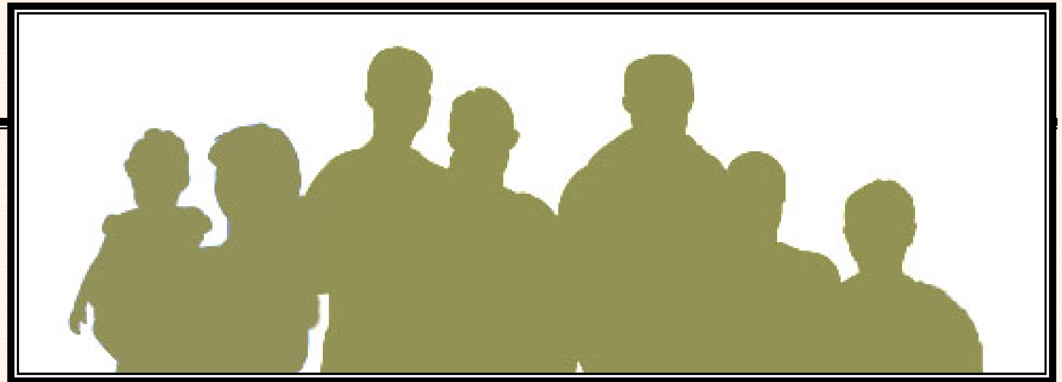
The Chicago Family Case Management Demonstration: Developing a New Model for Serving "Hard to House" Public Housing Families



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Photographs on cover, from left to right: Wells/Madden photo by Megan Gallagher (2005); Oakwood Shores Development photo by Megan Gallagher (2005); and Dearborn Homes photo by Valerie Wright (2008).

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Executive Summary

The Chicago Family Case Management Demonstration is an innovative initiative designed to meet the challenges of serving the Chicago Housing Authority's (CHA) "hard to house" residents. It involves a unique partnership of city agencies, service providers, researchers, and private foundations, all with a deep commitment to finding solutions for the most vulnerable families affected by the CHA's transformation of its distressed public housing developments. The Demonstration puts the CHA and its partner agency, the Chicago Department of Human Services (CDHS) in the vanguard of efforts to meet the needs of the nation's most vulnerable public housing residents. The rigorous evaluation design allows for continuous learning and mid-course corrections, and will help the team develop a validated model that other housing authorities grappling with similar challenges can use.

The Demonstration serves residents from two CHA developments—Wells/Madden Park and Dearborn Homes—and provides these "hard to house" families with intensive family case management services, long-term support, enhanced relocation services, workforce strategies for those who have barriers to employment, and financial literacy training. The ultimate goal of these services is to help these families maintain safe and stable housing, whether in traditional CHA public housing, in the private market with a voucher, or potentially, in new, mixed-income developments. The full report describes the design and development of the Demonstration, provides an overview of the first year of implementation, and presents baseline findings from a comprehensive resident survey.

The *Chicago Family Case Management Demonstration* is a response to the critical need for developing effective strategies for addressing the needs of CHA's "hard to house" families. Many of the remaining residents in CHA's traditional developments face numerous, complex challenges that create barriers to their ability to move toward self-sufficiency or even sustain stable housing, including serious physical and mental health problems; weak (or nonexistent) employment histories and limited work skills; very low literacy levels; drug and alcohol abuse; family members' criminal histories; and serious credit problems (Popkin, Cunningham, and Burt 2005; Popkin et al. 2004; Manjarrez, Popkin, and Guernsey 2007).

After an 18-month planning effort, the Demonstration was officially launched in March 2007. In the full report, we describe the goals and components of the Demonstration, experiences during the first year of implementation, and baseline findings from the resident survey. The purpose of the Demonstration is to develop and test a set of services intended to help CHA's "hard to house" families maintain safe and stable housing, whether in traditional CHA public housing, in the private market with a voucher, or potentially, in new, mixed-income developments. The Demonstration will assess the cost-effectiveness and impact of this comprehensive approach, and has three overarching goals:

- To provide innovative family case management services that will enable these CHA families to have more replacement housing choices, including the new mixed-income developments or using vouchers to lease private market housing in opportunity communities.
- To foster outcomes for these families that include (in addition to improved housing opportunities): residential stability; family

integration; reduced alcohol or substance abuse; and increased connection to the work force and financial literacy.

- To evaluate outcomes, including an assessment of the impact and cost-effectiveness of the service approach by developing costs for the various "paths" families take during the Demonstration in relation to the outcomes achieved.

Chicago Family Case Management Demonstration Partnership

- *The Urban Institute* provides overall coordination and management for the Demonstration. In addition, the Urban Institute is conducting a comprehensive cost-effectiveness and impact evaluation.
- *Heartland Human Care Services* (Heartland) is the lead service provider for the Demonstration. Heartland has provided services to residents of CHA since its participation in the New Start New Home Demonstration in 1999.
- *Housing Choice Partners* (HCP) is a nonprofit agency that has an extensive history working with CHA residents who choose to relocate to the private housing market on a temporary or permanent basis. HCP's role in the Demonstration is to provide enhanced mobility counseling for Wells/Madden and Dearborn residents who are being relocated and either elected to receive a temporary or permanent Housing Choice (Section 8) voucher or are moving to another CHA development.
- *The University of Illinois at Chicago's Survey Research Lab* conducts most on-site data collection, including surveys and bimonthly interviews, observations and interviews with case management staff.
- The *Chicago Housing Authority* through the *Chicago Department of Human Services* (CDHS) (the overseer of the Service Connector program) is the major funder for the Demonstration. In partnership with CDHS, the CHA manages the overall case management services and provides administrative data for the Demonstration on resident outcomes.
- Five foundations provide support for the Demonstration: 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.

Study Sites

The Demonstration serves residents in the Dearborn Homes and Wells/Madden, two large CHA public housing developments, targeting approximately 475 households who were living in the two developments as of March 2007. Both Wells and Dearborn are extremely distressed, high-crime communities, dominated by drug trafficking and gang activity.

- *The Wells/Madden community* is located on the near south side of the city, close to Lake Michigan on the east and to the sites of the former Robert Taylor and Stateway Gardens Homes on the west. The development sits in the historic Bronzeville neighborhood, which has been undergoing rapid gentrification after many years of decline. In March 2007, the remaining 288 families still awaiting relocation faced three choices: "working to meet" the screening criteria to move into the mixed-income Oakwood Shores community, waiting to be screened for a voucher, or waiting to move to another CHA development. About a third (68) faced imminent relocation; the timeline for the rest was unclear. But, in the fall of 2007, the

CHA made a series of decisions in response to rapidly deteriorating conditions that led to plans for closing the entire development by August 2008.

- *The Dearborn Homes* are located on State Street, about a mile south of the Loop. Immediately to the north sits the Ickes Homes, another large, troubled CHA development; just north of Ickes are the three circular towers of the Hilliard Homes, now converted to mixed-income housing.[1] In 2007, there were approximately 270 families still living in Dearborn; some long-term residents, and the rest were relocatees from other CHA properties. The CHA is in the process of demolishing some buildings in Dearborn while substantially rehabilitating others.

Service Model

The Chicago Family Case Management Demonstration builds on best practices for serving "hard to serve" populations. The CHA's "Service Connector" program provided case management and referral services for residents as part of the agency's Plan for Transformation[2]. The Demonstration builds on CHA's service model, providing intensive case management services, enhanced relocation counseling and support, and long-term follow up. Heartland's services for the Demonstration draw on a range of practices for family case management, including transitional assistance to the homeless and Family Justice's work with returning prisoners. HCP's enhanced relocation counseling includes educational workshops and second-mover counseling for residents who succeed in moving with vouchers.

The Demonstration enhances the CHA's standard service package in important ways, including:

- Lowering the case manager–resident ratio from 1:55 to 1:25 with the goal of 80 percent engagement (typical engagement levels do not usually surpass 50 percent).
- 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.
- Encouraging consistency in the client-case manager relationship by extending the length of time case managers remain engaged with residents, even after they move, from three months to at least three years.
- Focusing the family's goals as they relate to the move-in criteria at the new mixed income developments or housing choice vouchers (e.g. work requirement, utility debt, housekeeping; drug tests; children in school, etc.).
- Providing a Transitional Jobs program to serve those who are the hardest to employ.
- Incorporating a financial literacy and matched savings program that allows residents to develop budgeting, financial management, and savings skills.
- Providing residents access to enhanced housing choice education, including workshops and intensive relocation counseling with reduced caseloads.
- Regular coordination among team members—the CHA, Chicago Department of Human Services, HHCS, HCP, and the research team.

Research and Evaluation

The research is designed to understand whether removing barriers translates into improved housing outcomes and other outcomes such as reductions in

substance abuse, increased employment, and improved physical and mental health. The study also seeks to examine intermediate outcomes, such as housing stability, increased motivation to change, self-efficacy, family integration. The study will compare the outcomes after two years for families in the Demonstration to similar families living in other public housing developments, but not offered the Demonstration, and estimate the cost per participant of family case management.

The evaluation is designed to both provide ongoing feedback to service providers and the CHA and to assess the overall effectiveness of the Demonstration. The study has three parts: (1) a quasi-experimental impact study to determine whether the Demonstration achieves the intended outcomes relative to a comparison sample; (2) a cost effectiveness study to assess the advantages and disadvantages of services offered on the various paths toward housing mobility, and to determine the tradeoffs in resource allocation; and (3) a process study to track the implementation of the Demonstration and provide regular feedback to service providers.[3]

Launching the Chicago Family Case Management Demonstration

Launching the Chicago Family Case Management Demonstration presented a set of daunting challenges, including:

- Developing a new service model that would effectively engage the CHA's hardest-to-serve residents—families with whom the existing Service Connector program has had little to no success.
- Recruiting and training staff willing to be part of the Demonstration, including having their work observed and evaluated.
- Adapting to changes at the CHA: the agency underwent two leadership transitions within 18 months and changed the focus of its resident service programs, introducing the new FamilyWorks model that will emphasize employment. The agency also adjusted its plans for relocation and redevelopment in response to deteriorating conditions in the two developments, which affected both case management and relocation counseling.
- Coping with increasing gang activity and violent crime, especially in Wells, which increased stress for both service providers and residents. The extreme levels of crime and disorder not only created problems for residents, but made case managers' jobs more stressful and created management concerns for their supervisors.
- 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; a 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.
- Getting clients to consider nontraditional moves to lower-poverty areas and participate in transitional jobs and financial literacy programs proved more challenging than expected, in large part because of the nature of the client population.

First Year Lessons

During its first year, the Chicago Family Case Management Demonstration surmounted numerous hurdles to begin providing enhanced services to the residents of Wells/Madden and Dearborn. The team has succeeded in developing a new, strengths-based

service model and in actively engaging a much larger proportion of the resident population in intensive case management services. Engagement rates have climbed from just over 50 percent at the beginning of the Demonstration to around 80 percent at the end of the first year. Case managers are getting more clients to open their doors and to at least begin talking about how to address the many barriers they face to maintaining housing and family stability and to improving their life circumstances. With lower caseloads, case managers are now routinely seeing their clients weekly, working with entire families instead of just the heads of household, and have the time to comprehend the complexities of the challenges their clients face. Finally, case managers are adapting to the change from providing site-based services to following their clients out into the larger community.

The team's experiences during this first year have also highlighted some key challenges in providing effective services to these vulnerable residents:

- **Case managers working primarily with "hard to house" residents require additional support.** Case managers quickly found that providing intensive case management services to hard to house residents was significantly more difficult than the work they had been doing under the Service Connector model, even with lowered caseloads and clinical support. They were working almost exclusively with the most difficult clients: those in Wells who had not yet relocated; those who had moved to Dearborn because they had failed to qualify for vouchers or mixed-income housing; and, especially, those at both sites who had been hard to engage. They were seeing these clients more often, and thus learning more details about their often complex lives. They were also adapting to traveling to unfamiliar areas and coping in an increasingly dangerous situation in both sites. Finally, as they saw clients more frequently, they were finding keeping up with the paperwork required as a CHA contractor increasingly difficult. To address case managers' needs, Heartland has already instituted regular small group meetings with the clinical supervisor to support staff and review difficult cases, and has revamped its reporting systems in order to make them less burdensome.
- **Communication and coordination are key.** The complexity of the Demonstration, the requirements of the evaluation, and the large number of agencies and actors involved meant that regular communication was essential. During the first year of the Demonstration, the CHA underwent significant changes in its management, relocation plans, and service model; careful coordination was essential to ensure that the project team was aware of the changes and prepared to adapt as necessary. Further, delivering services effectively required that case managers coordinate effectively with relocation counselors, employment and financial literacy providers, and outside agencies (e.g. substance abuse treatment). Finally, the evaluation team needed to remain in close contact in order to be able to monitor implementation progress. To address the need for coordination, the team now holds bimonthly in-person meetings with the CHA and key Demonstration staff. We also held a training for HCP and Heartland staff to encourage them to collaborate effectively. These meetings have proved critical for identifying problems and challenges that require a quick response (e.g., the need for more support for case managers and the emergency relocation at Wells).
- **Need for increased focus on mental health.** As they worked more intensively with clients, case managers identified a critical need

for enhanced mental health services. Staff reported seeing clients with severe depression and uncontrolled schizophrenia; many—perhaps most—had experienced trauma and had symptoms of PTSD. The case managers were not trained mental health professionals, and the high level of need added to their own challenges in providing effective services. To address this situation, Heartland will hire a Clinical Director and additional clinical staff to enhance the on-site mental health support for residents.

