



## INSIDE THIS ISSUE

- The Demonstration produced a remarkably successful model for providing wraparound services to residents in public and assisted housing.
- Results are encouraging, but they also highlight significant employment and health barriers, along with challenges for neighborhoods, children, and youth.
- Housing authorities must be willing to take risks and experiment with how they provide services.

# An Overview of the Chicago Family Case Management Demonstration

Susan J. Popkin, Brett Theodos, Liza Getsinger, and Joe Parilla

The Supporting Vulnerable Public Housing Families policy briefs present findings from the evaluation of the Chicago Family Case Management Demonstration, an innovative effort to test the feasibility of using public and assisted housing as a platform for providing services to vulnerable families. The Demonstration involved a unique partnership of city agencies, researchers, social service providers, and private foundations, including the Urban Institute, the Chicago Housing Authority (CHA), Heartland Human Care Services, and Housing Choice Partners (HCP) (Popkin et al. 2008). The briefs in this series describe service implementation and costs, along with participant outcomes across four domains: employment, health, housing and relocation, and children and youth (see text box).

**A**t the end of the 1990s, the CHA, like many large housing authorities, was grappling with an array of entrenched problems: developments that were not functional, clean, or safe; neighborhoods that were isolated physically and socially from the rest of the city; and residents struggling with unemployment, substance abuse, and trauma. The CHA's troubles were the result of decades of neglect, poor management, and overwhelming crime and violence. In 1999, the CHA launched an ambitious 10-year Plan for Transformation, with the goal of

transforming its distressed properties into healthy communities. The Plan has successfully replaced the CHA's notorious high-rise developments with new mixed-income housing, reinvested and improved its remaining public housing stock, and reversed the agency's long history of dysfunctional internal management (Vale and Graves 2010).

But addressing the many challenges facing CHA's residents has proved more difficult. CHA residents were especially disadvantaged: because of the terrible conditions in the family developments, many tenants who had bet-

## SUPPORTING VULNERABLE PUBLIC HOUSING FAMILIES BRIEFS:

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ter options had left long ago, leaving behind a population dominated by the extremely vulnerable (Popkin et al. 2000). Like most housing authorities, the CHA had little experience providing case management or relocation counseling, and it initially struggled with developing adequate services. The CHA created its Service Connector program to provide case management and referral services for residents, mainly to help them meet the criteria for moving into mixed-income housing. Advocates and resident leaders criticized Service Connector for high caseloads and inadequate services.

And while Service Connector and CHA's relocation services evolved over time, and caseloads were gradually reduced, even the improved services were inadequate to meet the deep needs of CHA's most vulnerable residents, many of whom had long relied on the CHA's distressed developments as housing of last resort. These "hard to house" families faced numerous, complex barriers to moving toward self-sufficiency or even sustaining 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 et al. 2008).

The Chicago Family Case Management Demonstration was a response to the critical need for effective strategies to address the needs of these hard-to-house families. 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 relocation counseling. The Urban Institute conducted a rigorous evaluation of the initiative.

The Demonstration has been remarkably successful in implementing a wraparound supportive service model for vulnerable public housing residents. The lead service

provider was able to adapt the service model as residents relocated with vouchers or to mixed-income housing, while sustaining high levels of engagement. Participants perceived improvements in service quality and delivery, and providers felt more effective and engaged. Strikingly, participants reported gains in employment, health, improved housing and neighborhood conditions, and reduced levels of fear and anxiety. However, the Demonstration was less successful in facilitating moves to low-poverty, opportunity communities and in improving the trajectories for children and youth. The additional costs for the intensive services were relatively modest, suggesting that it would be feasible to take a carefully targeted intensive service model to scale.

### An Innovative Service Model

The Chicago Family Case Management Demonstration targeted approximately 475 households from Dearborn Homes and Madden/Wells. The 3,000-unit Madden/Wells development, located on the city's near South Side, was one of the CHA's largest public housing complexes. In 2007, the CHA was partway through demolishing and replacing the development with a new, mixed-income community called Oakwood Shores, and only about 300 households lived in the remaining buildings. All the residents were African American, and most were long-term public housing residents with low incomes and poor physical and mental health. When the Demonstration began, the CHA was conducting staged relocation in Madden/Wells in preparation for the eventual closing of the development. In response to rapidly deteriorating conditions, the CHA first moved a group of residents in fall 2007, under an "emergency move" order, then decided to shutter Madden/Wells entirely by August 2008. As a result, all Madden/Wells households had to move during the Demonstration.<sup>1</sup>

