HOST: Can Public Housing be a Platform for Change?

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I mean, you know, because if you can't afford to live somewhere and you go live back in the projects or back over in that surrounding, the rent is low, so you go where you can afford to live. And the majority of the time, where you can afford to live, if the rent is low, it's going to be more where there's gangs, drugs, drive-bys, drinking. It's nobody trying to succeed. It's nobody trying to get from where they at. Everybody is sticking where they at. You know, this is, they go from, you know, I have, like I said, I still have friends that I used to have. They did it, now their kids doing it, and the cycle never change. It goes boom, boom, boom.
                                                            Moving to Opportunity (MTO) participant, Los Angeles 2011.

This mother, raising her children in a distressed community in Los Angeles, provides a sobering description of what Robert Sampson (2012) refers to as concentrated disadvantage—high poverty, high crime, a place so distressed that it blights the life chances of the families who live there. William J. Wilson (1987) described this phenomenon in aging American cities in the 1980s, calling for urgent action to address the plight of the urban underclass. Sampson raises further alarm, stressing the consequences of the mass incarceration of young men of color that resulted from the decades-long war on drugs, and has exacerbated the problems plaguing these neighborhoods. Even as the United States becomes increasingly diverse, these extremely disadvantaged areas are typically hyper-segregated, populated almost exclusively by low-income households of color and isolated from more affluent, diverse communities. This extreme level of racial segregation compounds the problems for the families who live there, limiting their access to good schools, libraries, safe parks, and public spaces. Even the most affluent African-American communities like Maryland's Prince George's County lack the level of services and amenities that comparable white communities enjoy; poorer neighborhoods have even less (Turner, Popkin, and Rawlings 2009).

Distressed, central city public housing communities are some of the most racially and economically segregated communities in the nation, and there the worst aspects of concentrated disadvantage are plainly evident—physical decay, violent crime, drug trafficking, adults addicted to drugs and alcohol, high rates of incarceration, and the absence of even the most basic amenities like grocery stores and laundromats. While these troubled developments represent only a subset of the total public housing stock,[1] the problems they present for residents and surrounding neighborhoods are severe. Violence—gang, drug-related, and domestic—in these communities is so pervasive that it becomes "normalized," though it is still traumatizing to residents. Many of the adults who live there are disconnected from the labor market and suffer from high rates of physical and mental illness; many of the children and youth are in danger of injury, neglect, and educational failure (Popkin et al. 2000; Popkin, Theodos et al. 2010). Further, there is ample evidence that children growing up in such troubled communities experience developmental delays; suffer serious physical and mental health problems; and are at higher risk for delinquency, early sexual initiation, and teen parenthood (Popkin, Leventhal, and Weismann 2010).

Despite two decades of HOPE VI and other federal initiatives aimed at improving the quality of life in the worst of these public housing communities, too many families remain mired in the most destructive

kind of poverty. The 2010 Census indicates that the larger forces—inequality and racial segregation—have, if anything, only intensified over the past decade, especially given the effects of the recession and foreclosure crisis. With the current level of political polarization in the United States and the focus on the federal deficit, it seems unlikely that there will be any political will to address these broad, societal trends that contribute to the levels of distress in chronically disadvantaged communities. But in the meantime, the families who endure these conditions are suffering and need targeted, effective assistance.[2] In particular, they need new and innovative approaches to help alleviate the damage of living with chronic disadvantage and especially, to improve the educational and economic prospects for children so that they do not become the next generation of disadvantaged parents. The housing authorities that manage public housing developments need new strategies that will allow them to effectively manage their properties and address the kind of disorder and decay that creates such distress. Finally, the neighborhoods that surround these properties also need these solutions so that they, too, do not suffer the consequences of concentrated disadvantage.

This paper builds on our more than two decades of research in distressed public housing communities to argue for a new, comprehensive approach that could both help the families who live in these extremely disadvantaged neighborhoods and strengthen their communities. We are testing this model through the two-generation Housing Opportunities and Services Together (HOST) demonstration. Policymakers and practitioners recognize the promise of two-generation or whole family approaches as a means for addressing the worst consequences of concentrated poverty and helping families move toward self-sufficiency (Mosle and Patel 2012). Although a focus on two-generation approaches has been revitalized in recent years, the model and support for it are not new (Smith 1995). Traditionally, approaches have attempted to link early childhood education and parent education and or job training programs (Smith and Zaslow, 1995; St. Pierre, Layzer, and Barnes 1996). HOST is different in that it uses public and mixed-income housing as a platform for its two-generation or whole family focus. HOST seeks to add to the body of knowledge on two-generation or whole family approaches, testing the efficacy and cost-effectiveness of targeting the most vulnerable families with *intensive, wraparound services*. The HOST demonstration's goals are (1) improving employment, education, and physical and mental health outcomes for families; and (2) reducing the level of violence and disorder for the community. HOST is currently being implemented in four sites in Chicago, New York, Portland, and Washington, D.C.; the comprehensive evaluation will generate lessons to inform similar efforts across the nation.

