



Introduction

Heartland Alliance for Human Needs & Human Rights appreciates the opportunity to provide comment on services in the Choice Neighborhoods Initiative. As Choice Neighborhoods looks to engage in broad community development around specified public housing developments, we applaud the Department of Housing and Urban Development for making comprehensive services a critical component to the plan.

Our current work in conjunction with the Chicago Housing Authority and the Urban Institute on the Chicago Family Case Management Demonstration Project has shown that innovative, intensive comprehensive case management model can bring about true progress for those families that are facing the greatest hardship. This work has shown you can engage the hardest to house that are both living in a public housing development and in the private market with a housing choice voucher in a meaningful manner that will allow them to succeed in subsidized housing. Through adaptation of permanent supportive housing and homelessness intervention models, we have designed and executed a practice that should be replicated.

With our many years of experience providing support the most vulnerable in our society, we know that intensive comprehensive services are the key to provide stability to the hardest to house. Their place in a diverse community can only be secured with a compliment of services paired with strong case management. With this component, public housing can affirm the dignity of all its residents and create a broad, cohesive community.

Services that Should be Offered

All of these services need to be part of a total package available to the hardest to house residents – those residents with the most barriers and the most difficult road to self-sufficiency. Not all hard to house families will need all of these services, but they need to be part of the menu of options that will allow a family to succeed.

The provision of these services should not be done on a referral basis. The provider of case management should either have the capacity to provide these services in house, or a team with strong partnerships should be established that allow for fluid communication about the changing needs of the family and a similar vision and set of metrics.

Mental Health & Substance Use Treatment

The most vulnerable families need readily available treatment for both substance use and mental health. Many of the hardest to house families are dealing with complex physical and mental health issues that make it difficult for individuals to make progress in their lives. At the core, they need this assistance for other services to have value.

Asset Development & Financial Literacy

Financial literacy classes give individuals an understanding of the value of saving money and budgeting. This is a critical component to compliment efforts to engage in work, so that as individuals are able to enter the workforce, they have the necessary fundamentals to manage resources and begin to accumulate assets.

Workforce Development – Transitional Jobs

Transitional jobs including an imbedded contextualized literacy component should be incorporated into a workforce development solution as this approach has proven to address the two most prevalent employment barriers found in hard to house families: lack of documented work history, and low literacy and math comprehension levels. In addition, customized job development focusing on the participants skill set should be practiced by employment staff.

Best Practice in Service Delivery

Low Caseload for the Case Managers

Case managers need to work with fewer participants and work with them consistently. A caseload of no more than 25 families for each case manager allows them to provide the in depth services needed to fully understand the barriers the family is facing and to build the trust relationship needed to effectively provide meaningful assistance.

Work with the Whole Family

All members of the household should receive assistance in their areas of need. Working with just the leaseholder ignores the reality of family life and also undermines the case manager's ability to build a relationship. Working with the entire family allows growth and support for the family.

Follow the Family when They Move

If a family moves into the private market with a temporary housing choice voucher or shifts to another public housing development, the case management should not change. Continuity of services is critical to providing needed stability through change and protects against reverting to negative behaviors. This process allows families to build

relationships and trust with case managers and the case managers, in turn, will serve as a direct link to the family and community.

Voluntary Services with Intensive Outreach & Engagement Strategies

The most effective way of delivering services to families with multiple barriers is to make those services voluntary, but engage in sincere and robust outreach and engagement. Mandatory service provision does not build a trust relationship, nor does it allow for a true understanding of the needs of the family. When services are voluntary, the individual takes ownership of use of those services and is subsequently more successful.

Provide Support for the Case Managers

Case management that uses this model – whole family, low case load, following the family through moves – allows case managers to dig deep into the issues a family is dealing with. To deal with the stress and complexity of their jobs, case managers need a support system to help reduce burn out. This model allows staff to provide feedback in a form of support group. The model gives case managers the opportunity to process challenges and barriers that prevent staff from successfully completing their jobs. This process is facilitated by an outside provider. This system of support keeps staff healthy and reduces turnover, an element that hinders the progress of the hard to house families.

Understanding Changing Support Needs

Our work in the Chicago Family Case Management Demonstration Project has shown us that the most vulnerable families need different services. Those that are aging with limited education are very fragile, both physically and mentally. The compliment of services they need looks different than a younger, healthier household with more education. Case managers should be equipped to assess families to determine where they fit on the spectrum to understand the host of services best suited for them.

In addition, the needs of families will change. Addressing barriers is not necessarily a linear process. The intensity of services needed will shrink and grow depending on events in a person's life. The case management model needs to allow for these shifts and be prepared to alter case management accordingly.

Additional Comments

Adequate, Long-Term Funding

Honest assessments of the cost of this model need to happen at the beginning of the project, both in terms of overall costs of administering a more intensive model and what those costs are in the long term. It must be recognized that for a subset of the hard to

house population, services will always be necessary for them to be stably housed. The budgeting for services needs to accurately reflect this reality and contemplate the long-term funding needs.

Directly Fund Non-Profit Providers

Creating a true team approach requires addressing existing power dynamics. Providing funding directly to non-profits to provide services, as opposed to the funds flowing through the local public housing authority, will aid in developing a balanced partnership that can effectively serve the whole community.