

Best and Promising Practices- Public Health Redevelopment Team 2014/2015

Chicago Family Case Management Demonstration: Hard to House

Summary Overview:

The Chicago Family Case Management Demonstration was a partnership of the Chicago Housing Authority (CHA), Heartland Human Care Services (a nonprofit direct service human rights organization), Housing Choice Partners (a nonprofit organization, contracted by CHA, to provide residents with mobility counseling), and the Urban Institute (a nonprofit research organization) that ran from March 2007 to March 2010. The Demonstration (or “Hard to House”) was a research partnership formed to test a model of wraparound supportive services addressing the needs of vulnerable families remaining in public housing during the CHA’s Plan for Transformation. The Demonstration built on and enhanced Chicago Housing Authority’s standard service package and included a lower service provider caseloads (1:25), sustained case management over three years, and two supplemental services: financial literacy training and Transitional Jobs program. Additionally, the Demonstration offered access to an on-site mental health professional and referrals to substance abuse services and enhanced relocation counseling. The Demonstration targeted approximately 475 households from the CHA’s Dearborn Homes and Madden/Wells developments by the John D. and Catherine T. MacArthur Foundation, the Annie E. Casey Foundation, the Rockefeller Foundation, the Partnership for New Communities, JPMorgan Chase, and the Chicago Housing Authority.

Evidence Base:

Prior to the Demonstration, there was little precedent for providing intensive, wraparound services to vulnerable families in public or assisted housing; the researchers and designers of the intervention drew from the evidence based permanent supportive housing models for serving homeless families. The Urban Institute conducted a rigorous evaluation that included baseline and follow-up survey, administrative interviews, focus groups with service providers and program administrators, in-depth resident interviews, and analysis of program and administrative data. The focus of research and design of the Demonstration stemmed from the Urban Institute’s HOPE VI Panel Study research.

<http://www.urban.org/housing/Transforming-Public-Housing-in-Chicago.cfm>

- The evaluation found that the Demonstration was successful in implementing a wraparound service model for vulnerable public housing residents. This process was categorized by sustained high levels of engagement, participant’s perceived improvements in service quality and delivery, and improved quality of coordination and cooperation between service agencies and the CHA.
- Health implications: <http://www.urban.org/uploadedpdf/412257-Intensive-Case-Management.pdf>
 - Participants’ health remained stable over time. More respondents reported improvements in overall health than declines. (Unprecedented finding for public housing residents up until that point in Chicago.)
 - Levels of chronic illness remain high but are lower than the CHA Panel Study
 - Mental health and substance abuse remain significant challenges.
 - Mortality rates are shockingly high.
- Cost Effective: The average costs for the intensive services were relatively modest, about \$2,900 a year or \$900 more than the standard CHA service package.
- Through self-report, employment rate among working-age Demonstration participants’ increased from 49% in 2007 to 59% in 2009.
- The Demonstration improved the life circumstances for most participants: they now live in better housing in safer neighborhoods and report lower levels of fear. However, nearly all still live in high-poverty, racially segregated communities with limited assets.
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- Even with the family-focused approach, no services or case management were explicitly dedicated to children and youth, and at follow up, these children were still experiencing alarming levels of distress and behavioral issues.

Case Study:

As an effort to respond to the issue of relocation during and after the physical redevelopment, the (CHA) launched the Service Connector- a program to provide case management and referral services for residents. However, in addition to having inadequate funding, referrals without follow-up, high caseloads, and unqualified personnel, the program did not fully understand residents’ needs and the connections they would need to services; Service Connector didn’t work for most of the CHA families, especially families with the most serious problems and needs.

Concerns about the relocation services raised by early research, in addition to law suits filed by three advocacy groups, resulted in a 2005 settlement that required CHA to improve the relocation and supportive services for residents, specifically by creating an enhanced mobility counseling program. The CHA partnered with the Urban Institute, Heartland Human Care Services, and Housing Choice Partners in 2005, to provide intensive services for the vulnerable families who had not been relocated already. Also, as a result of the findings from the five-site HOPE VI Panel Study research, one key goal of the Demonstration was to improve participants’ mental and physical health. Compared with the subpar and minimal services offered during the first section of the transformation, the Chicago Family Case Management Demonstration offered case management (resident ratio from 1:55 to 1:25), clinical mental health counseling, a transitional jobs program to serve those who are the hardest to employ, financial literacy workshops, substance abuse treatment, and enhanced mobility counseling that focused the family’s goals as they relate to the move-in criteria at the new mixed income developments or housing choice vouchers.

