

Housing Assistance and Supportive Services in Memphis

Best Practices for Serving High Needs Populations

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INTRODUCTION

This document is designed to provide service providers, government employees, and community organizations with a summary of research-supported best practices and promising strategies for serving high-needs populations living in poverty. It is part of Housing Assistance and Supportive Services in Memphis, a project for the U.S. Department of Health and Human Services (HHS) conducted by the Urban Institute and its subcontractor, University of Memphis, with the goal of helping foster effective service delivery to Memphis, Tennessee residents who live in U.S. Department of Housing and Urban Development (HUD)-assisted housing.

In particular, the project focused on households that were relocated from public housing as part of the two-decade federal HOPE VI demolition and revitalization program for distressed public housing developments. HOPE VI relocatees, both in Memphis and around the country, are extremely low-income and many need supportive services. In addition, the Memphis Housing Authority (MHA), following the national trend has fewer deeply-subsidized public housing units and more Housing Choice Vouchers (HCVs). This strategy offers residents more choice of housing and neighborhood, but creates the risk that relocatees may become detached from the resource networks they used in their former communities.

During the assessment phase (late 2011 through early 2012), the project team discovered that a wide variety of service delivery and development strategies are underway in Memphis, many of which are new efforts. This memo was devised to provide Memphis stakeholders, including service providers, local funders, development organizations, and city and county government officials, with a summary of evidence-based practices for serving high-needs public housing populations. Our hope is that this information will help both these local stakeholders and their counterparts nationwide focus ongoing and new efforts toward proven and promising practices in this challenging area of service.

This document has four parts. First, we outline the risks associated with concentrated poverty, which HOPE VI grants, HCVs, and neighborhood-based anti-poverty programs all work to address. Then, we provide information on and evidence for successful relocation and supportive service models. Finally, we outline promising practices in emerging umbrella service strategies involving case management and coordination, which, in most cases, have not yet undergone robust study.

CONCENTRATED POVERTY

Many families in Memphis face dramatic social and economic barriers to living in safe and healthy communities. The American Community Survey (ACS) indicates poverty and unemployment remains high in Memphis relative to state and national estimates. Child poverty is extremely high in Memphis-

nearly twice as high as the national average (2011 American Community Survey 1-Year Estimates).¹² The geographic dispersion of poverty by Memphis neighborhood is particularly striking. Census tracts with very high rates of families living below the poverty level are clustered around the current and former public housing sites. At the same time, there are very high-poverty areas in the northwestern and southern parts of Memphis, which are the areas where many MHA relocatees have moved with their HVCs—likely because there is a large supply of affordable housing and landlords willing to accept vouchers.

There is a large body of research on the negative effects of living in neighborhoods with concentrated poverty and disadvantage, especially for children. These negative consequences include: poor mental and physical health, high prevalence of risky sexual behavior, delinquency, and increased exposure to violence (Leventhal and Brooks-Gunn 2000, 2004; Sampson, Morenoff, and Gannon-Rowley 2002). Poor health, high homicide rates, and low birth weights also occur disproportionately in neighborhoods with concentrated poverty (Morenoff, Sampson, and Raudenbush 2001; Sampson, Earls, and Raudenbush 1997), as do social disorder and reduced collective efficacy (i.e. community resources and influence to change harmful conditions). In distressed public housing communities like those targeted for HOPE VI revitalization, those ills combine and residents often suffer some of poverty's worst effects, whether drug addiction, death or maiming in drug wars, arrest or incarceration, or severe trauma from the stress of coping with constant violence and disorder (Popkin et al. 2000).

Recent work by the Urban Institute documented the extraordinary concentrations of gun and other violent crime in Chicago's public housing prior to the citywide transformation effort; although crime has fallen citywide, violent crime remains a serious problem in these communities (Popkin et al. 2012b). Nationwide, for children and youth, growing up in communities of concentrated poverty becomes a lifelong disadvantage—they experience disproportionately high risk for developmental and cognitive delays, poor physical and mental health, and for adolescents, high odds of dropping out of school, engaging in risky sexual behavior, and becoming involved in delinquent and criminal activities (Getsinger and Popkin 2010; Leventhal and Brooks-Gunn 2004; Sharkey 2010).

RELOCATION MODELS

As current and former public housing residents, many direct service providers, and a large body of research can attest, many public housing communities face disproportionately high levels of distress. In the late 1980s and early 1990s the extremely high levels of crime, disrepair, and poverty in some of the nation's older public housing developments led Congress and federal agencies to enact dramatic new programs in order to transform these distressed communities. The largest federal effort was the U.S. Department of Housing and Urban Development's (HUD) HOPE VI program, which provided grants to

¹ An estimated 42.1 percent of children under 18 in Memphis live in poverty, compared to 26.3 percent statewide and 22.5 percent nation-wide.