The Dearborn Homes are an 800-unit development of six- and nine-story buildings on State Street, about a mile south of the Loop (Bowly 1978). During the first phases of the Plan for Transformation, the CHA used Dearborn as replacement housing for residents who were leaving other developments that were being demolished and had failed to meet the criteria for temporary vouchers or mixed-income housing. The resulting influx of residents from Robert Taylor Homes and Stateway Gardens created a volatile situation, with multiple gangs competing for territory within the development. Despite these problems, all around Dearborn is evidence of the rapid gentrification that has spilled over from the booming South Loop community: new grocery stores, a Starbucks, gourmet restaurants, and a hotel. The CHA received a federal grant that allowed it to comprehensively rehabilitate Dearborn; by 2010, about half the buildings were reopened. The redevelopment activity meant that nearly all Dearborn residents moved from their homes during the Demonstration, most of them temporarily to other units in Dearborn.

The Demonstration built on and enhanced the CHA's standard service package (table 1). Heartland, the lead service provider, was able to lower caseloads to about half the standard load for CHA service providers. Case managers also received new training in strength-based and change theory models, motivational interviewing, and family-focused case management. With reduced caseloads, case managers were able to conduct outreach to clients who previously had not engaged in services. Case managers also had time to meet more often with all their clients, seeing them weekly, reviewing issues, and attempting to engage other family members.

The intensive service model also offered three supplemental services. A Transitional Jobs (TJ) program aimed at helping residents with little or no work experience connect to the labor market. TJ relied on intensive

Table 1. Comparing the Basic CHA Service Model and Demonstration Services

SERVICE FEATURE	CHA SERVICE MODEL AT START OF DEMONSTRATION	DEMONSTRATION SERVICE MODEL
Engagement	50 percent	90 percent
Case manager–to-client ratio	1 case manager for 55 residents	1 case manager for 25 residents
Frequency of contact	Once a month	Two to four visits a month
Contact with household	Leaseholder	Family
Length of time case managers remain with residents, even after they move	3 months	3 years
Financial literacy training and matched savings program	Not available	Available
Clinical and substance abuse services	Referral to substance abuse counseling	On-site licensed clinical social worker; referral to substance abuse counseling
Transitional Jobs program	Not available	Available
Relocation counseling	Traditional relocation services (e.g., neighborhood tours for residents interested in vouchers, help locating apartment listings, assistance negotiating with landlords and the voucher program)	Augmented workshops and “second mover” counseling; traditional relocation services
Case manager training	Limited, varies with service provider	Additional training for case managers and ongoing clinical support groups

employment and interview training, rapid attachment to the workforce, three months of subsidized employment, and continued counseling and advocacy support for residents throughout the first year of employment. In addition, Heartland introduced Get Paid to Save (GPTS), a financial literacy program that offered training in budgeting and financial management, and provided a matched savings program. Finally, HCP provided enhanced relocation services, helping participants identify units and negotiate with landlords and the voucher program. HCP’s intensive services sought to encourage participants to consider moves to low-poverty (less than 23.5 percent poor) and opportunity (less than 23.5 percent poor and less than 30 percent

African American) neighborhoods; services included reduced caseloads and workshops that covered the benefits of opportunity areas, tenant rights and responsibilities, housekeeping, and school choice.

### Evaluation

The Urban Institute rigorously evaluated the Demonstration to inform implementation and track outcomes for participants over time. In spring 2007, we conducted a baseline resident survey ( $n=331$ , response rate 77 percent). The survey asked about a range of domains, including housing and neighborhood conditions, service use, mental and physical health, employment and economic hardship, and children’s health and behavior. We conducted

a follow-up survey ( $n=287$ , response rate 90 percent) in summer 2009, approximately two years after the rollout of the Demonstration.<sup>2</sup>

To complement the survey, Urban Institute staff conducted 30 qualitative in-depth interviews (21 adults and 9 adolescents) with participants in summer 2008. We also gathered information from CHA administrative records and case manager reports, including whether residents chose to engage in the Demonstration services, whether participants were referred for additional services, and their relocation history. We assembled secondary data on neighborhood poverty, unemployment, crime, race, and other characteristics that we received from the Metro Chicago Information Center. In addition,

Urban Institute staff conducted a process study to assess the efficacy and cost of the Demonstration's implementation. We conducted in-depth qualitative interviews with case managers, project staff, relocation providers, and CHA administrators, monitored service implementation weekly, and met regularly with Heartland and HCP leadership and CHA staff. Finally, the team also thoroughly analyzed the costs associated with the intensive services.