In the next section we describe how HOST encapsulates lessons we learned from more than 25 years of studying federal housing policies intended to improve the lives of families in public housing. We then discuss the challenges that make reversing chronic disadvantage in these communities so difficult. We follow that with a theoretical framework that supports our argument that changes are possible with adequate and appropriate resources, and then conclude with an overview of the HOST model and research platform.

From Over-Policing to Choice Neighborhoods to HOST

The HOST demonstration grows out of our research on government-driven attempts to help improve the lives of families living in the most distressed U.S. public housing. These attempts have typically focused on dismantling dangerous, unsafe housing and replacing it with new, mixed-income housing, and relocating many residents with vouchers. But, when moving is not an option, what happens to families left in place? Are physical housing upgrades enough to address the risks associated with concentrated poverty? Our research shows that troubles related to economic hardship, underemployment, low education, fear, violence, substance abuse, inequality, and discrimination still challenge families even when their housing quality and safety improves (Popkin, Levy, and Buron 2009; Popkin 2010). Then the critical question becomes, beyond improving living conditions, can a housing-based intervention significantly change the socio-economic trajectory for families and communities? The HOST demonstration is designed to address this core question, exploring the potential of using housing as a platform for two-generation, intensive, and carefully targeted intervention to effect fundamental change.

Our research on federal efforts to improve conditions in distressed public housing began in the late 1980s and early 1990s, when the policy focus was on reducing crime. In many cities, large, decaying developments—especially the notorious high-rises of Chicago's Cabrini-Green and Robert Taylor Homes—had come to symbolize the failures of federal welfare policy. To respond to a virulent crack epidemic and rapidly rising rates of violent crime, the federal government implemented a set of aggressive anti-crime policies and programs, including the Department of Justice's Weed and Seed program; the Public Housing Drug Elimination Program,[3] which allowed housing authorities to create their own police forces and funded drug prevention; and, "the one-strike rule" enacted in 1996 allowing housing authorities wide latitude to ban felons from their properties.[4] The Chicago Housing Authority's (CHA) "sweeps" were the highest profile public housing anti-crime effort in the nation, involving teams of police and housing authority staff going door-to-door to clear buildings of illegal tenants, drugs, and weapons, and then "locking down" the buildings with new security doors, guards, and tenant patrols. Even though advocates raised concerns about the violation of residents' civil liberties, other housing authorities were quick to emulate the CHA's approach, though none implemented sweeps on such a large scale. These efforts ultimately cost the CHA hundreds of millions of dollars and, while our research documented some short-term successes, the overwhelming gang violence and drug trafficking quickly undermined any long-term benefits for residents (Popkin et al. 2000).

Next, the federal government launched an ambitious effort to transform public housing in the early 1990s, with the goal of both replacing obsolete properties and improving the life chances of residents by offering supportive services and vouchers for families to relocate to less poor communities (Popkin et al. 2004). The centerpiece of this transformation was the $6 billion HOPE VI Program, aimed at demolishing the worst public housing, estimated to be about 86,000 units—roughly 6 percent of public housing stock (Popkin et al. 2004), and replacing it with new, mixed-income properties that would include market rate and

affordable housing. HOPE VI differed from earlier efforts in that it explicitly intended to address residents' needs for supportive services to improve their economic circumstances as well as brick and mortar.

After two decades, HOPE VI has had some important successes in developing innovative mixed-income and mixed-finance models to replace developments that were blighting communities, but has had only modest effects on residents' well-being. The largest study on resident outcomes was the Urban Institute's five-site HOPE VI Panel study, which found residents living in better housing in safer neighborhoods, but no impact on employment or education; a number of single-site evaluations found similar results (Popkin, Levy, and Buron 2009). The current federal Choice Neighborhoods Initiative seeks to build on the lessons of HOPE VI and promote simultaneous comprehensive revitalization in both subsidized housing developments and their surrounding neighborhoods while thoughtfully incorporating local institutions (schools, parks, and recreation) and supportive services for residents (Smith et al. 2010). Choice Neighborhoods is now in the early stages of implementation in five sites, with dozens more in the planning stages and a new set of implementation awards announced in late 2012 (Pendall and Hendey 2013).[5]

The other thread of federal public housing transformation involved an increasing reliance on Housing Choice Vouchers (HCVs), both as a solution to the problem of concentrating extremely low-income households in isolated pockets of federally subsidized housing and as a tool to encourage participants to move to areas that might offer greater opportunity. The idea that promoting mobility to "opportunity areas" could help improve participants improve their economic circumstances grew out of research on Chicago's Gautreaux Desegregation Program, which offered housing vouchers to current and former CHA residents that could only be used in areas that were less than 30 percent African American. The program ran from the mid-1970s through 1990; research on the Gautreaux families found that moving to white suburban communities led to employment and educational benefits for adults and children (Rubinowitz and Rosenbaum 2000); long-term research on the Gautreaux families generally upheld these early findings (Deluca et al. 2010).