² Additional information about economic conditions in Memphis as well as maps by census tract are available in the assessment memo produced for this project .

local housing authorities to replace their worst public housing with new, mixed-income developments and relocate many former residents with HCVs. Other efforts emphasized tenant-based assistance to help residents access neighborhoods that would offer great opportunity. The best known of these was the Moving to Opportunity (MTO) demonstration, which compared outcomes for residents of distressed public housing who received vouchers to move to low-poverty communities to control groups who received regular vouchers or remained in public housing (Briggs, Popkin, and Goering 2010; Sonbatmatsu et al. 2011).

Research on outcomes for residents who left distressed public housing has documented important improvements in their quality of life and overall well-being. The long-term evaluation of MTO found that families in the experimental group that received vouchers that required them to move to lower-poverty communities experienced less exposure to crime, improved perceptions of safety and well-being, and improved housing quality. Adult women and girls also showed improvements in physical and mental health, particularly reductions in depression, obesity, and diabetes relative to the controls (Briggs et al. 2010; Ludwig et al. 2011; Sanbonmatsu et al. 2011; Comey et al. 2012). Findings from the MTO demonstration study clearly indicate that growing up in high-poverty, violent communities has different effects on adolescent boys and girls; it showed that girls' (but not boys') mental health improves when their families move to lower-poverty, safer communities (Sanbonmatsu et al. 2011). Evidence from qualitative research on families relocated through MTO suggests that girls who move benefit from freedom from gender-specific violence and a sexually coercive environment (Briggs et al. 2010; Popkin, Leventhal, and Weissman 2010). Similarly, the Urban Institute's multisite HOPE VI Panel Study found that the greatest benefit for residents relocated from distressed public housing was a dramatic improvement in housing quality and perceptions of safety; respondents also reported significant reductions in anxiety (Popkin et al. 2009; Popkin et al. 2010b).

Although housing redevelopment and mobility strategies have improved housing and neighborhood conditions, and show some positive effects for original residents, they have not achieved the dramatic and transformative effects that policymakers and researchers had anticipated (Turner et al. 2009). For example, these strategies have shown no measureable effect on income, employment, or education for residents (Sanbonmatsu et al. 2011). These relocation and redevelopment efforts on their own have not provided former public housing residents and their children with the resources to break the generational cycle of poverty. With changing demographics and the unprecedented hardship resulting from the Great Recession, cities continue to wrestle with how to best support vulnerable families.

Experiences from Memphis

In Memphis, limited transportation and the dispersion of households have made it more difficult for service providers to reach and maintain ties with these high-needs residents. In the last 20 years, Memphis has used HOPE VI grants to redevelop five properties. As part of this HOPE VI redevelopment, Memphis Housing Authority (MHA) relocated many residents with HCVs. As a result, assisted

households, which were previously concentrated in a neighborhood just east of downtown Memphis, have dispersed throughout the city.

During the assessment phase of the Housing Assistance and Supportive Services in Memphis project, we conducted an analysis of MHA HOPE VI relocatees and HCV recipients in Memphis, which indicated that they continue to live in poor neighborhoods (Popkin, Harris, Freiman, and Mireles 2013).

Both new and continuing initiatives in Memphis, and other cities combating the effects of concentrated poverty, are operating at differing levels (e.g., city government, county government, nonprofit providers, and public-private partnerships) and some major services are provided by the city or the county government without formal collaboration between the two. Conversations during the assessment phase with stakeholders (including county and city officials, nonprofit leaders, and local funders), for example, indicated that all funding and authority for public health services (including clinics and mental health outreach) is provided by the state and administered via the county.

Though common in communities around the country, these silos create a number of challenges to targeting high-need families and individuals and matching them with available services. Challenges to triaging and coordination were noted both by service providers and city officials during the assessment phase of the project. One official noted that HOPE VI relocatees in specific and poor high-needs residents in general likely have multiple subject-specific case manager and services, none of which are coordinated or aware of one another (Popkin et al. 2013). In three focus groups held in Memphis in late 2012, HOPE VI relocatees who still faced many of the same problems as before relocation (e.g., unemployment, poor physical and mental health) confirmed this assumption (many had low-touch relocation case managers and case managers for specific benefits, such as TANF or SNAP, but no follow-up or connection between services) (Freiman, Harris, Mireles, Popkin 2013).