We attempted to create a comparison group using CHA's administrative data to allow us to fully measure program impact on participant outcomes, but data limitations made this unfeasible. First, the CHA's database did not include measures on key outcomes variables, such as health or children's outcomes. Second, service providers only enter some key data fields when they collect intake information for a family action plan and do not update information over time. Finally, while service providers do enter data on service referrals, they do not record service uptake.

As an alternative, we considered creating a comparison group from the CHA Panel Study (Popkin, Levy, et al. 2010), which tracked long-term outcomes for a random sample of Madden/Wells residents from 2001 to 2009. The two surveys used many similar items, and the sample demographics are similar. However, the different time frames for the two studies, particularly the fact that the CHA Panel Study sample had relocated much earlier—mostly before 2007—also made it unfeasible to use the Panel Study as a true comparison group to assess program impact. We do draw on the CHA Panel Study as a benchmark for Demonstration sample outcomes where possible.

In addition, to understand more about how the Demonstration affected resident outcomes, we examined how different types of participants used the services. We developed a typology based on head-of-household baseline characteristics that categorizes Demonstration

participants into three groups: “strivers,” younger residents who mostly have high school degrees and are connected to the labor force; “aging and distressed,” who suffer from high rates of mental and physical illness, lack high school degrees, and have little work experience; and “high risk,” younger residents already showing high rates of chronic illness and labor force disconnection (Theodos et al. 2010).

### A Successful Model

The Chicago Family Case Management Demonstration has produced a remarkably successful model for providing wraparound services to residents in public and assisted housing settings (Popkin, Theodos, et al. 2010).

- Heartland's staff quickly achieved high levels of engagement (about 90 percent), then adapted their basic service model as case managers learned more about resident needs. Case managers received additional training and support, and their improved performance was reflected in participants' improved perceptions of service quality and effectiveness. However, despite efforts to enhance relocation counseling, the Demonstration was less successful in helping participants move to lower-poverty areas that might offer them and their children greater opportunity.
- The average costs for the intensive services were relatively modest, about \$2,900 a year or \$900 more than the standard CHA service package.<sup>3</sup> Costs varied considerably by level of need and service take-up, with high-risk participants using the most services.
- Despite an extremely difficult labor market, self-reported employment among working-age Demonstration participants' employment rate *increased* from 49 percent in 2007 to 59 percent in 2009.<sup>4</sup> In contrast, the CHA Panel Study found *no* changes in respondents' levels of employment from 2001 through 2009. Further, the intensive

Transitional Jobs program appears to have contributed to these employment gains (Parilla and Theodos 2010).

- In contrast to a decade of research from the HOPE VI and CHA Panel studies (Popkin, Levy, and Buron 2009; Price and Popkin 2010), Demonstration participants' health did not decline over time. Between 2007 and 2009, participants' health status remained remarkably stable; in fact, more respondents reported improvements than declines. Further, while there was no change in the proportion of respondents who reported poor mental health or clinical depression, respondents did report significant reductions in anxiety. Still, even with these gains, levels of chronic illness and mortality rates remain strikingly high (Popkin and Getsinger 2010). Thus, while the results from the Demonstration are encouraging, the modest progress underscores the depth of the challenges facing these families and service providers.
- By 2009, most Demonstration participants had moved at least once. In contrast to the CHA Panel Study (Buron and Popkin 2010), the majority remained in traditional public housing (59 percent), while just 28 percent moved into the private market with a Housing Choice Voucher. Surprisingly, there was less difference in the proportion of residents who moved to mixed-income communities: 13 percent of Demonstration participants made such moves, only 5 percentage points lower than the comparable figure for the CHA Panel sample. Participants perceived that relocating had major benefits, with four out of five reporting that they live in better quality housing than at baseline (Theodos and Parilla 2010).
- Demonstration participants also reported significant gains in neighborhood quality. Generally, they moved to neighborhoods



where they feel safer, have more connections with their neighbors, and report less physical and social disorder. However, fewer residents engaged in relocation services than in case management and other services. As a result of this and several other factors—resident preferences, resident needs, a compressed relocation schedule, and program design—relatively few households made opportunity moves: only 26 families moved to a low-poverty area, and just 4 moved to an opportunity area. As a result, in 2009, most were still living in neighborhoods that were high poverty and racially segregated (Theodos and Parilla 2010).

### Significant Challenges Remain

While the Demonstration evaluation results are extremely encouraging, they also highlight the significant challenges that remain.