In the mid-1990s, the federal Moving to Opportunity (MTO) demonstration built on this research, offering residents from distressed public housing developments in five cities the chance to move to census tracts where the poverty rate was less than 10 percent. MTO participants[6] were randomly assigned to either receiving a special MTO voucher and mobility counseling, a regular Housing Choice Voucher, or remaining in public housing; the full sample was tracked for more than 10 years (c.f. Orr 2003; Briggs, Popkin, and Goering 2010; Sanbonmatsu et al. 2011). As with HOPE VI, MTO's greatest successes have been housing-related, with families living in better housing in safer neighborhoods. Further, women and girls in the experimental group experienced significant health improvements relative to the controls, specifically reductions in obesity and diabetes, as well as gains in mental health (Ludwig et al. 2011). One of the major puzzles of the MTO findings is why, when entire families gained access to less poor communities, girls' mental health improved, but boys' mental health did not. Our qualitative research suggests that this difference

relates to a specific aspect of chronically disadvantaged neighborhoods, a coercive sexual environment that has gender-specific effects on adolescents. In these communities, even very young girls experience regular harassment and pressure to be sexually available, an experience that is both traumatizing and shaming—and so pervasive that it is seen as normal (Popkin, Leventhal, and Weismann 2010; Miller 2008).

Like HOPE VI, research on MTO shows that the program was ultimately more successful in improving participants' quality of life than it was in improving their economic circumstances. We have argued elsewhere (Popkin 2006b; Turner, Popkin, and Rawlings 2009) that a key reason for only modest successes was that even though distressed public housing was an outcome of historically discriminatory federal and local housing policies, neither of the major initiatives to transform public housing explicitly dealt with the forces that produce racial segregation. They instead emphasized access to economic opportunity. This decision was in part an acknowledgement of political realities, but also reflected a genuine belief that providing access to low poverty neighborhoods would have the same result as a race-based policy (Briggs, Popkin, and Goering 2010). And, in fact, nonexperimental analysis of the MTO Final Evaluation data does seem to show that families who relocated to—and stayed in—predominantly white communities with significantly better opportunities also had better employment and education outcomes (Turner, Nichols, and Comey 2012).

Using Housing as a Platform for Services for Vulnerable Families

The core goals of public housing transformation were to ensure a better quality of life for residents and to help families move toward self-sufficiency. The underlying theory behind HOPE VI and MTO was that offering low-income public housing families the opportunity to live near higher-income neighbors, either in new mixed-income communities or by relocating with a voucher, would allow these families to gain access to both social capital and role models that would help them move toward self-sufficiency (Joseph, Chaskin and Webber 2007). The programs offered some case management and other services, but the main emphasis was on relocation and creating opportunities for income-mixing. But after nearly two decades of experience, it is clear that these housing-based programs have been much more successful at helping improve residents' housing and neighborhood quality than at addressing the challenges of deep poverty.

As we state above, one factor behind these modest effects is the fact that these programs did not tackle the problems created by the extreme levels of racial segregation in public and assisted housing. But another powerful lesson is that improving housing and access to safer neighborhoods is simply not enough to really change the life trajectories for most public housing residents. Indeed, the only part of the public housing transformation effort that showed a significant effect on employment was the Jobs-Plus demonstration (Riccio 2010), which was actually a jobs program in public housing settings as opposed to a revitalization or mobility initiative that offered some supportive services. Thus, a powerful lesson from the

body of research on HOPE VI and MTO is that many of the families who endured the worst of distressed public housing had extremely complex problems that are not easy to solve (see Popkin 2006a; Popkin, Levy, and Buron 2009; Briggs, Popkin, and Goering 2010). These challenges include long-term disconnection from the labor force; failure in school; addiction; profound physical and mental health problems; and histories of experiencing trauma, domestic violence, and other social ills. None of these problems have simple solutions and, in order to improve outcomes for the next generation, require intervention and sustained investment in supports that interrupt risky behavior, address trauma, and equip young people to overcome the effects of concentrated disadvantage.

Although HOPE VI required housing authorities to use part of their grants for Community Supportive Services, most programs were limited in size and scope (Popkin, Levy, and Buron 2009). In many sites, services were not put in place until after relocation, so original residents who did not return—the majority in most cases—did not benefit. Further, programs often focused on employment, and were unprepared to deal with the deeper physical and mental health challenges many residents presented.

No city had a larger number of high-need families than Chicago, where a long history of poor management, high crime, and gang violence had combined to drive out nearly all residents who had better options. In 1999, CHA launched its Plan for Transformation, the largest, most ambitious public housing transformation effort in the nation, intended to convert the agency's distressed family housing properties into thriving mixed-income communities (Popkin 2010). The CHA struggled with relocation during the early phases of transformation, and our research on resident outcomes raised serious concerns about the large number of "hard to house" residents in CHA's properties (Popkin, Cunningham, and Burt 2005; Popkin 2006a) who were unlikely to be able to successfully lease up with a voucher or qualify for a unit in the new mixed-income housing.

