

Best Practices to Promote Health
Health and Wellness Action Team
November 5, 2014 (11:30 am - 1:30 pm)
Peter Paul Development Center

Executive Summary

Abby Baum attended the meeting to present two evidence-based practices. The Chicago Family Case Management Demonstration: Hard to House provided enhanced case management services, which included smaller caseloads, sustained case management, additional stabilization and community wealth programs, on-site mental health services, and referrals for more intensive counseling. The implications of this example were that targeting high-risk families may have long term payoffs, but that intensive service models focused explicitly youth were needed. The Housing Opportunity and Services Together (HOST) provides intensive case management (low caseloads, frequent contact); tailored and integrated services for youth *and* adults; a coordinated approach to service provision; and wrap-around services to address key barriers to self-sufficiency. The HOST model includes intervention specifically designed by the site, follow-up and ongoing adjustment of services (a feedback loop), engagement, sustainable community revitalization, and improved wellbeing of families and kids. The Health and Wellness Action Team concluded that they needed more information about the specific components of youth and substance use services; that trauma-informed care would be a necessary integral component; and that wrap-around services with intensive case management would be necessary.

Updates from Richmond Promise Neighborhood (RPN)

Out of this team and out of the Community Needs Assessment, there was a focus on mental health and wellbeing. RPN received funding to put on a Mental Health First Aid training. In addition, RBHA provided a scholarship for Chimere Miles to be trained as a Mental Health First Aid facilitator for youth. She and a co-facilitator have trained about 95% of security guards and truancy officers for Richmond Public Schools, as well as staff of Peter Paul Development Center, and Communities In Schools (CIS) site coordinators in Richmond middle schools and high schools. Because Chimere is a parent and a resident in the community, participants are receiving her facilitated trainings very well, and Chimere is having a tremendous impact. RPN is about to make public offerings of Mental Health First Aid in the spring. Moreover, RPN will look at what difference it is really making. They are meeting with Dr. Bela Sood, of the Virginia Treatment Center for Children, to explore what impact it is having and how to support those who have been through the training.

Abby Baum, Urban Institute

Presents 2 “Cadillac” versions of comprehensive best practice:

Chicago Family Case Management Demonstration: Hard to House

History: Chicago had a notorious reputation for high-rise public housing and a non-responsive housing authority. HUD overtook the housing authority to revamp it. The existing program had not fully understood residents' needs, and it had not worked for families with the most serious problems and needs. Consequently, the Chicago Housing Authority partnered with Heartland Human Care Services, the Housing Choice Partners, and the Urban Institute in 2005.

Demonstration: The Chicago Family Case Management Demonstration was built on best practices for serving "hard to serve" populations. It provided enhanced case management services, which included smaller caseloads, sustained case management, additional stabilization and community wealth programs (transitional jobs programs), on-site mental health services, and referrals to substance abuse counseling.

Research: Was it feasible to do wrap-around services, and would it have the outcomes that they wanted? The expected outcomes were engagement, housing stability, improved mental and physical health, etc. The more intensive work was made possible because case managers sustained relationships by regular follow-up meetings with residents. A lot of health and mental health needs were beyond what a case manager might offer, so those services were contracted with other experts.

Cost of services: The demonstration was considered cost-effective compared to other case management services. The employment services were most expensive. Demonstration participants live in much higher quality homes and apartments. Relocation counseling for vulnerable families needs to be intensive, long term, and integrated with other services – housing alone would not shift everything.

The health implications: Resident health remained stable over time, and in some cases, it improved. Levels of chronic illness remained high, and substance abuse and mental illness were still high. However, anxiety and worry were reduced as a result of the relocation. There were a lot of positive outcomes for adults, but there were not benefits for the children. The case management focused on adults, but did not provide services for youth. In fact, 95% of children were attending schools, but students were not highly engaged.

Implications: Targeting high-risk families may have long-term payoffs. The transitional jobs model is promising. Comprehensive mental health and substance abuse services were needed, and relocation counseling needs to be intensive. Finally, there should be intensive service models that focus explicitly on children and youth.

Take-away points:

- Low case loads
- Communication among case managers
- Leveraging existing programs
- Long-term engagement with families

Questions?