- **Employment and financial literacy programs need to be adjusted for the "hard to house."** The take-up rates for the employment and financial literacy services was much lower than the project team had hoped initially, largely because the barriers that residents face make them ineligible for even transitional employment services. Substance abuse was a serious problem, as were extremely low literacy levels—Dearborn and Wells clients' scores averaged at the 6th grade level, too low for GED programs and many jobs. Since employment was a requirement for participation in the Get Paid to Save program, the take-up rate for that was low as well. The project team is now considering strategies to adapt these services so that they better fit the needs of the Dearborn and Wells populations; this adaptation is especially important given the CHA's new work requirement.

- **Many clients were not ready to make opportunity moves.** Finally, despite the fact that enhanced relocation counseling services included lowered caseloads and additional workshops, HCP's counselors were not able to engage many residents in considering nontraditional moves, and had only modest success in placing clients in low-poverty or opportunity areas. This result may partly be a product of the fact that changes in CHA's plans meant that the counselors were not able to fully implement the enhanced counseling. But, like the low take-up rates for the employment services, the outcomes for the relocation counseling clearly also reflect the high levels of vulnerability of the client population. Many residents were simply not ready to make a move with a voucher at all, let alone a more challenging move to an unfamiliar, low-poverty area. HCP was able to start offering workshops for the last group of families at Wells before they had to make choices about relocation, but they do not have high expectations that the pre-move workshops will have a large effect on the final outcome. Going forward, HCP is now focusing on second-mover counseling, that is, contacting families who have succeeded in leasing an apartment with a voucher and are now coming up for lease renewal. The hope is that once families have experienced the private market, they will be more willing to consider nontraditional moves.

During the next year, we will continue to carefully track the progress of the Demonstration and make modifications to the services as needed. Also in the next year, we will be closely monitoring three situations that will affect residents in both developments. First, Wells will be closing, which means a more chaotic and dangerous situation in the development as the final buildings empty. And, as the development closes, the Wells team will be shifting entirely to following residents and delivering services offsite. Second, the CHA will be rolling out its new work requirement, which will mean we will have to place additional emphasis on developing employment and training services appropriate for this very vulnerable population. Finally, rehabilitated buildings in Dearborn will be opening, which means that there will be increased relocation there—both on-site and off.

Research and evaluation activities during the second year will include qualitative interviews with residents, ongoing bimonthly service use surveys and case manager interviews, as well as observations of program activities. In addition, we will begin our analysis of CHA's administrative data, drawing a comparison group of residents from other CHA properties and beginning to make comparisons on engagement, service use, housing stability, and employment. Finally, we will begin preparations for the follow-up resident survey, currently scheduled for the summer of 2009. We expect that these lessons will also allow us to speak to the broader policy debate around how to best address "deep poverty," and help more families achieve stability and self-sufficiency.

Introduction

The Chicago Family Case Management Demonstration is an innovative initiative designed to meet the challenges of serving the Chicago Housing Authority's (CHA) "hard to house" residents. It involves a unique partnership of city agencies, service providers, researchers, and private foundations, all with a deep commitment to finding solutions for the most vulnerable families affected by the CHA's transformation of its distressed public housing developments. The Demonstration puts the CHA and its partner agency, the Chicago Department of Human Services (CDHS) in the vanguard of efforts to meet the needs of the nation's most vulnerable public housing residents. The rigorous evaluation design allows for continuous learning and mid-course corrections, and will help the team develop a validated model that other housing authorities grappling with similar challenges can use.

The Demonstration serves residents from two CHA developments—Wells/Madden Park and Dearborn Homes—and provides these "hard to house" families with intensive family case management services, long-term support, enhanced relocation services, workforce strategies for those who have barriers to employment, and financial literacy training. The ultimate goal of these services is to help these families maintain safe and stable housing, whether in traditional CHA public housing, in the private market with a voucher, or potentially, in new, mixed-income developments. The Demonstration is supported by a consortium of public agencies and foundations (see figure 2 in next section). This report describes the design and development of the Demonstration, provides an overview of the first year of implementation, and presents baseline findings from a comprehensive resident survey.

Background

The CHA is now more than halfway through its ambitious Plan for Transformation, launched in 1999. The goal of the Plan is to replace the CHA's notorious high–rise developments with new mixed-income housing that reflects the current thinking on how best to provide affordable housing without creating new concentrations of poverty (Chicago Housing Authority, 2000). The changes wrought by the CHA's transformation effort over the past eight years have been dramatic, and have changed the city's landscape markedly. By the end of 2007, the CHA had demolished most of its high-rise developments, constructing new mixed-income developments in their place. Thousands of CHA households had been

relocated with vouchers, either temporarily or permanently, but thousands more were still living in the remaining traditional developments. Some of those residents were waiting for units to become available in the mixed-income developments, but a substantial number had failed to meet the mixed income screening criteria and, for a variety of reasons, had been unable to make the transition to private market housing with a voucher.

The situation of the hundreds of “hard to house” families with multiple challenges who remain in CHA’s traditional public housing is of great concern. Many of these families face numerous, complex challenges that create barriers to their ability to move toward self-sufficiency or even sustain stable housing (see figure 1), including serious physical and mental health problems; weak (or nonexistent) employment histories and limited work skills; very low literacy levels; drug and alcohol abuse; family members’ criminal histories; and serious credit problems (Popkin, Cunningham, and Burt 2005; Popkin et al. 2004). These families have long relied on the CHA’s traditional public housing as the housing of last resort. As the Plan for Transformation has moved forward, the CHA has contracted out the property management of its traditional public housing to private companies and has instituted stronger lease enforcement. Most recently, the agency announced it is moving toward instituting a work requirement for all residents, not just those in the new, mixed-income housing. Thus, for the CHA’s most vulnerable families, the transformation has the potential to be another formidable challenge—leaving them living in CHA’s most distressed communities or potentially facing the specter of losing their assistance altogether.

Recent research on the impact of transformation on CHA families from the HOPE VI Panel study, a five site study that includes Chicago’s Wells/Madden homes (Popkin et al. 2002), indicates a mixed picture (Popkin forthcoming). Like those from the other HOPE VI Panel Study sites, the study shows that CHA residents who successfully relocated with a voucher have benefited in important ways: they are living in better housing in lower-poverty neighborhoods that are dramatically safer; their mental health has improved; and their children are having fewer behavior problems. But some voucher holders report experiencing economic hardship that may place them at risk for housing instability. It is also not clear what proportion of residents will chose to return to the new-mixed income housing; at the conclusion of the HOPE VI Panel Study in 2005, only a relatively small number of residents had moved into new mixed-income housing, although that number was expected to rise as new housing came on line—assuming residents were able to meet screening criteria.

The HOPE VI Panel Study also showed that CHA residents, like those from the other HOPE VI Panel Study sites, suffered from extremely poor health: 41 percent described their health as either “fair” or “poor.” Further, they reported being diagnosed with serious medical conditions (arthritis, asthma, diabetes, depression, hypertension and stroke) and rates twice or more than that for black women nationally, and they were more likely to be obese (Manjarrez, Popkin, and Guernsey 2007). These health barriers had major implications for CHA residents’ well-being, impeding their ability to get—or keep—a job (Levy and Woolley 2007).

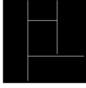
Figure 1: Defining the "Hard to House"

Through our continued research on the issues facing public housing households, we have identified different sets of characteristics that could place residents at risk for housing problems. The categories are neither mutually exclusive nor exhaustive:

- ***Multiple-barrier households.*** These households are long-term (>10 yrs) public housing residents who are unemployed but of working age, and who have less than a high school diploma. They may also have a drug or alcohol problem, a mental health problem, or a criminal record.
- ***Disabled households.*** These households identify someone living in their household as disabled, or report receiving SSI. Mentally or physically disabled public housing residents have difficulty finding appropriate housing generally due either to unavailability of accessible units or strict program requirements.
- ***Elderly households.*** These households are living without children and are age 62 or older. Many older residents living in public housing have aged in place and are living in family units. Given the poor health of many distressed public housing residents (Popkin et al. 2002; Harris and Kaye 2004), these residents are likely frail and require supportive housing that offers on-site services. At many public housing developments, seniors have been provided their own buildings (senior housing) or other project-based assistance, but service-enriched housing, such as independent living with care and assisted living with services on site, is rare.
- ***"Grandfamilies."*** These households have a single elderly adult (more than 62 years old) who is the primary caregiver for one or more children. These households, particularly custodial grandparents who are ready for senior housing, need more supportive living environments than are available in traditional public housing or the private market. Senior housing is likely inappropriate for grandparents taking care of grandchildren. Grandfamilies may also require supportive housing that links housing to other types of assistance.
- ***Large households.*** These households need four or more bedrooms to meet HUD standards for adequate housing.[1] Large families often have difficulty finding stable housing with vouchers, particularly in tight rental markets. Public housing has long been one of the few reliable sources of large, affordable apartments.
- ***Households with one-strike problems.*** These households have a family member with an arrest record or other drug-related criminal history that could place the family at risk of eviction.

Chicago Family Case Management Demonstration

The *Chicago Family Case Management Demonstration* is a response to the critical challenge of developing effective strategies for addressing the needs of CHA's hard to house families. After an 18-month planning effort, the Demonstration was officially launched in March 2007. In the remaining sections of the report, we describe the goals and components of the Demonstration, experiences during the first year of implementation, and baseline findings from the resident survey. There will be two additional reports from the first year: (1) a profile of the Demonstration population, defining the factors that make so many of them "hard to house" and how that affects the case management intervention and (2) a report on the neighborhood context for the Demonstration,



focusing on crime and fear and how that affects residents' health and well-being.

The purpose of the Demonstration is to develop and test a set of services intended to help CHA's "hard to house" families maintain safe and stable housing, whether in traditional CHA public housing, in the private market with a voucher, or potentially, in new, mixed-income developments. The Demonstration will assess the cost-effectiveness and impact of this comprehensive approach, and has three overarching goals:

- To provide innovative family case management services that will enable these CHA families to have more replacement housing choices, including the new mixed-income developments or using vouchers to lease private market housing in opportunity communities.
- To foster outcomes for these families that include (in addition to improved housing opportunities): residential stability; family integration; reduced alcohol or substance abuse; and increased connection to the work force and financial literacy.
- To evaluate outcomes, including an assessment of the impact and cost-effectiveness of the service approach by developing costs for the various "paths" families take during the Demonstration in relation to the outcomes achieved.

Chicago Family Case Management Demonstration Partnership

The Demonstration is an innovative, comprehensive case management and relocation support program involving a partnership among the CHA, other city agencies, service providers, and researchers (see figure 2). It is housed at the Urban Institute, which has overall responsibility for coordinating and overseeing the Demonstration.

Supportive Service Providers

Heartland Human Care Services (Heartland) is the lead service provider for the Demonstration. Heartland has provided services to residents of CHA since its participation in the New Start New Home Demonstration in 1999. Since 2003, Heartland has provided case management services to residents living in Wells and Dearborn. As a service-based human rights organization, Heartland's model focuses on strength-based services that combine case management, housing, and workforce development to help its participants achieve economic stability.

For the Demonstration, Heartland is providing

Figure 2: Partners and Roles in Chicago Family Case Management Demonstration

Service Providers:

Heartland Human Care Services

Housing Choice Partners

Researchers:

Urban Institute

UIC Survey Research Laboratory

Chicago Agencies:

Chicago Housing Authority

Chicago Department of Human Services

Foundations:

The Annie E. Casey Foundation

The John D. and Catherine T. MacArthur Foundation

The John D. Rockefeller Foundation

The Partnership for New Communities

JPMorgan Chase

intensive, family-focused case management and coordinating with the CHA, relocation service providers, and case managers in the new mixed-income developments. Services also include clinical case support, employment readiness training and rapid attachment to work, and financial literacy training. Case managers also make referrals to other agencies such as mental health care providers, substance abuse treatment, and GED training.

Housing Choice Partners (HCP) is a nonprofit agency that has an extensive history working with CHA residents who choose to relocate to the private housing market on a temporary or permanent basis. HCP's role in the Demonstration is to provide enhanced mobility counseling for Wells/Madden and Dearborn residents who are being relocated and either elected to receive a temporary or permanent Housing Choice (Section 8) voucher or are moving to another CHA development. The enhanced counseling includes a reduced client load and the presentation of a series of workshops on tenant rights and responsibilities, housekeeping, and school choice for families with children. These services are in addition to HCP's regular relocation duties which include assisting residents in obtaining their vouchers, taking them on tours of low-poverty and "opportunity" communities to see different housing options, helping them identify a specific unit, and finally, helping them with arrangements for the actual move.

Researchers

In addition to providing overall coordination and management for the Demonstration, the *Urban Institute* is conducting a comprehensive cost-effectiveness and impact evaluation. This assessment includes ongoing monitoring; analysis of administrative data; baseline and follow-up resident surveys; ongoing bimonthly "check-in" surveys to monitor service use; observations of program activities; quarterly interviews with case managers; and qualitative, in-depth interviews with parents and teens about their experiences. The University of Illinois at Chicago's *Survey Research Lab* conducts most on-site data collection, including surveys and bimonthly interviews, observations and interviews with case management staff.