- Despite the significant increases in employment, wages and incomes did not change from 2007 to 2009. Respondents still report an average wage of just over \$10 an hour, and most households are still living below the poverty level. And similar to the CHA Panel Study (Levy 2010), chronic health problems remain a significant barrier to finding and sustaining employment. Finally, we have concerns about whether these employment gains will last in this challenging economic climate.
- It has been easier to improve residents' life circumstances than to address their physical and emotional health. Even the intensive case management and clinical services the Demonstration provided were only able to make a small dent in health outcomes for participants—seemingly stabilizing their overall health, reducing anxiety, and lowering levels of alcohol consumption. While these results are encouraging, the modest progress underscores the depth of the challenges facing these families—and service providers.
- Finally, findings from the Chicago Family Case Management Demonstration paint a shocking picture of at-risk children and youth living in extremely troubled households. These children have endured years of living in violent and chaotic environments; in many cases, their parents were so distressed—suffering from mental and physical illness, struggling with substance abuse, dealing with histories of trauma—that they were unable to shield their children from the worst effects of the stresses surrounding them. Although the Demonstration took a family-focused approach, no services or case managers were explicitly dedicated to children and youth; at the follow-up, these children were still experiencing alarming levels of distress and exhibiting high levels of behavior problems<sup>5</sup> and delinquency (Getsinger and Popkin 2010).
- The Demonstration improved the life circumstances for most participants: they now live in better housing in safer neighborhoods and report lower levels of fear. Still, nearly all still live in high-poverty, racially segregated communities that offer little in the way of services, amenities, or access to opportunity. Further, while participants are better off in many ways, a substantial proportion report financial hardship, particularly in being able to afford utilities in the private market (Theodos and Parilla 2010).

### Implications for Policy and Practice

When the CHA launched its ambitious Plan for Transformation in 1999, the agency was emerging from a decades-long legacy as one of the most troubled housing authorities in the nation. Over the past decade, the CHA has struggled with the challenges of redevelopment and relocation—and with developing a meaningful and effective resident services system, all while under the scrutiny of skeptical advocates, researchers, and residents.

“The Chicago Housing Authority is now at the vanguard of using public and assisted housing as a platform for providing supportive services.”

The experience of the Chicago Family Case Management Demonstration shows that the CHA is now at the vanguard of using public and assisted housing as a platform for providing supportive services for residents. This demonstration has produced a successful model for providing wraparound services to residents in public and assisted housing settings, with participants reporting gains in employment, health, and housing and neighborhood conditions at a relatively modest cost. The fact that significant challenges remain does not undermine the magnitude of this achievement. Indeed, the primary lesson of the Demonstration is that it would be feasible to take a carefully targeted intensive service

model to scale and that doing so might pay off by stabilizing some of the most vulnerable public housing families.

- **Housing authorities must be willing to take risks and experiment with service provision.** The key factors behind the success of the Demonstration were a housing authority committed to resident services, effective service providers willing to collaborate and participate in evaluation and performance monitoring, and a model that enabled continuous learning and adaptation. The CHA has already integrated lessons from the Demonstration into its larger resident services program and is seeking opportunities to test new ideas, such as incorporating services for youth into an intensive model. Other housing authorities could benefit from being equally willing to experiment and test novel approaches for serving their most vulnerable households.
- **Targeting high-risk families may have long-term payoffs.** High-risk families—those grappling with mental and physical health challenges and disconnection from the labor market, while struggling to raise their children—are the heaviest consumers of intensive services. Stabilizing these extremely needy households may have long-term payoffs for both their own well-being and reduced costs for development management. Developing an assessment tool that successfully identifies these high-need households is critical so service providers can target services more efficiently and effectively (Theodos et al. 2010).
- **The Transitional Jobs model is extremely promising.** Demonstration participants, like many CHA residents, clearly need supports and incentives to help them achieve employment. The Transitional Jobs program appears to be helping even distressed residents achieve this goal, at least in the

short term. However, the program was not as successful at placing residents who were extremely unprepared for the workforce, namely those with literacy levels far below the requirements for entry-level work. The CHA should continue funding TJ, while also considering a more intensive training program for the neediest participants that focuses on literacy and developing soft skills.