1. Case Management: Case Managers came from Heartland Human Care Services, and they were social workers. Moreover, each development had a resident advisory committee.
2. In terms of the employment initiatives, which were the most expensive, what was the cost make-up? Why were they so costly? The Chicago administrative database tracked each household and provided estimates. Abby Baum will send us more literature on this topic.
3. There were a number of national funders listed. Some national branches, however, were located locally, in Chicago, and therefore became heavily invested. There was a lot of commitment from the City.
4. Case management support was mostly a support to the adults in the home. If there was improvement for the parent or caregiver, why do you believe the children still struggled so much? There were no services that addressed the direct needs of children. Actually, the major challenges were for adolescents. Thus, youth's trauma was not adequately being addressed during this very disruptive process. If the support is not stronger than the disruption, it is likely that outcomes will be worse.
5. Were relational elements addressed in order to improve parent interactions with children? There was attention enough to recognize that there needed to be a two-generation approach. At TCB's site in Chicago, Gladys has found that typically, Medicaid will not pay for services until youth become involved in the criminal justice system. At that point, it is too late.
6. In terms of substance use, if you look at the relationship between the parents versus peers, it is the peers who may have a greater influence.
7. What was the event that precipitated HUD coming into Chicago to take over? There was such disarray, and there were so many murders at the time. HUD was in control of housing for about 3-4 years before the Mayor moved to rebuild public housing.
8. How were these families interacting with other case management services? Heartland Human Care Services is a wrap-around service. The hard to house families were also hard to touch families.
9. How did the Demonstration define engagement? Engagement is defined as whether residents created, with their case manager, and followed the individual action plan.
10. Trauma has been mentioned a couple of times, were folks using trauma informed practice? Not intentionally. There was additional training for the service providers. However, we will be looking at a trauma-informed model in San Francisco next month.

Host: Housing Opportunity and Services Together

History: HOST grew out of the Chicago Case Management Demonstration, which did not improve outcomes for children. With the support of the Open Society Foundations (OSF), the Urban Institute launched HOST.

Goal: The goal of HOST is to determine how housing can be used as a platform to provide comprehensive services to vulnerable residents in public housing and mixed income developments. HOST is a targeted approach to services with a two-generation or whole family model.

Model: The core HOST model elements include intervention designed by and specific to the site, follow-up and ongoing adjustment of services (a feedback loop), engagement, sustainable community revitalization, and improved wellbeing of families and kids.

Elements: intensive case management (low caseloads, frequent contact); tailored and integrated services for youth and adults; a coordinated approach to service provision; and wrap-around services to address key barriers to self-sufficiency, such as mental and physical health, literacy, financial planning, education, workforce, and behavioral programming.

Sites: Chicago – Altgeld Gardens; Portland, OR – Humboldt Gardens and New Columbia; Washington, DC – Benning Terrace. Chicago and Portland are in their final year of implementation and Washington, DC is in its 2nd year. Baltimore and Pittsburgh are in the planning stages. UI is attempting to form a HOST network so that any community can begin implementing it in a tailored way.

Lessons learned:

- Formative evaluation is important
 - The evaluation and real-time feedback included baseline survey, program data, administrative interviews, resident focus groups, in-depth one-on-one resident interviews, and a data walk.
- Feedback loops with partners refine services and strategies
 - Feedback loops are especially important so not to overburden the population, but allow for implementation of what works along the way.
- 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 population can promote the health of the community overall. Determine feasibility of comprehensive service models.

Take away points:

- Start collaboration and targeting, and pick high quality services
 - Richmond is already starting collaboration. We may need to hone our targeting to residents, especially those who will be served.

- Identify what is feasible
 - The first step for RVA might be to establish case management. We do not yet have a case manager for Creighton Court.

Questions?

1. What is the difference between HOST and Hard to House? The two-generation approach and focus on youth makes HOST unique. Moreover, HOST is more accessible to a broader network. It is more of a stencil that housing authorities can use. And, HOST is more grassroots. Hard to House cost 2.1 million dollars or approximately \$2,900 per year per household. HOST is still being evaluated. Cost can be difficult to calculate. TCB tends to estimate about \$2300 and \$3400 per year per household for resident services.