City Agencies

The *Chicago Housing Authority* through the *Chicago Department of Human Services* (CDHS) (the overseer of the Service Connector program) is the major funder for the Demonstration. In partnership with CDHS, the CHA manages the overall case management services and provides administrative data for the Demonstration on resident outcomes.

Study Sites

The Demonstration serves residents in the Dearborn Homes and Wells/Madden, two large CHA public housing developments, selected both because of the large numbers of "hard to house" families in each site and because of key differences between the sites that provide important contrasts for the research. The Demonstration targets the approximately 475 households who were living in the two developments as of March 2007.

Wells/Madden

The Wells/Madden community is located on the near south side of the city, close to Lake Michigan on the east and to the sites of the former Robert Taylor and Stateway Gardens Homes on the west. The development sits in the historic Bronzeville neighborhood, which has been undergoing rapid gentrification after many years of decline. There are expensive condominiums within blocks of the

development. Just south of Wells/Madden are the two towers of Lake Parc Place, two older CHA high-rises that comprise the housing authority's first experiment with mixed-income housing. And just south of that is Lake Park Crescent, another of the CHA's new mixed-income developments.

The Wells community was one of the CHA's largest public housing complexes, consisting of four developments built between 1941 and 1970. The site included approximately 3,000 public housing units in the four developments: the Ida B. Wells Homes, a low-rise development first opened in 1941 to house black war workers, the Wells Extensions, Madden Homes, and the high-rise Darrow Homes. Wells became notorious in 1994 when two young boys pushed a five-year old out the window of a vacant apartment in one of the high-rises, reportedly because he refused to steal candy for them (Jones, Newman, and Isay 1997). The CHA received a HOPE VI grant in 2000 to convert the site into a mixed-income community as part of its larger Plan for Transformation. At the time the Demonstration began in 2007, much of the old development had been demolished and replaced with a new mixed-income community called Oakwood Shores. Fewer than 300 households remained on the site; the rest had relocated with vouchers or moved to other CHA developments. A small number had moved into Oakwood Shores.

The Wells community had become increasingly troubled over the years. A 2003 Urban Institute study indicated that the majority of remaining legal residents had barriers that would likely make them ineligible for replacement housing. Further, the study counted hundreds of illegal squatters who were living in the developments' many partially occupied buildings (Popkin, Cunningham, and Woodley 2003). The HOPE VI Panel Study, discussed earlier, documented that by 2005, most of the residents remaining in Wells' few occupied buildings tended to be those who were "hard to house," i.e. long-term public housing residents with lower incomes, and poor physical and mental health (Popkin, forthcoming). In March 2007, at the start of the Demonstration, the remaining 288 families that were still awaiting relocation faced three choices: "working to meet" the screening criteria to move into Oakwood Shores, waiting to be screened for a voucher, or waiting to move to another CHA development. About a third (68) faced imminent relocation; the timeline for the rest was unclear. But, as is discussed below, in the fall of 2007, the CHA made a series of decisions in response to rapidly deteriorating conditions that led to plans for closing the entire development by August 2008.

Dearborn Homes

The Dearborn Homes are located on State Street, about a mile south of the Loop. Immediately to the north sits the Ickes Homes, another large, troubled CHA development; just north of Ickes are the three circular towers of the Hilliard Homes, now converted to mixed-income housing.[4] All around the three developments is evidence of the rapid gentrification that has spilled over from the booming South Loop and Dearborn Park communities—new grocery stores, a Starbucks, gourmet restaurants, and a luxury hotel being constructed on the block between Dearborn and Ickes.

Dearborn was one of the CHA's first high-rises; the development opened in 1950 and was comprised of 800 units in a mix of six- and nine-story buildings (Bowly 1978). Dearborn and Ickes were the northern anchor of the State Street corridor, Chicago's notorious four-mile stretch of public housing high-rises that included the Robert Taylor Homes and Stateway Gardens. During the first phases of the Plan for Transformation, the CHA used both Dearborn and Ickes as "relocation resources"—replacement

housing for residents from other developments that were being demolished who had failed to meet the criteria for temporary vouchers or mixed-income housing. The resulting influx of residents from Taylor and Stateway Gardens created a volatile situation, with multiple gangs competing for territory within the two developments and a demoralized population of legal residents who were aware that they had been "left behind." In 2007, there were approximately 270 families still living in Dearborn; some were long-term residents, and the rest were relocatees. The development was split between competing gangs, with one group controlling the northern end (27th Street side) of the development, and another controlling the southern (29th Street side).

CHA's plans for Dearborn were in flux. The housing authority received a small HOPE VI grant for rehabilitation and opted to demolish some buildings, while substantially rehabilitating others. These rehabilitated buildings will remain 100 percent public housing, rather than becoming mixed-income. This redevelopment activity meant that some Dearborn residents would have to be relocated—some for a second time—during the course of the Demonstration.

Both Wells and Dearborn are extremely distressed, high-crime communities, dominated by drug trafficking and gang activity. In 2007, more than 50 percent of residents reported that shootings and violence were a big problem in their community, 77 percent reported big problems with drug dealing,[5] 78 percent reported big problems with drug use,[6] 60 percent reported that gangs are a big problem in the neighborhood, and 65 percent reported groups of people hanging out as a big problem. See Roman et. al. (forthcoming), for further discussion of the social and physical environment of these two developments.

Service Model

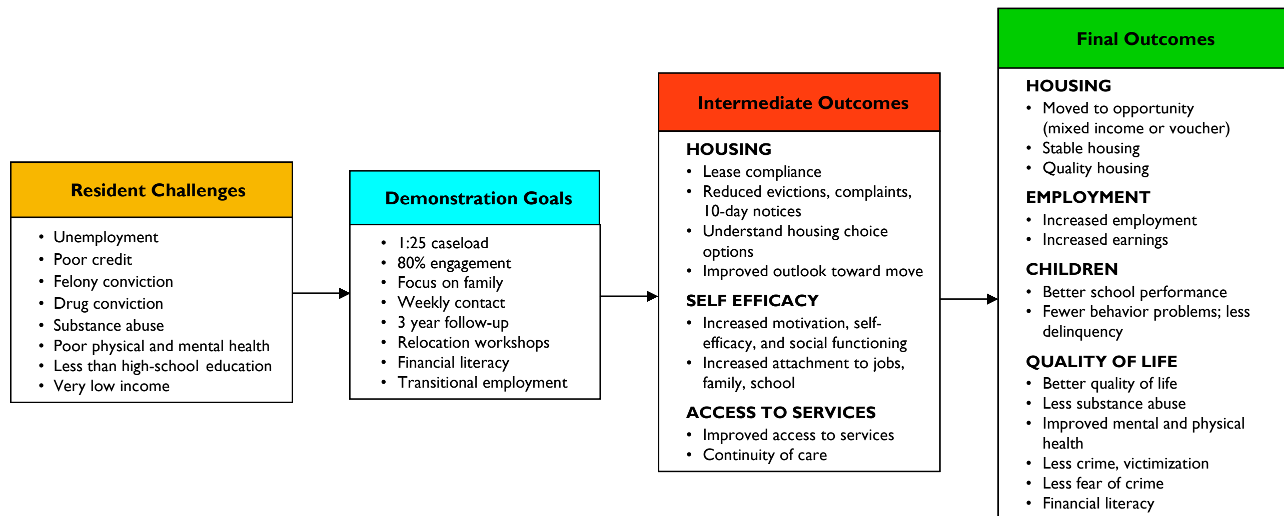
The Chicago Family Case Management Demonstration builds on best practices for serving "hard to serve" populations. The Demonstration supplements the CHA's standard service model, providing enhanced case management and relocation counseling for participants. The CHA's "Service Connector" program provided case management and referral services for residents as part of the agency's Plan for Transformation[7]. Initiated in 2001, advocates and resident leaders initially criticized the program for high caseloads and inadequate services. The Service Connector and CHA's relocation services evolved over time, and caseloads were gradually reduced. However, even with these improvements, the services were inadequate to meet the needs of CHA's most vulnerable families (Popkin 2006).

The Demonstration builds on CHA's service model, providing intensive case management services, enhanced relocation counseling and support, and long-term follow up. Heartland's services for the Demonstration draw on a range of practices for family case management, including transitional assistance to the homeless and Family Justice's work with returning prisoners. HCP's enhanced relocation counseling includes educational workshops and second-mover counseling for residents who succeed in moving with vouchers. Finally, the Urban Institute provides overall coordination and management for the Demonstration, fostering regular communication among the participants.

Figure 3 depicts the model for the Demonstration and the anticipated intermediate and final outcomes. As the model shows, the Demonstration enhances the CHA's standard service package in important ways, including:

- Lowering the case manager–resident ratio from 1:55 to 1:25 with the goal of 80 percent

Figure 3: Chicago Family Case Management Demonstration Overview



engagement (typical engagement levels do not usually surpass 50 percent at Wells and Dearborn).

- 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.
- Encouraging consistency in the client-case manager relationship by extending the length of time case managers remain engaged with residents, even after they move, from three months to at least three years.
- Focusing the family's goals as they relate to the move-in criteria at the new mixed income developments or housing choice vouchers (e.g. work requirement, utility debt, housekeeping; drug tests; children in school, etc.).
- Providing a Transitional Jobs program to serve those who are the hardest to employ.
- Incorporating a financial literacy and matched savings program that allows residents to develop budgeting, financial management, and savings skills.
- Providing residents access to enhanced housing choice education and relocation counseling.
- Regular coordination among team members—the CHA, Chicago Department of Human Services, HHCS, HCP, and the research team.

Case Management

Two complementary approaches are central to the Demonstration's philosophy of case management and service provision–the strength-based and change theory models—both of which are integrated to focus on the entire family, not merely the head-of-household. The *strengths-based approach* is predicated on the following principles: (1) everyone has strengths, (2) trauma and abuse, while injurious, may also be sources of challenge and opportunity, (3) everyone has the capacity to grow, (4) collaboration

is the key to best serving participants, and (e) every environment is full of resources (Saleebey 2002).

Change theory, which integrates motivational interviewing, is an approach that accepts a resident's ambivalence toward change. The case manager's role is the motivating force that enables participants to work through this ambivalence. The case management strategy is designed to be persuasive rather than coercive, and supportive rather than argumentative (Miller and Rollnick 2002).

In addition to changing the approach to case management, the Demonstration includes several key changes to the service delivery model. *Reducing caseloads* allows case managers more focused time with each family, enabling them to work with all members of the family, not just the head of household. It allows case managers time to use the techniques described above and in turn to uncover complex problems that might not be revealed in a single, monthly visit, as well as opportunities to visit families in their own homes rather than waiting for them to come into the office for assistance.

Applying *family case management*, through the use of innovative tools and methods, reveals people in the broader context of their social systems and identifies sometimes-hidden assets and resources that can provide support and promote success. Instead of seeing just the individual, the model looks at the person connected to other people—to family and community. Family is broadly defined to include relatives, close friends, and others who play a significant role in an individual's life. By using respectful and engaging tools such as supportive inquiry, family case management promotes positive behaviors, capitalizes on successful coping mechanisms, and taps the skills and talents of the family network.

Another innovation for the Demonstration is ensuring *consistency of care* over time. Instead of transitioning families to new providers when they relocate—with vouchers, to other CHA developments, or to mixed-income units—the same case managers stay with the families for at least three years, continuing to make weekly visits in the new location. Essentially, this model means that the service program is offering both site-based services and long-term wrap-around services for those who leave the developments.

In addition, Heartland's enhanced model for the Demonstration includes *clinical case supervision*. Having a clinical case supervisor means that Heartland is able to offer ongoing supervision and support for case managers dealing with the challenges of providing intensive case management. The clinical case supervisor, in meeting regularly with case managers, is able to reinforce training and models of service delivery as well as to mirror some of these same processes (such as change theory) as case managers adapt to a more intensive service delivery model. Case managers meet in small groups monthly to discuss cases and enhance their assessment skills.

Finally, Heartland's service model offers two supplemental services, intended to enhance the overall case management and help residents improve their life circumstances. The *Transitional Jobs program* is intended to help connect participants to the labor market. The program relies on intensive employment and interview training, rapid attachment to the workforce, a three-month period of subsidized employment, and continued counseling and advocacy support for residents throughout the first year of employment. Second, the Demonstration offers participants the opportunity to participate in their "Get Paid to Save," *financial literacy program*. The program offers training in budgeting and financial management, and provides a matched savings program, matching $333 in resident savings at a 2:1 ratio. Participants can save up to $1,000 this way.

Enhanced Relocation

Like Heartland's intensive case management, HCP's enhanced relocation services builds on CHA's traditional service model. Under the Relocation Rights Contract—the agreement between the CHA and its resident councils—residents are offered four replacement housing options: a unit in a new, mixed-income development; a permanent Housing Choice Voucher; a temporary Housing Choice Voucher (which allows residents the possibility of moving again to a new development); or a rehabilitated unit in traditional public housing. CHA's relocation service providers take residents who choose vouchers on tours of low-poverty (less than 23.5 percent poor) and opportunity (less than 23.5 percent poor and less than 30 percent African-American) neighborhoods. Whether or not residents choose to move to one of these "nontraditional" types of neighborhoods, relocation counselors help them identify a specific unit, negotiate with landlords, negotiate the voucher program, and follow up with them after the move.

