The Impact of Individualized, Holistic Case Management on Economic Stability for Individuals Experiencing Poverty in the United States

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Sector(s): Labor Markets, Social Protection

J-PAL office: J-PAL North America

Sample: 427 individuals

Target group: Adults

Outcome of interest: Earnings and income Employment Credit balance/repayment Health outcomes Housing stability Savings/deposits

Intervention type: Coaching and mentoring

Data: OpenICPSR

Research Papers: Fighting Poverty One Family at a Time: Experimental Evidence from an Interventi...

Partner organization(s): Catholic Charities Fort Worth (CCFW)

People experiencing poverty in the United States face substantial barriers to economic security such as unemployment, housing instability and affordability, health care access, and childcare costs. In response, researchers evaluated the impact of Padua, a holistic, individualized, wrap-around support program for individuals who have recently experienced a negative economic shock. The program did not significantly improve outcomes across the full study sample, though before multiple hypothesis testing, estimated treatment effects indicated improved labor market and housing outcomes after 24 months. Exploratory analyses suggested that Padua positively impacted housing and employment outcomes specific to participants' individual needs.

Policy issue

In 2017, over 39.7 million people in the United States were living in poverty[1]. People experiencing poverty face difficulty affording basic necessities like food, housing, transportation, childcare, and health care.

Many safety net programs address each of these issues in isolation and may fall short of addressing the compounding effects of multiple, simultaneous hardships. Moreover, administrative burdens can make these programs difficult to navigate.

In response, intensive case management has emerged as a promising strategy to help individuals navigate and address interconnected barriers to securing stable economic footing. While previous evaluations have focused on the effectiveness of case management in specific domains—such as mental health services, homelessness prevention, or workforce development—there is less evidence on whether more comprehensive, person-centered models can produce meaningful, long-term improvements across multiple indicators of well-being.

The Padua program seeks to fill this gap by offering intensive, customized case management that supports individuals in identifying goals and accessing services tailored to their unique needs. This study builds on existing literature by evaluating the effectiveness of a holistic intervention model that reflects the complexity of poverty, aiming to understand whether such an approach can lead to sustained improvements in housing and labor market outcomes.

Context of the evaluation

In Tarrant County, Texas, 62 percent of the working-age population is currently employed, 30 percent receive SNAP benefits, and the average monthly earnings are US$767.

Researchers partnered with Catholic Charities Fort Worth (CCFW)—a large urban service provider based in Tarrant County serving more than 50,000 clients annually as of 2019—to evaluate the impact of their Padua program. CCFW aims to support clients, primarily low-income working-age adults, in achieving four primary milestones toward economic stability: achieving a living wage, reducing reliance on transfer programs, decreasing debt, and increasing personal savings. Most individuals who request assistance from CCFW are seeking emergency financial assistance, likely as a result of an unexpected economic shock (e.g., job loss, eviction).

Padua targets working-age adults who face barriers to economic mobility, such as low education, excessive debt, difficulty finding childcare, or an unstable living situation. Because Padua aimed to improve labor market outcomes, eligibility for the program required individuals to be willing and able to work.

Padua takes a comprehensive approach to supporting clients, focusing on five key elements:

- A thorough in-take assessment to understand each participant's unique goals and challenges
- The development of a customized strength-based service plan
- A two-person case management team with small caseloads
- Flexible financial assistance
- Full, personalized case management services including referrals to a broad network of external services and resources for employment, education, transportation, immigration, and housing



A case manager and a client working together in an office in the United States.

Photo credit: Shutterstock

Details of the intervention

Researchers conducted a randomized evaluation to test the impact of Padua on housing stability, labor market outcomes, participation in public programs, debt and savings, spending, and health.

Researchers recruited study participants from a pool of clients who had previously contacted the agency's central intake system for emergency financial assistance for rent or utilities, immigration services, or other available programs. To be eligible for the Padua evaluation, individuals had to be between 18 and 55 years of age, have a total family income not sufficient to meet their needs, reside in Tarrant County, Texas, and have at least one working-age adult in their family who was willing and able to work. From March 2015 to October 2016, 427 eligible individuals were randomized to receive the Padua programming ("treatment group") or the standard CCFW services ("comparison group") which they originally sought. Take-up among those offered Padua was 91 percent.