The Chicago Family Case Management demonstration, a partnership between the CHA, the Urban Institute, and two social service providers, was a response to these concerns. The demonstration ran from March 2007 to March 2010, providing residents from the CHA's Dearborn Homes and Madden/Wells developments with intensive case management services, transitional jobs, financial literacy training, and mobility counseling. Findings from the Urban Institute's evaluation showed that the demonstration was remarkably successful in implementing a wraparound supportive service model for vulnerable public housing residents and sustaining high levels of engagement. Adult participants reported gains in employment and health, improved housing and neighborhood conditions, and reduced levels of depression, worry, and anxiety (Popkin, Theodos et al. 2010; Popkin and Davies 2013). But while this model showed promising improvements for even the highest-risk adults, the benefits did not extend to their children. Parents reported that their teens were struggling in school, engaging in risky behavior, being arrested, and becoming pregnant and parenting at rates far above average—long-term follow-up documents the continuing struggles the youth face as they reach adulthood (Getsinger and Popkin 2010; Hailey and Gallagher 2012).

Building on the work in Chicago, the HOST demonstration is testing in four sites innovative, two-generation service models intended to improve the life chances of both adults and youth in vulnerable low-income families living in public and mixed-income housing communities. The demonstration aims to address parents' key barriers to self-sufficiency—such as poor physical and mental health, addictions, low levels of literacy, lack of a high school diploma, and historically weak connection to the labor force—while simultaneously integrating services and supports for children and youth. The HOST model grows out of our theoretical framework that postulates that serving the most vulnerable families can help to stabilize and build the collective efficacy of the entire community.

Transforming Public Housing and Vulnerable Mixed-Income Communities

As we stated in the introduction, neighborhoods mired in chronic disadvantage—extreme levels of racial and economic segregation—usually have high rates of violent crime and social disorder, poor schools and other services, and the indignity of lacking even the most basic amenities. In these communities, violence—including domestic violence—is pervasive. Young men and women fight and even kill each other over perceived slights, and spending time in jail or prison is commonplace. What is less common is children succeeding in school and going on to a better life. One effect of the chronic violence is low-collective efficacy and profound distrust among neighbors. Katherine Boo (2012) eloquently describes this issue at the conclusion of her profile of families living in the slums of Mumbai:

> In a world where government priorities and market imperatives create a world so capricious that to help a neighbor is to risk your ability to feed your family, and sometimes even your own liberty, the idea of the mutually supportive poor community is demolished. The poor blame one another for the choices of governments and markets, and we who are not poor are ready to blame the poor just as harshly. (Boo 2012, 204)

When collective efficacy becomes this low and the ability of residents to maintain a level of social control deteriorates, one effect is the development of what we have described as a "coercive sexual environment," where harassment and sexual exploitation of women and even very young girls becomes a part of everyday life (Popkin, Leventhal, and Weismann 2010). In the communities targeted by HOST, social processes such as gang- and drug-related crime, domestic violence, harassment, and pressure for sex are deeply traumatizing, but have become "normalized" as residents become inured to their environment. Interactions between youth, between youth and adults, and between males and females perpetuate and reproduce socially accepted dynamics that increase the risk of violence and victimization.

The HOST model contends that residents in distressed communities lack access to social institutions and economic resources that can help stabilize the most troubled and often disruptive households—

challenging a community's ability to function effectively. Through intensive case management provided by community organizations, residents' economic, social, and physical needs are assessed and addressed. The model encourages providers to deliver individual and group services to build a sense of community and shared trust among families. HOST targets the most vulnerable families as determined by site partners, which may include families with lease violations; or who are not working despite a work requirement; or experience other challenges such as substance abuse, mental or physical health problems, or have children with behavioral or physical challenges. HOST recognizes that services should be individualized, whether focused on employment, education, mental health, substance abuse treatment, or other needs. The model assumes that when families are more stable, they—especially the youth—will engage in less disruptive behaviors, which will allow residents to feel safe taking collective action to promote community well-being.

This model draws heavily on two theories: the theory of collective efficacy (Sampson 2012) and on systems theory (Tseng and Seidman 2007). The theory of collective efficacy postulates that healthy communities (those with high collective efficacy) have residents with shared values, expectations, and mutual trust. It is the mutual trust and shared community mores that deter violence and crime as residents feel invested and supported in maintaining neighborhood order. Resources (personal, financial, and organizational) are needed to build trust and galvanize residents around community goals. The idea that communities need established institutions and ties to community leadership, which could include political representatives or local councils or organizers, and organizations is central to the theory. Families alone cannot bring the resources and basic amenities missing in their communities. They also do not have the political, social, and economic power to build stable connections to the labor market and educational systems that have been out of reach after years of racial and economic exclusion. Sampson (2012) argues that organizations and institutions located within communities with a mission to serve local residents, have the wherewithal and resources to build those ties (since their sustainability depends on it). HOST pulls in providers, organizations, and community leaders with knowledge about available resources and the capacity to help families and communities access them. Although every site differs, this could include leadership from the partnering public housing agency; social service providers and contractors serving families; resident council leadership where available; as well as various partnerships with surrounding schools, health centers, libraries, or community recreation centers located in or near the properties.

