
<tr>
<td>Attacks or robberies</td>
<td>25</td>
<td>12*</td>
</tr>
<tr>
<td>Rapes or sexual attacks</td>
<td>14</td>
<td>7*</td>
</tr>
<tr>
<td>Shootings and violence</td>
<td>52</td>
<td>16*</td>
</tr>
</tbody>
</table>

Source: Authors' analysis of CFDM Demonstration data.
* Difference between 2007 and 2009 is significant at the $p < .05$ level.
TACKLING THE BIGGEST CHALLENGE: CHA RESIDENT HEALTH

- Physical and mental health of Demonstration families remained stable.
- Between 2007 and 2009, there was significant improvement in levels of anxiety and worry.
- Chronic illness and mortality rates are extremely high.
- Substance abuse and mental illness remain serious problems.
TACKLING THE BIGGEST CHALLENGE: CHA RESIDENT HEALTH

A period lasting one month or longer when you felt worried, tense, anxious

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>32</td>
</tr>
<tr>
<td>2009</td>
<td>23</td>
</tr>
</tbody>
</table>

Worried more than most people would in your situation

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>44</td>
</tr>
<tr>
<td>2009</td>
<td>33</td>
</tr>
</tbody>
</table>

Sources: 2007 and 2009 Demonstration samples.

* Difference between 2007 and 2009 is significant at $p > .05$ level
REACHING THE NEXT GENERATION: THE CRISIS FOR CHA’S YOUTH

* Difference between Demonstration and Panel Study is significant at the $p < .05$ level.
IMPLICATIONS

• Housing authorities must be willing to take risks and experiment with service provision.
• Targeting high-risk families may have long-term payoffs.
• The Transitional Jobs model is promising.
• Comprehensive mental health and substance abuse services are a critical need.
IMPLICATIONS

- Relocation counseling needs to be intensive.
- The CHA should experiment with intensive service models that focus explicitly on children and youth.
- Robust administrative systems are imperative to evaluate and measure the performance of any service model.
TAKE AWAYS

- Low case loads
- Communication among case managers
- Leveraging existing programs
- Long term engagement with families
HOST: Housing Opportunity and Services Together
BACKGROUND

• Grew out of Chicago Case Management Demonstration
  • Improved outcomes for adults:
    • Engagement rates
    • Employment
    • Physical and mental health
  • Did not improve outcomes for children
• Launched by the Urban Institute with the support of the Open Society Foundations (OSF)
HOST GOAL

Determine how housing can be used as a platform to provide comprehensive services to vulnerable residents in public housing and mixed income developments.
HOST MODEL

HOST Demonstration: Developing comprehensive, coordinated service models

INTERVENTION
Urban Institute and Site Partners
Case management and wrap-around services for adults with strategies to engage children and youth.

ENGAGEMENT AND PROGRAM IMPLEMENTATION
Site Partners

FOLLOW-UP AND ONGOING ADJUSTMENT OF SERVICES
Urban Institute and Site Partners

ADULTS
Increased self-sufficiency/improved health and well-being

CHILDREN AND YOUTH
Positive educational, health and behavioral outcomes.

Sustainable community revitalization

Improved well-being of families and kids
COMMON ELEMENTS ACROSS SITES

• Intensive case management (low caseloads, frequent contact)

• Tailored and integrated service for youth and adults

• Coordinated approach to service provision

• Address key barriers to self-sufficiency
  - mental & physical health; literacy; workforce
HOST SITES

- Chicago – Altgeld Gardens
- Portland, OR - Humboldt Gardens and New Columbia
- Washington, DC – Benning Terrace
BUILDING ON A COLLABORATIVE EFFORT

Lessons learned and challenges

- Formative evaluation
- Feedback loops with partners to refine services and strategies
- Quarterly site visits
- Collaboration across sites
  - Cross-site meetings
  - Cross-site webinars
POLICY GOALS

• Demonstrate that intensive, dual-generation service approaches can improve life chances for vulnerable families even in disadvantaged communities

• Test whether serving most vulnerable can promote health of community overall

• Determine feasibility of comprehensive service models for public and mixed income communities
TAKE AWAYS

- Start collaboration
- Targeting
- Pick high quality services
- Identify what is feasible

1. Develop model
2. Implement model
3. Site coordination
4. Feedback and evaluation
QUESTIONS?

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