SUPPORTIVE SERVICE MODELS

The available evidence suggests that high-touch supportive programs involving case management are particularly effective for improving the lives and opportunities for poor and vulnerable families living in concentrated poverty. Many strategies that go beyond housing redevelopment and mobility have aimed to augment support for vulnerable families with various case management services. Although each of the programs described below aims to improve different outcomes (e.g. some strategies focus on violence prevention, whereas others may target increased education and employment), targeted case management strategies have proven promising for moving a variety of outcomes, particularly when case management programs are high-touch (usually entailing relatively small caseloads).

Studies of family case management strategies targeting youth find that programs using whole-family supportive service models can be effective in improving youth outcomes. The Children at Risk (CAR) program is one promising example of supportive services in the form of a drug and delinquency prevention program aimed at providing youth and household support to high-risk adolescents ages 11-

13 in 5 cities across the country. This five-city demonstration program was funded by a group consisting of the Department of Justice (DOJ) Office of Juvenile Justice and Delinquency

Prevention, other federal agencies, and a group of private foundations from 1992 through 1996. The evaluation of CAR indicates youth in the treatment group who received case management in close collaboration with schools and community organizations, exhibited less antisocial and high-risk behavior (Harrell, Cavanagh, and Sridharan 1999). In particular, relative to control group youth, youth enrolled in CAR participated in a higher number of positive activities, received more positive peer support, and were less likely to use drugs or commit violent crimes. Other experimental evaluations have found similar outcomes for at-risk youth receiving case management coordinated with services (Bloom et al. 1993, Long et al. 1996; Reid and Bailey-Dempsey 1995).

Supportive service and case management strategies aimed at supporting homeless families have produced similar outcomes to those targeting families in public or assisted housing. In many respects, families who were not able to relocate from the distressed public housing developments which were the target of HOPE VI grants are similar to homeless families. Like families who are homeless, families relocated through HOPE VI cannot afford housing in the absence of public housing assistance and have few options or opportunities as demonstrated by the fact that they had lived in distressed public housing developments, many of which were not only riddled with crime and concentrated poverty, but were also physically dilapidated or inadequately managed. Findings from the Sound Families Initiative, an effort to provide housing and services to homeless families (funded by the Gates Foundation, with support from local government and non-governmental organizations), highlight the need for accurate up-front assessments coupled with aggressive efforts to triage services (Bodonyi 2008). For example, the Sound Families Initiative found that providing stable housing, connecting families to training and education programs, creating partnerships with the child welfare system, and training case managers in trauma-informed strategies greatly informed trauma screening for children at intake, and as a result helped better target and meet children's needs.

Another study provides insight into strategies necessary for improving vulnerable families' conditions and opportunities, though more so for adults than for their children. The Urban Institute's Chicago Family Case Management Demonstration tested the use of housing as a platform to provide services coupled with intensive case management. The demonstration lowered caseloads from 55 per case manager to nearly half that (Popkin et al. 2010b). Service components prioritized services and trainings in transitional jobs, financial literacy, and relocation for residents. Together, lower caseloads and aggressive efforts to engage clients and move outcomes resulted in understanding of the need to triage and match clients with specific services (Theodos et al. 2012).

Findings from the Chicago demonstration have also supported intensive case management as a strategy to support vulnerable public housing and voucher families. An evaluation of the demonstration finds strong improvements in health, education, and employment for adults. However, children and youth, who continued to struggle in school, engage in risky behavior, and have pregnancy and parenting rates far above average, did not share similar benefits (Popkin et al. 2010a). These findings suggest that while

intensive case management may benefit adults substantially, there is a need for two-generation strategies that target the whole family (Popkin et al. 2012a).

PROMISING PRACTICES AND NEW DIRECTIONS

While the programs and strategies described above have undergone robust evaluations, there are many new strategies underway which show promise, but which have not yet received full evaluation for effectiveness. Below, we describe some promising efforts underway in cities across the country. In general, early results from these efforts, coupled with the research described above, suggests that holistic, wrap-around case management and service provision is able to improve the lives of distressed residents

Case Management

There is currently no consensus in the research and policy community about the degree to which using housing as a platform for case management and service provision is effective in different environments (for example, it may be that some models are only effective for most service recipients when they live in mixed income environments, or under certain other parameters). Building on findings from the Chicago Family Case Management Demonstration, the Urban Institute launched Housing Opportunity and Services Together (HOST), a multisite demonstration testing innovative, wrap-around services and programs for youth and adults living in a range of public and mixed income housing. The initiative evaluates how public housing and human services can be coordinated in different settings to maximize positive outcomes for residents and their children. Given more time for development and evaluation of the medium-term results, the HOST demonstration and similar strategies may influence the development of place-based, supportive environments for low-income populations.