While collective efficacy describes the essential features of a healthy community, the theory is less clear about *how* communities with low collective efficacy can be transformed. We therefore turn to systems theory, which provides a framework for understanding process and how an intervention like HOST can increase collective action in a distressed community. Systems theory seeks to understand how social settings function and what makes them change. The theory specifies that by altering social interactions among actors within a system through "appropriately" organized resources—whether designed intentionally or occurring

naturally (human, economic, physical, and temporal)—interventions can in fact transform settings (Tseng and Seidman 2007).

According to systems theory, resources (e.g., case management staff, residents, community space for groups and meetings, funding for services) feed into social processes by defining when, with whom, why, and how individual actors interact. For example, youth meeting and participating in an organized group activity located in a safe community meeting space may interact differently with one another than they might otherwise when meeting by chance on the street in their neighborhood. Appropriate resources help build different connections and ties. Systems theory adds that in addition to the resources themselves, *how* those resources are organized is also important. That includes, for example, how much time or money is allocated to group activities; case manager-to-family ratios and how often families meet; and how the neighborhood is structured and organized (e.g., are schools nearby? Are there safe walking spaces?). While HOST is not designed to change a neighborhood's physical structure, activities within a community might lead to projects and programs that potentially could. The ways the resources are organized also have an effect on social process. Social processes, in turn, influence setting outcomes—or collective efficacy, in the case of HOST.
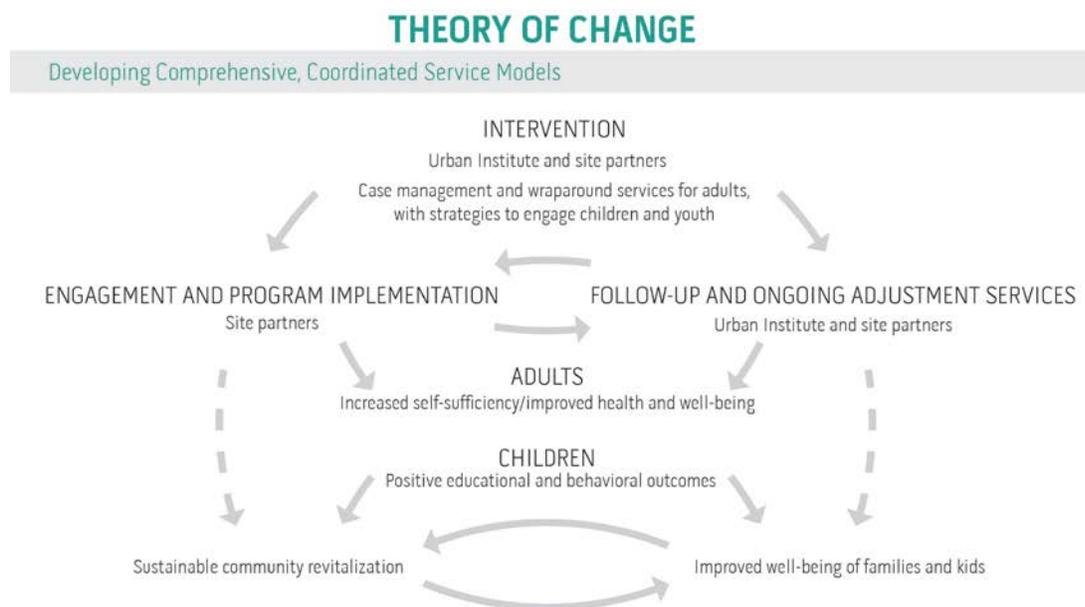
The HOST Demonstration Model

The HOST demonstration is a multisite study testing whether intensive two-generation wraparound case management services for low-income families (adults and their children) can improve family well-being, stability, and the overall vitality and health of distressed communities. The goal is to address obstacles to self-sufficiency—including poor physical and mental health, addictions, low literacy and educational attainment, and historically weak connection to the labor force—while simultaneously integrating services and supports for children and youth. Each participating site commits to providing one-on-one services to families and children (with relatively low client to case manager ratios). The sites also provide group activities and programs offered to adult and youth community members. The HOST research team and site partners develop and test ongoing strategies for fostering a sense of community among HOST participant families.

Currently, the HOST demonstration includes four sites at various stages of implementation, three public housing sites including Chicago, DC, and New York, and two mixed-income communities in Portland. The DC and Portland sites target between 100–150 families, and include roughly 300–400 children in each site. The Chicago and New York sites target between 200–250 families, and between 300–500 children in each site (see Popkin et al. 2012 for additional information on the Chicago and Portland sites).