HCP's enhanced relocation services include reduced caseloads, increased engagement, and a series of workshops intended to help educate residents and encourage them to consider making nontraditional moves. The workshops cover an orientation on the benefits of opportunity areas, tenant rights and responsibilities, housekeeping, and school choice. Residents receive small incentives for participation. Finally, HCP's enhanced model adds "second mover" counseling, which means that HCP conducts outreach to families who have used their vouchers to move to "traditional" high-poverty areas to try to encourage them to consider a second move to a low-poverty or opportunity area.

Coordination

the Urban Institute's role in the Demonstration is to provide overall management and coordination, as well as to conduct the impact and cost-effectiveness evaluation (see below). In order to facilitate cooperation and coordination among the partners, the Urban Institute holds weekly joint phone calls with key members of the Demonstration team—the Heartland and HCP director, service managers, and clinical case supervisor. During these meetings, the team reviews progress to date, discusses any problems or challenges that have arisen, and shares information about issues at the developments.

The team also holds bimonthly in-person meetings. These in-person meetings include a broader range of staff, such as the leaders of the Transitional Jobs and Get Paid to Save teams. These longer meetings allow for a deeper discussion of issues and decisions about adjustments to the service package based on case managers' experiences and feedback from the research team.

Finally, the team also holds in-person bimonthly meetings with CHA Resident Services staff and CDHS representatives. At these meetings, the team provides updates on the progress of the Demonstration and discusses any issues that require information or decisions from the housing authority, e.g. planned dates for relocation or building closures. Between these meetings, the Heartland and HCP directors maintain regular contact with the CHA and CDHS regarding management and contractual issues.

Research and Evaluation

As introduced earlier, the Chicago Family Case Management Demonstration includes a research study to examine the impact of the program and to test the feasibility and cost effectiveness of the family case management intervention. The research is

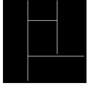
designed to understand whether removing barriers translates into improved housing outcomes and other outcomes such as reductions in substance abuse, increased employment, and improved physical and mental health (see figure 3). The study also seeks to examine intermediate outcomes, such as housing stability, increased motivation to change, self-efficacy, family integration. The study will compare the outcomes after two years for families in the Demonstration to similar families living in other public housing developments, but not offered the Demonstration, and estimate the cost per participant of family case management.

The key research questions for the Demonstration are:

1. To what extent can the family case management approach tap natural resources to resolve the numerous challenges many families face in achieving stability and qualifying for better housing opportunities? How can specific factors, including credit, employment, and criminal histories, that make families ineligible for opportunity housing (Housing Choice Vouchers or access to new mixed-income developments) be addressed?
2. How far can families move on the continuum toward better *housing outcomes*? What types of families (given various family characteristics) are able to increase their housing choices when provided family case management? Are there particular barriers that are easy to overcome? Are there particular barriers that are difficult to overcome? To what extent does removing barriers translate into improved *housing outcomes*/provision of opportunity to have full choice in their housing options?
3. To what extent does removing barriers translate into improved *non-housing intermediate outcomes*, such as increased motivation to change, self-efficacy, family integration?
4. To what extent does removing barriers translate into improved *non-housing outcomes*, such as reductions in substance abuse, increased employment, and improved physical and mental health?
5. Will families that succeed in moving with a voucher or to mixed-income housing remain stably housed after one year?
6. How do families participating in the Demonstration fare with regard to key outcomes compared to a matched sample of residents from other developments *not participating in the Demonstration*?
7. What are the costs per participant of the intensive family case management? And overall, given the answers to these questions above, is intensive family case management cost effective?

Evaluation Methods

The evaluation is designed to both provide ongoing feedback to service providers and the CHA and to assess the overall effectiveness of the Demonstration. The study has three parts: (1) a quasi-experimental impact study to determine whether the Demonstration achieves the intended outcomes relative to a comparison sample; (2) a cost effectiveness study to assess the advantages and disadvantages of services offered on the various paths toward housing mobility, and to determine the tradeoffs in resource allocation; and (3) a process study to track the implementation of the Demonstration and provide regular feedback to service providers.[8] We are collecting detailed information on housing status, service utilization, personal capacity for mobility, family functioning and integration, and health status. In addition, the



research design enables documentation of "barrier status"—essentially the characteristics of individuals and families that may make them ineligible for vouchers or entry into mixed income developments. These characteristics include, but are not limited to: employment history and current employment status, substance use/abuse history, income and credit history, and criminal justice contact (e.g., arrest, conviction, incarceration history).

We will follow key outcomes over time for residents who choose to engage in the expanded services and for those who do not. However, as several factors that influence resident outcomes may also influence the decision to take up services, we will also compare outcomes for residents participating in the Demonstration to those of comparable residents receiving the standard CHA case-management services. In addition, the evaluation will also describe and quantify the costs of case management and all services utilized through referral, and calculate cost savings across multiple systems by conducting cost-effectiveness analysis, an analytical technique for selecting among competing policies, programs, or services wherever resources are limited.[9]

We will use CHA's administrative data for program participants and comparable residents from other developments to both craft the comparison group and measure intermediate and end outcomes for Demonstration participants and the comparison group. These data include administrative data from the Service Connector/FamilyWorks and relocation providers. We also intend to use data from the Illinois Department of Employment Services. These data contain valuable information on case management service provision and referrals, compliance with CHA housing rules and regulations, housing eligibility and barrier status, employment and earnings, and educational attainment and enrollment.

Finally, to complement and expand upon the administrative data, the research evaluation includes three types of resident interviews to collect data on intermediate and end outcomes. Baseline interviews with residents from May through October 2007 collected data on outcomes such as attitudes towards employment, job-related hardship, self-efficacy, physical and mental health and other important family-focused outcomes (e.g., family conflict and functioning). Follow up interviews (24 months from baseline) will collect similar information for comparison to the baseline data. In addition, we are collecting service utilization information bimonthly through brief telephone surveys with residents. A second survey of residents, planned for spring 2009, will collect follow-up information to assess progress along key domains. Finally, we will conduct in-depth qualitative interviews with a sample of parent-child pairs. These interviews will allow us to better understand residents' views of the Demonstration and the relocation process, as well the challenges they face in coping with the changes in their housing status.

The evaluation uses multiple methods to track the progress of the Demonstration and outcomes for residents. The study includes a process study to monitor implementation and provide regular feedback to the CHA, CDHS, and service providers. The process study entails interviews with case managers and project staff at six month intervals, observations of program activities, and monitoring of program data on participant engagement and service delivery. The first round of case manager interviews occurred in October 2007.

Launching the Chicago Family Case Management Demonstration

Launching the Chicago Family Case Management Demonstration presented a set of daunting challenges. The team had to develop a new service model that would effectively engage the CHA's hardest-to-serve residents—families with whom the existing Service Connector program had had little to no success. Then the service providers had to recruit and train staff willing to be part of the Demonstration, including having their work observed and evaluated. These staff had to be willing to work in unpleasant, often dangerous conditions in the two developments, as well as to adapt from a site-based service model to one that required them to visit clients in their homes all over the city. Further, launching the Demonstration meant careful coordination among the service providers, the housing authority, foundation funders, and research staff. Finally, as the Demonstration got underway, the situation on the ground was changing rapidly. The CHA underwent two leadership transitions within 12 months and changed the focus of its resident service programs. The agency also adjusted its plans for relocation and redevelopment in response to deteriorating conditions in the two developments and a city-wide increase in gang violence. Responding to these challenges and the CHA's shifts meant making changes to the service model, instituting new procedures, and adjusting expectations.

In this section, we describe the first year of implementation for the Demonstration. First, we describe the 18-month planning process during which the team developed the service model, secured funding, and negotiated an agreement with the CHA and CDHS (see Time Line Appendix). Next, we discuss the changes at the CHA followed by a description of the dangerous conditions of the developments. We also discuss the staffing of the Demonstration and the major challenges case managers encountered in trying to implement the new service model, and the ways in which the model has evolved in response to these challenges. Finally, we present an overview of outcomes for the first year, including resident engagement in services and relocation.

Planning and Start up

Plans for the Demonstration began in the summer of 2005, with a series of discussions with the MacArthur Foundation growing out of the Urban Institute's HOPE VI Panel Study, Residents at Risk, and prisoner re-entry research. The Casey Foundation also became engaged, as a result of its interest in Responsible Relocation for residents displaced by neighborhood revitalization efforts. Both foundations awarded the Urban Institute planning grants in order to develop the Demonstration and research evaluation. The Urban Institute convened a planning group that initially included HHCS, HCP, Family Justice, SRL, and Business Professionals for the Public Interest (BPI).[10] The group consulted with other experts and developed the service model and the evaluation design.

Over a 12-month period, the team negotiated an agreement with the CHA. Under the agreement, the CHA would support the Demonstration while Heartland and HCP served as the service providers for the Wells and Dearborn developments. The

service providers' funding would be supplemented with support from MacArthur and Casey as well as other foundations that the group would approach, including the Partnership for New Communities, the Rockefeller Foundation, and Chase Bank. With this additional funding, the service providers would be able to shape their service approach for the Demonstration. In addition, the agreement called for the CHA to provide the evaluators with administrative data both for clients targeted for the Demonstration, and for the comparison group.

The team held an Advisory Panel meeting in December 2007 as an official kick-off for the Demonstration. The Panel included practitioners, researchers, and housing authority representatives. Immediately after the advisory panel meeting, Heartland and HCP began recruiting and training staff for the Demonstration. Heartland developed its Transitional Jobs and Get Paid to Save curricula, and HCP developed materials for its workshop series. At the end of this planning period, the team met with the CHA and officially launched the Demonstration on March 13, 2007, targeting the services to all residents living in Wells and Dearborn as of that date.

The team's experiences during the first year offer many important lessons for providing services to hard-to-serve populations. In many ways, providing intensive family case management has proven even more difficult than anticipated. Among the biggest challenges have been adapting to changing circumstances at the CHA, including management changes, changing plans for relocation and rehabilitation at the two study sites, requiring a rapid shift from site-based services to a tenant-based model, and a major overhaul of the entire CHA resident service system. These changes meant extra resources had to be dedicated to coordination and to adapting the service model to reflect the new situation. Another major challenge has been increasing gang activity and violent crime, especially in Wells, which has in turn increased stress for service providers and residents. And finally, case managers have encountered difficulties in transitioning to the new model, both because of the emotional drain of becoming more deeply engaged with clients' very complex problems and because of the increased administrative paperwork burden. Below, we use data from our ongoing monitoring, the first round of case manager interviews, service provider administrative reports, and the baseline survey to describe these challenges in detail. In addition, we discuss the changes we have made to the Demonstration in order to adapt to and make it more effective in meeting clients' needs.

Coordination with the CHA

The CHA has undergone major management changes in the past 18 months. The Chief Executive Officer position has turned over twice, first in October 2006 and again in January 2008. Lewis Jordan, the current CEO, came on board in January 2008. Many of the senior CHA Resident Services staff who had participated in negotiations and planning for the Demonstration also departed in December 2006, as did the Deputy Commissioner and director of services at the Chicago Department of Human Services.

One result of these management changes was a decision to revamp CHA's Resident Services to focus on employment. The CHA's Service Connector case management program is transitioning to a new service model that CHA calls FamilyWorks, which emphasizes the need for residents to make a final housing choice and find employment. FamilyWorks also has a new clinical component that is designed to address the needs of the CHA residents that are hardest to house. In contrast to the Service Connector program, FamilyWorks agencies are now expected to provide most of these services directly.

In addition, as part of the shift in emphasis, the CHA is phasing in a 20 hour per week work requirement for every able-bodied adult in the household for all residents in its traditional public housing. Residents who do not comply are at risk for eviction, although the policy includes exemptions and "safe harbor" provisions for those making a "good faith" effort to find work.[11]

As part of the transition to FamilyWorks, CDHS rebid all of its Resident Service contracts (with the funding from CHA). Heartland was required to submit a new proposal that included the Demonstration. There was a transition period, during which all of service providers received reduced funding, which meant Heartland had to shift resources in order to continue the intensive services. CHA Resident Services staff worked to ensure that the Demonstration would not be affected by the transition. Under the new FamilyWorks program, Heartland will hire additional clinical staff to support residents at the two sites.

In addition to the changes to the case management programs, the CHA's plans for relocation and rehabilitation in Wells and Dearborn have changed considerably since March 2007. At the outset, CHA expected part of Wells to remain open throughout the three year period. The agency had scheduled about a third of the remaining residents for relocation during 2007; there was no firm schedule for the rest. But because of deteriorating physical conditions and increasing problems with drug trafficking and gang violence, the agency revamped its plans considerably. In the fall of 2007, the CHA announced an emergency relocation of 68 households living in the King Drive section of the development, giving the affected families 30 days notice that they would be relocated to rehabilitated units in other CHA properties. The CHA awarded the relocation service to a provider that was not part of the Demonstration, Northeastern Illinois University, citing both the emergency nature of the relocation and the fact that these residents would not be offered vouchers. Shortly after the King Drive relocation, the CHA authorized HCP to begin providing relocation workshops for the remaining 100 families, and in April 2008, gave these residents 120 day notices that the development would be closed in August 2008.