2. We will need to think about what services we might provide to youth. Do we feel like either of these models, or aspects of these models, are relevant to Richmond? The strategic services for youth seem extremely important for Richmond. Other positive, general impressions included the collaborative nature, the feedback loop, the focus on families, and the flexibility to adapt to the programming in accordance with the history and the experience of those in the community. The team would want more information about how the models would work on the ground, especially the 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.

3. What was the process and standard by which quality of services was identified? In D.C., there is attention to sexual safety. There is Community Based Participatory Research (CBPR) with teenage girls regarding sexual safety. Thus, there are a lot of youth services for after-school education. Chicago, on the other hand, has youth employment opportunities.

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

5. Urban Institute is providing oversight and management. The Housing Authority for Chicago, Portland, and DC were responsible for service partners. In some places, there were existing coalitions that served as a foundation.

6. Is funding for evaluation sustained? The model of working with intensive case management is going to continue, but evaluation may not.

7. Does HOST address gentrification and revitalization? The opportunity is how to integrate a new look in the community. Is there research on how best to mix socially, economically, and racially? Urban Institute will attempt to understand what the existing social and behavioral expectations are, and how that might change? TCB has a Smooth Moves program that presents the expectations in the community to transitioning residents, and demonstrates what happens when residents do not meet those expectations. Support services and community partners are involved to make the transition as seamless as possible. Nevertheless, conversation begins now!

8. Gladys of TCB is concerned about making relocation as seamless as possible. To impact community change, we have to be concerned about those who will not meet the criteria to move into new housing. Those residents must be geared toward a system that would protect and reach them. Mobility Counseling will help identify the best fits for residents' needs and capacities. As the redevelopment shakes up, there will be many people left without their needs fulfilled. In terms of having the service capacity to address the needs of the population, we do not have sufficient mental health and substance abuse services. In Chicago, it was about forming new partnerships, such as with a hospital.

9. In evaluation, has Urban Institute followed the cost savings due to care coordination? In Richmond, we have good data.

10. Is there anything that we know is important so to address the needs of our population, but that we are wondering is part of this model?

- Trauma informed care was brought up before.
- There is a substance use component, however, we do not know how successful it is.
- Both of these models have been relatively successful in getting residents engaged.
- When multiple services are provided in the same program, it can normalize seeking services. This underscores the necessity for on-site wrap-around services.
- Having the right case manager is extremely important. They must be savvy enough to recognize the myriad issues that residents are struggling with as well as to be able to connect residents to services.

11. TCB is scheduled to submit the Low-Income Housing Tax Credit (LIHTC) application in March, and they will hear back in June. They would have one year for construction to begin. There is funding in the LIHTC to provide resident services; however, it is not a lot. Once they have the LIHTC and some leverage, it would influence the resources available. Gladys would recommend a licensed social worker (LCSW) or a case manager with intensive clinical training. She would also hope for connection with Thad Williamson's housing advocate and community engagement staff persons. TCB would assign a worker, and the housing authority would assign one, as well. You really should have one resident services worker per 100 residents. This would mean we would need more than 10 case managers. **Everyone agreed that intensive case management would be necessary.** This is a great starting point for us. How would we get case managers?

12. Follow-up: A case management strategy, and details of the program components seem to be things to explore further. Furthermore, data management is an interesting concept to consider. TCB has used Social Solutions in other sites, which has been successful. This community has been privy to Social Solutions. Social Solutions is a data management system that allows storage of programmatic data that allows you to look across organizations in order to look at how each agency is moving toward a single direction. It investigates collective impact and moving toward a common goal. It also enables storage that shares, yet protects. A major lesson learned in using this tool is to build your

evaluation system before you begin. The system will not define those metrics for you. An agency might need someone internally to work on outcome measures. Family Lifeline is in the process of implementing Social Solutions. Workforce Development is also using it. A lot of our service provider organizations are not in a position to define success and demonstrate the impact of current initiatives. TCB has 6 pilot sites where they are gathering long-term data. They are working on being a collaborative parent to service providers, as far as data is concerned.

13. HOST: would we be able to access one-to-one interview information? It is not available yet.

There is a really nice website on HOST which we can explore in accordance with your level of interest.