The Chicago Family Case Management Demonstration built on best practices for serving “hard to serve” populations. The primary goal of the Demonstration services was to help these families maintain safe and stable housing—whether in traditional CHA public housing, in the private market with a voucher, or in new, mixed-income developments—as well as to improve family functioning and self-sufficiency. The Demonstration enhanced the CHA’s standard service package by providing case managers with the opportunity to conduct regular follow up visits with residents, on a weekly rather than monthly basis; thus making more intensive work possible with all family members, not just the head of household. Case managers received additional training and support to best serve the hard-to-house population. Additionally, the length of time case managers remained engaged with residents, even after they move, extended from three months to at least three years. Heartland, the contracted service provider, incorporated health services (along with transitional jobs, financial literacy and relocation counseling) into intensive case management rather than creating a separate service. However, as the Heartland staff fully implemented the model, by lowering caseloads and increasing engagement, case managers quickly identified a critical need for additional services to address participants’ deep mental illness and substance abuse challenge that was beyond their capacity to address directly. The agency partnered with a local hospital to arrange for a visiting nurse to come to the sites and provide periodic health screenings.

At the core of the wrap around services was the focus around applying family case management— instead of seeing just the individual, the model looks at the person connected to other people, to family and community. Heartland’s service model offered two supplemental services, intended to enhance the overall case management and help residents improve their life circumstances: the Transitional Jobs program to connect participants to the labor market, and “Get Paid to Save”, a financial literacy program that offered training in budgeting and financial management and provided a match savings program.



Coordination:

To address the need for coordination, the team held bimonthly in-person meetings with the CHA and key Demonstration staff. A training was also held for HCP and Heartland staff to encourage them to collaborate effectively. These meetings proved critical for identifying problems and challenges that required a quick response (e.g., the need for more support for case managers and the emergency relocation at Wells).

Funding:

The Chicago Housing Authority through the Chicago Department of Human Services (CDHS) (the overseer of the Service Connector program) was the major funder for the Demonstration. In partnership with CDHS, the CHA managed the overall case management services and provides administrative data for the Demonstration on resident outcomes. Five foundations provided support for the Demonstration from planning to implementation to evaluation: The John D. and Catherine T. MacArthur Foundation; The Annie E. Casey Foundation; The John D. Rockefeller Foundation; The Partnership for New Communities; and JPMorgan Chase.

Capacity:

The ability to recruit and retain quality service providers is a critical component in creating successful outcomes for residents. Much depends on the professional and personal skills of the case managers and relocation counselors in building trust with residents and motivating them to achieve positive outcomes. Four factors were most important in identifying qualified staff: counseling and listening skills, professional reliability, approachability, and determination in repeatedly reaching out to residents in a difficult work environment.

Challenges:

- The Demonstration was less successful in helping participants to move to lower-poverty areas that might offer them and their children greater opportunity
- Unable to fully combat high-poverty and low-asset context most residents found themselves
- Limited impact on children and youth because there were no services for them.
- Transitioning to the new model proved unexpectedly difficult for case managers, because of the emotional drain of becoming more deeply engaged with clients' very complex problems; the rapid transition from site-based services to following clients who had been relocated; and the increased administrative paperwork burden due to meeting with clients on a weekly basis.

Lessons learned:

1. Communication and coordination among the case managers, relocation counselors, employment and financial literacy providers, and outside agencies are key.
2. It is important to leverage existing programs such as the Jobs-Plus.
3. Housing authorities must be willing to take risks and experiment with service provision.
4. Case managers working primarily with "hard to house" residents require additional support.
5. Employment and financial literacy programs need to be adjusted for the "hard to house."
6. Many clients were not ready to make opportunity moves out of traditional public housing.
7. Relocation counseling needs to be intensive.
8. Comprehensive mental health and substance abuse services are a critical need.
9. Targeting high-risk families may have long-term payoffs.