The CHA's plans for the Dearborn Homes have also shifted since the beginning of the Demonstration, although the changes have not been as drastic as those affecting Wells. Instead of leaving Dearborn as it was and continuing to use it as a "relocation resource," the CHA made the decision to rehabilitate the remaining buildings. This decision meant that some buildings had to be closed, and residents relocated either with vouchers or to other parts of the development. The ongoing gang conflict in Dearborn (see below) has complicated the situation and slowed the pace of relocation; residents from the north side of the development cannot move to rehabilitated housing on the south side for rear of gang retribution and vice versa.

These changes have all created challenges for the Demonstration management. First, the team has had to dedicate extra time and resources to coordinating with the CHA and ensuring that all new staff are aware of the agreements negotiated by their predecessors. CHA's team for the Demonstration, which includes representatives from Resident Services and Relocation, has had to devote extra time and resources as well. The CHA and the Demonstration team hold bimonthly in-person meetings and Urban Institute, HHCS, and HCP managers follow up with CHA management on key issues as necessary. These efforts on the part of both the Demonstration and CHA's Resident Services staff have ensured that the Demonstration has stayed on track during CHA's management and service changes. But more significantly, the changes in plans for

redevelopment and relocation have had a much more profound impact on case managers. As discussed below, the rapid pace of building closings and relocation in Wells have meant that case managers there had to quickly shift from a site-based model to one where case managers have to drive to meet them in other CHA developments and private market apartments around the city. Case managers also had to struggle to provide extra support to stressed and anxious residents caught up in the emergency relocation in the fall of 2007. Finally, Heartland staff unexpectedly had to coordinate with the service provider charged with handling the emergency relocation, a group that was not part of the Demonstration and was unaware of the new service model—including the fact that Heartland case managers would be continuing to work with their clients even after relocation.

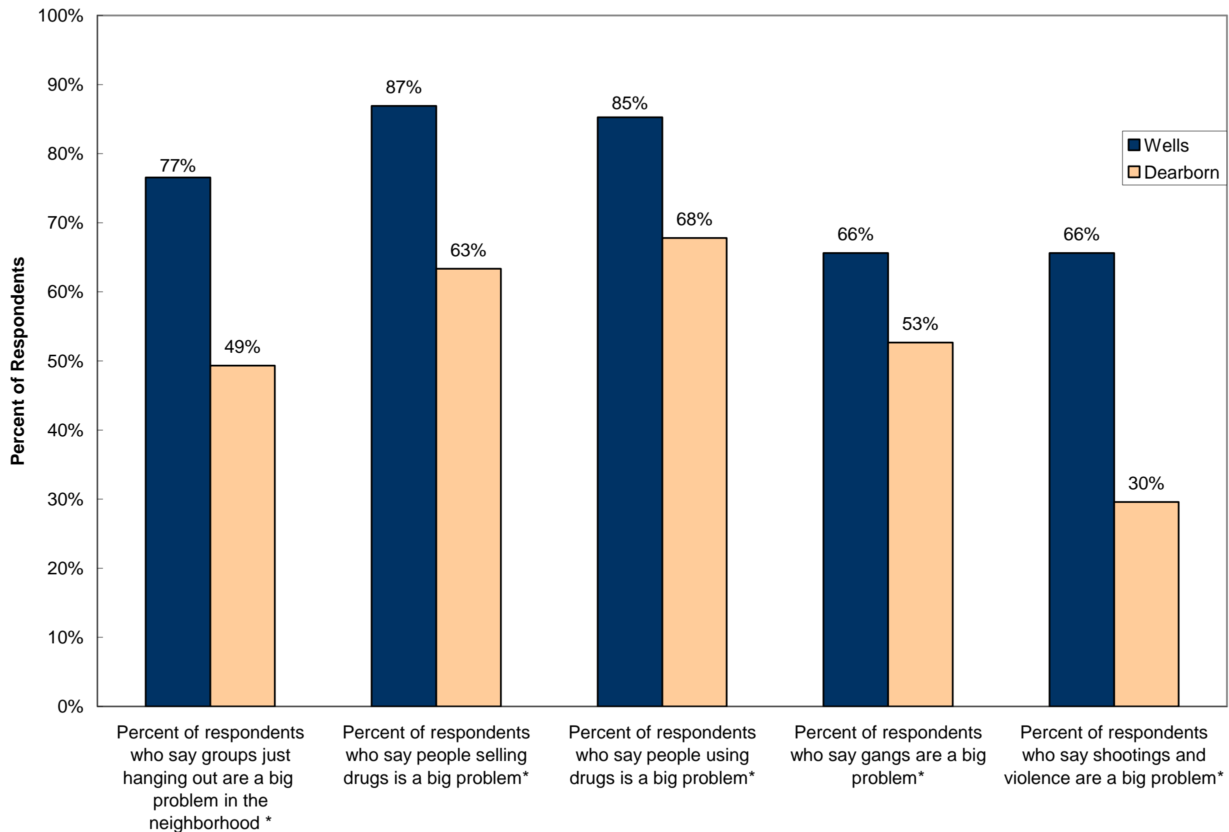
Conditions in the Developments

Another major challenge for the Demonstration during the first year was the extremely dangerous conditions in the two Demonstration sites; drug trafficking and gang activity intensified, especially in Wells, as the development emptied out. As figure 4 shows, the baseline survey indicated that residents in both developments had serious concerns about crime and drug trafficking, and the majority agreed that they could not trust other residents in their community. However, Wells residents were significantly more likely than those from Dearborn to report "big problems" with drugs, gang activity, shootings and violence.

The extreme levels of crime and disorder not only created problems for residents, but made case managers' jobs more stressful and created management concerns for their supervisors. Given the very real dangers, it is striking that case managers' comments from the first round of interviews in the fall of 2007 focused almost exclusively on the consequences for their clients, and not on threats to their own safety. For example, case managers in Dearborn described clients so fearful of gang conflict that they were afraid to cross the development to pay their rent to the property manager. Staff from both sites spoke of clients who were victims of violent crime—and some expressed concerns about youth getting caught up in the gang activity. The Dearborn site supervisor spoke about the ways in which the violence affected her case managers' ability to engage residents and her own concerns about her staff's safety:

> *That's one of my big—that's one of our biggest barriers as a service provider. The violence and someone got shot two weeks ago…And it's at night when we leave, it's a lot of activity that goes on. And I hate keep bringing that up, but it is what it is. But you know when you report it over, it seems like it's a dead issue in a way. I say that because—it's not an excuse. But it's a cause of why residents may not respond, why residents may not come out of their units to come to our office. Why they might not open a door because the boys are in the hallway, the boys from the 27th Street side they come here every night to 29th Street side and go through the building with guns. That's something we wouldn't have known if someone else hadn't told us that. But the detectives told us that. And they told us to be—and the residents are telling us, "They're carrying guns on them. Guys be careful when you're going outside and when you're going to outreach." So, you know that state that my case managers are in when they go out to do outreach, what protection do they have if they get caught up in gunfire or something? That's a big concern, a huge concern for me.*

Figure 4: Safety Findings from Baseline Survey of Residents



* Difference between the two developments is statistically significant at the .05 level.
Source: Chicago Family Case Management Demonstration Baseline Survey Data
Number of Respondents: 344

Staffing the Demonstration

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.

Both service providers recruited most of their staff for the Demonstration from within their organizations. In making the choice to participate, existing staff had to weigh the reduction of caseload against increased intensity and responsibility. In addition to staff already working within the two sites, four case managers were recruited and hired, three at Dearborn and one at Wells. During the interview process, Heartland managers looked for the following

knowledge, skills, and attributes: understanding of CHA's Plan for Transformation, familiarity with strengths-based work, skills engaging residents, a positive demeanor, problem-solving ability, and creativity in responding to case scenarios. HCP staff were assigned to the Demonstration based on experience and success in encouraging moves to opportunity and low-poverty areas in the past. Experienced staff brought knowledge of a wide variety of neighborhoods, relationships with landlords, a commitment to promoting opportunity areas to clients and a creative and persistent attitude in motivating residents to try something new.

By one measure—staff turnover—the Demonstration was highly successful; only one case manager and one relocation counselor have left the Demonstration since its beginning. In addition to the demanding environment, maintaining staff morale was difficult in the face of rapid changes and uncertainty in the relocation and rehabilitation schedules of the two developments.

Challenges for Case Managers

When the team designed the Demonstration, we knew that the new model would require case managers to take a new approach to working with clients being more proactive about engaging clients, using a strengths-based approach, and working with entire families rather than just the heads of household. We also knew that case managers would be required to start following clients to new homes in different CHA developments or in private apartments around the city. However, we believed that the fact that the Demonstration also involved lowering caseloads by half would compensate for these new responsibilities, allowing case managers the time they needed to work with clients more intensively. We also thought that providing training on family case management and strengths-based models and having clinical case supervision would be sufficient to help case managers adapt to the new model. However, our experiences during the first year have shown that the reality is that the task of providing intensive services has proven much more difficult than we initially anticipated and that case managers have required much more support in order to be able to fulfill their new responsibilities.

Site managers at both Wells and Dearborn quickly noted that case managers were struggling to adapt to the new service model. Under the old Service Connector program, case managers had such large caseloads that they were only able to see clients once a month. Because of these high caseloads, they generally were only able to deal with those clients who sought them out; they had little time to go out into the development and find people who were unresponsive. Under the new model, case managers were now focusing on outreach to clients on their caseload, going out into the development and knocking on doors. When they did this outreach, they uncovered one tough problem after another—residents with schizophrenia who had stopped taking their medications and refused to open the door; women with severe depression; mothers at risk for losing custody of their children; grandmothers struggling to care for several grandchildren, some of whom were in trouble with the law; and substance abusers who were so in debt to drug dealers that the dealers had taken over their apartments. The new model required that case managers see clients weekly; when they did, they often found that the more they "unpacked" the families' situation, the more serious the problems they uncovered. For example, one case manager told us about her client Sherrone (see text box), whom she gradually discovered was not only at risk for losing custody of her children because of concerns about neglect, but was also at risk for eviction because she was allowing

"illegal residents," likely drug dealers, to stay in her apartment.

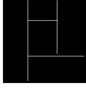
Case managers often spoke of the widespread problems with substance abuse and drug trafficking and the ways the drug trade complicated their clients' situations. A common problem was older teens who had been arrested for selling drugs, putting the household at risk for eviction under the "One Strike and You're Out" provision that allows housing authorities to exclude residents with evidence of drug or felony activity. One case manager said that several of her clients had to take their children off their lease in order to avoid eviction. As she said, "And I had one resident, she had to take her son off her lease. So now her concern is, I moved on, but what about him? He's 17." However, this same case manager noted that many of these former or current residents involved with the drug trade who have moved out of the development are "still hanging out in the same area." Another serious problem case managers reported was residents like Al and Sherrone (see text boxes on previous page) who become indebted to drug dealers who then take over their units. In addition to the physical dangers to the residents, having illegal tenants in their units places the whole household at risk for eviction. And, because of the presence of the drug dealers, these residents become virtually inaccessible to their case managers.

Sherrone, a long-time Dearborn resident, is struggling to maintain custody of her children and avoid eviction. Sherrone's case manager describes her as "low-functioning;" she has a severely disabled child and several other young children. She lost custody of her children once before, and is at risk of doing so again because of concerns about abuse and neglect. In addition, Sherrone has several friends staying in her unit illegally, placing the whole family at risk for eviction. Sherrone's case manager is providing intensive support, enrolling her in parenting classes, helping her obtain furniture, coordinating with case managers from other agencies, and meeting with her regularly. Even with all of this "crisis support," it is not certain that Sherrone will be able to stabilize her situation and avoid eviction.

Despite the difficulties, in interviews with the research team, case managers were very motivated and generally positive about the new, intensive model and how it could benefit their clients. More than a quarter of the case managers explicitly stated that increased visits helped them more adequately evaluate and address the challenges their clients were facing. One case manager from Dearborn noted, "If they had a problem last week, they are going to have it this week. So it's like it gives you an opportunity to work on their problem quicker and get a solution quicker and get it back to them… That's a benefit of intensive case management."

Al is an aging substance abuser who moved to Dearborn from another CHA development several years ago. Al was offered a voucher, but was not able to use it. Al is disabled and has not worked for many years. Because of his substance abuse, he is now at risk of being evicted from Dearborn and becoming homeless. Al has run up debts with several drug dealers; these dealers have now literally taken over his unit. It has become almost impossible for his case manager to maintain regular contact with him. The property manager has served Al with an official warning; if he gets another, he will be evicted.

Another case manager from Dearborn labeled the Demonstration a "wonderful program." Not only did she believe her clients were better served, but she saw intensive case management as an opportunity to fully evaluate the many challenges her clients face. She notes, "Case managers can really understand,



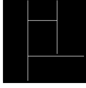
when you do the weekly visits, some of the obstacles the residents face. Seeing them monthly, ok. Seeing them weekly, you actually get into their lives and see what's going on, and then it helps you know, 'Oh I am doing this, or maybe I should do this.' Versus seeing them once a month, when you see them weekly, you become that family and kind of know them more." Most case managers felt that their clients were receptive to the weekly interaction. As a case manager from Wells notes, "I think my clients, some of them [are] upset, but there's some of them that's happy that we're going to contact them every week." Another case manager comments, "When they see me, they hide, and some of them are irritated. But for the most part they are receptive, very receptive."

