Follow-up Answers from Urban Institute to Questions Raised During

November 5th Health & Wellness Meeting

1. In terms of the employment initiatives – which were the most expensive – what was the cost make-up? Why were they so costly?

While we don't have cost data on HOST yet, we do have information from the Chicago Family Case Management Demonstration (2007-2010). The Demonstration included Transitional Jobs, which is a costly, but extremely effective model for people who are disconnected from the labor market/have sporadic labor market histories (http://cjc.net/opportunity-chicago/). In the Chicago Demo, employment increased significantly and remained high even after the Transitional jobs services ended (http://www.urban.org/publications/412763.html).

For HOST, the Chicago site had a full-time employment specialist/job developer, who connected participants to local GED and employment services. Employment rose significantly during the 3 years of services. In Portland, HOST built on the housing authority’s existing family self-sufficiency program called GOALS. This strategy allowed the housing authority to braid funding streams. Home Forward also partnered with a local employment service center, which offered services on-site.

2. The team would want more information about specific components of the youth services. It would be helpful to have more information to know how it really works and what components we can tease out to borrow.

HOST is a framework, not an intervention. So the youth services on each site differ substantially. Their target outcomes all center around behavior, academic performance, mental and physical health. From there, each site determines their target population. HOST sites found that a place-based model (such as HOST) works best for youth in middle school or younger. School choice places many older youth in many different areas of the city, and youth are often not present at home until later in the evening or weekends. DC does work with adolescents (ages 13-18) on a program specifically dedicated to sexual health and safety.

However, the key to the youth component of HOST lies in the two generation approach, not the particular interventions available at each site. We have a publication coming out on this full-family, or two generation approach coming out soon. The basic tenet is that youth and adult services not be provided in parallel, but rather, in coordination and collaboration. This integrated approach can improve outreach, engagement/participation, and the effect of the programming (reinforcement effect). The HOST sites in Chicago and Portland both offered out-of-school time groups for boys and girls; in Chicago, these groups had a clinical focus. Portland offered an evening homework help group for parents and children as well as summer programming to boost reading skills. Finally, both sites linked children and youth to other out-of-school time services in the community, e.g. community garden programming, mentoring, martial arts.

All 3 sites (Chicago, Portland, DC) agree that there is a lot of need around early childhood and parenting and are looking into a new home visiting model. This is just launching now as part of our HOST 2.0 work.
3. What was the process and standard by which quality of services was identified?

Urban Institute did not regulate the selection of particular services. Each site identified which services/service providers to engage. The requirements for HOST are:

- A two-generation service model that provides coordinates services to youth and adults
- A family-to-case-worker caseload of 30:1 or lower
- At least biweekly contact between case workers and families
- On-site clinical services for both adults and youth
- Employment services, including financial literacy, for adults and older youth
- Youth services that reflect the greatest needs of the selected site (this could include educational support, sexual health and safety, or clinical services)

4. As we assess the community and set priorities, how did other groups go about prioritizing the needs?

Looking at existing data/administrative data (unemployed households, families timing out of TANF in DC, households with youth, households with lease compliance issues, etc...) and holding informational interviews and focus groups with residents and service providers/stakeholders to determine priorities.

5. How are the following addressed in this model?

- **Trauma informed care** - incorporated in different capacities in each site. We are working to make trauma-informed case a core component of the HOST Network for future sites considering the HOST framework.

- **Substance use and how successful is it?** - Substance abuse was identified as a key issue on each of our sites. Case managers provide(d) tailored responses to each individual, using referrals and available programs and services to address their needs. Happy to elaborate more – but again, with HOST each site differs and what is at the core is the approach to addressing each individual’s needs – strength based, on-site, leveraging existing resources, etc...

- **How was resident engagement approached?** Another core requirement of HOST is that there be bi-weekly contact with all participants. Case managers knocked on doors regularly, handed out flyers, hosted public events, and called by phone to try and engage residents. The most effective methods of engagement were: 1) getting youth involved first and bringing their parents out for recognition events and performances, 2) reaching out to households with lease violations (or other immediate needs) who would want to engage to address any pressing concerns, 3) using employment/job readiness as an easy starting point to offer desirable programming that is an easier entry point than mental health or substance abuse.