Supportive housing initiatives have also shown promise in addressing more specialized needs related to poverty and housing need. Poverty, stress, and instability have long been considered as substantial contributors to child abuse and neglect. The Keeping Families Together initiative, for example, provides supportive housing (including services and case management) to families with children involved in the child welfare system. The pilot evaluation garnered support from city agencies and private and nonprofit supportive housing providers to aggressively build the capacity of supportive housing services and case managers. In addition to providing families with referrals to services, case managers also provided support for families needing crisis intervention and clinical consultants. Evaluations indicate that supportive housing coupled with provider and case manager efforts to engage families contributes to declines in family abuse and neglect. In an ambitious effort to design incentives for families in public housing to work, the federal Jobs-Plus program offers employment assistance coupled with case management services to entire public housing communities. Initial findings from the multi-site Jobs-Plus Demonstration in 2005 indicated that once services were in place, residents' average earnings increased by 6 percent relative to housing development residents with similar characteristics. The long-term

findings suggest encouraging changes coupled with continued improved earnings after involvement with the program has ended (Riccio 2010).

Similarly, the Opportunity Chicago Initiative aimed to help public housing residents improve employment opportunities through workforce development (Parkes et al. 2012). By identifying barriers to employment, the initiative exceeded its goal and placed more than 5,000 public housing residents into employment. A key strength of Opportunity Chicago has been the targeted goal of providing client-specific assistance through case management, coupled with aggressive efforts to coordinate employment services. The Opportunity Chicago Initiative suggests building a strong collaborative effort aligned with a common goal to help build relationships across stakeholders and unite efforts to meet families' needs.

Coordination

Current efforts nationwide have prioritized coordination across organizations and agencies, providing promising strategies to increase vulnerable families' access to services. Notably, the Connecticut Department of Children and Families' Intensive Supportive Housing for Families program, is a collaboration with community agencies and nonprofit service organizations to triage services tailored to family needs across agencies. Additional efforts will benefit by connecting supportive services with case management in coordination with trauma-informed therapy, while targeting families and providing client-specific services.

Certain federal agencies have also shown recent and sustained support to drive local collaborations that support child welfare-involved families with housing need. HUD has provided HCVs and administrative fees to dozens of local public housing authorities through Family Unification Program (FUP) grants since 1990. Through FUP, public housing authorities collaborate with their local child welfare agencies to identify families with inadequate housing that have children in out of home placement or at risk of having a child placed out of home with housing vouchers and follow-up. Targeting strategies and collaboration efforts beyond the initial identification and referral of families for housing vouchers varies from site to site. Some FUP grantee partnerships involve third-party agencies or organization to provide additional case management and supportive services or resources. This program has not yet received a robust evaluation, although such evaluations are underway. HHS awarded five grants under the Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System initiative in 2012. This demonstration has similar goals to HUD's FUP program, aimed at providing supportive services and housing for child welfare-involved families through local collaboration, centered around the local child welfare agencies rather than the housing authorities.

It should also be noted that neighborhood-level service coordination programs involving both case management and wrap-around services are on the rise nationwide, though there is little evidence available as to their efficacy and substantial findings will take some years for full development. These programs include HUD's Choice Neighborhoods initiative, which is centered around assisted housing

developments, and the U.S. Department of Education’s Promise Neighborhoods initiative, which is centered around schools. Each of these programs aims to provide a range of services and sustained outreach to residents of very poor and distressed neighborhoods over time, with the overall goal of neighborhood change.

CONCLUSIONS

While there is substantial evidence that points to the negative consequences of living in distressed, high poverty public housing, the evidence on best practices for improving outcomes is more mixed. There is clear evidence from MTO and HOPE VI that relocation alone can bring about important improvements in well-being in terms of housing quality, neighborhood safety, and reductions in anxiety. There is also emerging evidence that high-touch, intensive case management can help promote better socioeconomic outcomes and improved mental and physical health for adults and that targeted employment programs can increase employment rates and income. However, it is less clear how to bring these promising initiatives to scale to serve the large numbers of vulnerable families who could potentially benefit. Further, there is a clear need for two-generation approaches that can help break the cycle for children and youth so that they do not need the same level of assistance as their parents. Robust evaluations of promising strategies like Choice and Promise Neighborhoods, HOST, FUP, and other housing plus services initiatives are underway and will provide more evidence about what may work for these vulnerable families.

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