> *And I think that I'm finding out critical cases…Let's say for instance, I met with daughter, met with the mom too. But seeing them weekly, I see depression. Because when I saw them once a month, it's like 'hey!' but when I'm seeing them weekly, I'm seeing sleep, sleep all the time. And I even asked her daughter [about it]. So I talked with my supervisor, and my supervisor did a home visit with me, and she keeps saying that she's ok, and we explained depression, and if she ever needs to talk or whatever, we have a place for that. See mom, you go to her house once a month, you see mom sleeping, you don't think anything of it. You go out there once a week, you see mom sleeping every week, there's a problem. So that is the advantage I like, you get to see more critical cases, and hopefully you're able to help.*
>
> **- A Case Manager at Dearborn**

Even after going through the Demonstration trainings, and with previous trainings, education, and experience, several case managers reported that they can feel overwhelmed by the issues with which their clients struggle. As a result of increased contact, case managers report that residents were more willing to disclose current and past addictions and traumas. Yet this increased disclosure resulted in an increased sense of personal and professional responsibility on the parts of case managers towards their clients. As case managers became more invested in their clients' lives, the emotional burdens increased when clients invariably relapsed, were evicted, or died. Thus, the intensity of the new model requires ongoing support for case managers, not only to enhance skill level, but also to provide a forum for discussing how service provision affects them personally.

> **Kiara is a 30-year old Wells resident, with a history of** substance abuse. Because of the emergency building closures in Wells in the fall of 2007, Kiara and her 11-year old son, Davon were forced to move to another CHA development. Kiara was traumatized by the move and has become severely depressed. She is frightened, and refuses to leave her home. Davon has been threatened by other residents, and she has kept him home from school. Kiara's case manager has been trying to get her into counseling and has referred her to the victim assistance program to help her get a voucher and move out of the development.

While case managers were generally positive about the benefits for families, most reported that because of the need to comply with CHA's reporting system for its service providers, seeing families weekly rapidly created immense paperwork burden. One case manager described the tough balance of meeting and engaging residents and completing the paperwork process as a "problem." "[We] gotta catch up with [paperwork], but here come[s] [a] family that's got an issue. So, it's either deal with this paperwork … or help this family. That's not a good position to put anybody in."



Heartland supervisors responded to the paperwork burden by working with staff to develop a new, less cumbersome system and encouraging staff to streamline their case notes. At the end of the first year, staff were still working to refine their system.

Baseline Survey Confirms Challenges

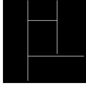
The results of the baseline survey confirm case managers reports of the level of need among their clients. The survey shows that the residents in Wells and Dearborn were, not surprisingly, very troubled—families that were relying on the CHA's traditional housing as the housing of last resort, even as conditions in their developments deteriorated. As Table 1 shows, the resident populations of the two developments were very similar. On average, the heads of households were single women in their mid-to-late 40s (median age 48). About 15 percent were 60 years old or older and more than half of the households had children under 18. Only a very small proportion—less than a third—were working either full- or part-time; just under half were receiving public assistance (mainly SSI); and the majority had household incomes below $10,000 a year. Surprisingly, nearly 60 percent reported having either a high school diploma or GED.

According to the baseline survey, there were only two statistically significant differences between the Wells and Dearborn populations. First, Dearborn residents were more likely than Wells residents to report receiving food stamps (78 percent vs. 66 percent), although given the low employment rates at both developments, the reasons for the difference are not clear. Second, not surprisingly, although virtually all the respondents were long-term CHA residents, Wells residents reported having lived in their community longer, reflecting Dearborn's status as a "relocation resource" for residents from other CHA properties (table 1).

Table 1: Household Characteristics

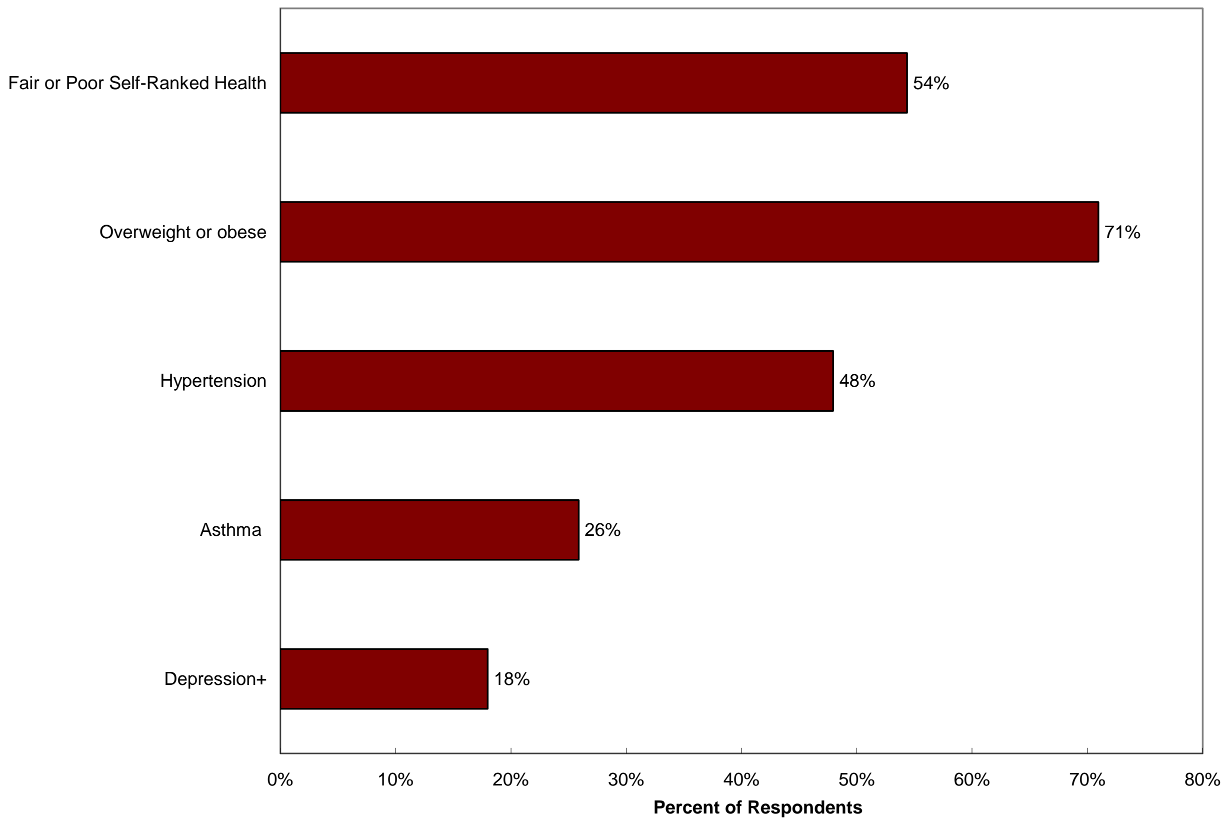
	Combined	Wells	Dearborn
Percent of elderly respondents (age 62 or older)	12%	13%	10%
Percent of households with children under age 18	53%	50%	57%
Percent of respondents without a high school diploma or GED	41%	41%	42%
Median years living in CHA housing	28	28	27
Percent of respondents with a household income less than $10,000	70%	69%	71%
Percent of respondents who currently work for pay	31%	31%	30%
Percent of respondents who received some type of public assistance (SSI, SSDI, TANF) in the past year	47%	45%	48%
Percent of respondents receiving food stamps in past year*	71%	66%	78%

* Difference between the two developments is statistically significant at the .05 level.
Source: Chicago Family Case Management Demonstration Baseline Survey Data
Number of Respondents: 344



Residents' health was extremely poor. As figure 5 shows, at baseline, more than half rated their health as fair or poor—a stunning figure, and more than 10 percentage points higher than the figure reported in the HOPE VI Panel Study in 2005. To put this figure in context, HOPE VI Panel Study respondents were more than twice as likely as other black women nationally and more than four times as likely as all women to report poor health (Manjarrez, Popkin and Guernsey 2007). About a quarter reported having been diagnosed with asthma, half reported being diagnosed with hypertension—again, a figure 10 percentage points higher than that for the HOPE VI Panel Study sample. Nearly three-fourths were overweight or obese.[12] Finally, residents' self-reported mental health was also poor. In addition to depression, reported rates of anxiety and other indicators were very high; overall 26 percent of Wells and Dearborn residents reported poor mental health.[13] For a further discussion of the effects of

Figure 5: Health Findings from Baseline Survey of Residents



+ Indication of mental health was based on a scale derived from the CIDI-12, or Composite International Diagnostic Interview Instrument. The series includes two types of screener questions that assess the degree of depression and the length of time it has lasted. The index is then created by summing how many of the six items respondents reported feeling for a large share of the past two weeks. A respondent score of three or higher on the index indicates a major depressive episode.

No differences between the developments are statistically significant at the .05 level.
Source: Chicago Family Case Management Demonstration Baseline Survey Data
Number of Respondents: 344

environmental influences and interpersonal factors on physical activity, health and obesity for residents see Roman et. al., 2008.

Following Clients—Impact on Case Managers

As discussed above, CHA's unexpected changes to its plans for relocation and rehabilitation had a profound impact on case managers during the first year of the Demonstration. The team had always intended that case managers would follow clients who relocated from Wells or Dearborn wherever they went—to a private market unit with a voucher, a new mixed-income development, or another traditional public housing development. And we knew that about 70 families from Wells were slated for relocation during the first year of the Demonstration, and that HCP would be providing enhanced relocation services for these clients. However, neither we nor the CHA Resident Services and Relocation staff who support the Demonstration anticipated that relocation would move so much more quickly than anticipated and that Wells would be slated for closure by mid-2008. As the Wells program manager commented in the fall of 2007, "The challenge has been, of course, we weren't actually prepared for, we thought we were going to kind of, in a sense, take baby steps. It's like, okay, well we moved, we're moving the 65, so we can kind of gradually, you know, increase our home visit and through trial and error."

Both HCP and Heartland staff felt the impact of these changes. HCP staff had anticipated having longer stretches to work with clients, in order to spend more time encouraging them to consider low-poverty or opportunity moves. CHA's accelerated schedule meant that, with the exception of being able to offer workshops for the last families in Wells in the winter of 2008, HCP staff actually had *less* time to work with families overall. In addition, HCP staff ended up not working at all with the 68 families affected by the King Dr. emergency relocation in the fall of 2007.

In addition, Heartland's case managers had to adapt suddenly to traveling around the city to engage and work with clients, as well as having to cope with the increased needs of the King Dr. emergency relocatees. Many saw positive aspects of the new approach, commenting that the weekly contact provided consistency and stability to clients who had recently moved. But even though case managers were generally positive, it was also clear that the new model created new problems and challenges. Some case managers did not have cars, and had to coordinate with other staff. Case managers also spoke of their anxieties around having to travel to visit clients in unfamiliar CHA developments, where they did not feel secure, staff resorted to traveling in pairs to deal with the situation. A few case managers mentioned that some of their clients did not like having case manager visits now that they had moved out of CHA housing, and worried about the stigma of having a case manager knocking on their door. Finally, case managers talked about the increased time burden of having to travel to distant locations—and the all-too-frequent frustration of finding the client not home when they arrived.

Adapting Training and Supervision

While case managers were generally positive about the new service model, their supervisors reported that it was clear from regular staff meetings that they were at risk of becoming overwhelmed by the depth of the problems they were uncovering. The case managers were not trained mental health professionals; through the Demonstration, they were faced with situations that even trained clinicians would find extremely challenging. And it also became clear that the training and supports built into the

Demonstration were not meeting case managers' needs. The team had planned a series of trainings to support case managers in implementing the new service model, including a session on motivational interviewing techniques presented by Heartland staff, and two workshops from Family Justice's model for intensive, family-focused case management intended to help identify families' strengths and challenges.[14]

Case managers reported mixed reactions to the trainings and their utility for their day-to-day work. About half said they found the trainings helpful, while the rest said they did not learn anything new, and viewed them as simply a "refresher." Those who viewed the trainings as helpful particularly appreciated the guidance on engaging families in services. One case manager noted, "[The trainings were] very helpful. Because one of the trainings was dealing with engagement. Because that was a big one for us, how to engage residents." Another case manager commented, "I think the strength [of the training] is they give you some good tools to use, some different perspectives on how to engage clients."

On the other hand, some case managers commented on a disconnection between the content of the training and their clients' needs. For example, one case manager commented, "It's not a realistic view of the type of people that we are to engage on a realistic basis...I'm finding out that most of the cases that I work with are victims of many violent crimes. You know, in other words, they're working with a lot of PTSD and it's never been treated. And now they don't seem—the training is not centered around how can I get this person better so I can do case management."

In addition to the three training sessions, the Demonstration model included a clinical supervisor to provide ongoing support for case managers in their day-to-day work. Initially, she was supposed to be available to help support the site supervisors and for consultations if case managers needed assistance with a particularly tough case. But because of case managers' concerns about problems like the level of PTSD and other mental health problems and of her own observation that case managers appeared to be becoming overwhelmed by the depth of the clients' problems, the clinical supervisor decided to institute regular, small group meetings to review cases and provide support for staff. During these times, staff were able to freely vent their concerns and frustrations about getting used to a new process, work through challenging cases, obtain support when feeling overwhelmed, and receive ongoing reinforcement of the training they received. This feature, in the Heartland's opinion, has become a strong retention tool for the project, and although the research team has not yet been able to verify this, case managers seemed to respond very positively to these sessions and find them helpful in managing their work.