The study has three major aims: (1) determining whether intensive two-generation approaches are associated with improved outcomes for high-risk families in public and mixed-income communities— and how the services are implemented in different communities across the country, (2) documenting whether serving the most vulnerable families appears to promote the overall health of a community, and (3) assessing the potential of targeted youth interventions that aim to interrupt the cycle of concentrated disadvantage.

The HOST demonstration theory of change (figure 1) describes the general framework. The arrows represent the expected direction of interactions. Engagement and program implementation leads to follow-up and ongoing service adjustments. These adjustments foster regular engagement and program implementation. The features draw on systems theory, which maintains that resources and social interactions can promote and change social processes. The HOST model predicts that sustained community revitalization—as measured by increased collective efficacy—improves family and youth well-being, which, in turn, contributes to sustained community revitalization/collective efficacy. According to the model, collective efficacy grows as site partners engage and implement services. Similarly, follow-up and ongoing service improvements aimed at family and youth well-being should be associated with positive adult and youth outcomes such as increased employment and improved mental and physical health in adults, and better school attendance and grades in youth, and increased engagement in positive social- and skill-building activities.

Figure 1. HOST Demonstration Theory of Change

THEORY OF CHANGE

Developing Comprehensive, Coordinated Service Models

INTERVENTION
Urban Institute and site partners
Case management and wraparound services for adults,
with strategies to engage children and youth

ENGAGEMENT AND PROGRAM IMPLEMENTATION
Site partners

FOLLOW-UP AND ONGOING ADJUSTMENT SERVICES
Urban Institute and site partners

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

CHILDREN
Positive educational and behavioral outcomes

Sustainable community revitalization

Improved well-being of families and kids

Service Models

HOST's two-generation model means that the sites have the challenge of integrating case management and clinical and employment services for adults with a suite of services for children and youth. This model requires program staff who serve different populations and use different approaches to collaborate; in most sites, this means merging staff from several agencies or service teams into an effective unit that can truly serve the needs of the *whole family*. HOST provides a basic blueprint for services, but each site designs its own

service models based on community needs and the organization of resources. The HOST team works with the sites as they identify interested, skilled, and experienced providers prepared to implement and enhance the HOST model. For example, at one site the services are provided by one large, multifaceted social service agency while at another, services are provided by a collaboration of smaller, specialized organizations. The sites are required to provide intensive case management, with low caseloads (1:30 or less) and weekly or biweekly contact with families—as was implemented in the Chicago demonstration and associated with positive outcomes in adults (Popkin et al. 2012). The sites must also offer clinical services and employment support. Wraparound services may include assistance around employment, education, physical or mental health, substance use, parenting, or other needed services. HOST brings new resources, such as additional funding for intensive case management services and/or additional staff or providers to the site—either enriching programs already in place, or introducing new programs and services. "Pathways to Rewards" in Chicago and "Innovative Changes" in Portland are two examples of programming implemented in HOST sites (see sidebar).
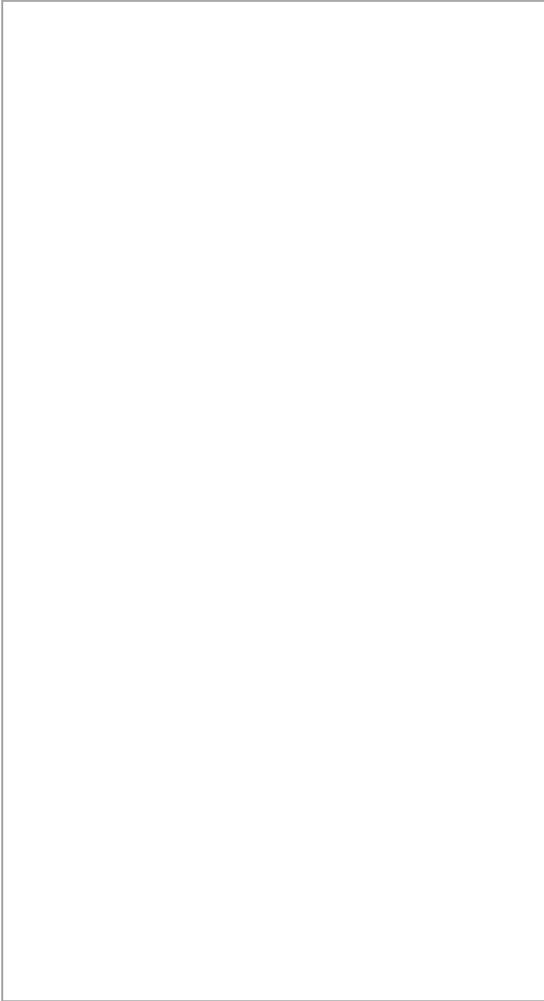
Our early work on the Chicago demonstration (Popkin et al. 2012) indicated that planning services for youth is the most challenging aspect of this two-generation service model. There are very large numbers of children and youth at each site, making it difficult to decide how to make the best use of the sites' limited service resources. Further, the services that help very young children—early childhood education, parenting, child care, home visits—are very different than the services that help school-aged children or teens. While all of the sites have struggled with these choices and aspire to helping the entire range of ages and needs, financial realities mean that they have to target and triage. Given that HOST is a housing-based intervention and part of the goal is to improve the health of the community, sites have generally chosen to focus their main efforts on older elementary and middle-school age children and youth to try to prevent them from getting involved in delinquent or risky behavior. Two sites have begun running multisession groups for male and female youth that focus on anger management or trauma, as well as offering fun activities and fellowship. The HOST model maintains that increasing supportive adult presence and involvement, and increasing youth access to services and developmentally enriching activities, counseling, and education can change social interactions. As with the adult services, HOST brings new resources—enriching programming already present