- **Comprehensive mental health and substance abuse services are a critical need.** A substantial proportion of CHA's most vulnerable residents suffer from serious mental disorders—depression, schizophrenia, post-traumatic stress disorder—that require intensive clinical support and medication. The CHA should make continuing to provide clinical services through its FamilyWorks resident services program a priority. FamilyWorks currently serves only residents in CHA's traditional public housing communities. Many of CHA's vulnerable families are now voucher holders; meeting their needs is more challenging and will require a new approach to service provision. The challenge for the CHA and other housing authorities will be finding strategies (e.g., careful targeting or partnering with local providers) that allow the agency to provide clinical services to voucher holders on a broader scale. Other housing authorities could use the Demonstration as a model to replicate and test strategies for targeting services more effectively to residents. Finally, severity of the mental health and substance abuse problems among the CHA's most vulnerable residents suggests that many will require a more long-term solution than case management or counseling. The CHA and other housing authorities could consider incorporating small numbers of supportive housing units into existing public housing and mixed-income developments, as well as providing intensive wraparound services to voucher holders.

- **Relocation counseling needs to be intensive.** The Demonstration services were not sufficient to help residents overcome longstanding barriers to opportunity moves. Relocation counselors need sufficient time to work with residents before they are scheduled to move. Early in the process, counselors need to help residents learn what opportunity areas are and demystify the process of moving to and living in these communities. Of course, residents may choose to stay in nearby and impoverished communities for good reasons, and counselors should respect and support these families' decisions. Similarly, relocation counselors (in conjunction with case managers) need to continue to follow up with families to help them make second moves, especially families who are living in a private market apartment with a voucher.
- **The CHA should experiment with intensive service models that focus explicitly on children and youth.** The Demonstration service model successfully engaged vulnerable CHA families in intensive case management services, with important benefits for families in improved quality of life and for adult participants in stable health and improved employment. However, while the Demonstration used a family-focused model, it does not seem to have successfully reached youth. The CHA and other housing authorities should consider testing a modified service model that includes strategies to engage youth and offers evidence-based interventions to serve their needs. This new, youth-focused demonstration should also employ the typology we have developed to try to target the neediest families with intensive services.
- **Robust administrative systems are imperative to evaluate and measure the performance of any service model.** Even without a comprehensive evaluation, housing authorities and service providers can

develop performance measurement systems that allow them to track performance and resident outcomes. There are now several database systems for social service providers that enable them to track clients across different providers. Coordinating these administrative data systems in a way that follows residents through multiple programs and agencies will allow policymakers

to evaluate how investments and interventions in one program affects the costs in other programs. Additionally, regular coordination, meeting, and review is critical to ensuring that service models stay on track and that providers are able to learn from experience and make mid-course corrections and adaptations to make their services more effective. ■

## Notes

1. By declaring an emergency move, the CHA obviated requirements in its Relocation Rights Contract with residents, which established that residents have 180 days to leave their home after receiving a move notice.
2. The largest source of attrition between 2007 and 2009 was mortality; we were able to locate, if not survey, nearly all original sample members.
3. This number is adjusted by the average take-up rate per service.
4. This result is significant at the .05 level.
5. Items for the problem behaviors scale were taken from the Behavior Problems Index. The heads of households were asked to indicate how often the children exhibited any one of seven specific negative behaviors: trouble getting along with teachers; being disobedient at school; being disobedient at home; spending time with kids who get in trouble; bullying or being cruel or mean; feeling restless or overly active; and being unhappy, sad, or depressed. The answers ranged from often and sometimes true to not true. We measure the proportion of children whose parents reported that they demonstrated two or more of these behaviors often or sometimes over the previous three months.

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## Chicago Family Case Management Demonstration

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The principal investigator for the Chicago Family Case Management Demonstration is Susan J. Popkin, Ph.D., director of the Urban Institute's Program on Neighborhoods and Youth Development. Funding for the demonstration was provided by the John D. and Catherine T. MacArthur Foundation, the Annie E. Casey Foundation, the Rockefeller Foundation, the Partnership for New Communities, JPMorgan Chase, and the Chicago Housing Authority.

## About the Authors

**Susan J. Popkin** is the director of the Urban Institute's Program on Neighborhoods and Youth Development and a senior fellow in the Metropolitan Housing and Communities Policy Center.



**Brett Theodos** is a research associate in the Urban Institute's Metropolitan Housing and Communities Policy Center.



**Liza Getsinger** is a research associate in the Urban Institute's Metropolitan Housing and Communities Policy Center.



**Joe Parilla** is a research assistant in the Urban Institute's Metropolitan Housing and Communities Policy Center.



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2100 M Street, NW  
Washington, DC 20037-1231  
(202) 833-7200  
[paffairs@urban.org](mailto:paffairs@urban.org) [www.urban.org](http://www.urban.org)