



MANY VULNERABLE CHICAGO PUBLIC HOUSING RESIDENTS ENJOY BETTER HEALTH, HOUSING, AND EMPLOYMENT, BUT YOUTH ARE STILL DISTRESSED

WASHINGTON, D.C., December 1, 2010—The most vulnerable Chicago public housing families struggling with persistent unemployment, substance abuse, and emotional and physical trauma have better employment prospects, experience improved mental health, and live in safer neighborhoods with the help of comprehensive counseling and support services, an [Urban Institute evaluation](#) of a demonstration project shows.

“Stabilizing high-risk families—the heaviest consumers of intensive services—may have long-term payoffs for them and may also lower program costs,” said lead researcher Susan Popkin.

The 3-year demonstration, undertaken by Heartland Human Care Services and Housing Choice Partners from March 2007 to March 2010, produced “a remarkably successful model” for providing services to residents in public and assisted housing, said Popkin. But it was less successful in helping families move to low-poverty neighborhoods and in improving outcomes for children and youth, who continue to show alarmingly high levels of distress.

The Chicago Family Case Management Demonstration reached approximately 475 households from the Dearborn Homes and Madden/Wells developments. All of the participants were African American, all were long-term public housing residents, and most contended with serious physical and mental health problems, limited work skills, low literacy, and other barriers to self-sufficiency and stable housing. The demonstration was designed to provide more intensive one-on-one support for jobs training, substance abuse treatment, and mental and physical health services.

Among the demonstration’s successes were these three:

- An increase in the employment rate of working-age participants from 49 percent in 2007 to 59 percent in 2009, spurred by a jobs program that was part of the demonstration project.
- Very stable health, with 15 percent of respondents reporting improvements from reducing substance abuse and seeing a mental health counselor. Only 8 percent reported worse health in 2009, due to chronic illness and poor mental health.
- Significant gains in neighborhood safety, with residents who moved to new locations reporting less fear and anxiety as a result.

However, even after moving to better neighborhoods, many boys and girls continue to live in extremely troubled households and have very high levels of distress and behavior problems. After years of living in violent and chaotic environments, some parents still suffer from mental and physical illnesses or struggle with substance abuse and past emotional and physical trauma, and so don’t protect their children from surrounding stresses. The pilot program did not have case managers dedicated to children and youth.

It proved easier to improve residents' environments than to address their physical and emotional health and other barriers:

- Wages and incomes did not increase, and most households still live below the poverty level.
- Residents still live in racially segregated, service-poor neighborhoods, where the poverty rate averages 28 percent and 79 percent of the residents are African American.
- 27 percent of residents were unable to work over the past 12 months because of chronic health problems.

The research team concluded that

- children and youth need intensive targeted services to attain stability. The demonstration did not reach this population successfully;
- problem-racked residents benefit from help getting jobs, but the Chicago Housing Authority needs to offer a more intensive training program for those with little work experience and with low literacy levels;
- the severity of the mental health and substance abuse problems suggests that services need to include intensive, long-term clinical support; and
- relocation counselors need more time to prepare residents to move to neighborhoods with better opportunities.

Five research briefs, summarized in "[An Overview of the Chicago Family Case Management Demonstration](#)," by Susan Popkin, Brett Theodos, Liza Getsinger, and Joe Parilla, evaluate results of housing and relocation counseling, assess intensive case management focusing on employment and health, and identify the challenges still faced by young family members. The briefs are

- "[A New Model for Integrating Housing and Services](#)," by Susan Popkin, Brett Theodos, Liza Getsinger, and Joe Parilla;
- "[Tackling the Biggest Challenge: Intensive Case Management and CHA Residents' Health](#)," by Susan Popkin and Liza Getsinger;
- "[Moving 'Hard to House' Residents to Work: The Role of Intensive Case Management](#)," by Joe Parilla and Brett Theodos;
- "[Relocating Vulnerable Public Housing Families](#)," by Brett Theodos and Joe Parilla; and
- "[Reaching the Next Generation: The Crisis for CHA's Youth](#)," by Liza Getsinger and Susan Popkin.

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