or bringing new programming or services—to the youth in each setting. Programming has included family case managers, education and training opportunities, and positive activities.

In addition to these services, the DC site will be developing and piloting a community-health model specifically to focus on the behaviors and community norms that create a coercive sexual environment. This model will involve working with the community and service providers to integrate elements of youth curricula on intimate partner violence, rape, trauma, and HIV and other sexually transmitted infections prevention to create a unique program that we will deliver to young teens living in the DC site. As one of the unique aspects of HOST is the cross-site learning community, we plan to quickly roll out successful strategies we test at this site to the other participating public housing communities.

Evaluation Approach

HOST has unique features that distinguish it from other research demonstrations. First, HOST is a community-based participatory research demonstration, and as such, requires input from residents and staff on the ground at each site. Second, it is explicitly applied, and involves frequent communication and on-the-ground troubleshooting and intervention adjustments as needed (e.g., staffing and management changes that may occur during the course of the study). Third, HOST is a learning community, with participating sites engaged in an ongoing dialogue around shared challenges and successes. Finally, HOST is a place-based program tailored to each individual site, which means sites determine and assess the greatest needs in their communities that they would like to address. Sites actively engage families to assess household needs and desires. With support from Urban Institute research staff, program staff at each site survey and engage with the broader community to leverage resources (e.g., financial, staffing, programming).

The evaluation includes ongoing feedback to site partners about services and outcomes. Because HOST, like other comprehensive community initiatives, intends to treat an entire community (individuals, families, and neighborhoods), determining impact is very challenging. A traditional random assignment design is generally not feasible unless it is possible to randomly assign entire communities. Such a design is extremely costly and requires making assumptions about the comparability of diverse communities (Sampson 2010; Schorr 2012). A quasi-experimental approach of identifying a matched-comparison site is also likely impractical in smaller, more isolated public housing communities. Finding a neighborhood that is similar on enough dimensions is challenging; further, we would have to invest considerable resources in understanding what services and initiatives are taking place in that community and in surveying and tracking a comparison group of residents. Even a more limited approach using administrative data or neighborhood indicators is impractical, given that few of the indicators of interest are included in publicly available data sets.

The HOST demonstration uses both quantitative and qualitative research methods. Participating sites share program data on project activities and performance. The Urban Institute team works closely with the sites to determine the type and quality of data and how to best track referrals, family engagement, and

completion of services. We present a logic model for the HOST demonstration in table 1. It includes key inputs, outputs, and expected outcomes. Each site uses the general framework for developing its own site-specific logic model. The evaluation also includes a resident baseline and follow-up survey (i.e., before and after the intervention is implemented—between two to three years after implementation) to gather individual data from the head of household and one target youth between the ages of 12 and 16. The baseline and follow-up surveys include information not captured in program data including health, employment, education, parenting and family, and perceptions about intensive case management and other services, and neighborhood safety. In addition to program and survey data, the evaluation team conducts regular site visits including focus groups, observation, and in-depth interviews with site administrators, staff, community members, and families—including parents and youth. The primary aim of the site visits is to understand how families, administrators, and staff experience, perceive, and implement the demonstration. Finally, the research design includes a comprehensive cost-analysis that will help determine the "return on investment" for this intensive approach to addressing the complex problems of distressed families and communities.

Learning from HOST

HOST seeks to address some of the worst consequences of living in chronically disadvantaged communities—the physical, economic, and social ills that blight the lives of too many adults and children. In the United States, these communities are typically racially and economically segregated pockets of poverty in wealthy cities, where residents cope daily with violent crime, disorder, drug trafficking, and the indignities of poor services and lack of basic amenities. The low levels of collective efficacy mean that neighbors have little trust in one another or faith that banding together will help bring about better conditions. In these troubled communities, instead of advocating for change, residents often turn their anger on each other. Katherine Boo (2012) describes this dynamic in the slums of Mumbai, but it is no less true in the distressed public housing where the HOST demonstration is being implemented. In these communities, young men and women fight each other over anything from drug turf to perceived slights, domestic violence is commonplace, girls become a sexual commodity, and residents become both severely traumatized and inured to the constant violence and disorder.