In addition to training and clinical support, another issue for case managers during the first year of implementation was coordination among the partner agencies. HCP relocation counselors and Heartland case managers were working with the same clients, but not always communicating regularly about client problems or situations. Further, Heartland staff needed to coordinate with the Transitional Jobs and Get Paid to Save staff who were coming online and waiting for referrals. The research team identified coordination as a problem after several months and suggested team meetings to ensure that all staff were in regular communication. In response, Heartland and HCP arranged a training session where case managers could participate in the education sessions that many of their participants attended. Doing so enabled the case managers to better understand HCP's goals and how best to assist families when making relocation decisions.

First Year Outcomes

Engaging Clients

Despite the challenges outlined above, case manager engagement with residents increased substantially during the first year, a significant Demonstration goal. Before the start of the Demonstration, 43 percent of residents at Wells and 56 percent at Dearborn engaged with their case managers according to the CHA's definition. The CHA classifies residents as engaged if the leaseholder has completed a case manager assessment in the previous 60 days. Engagement rates rose throughout the first year of the Demonstration, to 79 percent and 80 percent (Wells and Dearborn, respectively) by March 2008.[15]

There are few differences between engaged and nonengaged households as captured by the baseline survey; engagement status does not differ meaningfully across most demographic indicators. Two areas that do differ for the engaged and nonengaged households are family support and public assistance take-up. Nonengaged residents are more likely than engaged residents to believe that family members will support them in finding a place to live, finding a job, or providing financial support and therefore they may not feel they need help from a case manager. [16]

In addition, residents who receive TANF are engaged at higher rates than those who do not collect this type of cash assistance (93 percent vs. 73 percent). The same is true of those residents receiving food stamps (79 percent vs. 66 percent). Higher take-up rates of public assistance among engaged residents may reflect that they are better advocates for themselves or that case managers have assisted them in enrolling for these benefits. We conducted multivariate analysis using a logistic model to determine the factors that correlate with the likelihood that a person will engage with services. We included variables that accounted for an individual's length of time as a CHA resident, physical and mental health, education, age, family involvement, and types of public assistance received. Education, health, age, and length of time as a CHA resident were not significant in predicting whether a person is engaged. Other factors were positively correlated with engagement, including higher self-efficacy, skipping meals due to a lack of money, greater family support, receiving food stamps, and receiving TANF.[17]

Residents report they have very strong rapport with their case managers.[18] As table 2 shows, 96 percent of residents say that they trust their case manager (strongly or somewhat agree) and 89 percent think he or she is sensitive to their situation and problems (strongly or somewhat agree). Very few residents record that the case manager does not respect their opinions (8 percent). However, a sizable minority of residents, 30 percent, say they are not motivated or encouraged by their case manager (strongly or somewhat agree).

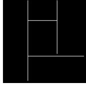


Table 2: Rapport with Case Manager

	COMBINED	Wells	Dearborn
Percent of respondents who …			
Say they trust their case manager	96	95	97
Say their case manager is easy to talk to	99	98	100
Think their case manager is sensitive to their situation and problems	89	88	91
Think their case manager helps them develop confidence in themselves	88	88	89
Feel it is not always easy to understand their case manager	30	26	34
Are not motivated or encouraged by their case manager	30	26	34

No differences between the developments are statistically significant at the .05 level.
Source: Chicago Family Case Management Demonstration Baseline Survey Data
Number of Respondents: 344

Residents are similarly satisfied with the case management services they receive, but are more mixed about meeting with their case manager and their personal outcomes. As shown in Table 3, 93 percent of residents are satisfied with the services provided by their case manager (strongly and somewhat agree). But 31 percent of residents feel that their case management meetings are not convenient (strongly and somewhat agree) and 41 percent of all residents say they do not participate actively in their case management meetings (strongly and somewhat agree). Residents are split as to whether they need more meetings with their case manager, with 45 percent in favor of more meetings and 55 opposed.

Relocation

By March 2008, the CHA had referred 131 households at Wells and 12 households at Dearborn for relocation counseling. The CHA assigned the 63 households at Wells and 12 households at Dearborn to HCP, for a total of 75 households. Northeastern Illinois University provided relocation counseling to an additional 68 households from King Drive in the Wells development in September 2007 under a CHA emergency relocation order. In total, the CHA referred 56 percent of Wells and six percent of Dearborn residents for relocation in the first year of the Demonstration.

Of residents who received relocation referrals and were assigned to HCP, 95 percent (71) attended orientations and received assessments and Individual Service Plans. Eighty-nine percent toured units with a relocation counselor. Seventy people toured a total of 264 units. The majority of units, 61 percent, that HCP showed to Wells residents were located in traditional poverty neighborhoods. The remaining units shown to Wells families were divided equally between opportunity and low-poverty neighborhoods.[19] HCP showed fewer units to nine Dearborn residents (54). Thirty-nine of the units HCP showed to Dearborn residents were located in

Table 3: Satisfaction with and Participation in Case Management Services

	COMBINED	Wells	Dearborn
Percent of respondents who …			
Feel the case management services are run well	94	94	95
Are satisfied with services provided	93	91	94
Feel the staff are good at doing their jobs	91	91	91
Feel their case management meetings are not convenient	31	30	32
Record that they always attend their scheduled meetings with their case manager	73	75	70
Do not actively participate in their case management meetings	41	42	40

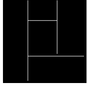
No differences between the developments are statistically significant at the .05 level.
Source: Chicago Family Case Management Demonstration Baseline Survey Data
Number of Respondents: 344

opportunity or low-poverty neighborhoods and the remaining 15 units were in traditional neighborhoods.

HCP held workshops with residents to help them better understand the factors to consider in choosing a unit and neighborhood. The topics of the workshops were an orientation to opportunity neighborhoods, tenant rights and responsibilities, housekeeping, and school choice.[20] Of the residents referred by HCP, 76 percent attended the tenant rights and responsibilities workshop, 71 percent attended the housekeeping workshop, and 23 percent attended the schools workshop (only those with school-aged children were invited to attend).

As discussed above, HCP's ability to provide enhanced relocation services suffered because of CHA's changes in relocation schedules. Specifically, reflecting the high level of client need, HCP had planned to take extra time to prepare families for the transition to the private market and to educate them about the advantages of moving to low-poverty or opportunity areas. But CHA's accelerated relocation schedule for Wells did not allow for this extra time, and HCP was not able to begin its services early, other than beginning workshops for the last group of families before they received their relocation notices. Further, HCP was not involved in the emergency relocation of the 68 King Drive families, so these families received no enhanced services at all.

At the end of the first year, HCP's administrative reports indicate a high participation rate for all relocation services, a reflection of the tremendous need for resident assistance in negotiating the Plan for Transformation, the voucher program and private housing market. Of the 75 residents referred, 63 moved with a Housing Choice Voucher, and 12 moved to a different public housing unit. But despite these encouraging signs, only 13 families moved to low-poverty areas and only one client made a true opportunity move. The neighborhood poverty rate for Wells residents before moving, 61 percent, declined to an average of 36 percent poverty in post-move neighborhoods. Similarly, the poverty rate in the Dearborn neighborhood of 76 percent decreased to an average of 47 percent poverty for destination



neighborhoods.[21] While these improvements are substantial, the destination neighborhoods remain quite poor, even in comparison with other public housing households who moved with a voucher. For example, the average poverty rate of destination neighborhoods for voucher holders in the HOPE VI Panel Study was 23 percent (Comey 2007).

HCP staff attribute these mixed results to the high level of need among clients—that clients were fearful of moving far from the Wells community and had too many complex challenges to be able to cope with the additional stress of moving to an unfamiliar area. This outcome was similar to HCP's experiences in working with the last families to move from other CHA developments like Rockwell and Stateway Gardens; HCP staff had hoped the enhanced services and lowered caseloads would help overcome these barriers.[22] However, thus far, the enhanced services have not had the hoped-for impact.

Transitional Jobs and Get Paid to Save

The Transitional Jobs and Get Paid to Save programs have encountered difficulties in recruiting clients during the first year of implementation. At the end of the first year, only 35 clients had enrolled in Transitional Jobs and 15 transitioned into unsubsidized employment. Given the low rates of employment at both sites (29 percent at Wells and 24 percent at Dearborn), it was anticipated that more residents would engage in this program. Even more discouraging, only 21 had enrolled in Get Paid to Save, with 14 saving money regularly. As discussed above, the level of client need overall has proven to be much greater than anticipated. This situation not only makes the job of case managers more challenging, it also creates real barriers to client participation in employment and financial literacy services. For example, the Transitional Jobs coordinator reports that many of the clients referred to his services test positive for drugs and therefore are deemed ineligible for the program, at least until they can overcome that barrier. Another problem is that thus far, clients are averaging reading and math scores at the 6th grade level, making them ineligible for GED or other training programs—and many jobs—that assume 9th grade reading ability. The Get Paid to Save Program has many of the same issues in recruiting clients (employment being an eligibility requirement), as well as having to overcome many residents' fears that saving will somehow harm them—that the bank will take their money or that they will become ineligible for other services. At the end of the first year of implementation, the Demonstration team was beginning to consider strategies for revamping these services to make them more relevant for the level of client need, including shifting the emphasis of Get Paid to Save to focusing on an incentive based system.

Lessons from the First Year

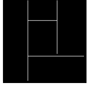
During its first year, the Chicago Family Case Management Demonstration surmounted numerous hurdles to begin providing enhanced services to the residents of Wells/Madden and Dearborn. The team has succeeded in developing a new, strengths-based service model and in actively engaging a much larger proportion of the resident population in intensive case management services. Engagement rates have climbed from just over 50 percent at the beginning of the Demonstration to around 80 percent at the end of the first year. In practice, this change means that case managers are getting more clients to open their

doors and to at least begin talking about how to address the many barriers they face to maintaining housing and family stability and to improving their life circumstances. Further, with lower caseloads, case managers are now routinely seeing their clients weekly, working with entire families instead of just the heads of household, and have the time to comprehend the complexities of the challenges their clients face. Finally, case managers are adapting to following their clients out into the larger community rather than providing only site-based services.

But in addition to these impressive achievements, the team's experiences during this first year have also highlighted some key challenges in providing effective services to these vulnerable residents. This assessment suggests some important lessons both for the Demonstration going forward and for other organizations working with hard-to-serve populations:

- **Case managers working primarily with "hard to house" residents require additional support.** Case managers quickly found that providing intensive case management services to hard to house residents was significantly more difficult than the work they had been doing under the Service Connector model, even with lowered caseloads and clinical support. They were working almost exclusively with the most difficult clients: those in Wells who had not yet relocated; those who had moved to Dearborn because they had failed to qualify for vouchers or mixed-income housing; and, especially, those at both sites who had been hard to engage. They were seeing these clients more often, and thus learning more details about their often complex lives. They were also adapting to traveling to unfamiliar areas and coping in an increasingly dangerous situation in both sites. Finally, as they saw clients more frequently, they found that keeping up with the required paperwork was increasingly difficult. To address case managers' needs, Heartland has already instituted regular small group meetings with the clinical supervisor to support staff and review difficult cases, and has revamped its reporting systems in order to make them less burdensome.

- **Communication and coordination are key.** The complexity of the Demonstration, the requirements of the evaluation, and the large number of agencies and actors involved meant that regular communication was essential. During the first year of the Demonstration, the CHA underwent significant changes in its management, relocation plans, and service model; careful coordination was essential to ensure that the project team was aware of the changes and prepared to adapt as necessary. Further, delivering services effectively required that case managers coordinate effectively with relocation counselors, employment and financial literacy providers, and outside agencies (e.g. substance abuse treatment). Finally, the evaluation team needed to remain in close contact in order to be able to monitor implementation progress. At the outset, the team planned to hold bimonthly in-person meetings with the CHA. We quickly added weekly calls with staff from Heartland, HCP, and the research team, and after a few months, added bimonthly in-person team meetings that also included staff from the transitional jobs and financial literacy services. The team held a training for HCP and Heartland staff to encourage them to collaborate effectively. All of these meetings required considerable time and resources, but proved critical for identifying problems and challenges that required a quick response (e.g., the need for more support for



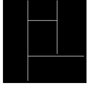
case managers and the emergency relocation at Wells).