At its core, HOST seeks to interrupt this cycle, help repair the damage residents—especially children—have suffered from enduring these conditions, and in doing so, improve the health of the entire community. During its three-year implementation, the four HOST sites are developing and implementing strategies and services that help the families at greatest risk and offer the best potential for strengthening the community. What we learn from this ambitious effort will help build the knowledge base around the potential for two-generation strategies to improve the life trajectories for the most vulnerable households. HOST will inform policy, providing insights for other place-based initiatives such as the federal government's Choice

and Promise Neighborhoods programs. Finally, HOST will be a platform for refining a rigorous methodology for assessing the efficacy of place-based initiatives, programs where "gold standard" random control trials are inappropriate or impractical. We recognize that we cannot address the broader issues around racial and economic inequality, but through efforts such as HOST, we can attempt to mitigate the consequences for the children who live in the most affected communities.

Table 1. HOST Demonstration Logic Model

Inputs	HOST Intervention	Output	Initial Outcomes	Intermediate Outcomes	Long-term Outcomes
1. Agency Endorsement and Support Housing Authorities/ Mixed Income Developers	Intensive Case Management staff and services – including needs assessment and case management plan. Caseloads of 1:30 or less	Parents/adults sign up for program and services; complete needs assessment	Parents/adults increased participation with case managers, services, and activities	Parents/adults complete or sustain case management services	**Adults:** -Increased employment -Increased job earnings -Stabilized/improved health (mental, physical) -Reduced drug/alcohol abuse -Reduced anxiety
2. Administrators and Staff Case managers, supervisors, clinicians, contractors for on-site services & programming	Activities, counseling, and training opportunities for adults (site-specific)	Families engage and participate in services	Increased youth participation with case managers, services, and activities	Adults increase education and/or gain and maintain employment	**Youth:** -Improved school performance, -Reduced problem and
3. Service Referral Network Social service providers, consultants	Activities, counseling, and skill building opportunities for children and youth (site-specific)	Parents/adults permit youth in household to participate	Parent/adult engaged in youth's involvement with activities and services	Youth improve or maintain good school attendance and behavior	-Delinquent behavior -Reduced anxiety -Increased motivation -Increased physical health
4. Financial Resources: Funding for Services and Evaluation	Individual and family needs assessments	Youth engage and participate in services	Parent/ adult increased communication with case managers and other staff	Adults show improved mental/physical health	**Community:** -Increased collective efficacy -Increased social cohesion -Increased feelings of safety
5. Space and Facilities	Referrals for services	Families set goals, and work with HOST staff to achieve goals	Youth increased communication with case managers and other staff		
6. Data System Tracking services and outcomes	Family case managers	Adults have support they need to achieve and maintain progress (child care, parenting, violence, substance use, etc.)	Families follow-up on referrals; participate in services		
7. Families Low-income, vulnerable households	Staff track family engagement, employment, and participation				

Notes

1. When the federal HOPE VI program was introduced in 1992, it targeted approximately 100,000 units that Housing and Urban Development (HUD) said met the criteria for severely distressed. In 2007, an Urban Institute analysis estimated that between 47,000 and 82,000 units met the criteria for major revitalization (Turner et al. 2007).

2. Using the HOPE VI Panel Study and other Chicago research, Urban Institute researchers estimated that the majority—more than two-thirds—of the study residents in the five very distressed, high-crime developments fell into the category of "hard to house, "in other words, likely to need significant support to qualify for replacement housing in mixed-income developments or to use a voucher (Popkin, Cunningham, and Burt 2005).

3. The Public Housing Drug Elimination Program was funded under the Anti-Drug Abuse Act of 1988 (P.L. 100-690), which authorized HUD to fund drug control programs in local housing authorities.

4. The one-strike law was enacted in 1996 as part of the Housing Opportunity Program Extension Act (Public Law 104–20, 110 Stat. 834–46) and amended by the Quality Housing and Work Responsibility Act of 1998.

5. For an overview of the Choice Neighborhoods Program, see the White House Neighborhood Revitalization Initiative, accessed October 16, 2013. http://www.whitehouse.gov/administration/eop/oua/initiatives/neighborhood-revitalization. The Choice sites are selected through a competitive process. The first round grantees (FY 2012) were Seattle, San Francisco, New Orleans, Chicago, and Boston. The second round grantees include Tampa, Cincinnati, and San Antonio.

6. The MTO demonstration included over 5,300 families randomly assigned to an experimental, comparison, or control group (Briggs, Popkin, and Goering 2010).

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HOST demonstration Program and Funding Overview

Housing Opportunities and Services Together (HOST), launched by the Urban Institute with support of the Open Society Foundations in December 2010, is an innovative approach to coordinating services and programs for adults and youth in public and mixed-income housing. HOST's core case management component helps parents in low-income neighborhoods confront key barrier to self-sufficiency—poor physical and mental health, addictions, low literacy and education attainment, and historically weak connections to the labor force—while simultaneously integrating services for children and youth. The results of the multisite research project will influence how federal agencies such as the US Department of Housing and Urban Development, local housing authorities, and private developers create place-based, multigenerational programs and supportive environments for their residents.

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