- **Need for increased focus on mental health.** As they worked more intensively with clients, case managers identified a critical need for enhanced mental health services. Staff reported seeing clients with severe depression and uncontrolled schizophrenia; many—perhaps most—had experienced trauma and had symptoms of PTSD. The case managers were not trained mental health professionals, and the high level of need added to their own challenges in providing effective services. Recognizing this need, while at the same time receiving funding for the clinical component of the FamilyWorks program, Heartland will hire a Clinical Director and additional clinical staff to enhance the on-site mental health support for residents.
- **Employment and financial literacy programs need to be adjusted for the "hard to house."** The take-up rates for the employment and financial literacy services was much lower than the project team had hoped initially, largely because the barriers that residents face make them ineligible for even transitional employment services. Substance abuse was a serious problem, as were extremely low literacy levels—Dearborn and Wells clients' scores averaged at the 6th grade level, too low for GED programs and many jobs. Since employment was a requirement for participation in the Get Paid to Save program, the take-up rate for that was low as well. The project team is now considering strategies to adapt these services so that they better fit the needs of the Dearborn and Wells populations; this adaptation is especially important, given the CHA's new work requirement.
- **Many clients were not ready to make opportunity moves.** Finally, despite the fact that enhanced relocation counseling services included lowered caseloads and additional workshops, HCP's counselors were not able to engage many residents in considering nontraditional moves, and had only modest success in placing clients in low-poverty or opportunity areas. This result may partly be a product of the fact that changes in CHA's plans meant that the counselors were not able to fully implement the enhanced counseling. But, like the low take-up rates for the employment services, the outcomes for the relocation counseling clearly also reflect the high levels of vulnerability of the client population. Many residents were simply not ready to make a move with a voucher at all, let alone a more challenging move to an unfamiliar, low-poverty area. HCP was able to start offering workshops for the last group of families at Wells before they had to make choices about relocation, but they do not have high expectations that the pre-move workshops will have a large effect on the final outcome. Going forward, HCP is now focusing on second-mover counseling, that is, contacting families who have succeeded in leasing an apartment with a voucher and are now coming up for lease renewal. The hope is that once families have experienced the private market, they will be more willing to consider nontraditional moves.

During the next year, we will continue to carefully track the progress of the Demonstration and make modifications to the services as needed. Also in the next year, we will be closely monitoring three situations that will affect residents in both developments. First, Wells will be closing, which means a more chaotic and dangerous situation in the development as the final buildings empty. And, as the development closes, the Wells team will be shifting

entirely to following residents and delivering services offsite. Second, the CHA will be rolling out its new work requirement, which will mean we will have to place additional emphasis on developing employment and training services appropriate for this very vulnerable population. Finally, rehabilitated buildings in Dearborn will be opening, which means that there will be increased relocation there—both on-site and off.

Research and evaluation activities during the second year will include qualitative interviews with residents, ongoing bimonthly service use surveys and case manager interviews, as well as observations of program activities. In addition, we will begin our analysis of CHA's administrative data, drawing a comparison group of residents from other CHA properties and beginning to make comparisons on engagement, service use, housing stability, and employment. Finally, we will begin preparations for the follow-up resident survey, currently scheduled for the summer of 2009. We expect that these lessons will also allow us to speak to the broader policy debate around how to best address "deep poverty," and help more families achieve stability and self-sufficiency.



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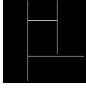


Time Line Appendix

Chicago Housing Authority and Chicago Family Case Management Demonstration Time Line

Fall, 2005: Demonstration team starts planning.

Dec 6, 2006: Demonstration kick- off. Panel advisory meeting.

Mar 13, 2007: Official start date of the Demonstration

Spring, 2008: Begin ongoing bimonthly team and CHA meeting s weekly conference calls

Summer, 2007: Begin baseline survey with residents. Begin ongoing bimonthly telephone surveys

Fall, 2007: Conclude baseline survey. Interviews with Demonstration service providers

Jan, 2008: UI begins analysis of survey data

June, 2008: UI produces first report on the implementation of the Demonstration

Aug, 2008: Qualitative interviews with residents

Late 2008-2009: Release of future reports. Ongoing data collection and collaboration with Demonstration team

Oct, 1999: Plan for Transformation and Relocation Rights Contract

Oct 3, 2001: HUD awards $105 million in HOPE VI grants.

HUD awards $427 million to CHA to transform public housing

Sept, 2006: Terry Peterson, CEO of the CHA, resigns

Oct, 2006: Sharon Gist Gilliam is appointed CEO of the CHA

Mar, 2007: Phase I of relocation begins at Wells

Sept, 2007: Emergency relocation of Wells residents

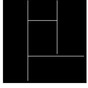
Oct, 2007: Residents begin relocation from Dearborn Homes

Nov-Jan 2007: Sharon Gist Gilliam resigns as CEO of CHA. Lewis Jordan appointed as new CEO

Feb, 2008: Phase 2 of relocation begins at Wells

Aug, 2008: Wells public housing development scheduled to close permanently

- Chicago Family Case Management Demonstration
- Chicago Housing Authority



Methods Appendix

Baseline Survey of Residents

The Survey Research Laboratory (SRL) at the University of Illinois—Chicago conducted the baseline survey. The sample for the baseline study consisted of a list of all units in Wells and Dearborn. Individuals were eligible if they lived in the housing developments on or after March 13, 2007. Using paper questionnaires, SRL conducted interviews face-to-face with respondents.

The CHA provided a list of Wells and Dearborn residents and their unit addresses to the Urban Institute, which contained 554 records (288 for Wells and 266 for Dearborn). Duplicate checking on client identification, family name, address/unit revealed one duplicate address/unit; one of the cases was removed. The sample file that was released to field consisted of 553 cases (265 Dearborn and 288 Wells). Data collection started on June 19, 2007 at Wells, and on June 26, 2007 at Dearborn. Data collection ended the week of October 10, 2007. Respondents received $15 Jewel Gift Card at the completion of their interview.

The response rate for the survey was 76.6 percent. The response rate is the proportion of the eligible respondents who completed the interview.[23] The refusal rate is the proportion of the eligible respondents who either refused to complete an interview or who broke off an interview. The refusal rate is 9.1percent.[24]

To ensure the quality of the data collected, SRL validated the work of all the interviewers. In order to discover problems early on in the data collection process, SRL validated the second completed interview for each of the interviewers. In addition, SRL validated each interviewer for at least every sixth or seventh completed case. Validation consists of someone at SRL, other than the original interviewer, telephoning the case that had been previously completed. The respondent was asked approximately four to six questions from the beginning, middle, and end of the questionnaire. The responses were then compared to the original responses to the questionnaire and were validated if they were the same. For this study, SRL selected 56 cases for validation and 45 of them validated; SRL was unable to reach 11 cases. SRL found no cases that did not validate.

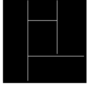
Engagement Data

UI matched the Heartland engagement data report from January 2008 to the baseline survey. A total of 16 cases, 3 from Wells and 13 from Dearborn, were unable to be match to an engagement data record. In all of the cases, these residents moved before the Demonstration began or received a voucher before the Demonstration began. These 16 cases were considered invalid surveys, meaning the survey was completed, but not actually answered by the person identified by SRL or answered by someone who is not being followed as part of the Demonstration. The survey may have been answered an individual who falsely identified him or herself as the person SRL wanted to survey. These cases were removed from the sample, reducing the total baseline sample size from 360 to 344.

Service Provider Interviews

An Urban Institute or SRL staff member completed interviews with case managers and service providers

in late October and early November 2007. Case managers and service providers were interviewed individually and in person. The interviews were recorded and transcribed. Twenty-three case managers and service providers completed interviews, including the Heartland program managers at Wells and Dearborn, 6 Heartland case managers from Wells, 7 Heartland case managers from Dearborn, 3 Transitional Job counselors, 2 "Get Paid to Save" counselors, and 3 HCP counselors.



Endnotes

[1] See Popkin et al. 2000 for a description of the Ickes community and surrounding area in the 1990s.

[2] The CHA's service programs are currently in transition and are being renamed "FamilyWorks." The new case management program emphasizes the need for residents to make a final housing choice and find employment. FamilyWorks also has a new clinical component that is designed to address the needs of the CHA residents that are hardest to house. In contrast to the Service Connector program, FamilyWorks agencies are now expected to provide most of these services directly.

[3] Experimental design is not feasible, as the expanded services will be offered to all residents at both Madden/Wells and Dearborn Homes.

[4] See Popkin et al. 2000 for a description of the Ickes community and surrounding area in the 1990s.

[5] Respondents responded "big problem" when asked, "In your neighborhood, how much of a problem are people selling drugs?"

[6] Respondents responded "big problem" when asked, "In your neighborhood, how much of a problem are people using drugs?"

[7] The CHA's service programs are currently in transition and are being renamed "FamilyWorks." The new program will still primarily offer case management and referral, but will also focus on helping residents comply with CHA's new work requirement.

[8] Experimental design is not feasible, as the expanded services will be offered to all residents at both Madden/Wells and Dearborn Homes.

[9] To date, few, if any, evaluations have successfully and rigorously quantified costs of services in efforts to fully document cost effectiveness. CEA allows policymakers to understand which policies or programs generate maximum returns on investment. CEA is especially useful in cases where a full cost-benefit analysis is not feasible due to the small size of the program, inability to find a suitable comparison group not receiving the program/services, or other data limitations.

[10] BPI ultimately dropped out of the official planning group, but remains a supporter and advisor to the Demonstration.

[11] According to the CHA, an individual is exempt from work requirements if he/she is age 62 or older, blind or disabled, the primary caregiver of someone who is blind or disabled, retired and receiving a pension, a single parent and primary caregiver for a child or children age one or under, primary caregiver of a child or children under the age of 13 in household with two or more adults where one parent is not working, or receiving TANF and has an active Responsibility and Services Plan. Safe harbor provisions may be granted to an individual who is awaiting the approval of SSI/SSDI, suffering from a temporary medical condition, recently separated from employment, participating in an active DCFS plan where participation is time consuming, a victim of domestic violence, a caregiver for a victim of violence, or attempted but unable to find adequate child care to allow work.

[12] We calculated the body mass index (BMI) of respondents by using their reported their height and weight. Residents with a BMI of 25 to 29.9 were considered overweight. Residents with BMI of 30 or higher were considered obese.

[13] We assessed overall mental health status based on responses to a series of questions called the Mental Health Inventory five-item scale (MHI-5), a shorter version of the 38-item Mental Health Inventory. This scale assesses mental health on four dimensions: anxiety, depression, loss of behavioral or emotional control, and psychological well-being. The five

questions ask how often respondents have experienced the following mental states during the past month: nervous, "calm and peaceful," "downhearted and blue," happy, and "so down in the dumps that nothing could cheer you up." Respondents are considered to have poor mental health if they fall in the lowest quintile for a national sample (Ehrle and Moore 1999).

[14] Family Justice, Inc., a New York-based organization that has developed an intensive family-case management model for the families of returning prisoners, advised on the development of the Demonstration. During the first year of the Demonstration, Family Justice staff provided workshops and training for case managers on their strength-based family case management model, including strategies for engaging other resources and agencies with which families have contact.

[15] Program managers at Dearborn and Wells record the engagement status of each household monthly, which they report to the Urban Institute along with the number of family members engaged, Transitional Jobs and Get Paid to Save enrollment information, and whether household moved.

[16] The mean value of the family tangible support sub-scale is 3.2 for nonengaged residents and 2.9 for engaged residents. The scale is composed of three questions from the Social Support Survey/Family Support Scale: "You had someone in your family who would provide help or advice on finding a place to live," "You had someone in your family who would provide help or advice on finding a job," and "You had someone in your family who would provide you with financial support." Cronbach's Alpha is 0.84. The response category to questions were strongly agree, somewhat agree, somewhat disagree, and strongly disagree.

[17] Using a logistic regression, we found these measures to be statistically significant with at least 95 percent confidence. Other controls not correlated with engagement were length of time in CHA housing, gender, age, presence of children, education, employment fear of crime, overall health rating, depression, and a measure of social cohesion.

[18] The mean value of the case manager rapport is 3.5 on a 4 point scale. The scale is composed of 11 questions taken from the Client Evaluation of Self and Treatment (CEST) Scale: "You trust your case manager," "It's not always easy to follow or understand what your case manager is trying to tell you," "Your case manager is easy to talk to," "You are not motivated or encouraged by your case manager," "Your case manager is not well organized or prepared for each meeting," "Your case manager is sensitive to your situation and problems," "Your case manager makes you feel foolish or ashamed," "Your case manager views your problems and situations realistically," "Your case manager helps you develop confidence in yourself," "Your case manager does not respect you and your opinions," and "You can depend on your case manager's understanding." Cronbach's Alpha is 0.76. The response category to questions were strongly agree, somewhat agree, somewhat disagree, and strongly disagree.

[19] The CHA defines an opportunity area as a census tract that has less than 30 percent African-American residents and less than 23.49 percent of residents living in poverty. The CHA defines a low-poverty area as a census tract that has less than 23.49 percent of residents living in poverty. The CHA defines a traditional area as a census tract that has 23.5 percent or more of residents living in poverty.

[20] HCP offered incentives for residents to attend the workshops; gift cards of various denominations (from $15 to $30) were provided for attending each type of workshop.

[21] The share of residents living in poverty is assessed at the census tract level. The data source is Census 2000's calculation of the percent of individuals living in poverty.

[22] HCP provided relocation services to the last residents at both developments and found similar results. Seventy-nine percent of Stateway and 85 percent of Rockwell families who moved with a housing voucher stayed in traditional areas.

[23] This rate was calculated using the American Association of Public Opinion Research’s Standard Definition response rate number three for calculating the response rate. In this method, the numerator includes completed interviews, while the denominator includes interviews, refusals, noncontact of eligible respondents, and a proportion of households whose eligibility status is unknown. The response rate is the number of completed interviews divided by the eligible sample.

[24] Using the American Association of Public Opinion Research’s Standard Definitions refusal rate number two, the numerator includes refusals (actual refusals of eligible respondents plus a proportion of refusals of households whose eligibility is unknown); the denominator is the same as that of response rate number three described above. Because all of the refusals were screened, the total number of refusals is those who refused after screening.