At baseline, the treatment and comparison groups were balanced, with no significant differences in key demographic factors such as age, education level, or employment. The study population was diverse, with participants facing varying levels of need—whether related to housing instability, employment challenges, or financial stress. Researchers collected administrative data and fielded a series of in-person surveys at enrollment, 12 months after enrollment, and 24 months after enrollment. Data for the primary outcomes (labor market, housing, participation in public programs, debt and savings, spending, and health) was collected through the surveys. Administrative data on earnings and employment, government program participation, and credit usage, was supplemental to the primary survey analysis. The study leveraged cost data from CCFW to assess the program's cost-

effectiveness.

Results and policy lessons

The Padua intervention did not demonstrate significant impacts on employment, housing, reliance on public programs, debt and savings, or spending for low-income individuals overall. Considering that individuals faced a range of barriers at the program outset and each had unique goals, average treatment effects may mask important variations in how different individuals responded to the program.

Labor Market

Overall, there was no statistically significant effect of Padua on labor market outcomes for the full participating sample, though the estimated treatment effects indicated improved labor market outcomes before multiple hypothesis testing. Additionally, exploratory analyses suggested that treatment group participants who were not employed at the start of the intervention were 67 percent more likely to be employed at a full-time job 24 months after the intervention began (a 19.3 percentage point increase relative to the comparison group mean of 28.9).

Housing

Overall, there was no statistically significant effect of Padua on housing outcomes for the full participating sample, though treatment effects suggest that Padua led to improved housing outcomes before multiple hypothesis testing. Additionally, exploratory analyses suggest that, among those who were unstably housed at the start of the intervention, Padua programming increased the fraction of individuals in a lease or ownership arrangement by 34 percentage points (a 64 percent increase relative to the comparison group mean of 53.5) 24 months after the intervention began. Those who were stably housed at baseline demonstrated no change in housing outcomes at this point, which aligns with the program's focus on addressing each individual's most urgent needs first.

Participation in Public Programs

A key goal of the Padua program is to help participants reduce their dependence on public assistance programs, such as SNAP, TANF, Medicaid, and WIC. Overall, there was no statistically significant effect of Padua on reducing reliance on public programs for the full participating sample. However, there were significant results for certain subgroups. Treatment group participants who were stably housed at baseline were 0.09 standard deviations less likely to be participating in government programs at the 24-month follow up, relative to those who were stably housed at baseline and not randomized to participate in Padua. Among those who were not employed but stably housed at baseline, Padua participants were 0.13 standard deviations less likely to be participating in government programs at the 24-month follow up relative to those not randomized to participate in Padua.

Debt and Savings

Overall, Padua had no statistically significant effect on debt or savings outcomes for the full participating sample or identified subgroups.

Spending

Overall, there was no statistically significant effect of Padua on spending outcomes for the full participating sample and identifiable subgroups. However, Padua seemed to help participants improve their budgeting habits. Participation in Padua increased the likelihood that participants were using a budget 24 months after enrollment by 14 percentage points (a 24 percent increase relative to the comparison group mean of 59 percent). The effects were even larger among specific subgroups—the likelihood of using a budget for those who were not employed at baseline increased by 23 percentage points (a 39 percent increase relative to comparison group mean of 60 percent) and by 34 percentage points for those who were unstably housed at baseline (a 54 percent increase relative to a comparison mean of 63 percent).

Health

Overall, there was no statistically significant effect of Padua on health, insurance coverage, ER visits, and doctor visits for the full participating sample. On self-reported measures, those who participated in Padua were 14.7 percentage points more likely to report improved or excellent health in the 24-month survey (a 53 percent increase relative to the comparison group mean of 28).

Cost-effectiveness

Researchers estimate the marginal value of public funds (MVPF) using estimates for the participant willingness to pay (after-tax earnings gains combined with the financial assistance received through the program) and the total cost of administering the program, to assess the cost-effectiveness of the Padua program. The MVPF of the Padua program, without incorporating projected future earnings, is estimated to be 0.18, meaning that for every US$1 of funds spent on the program, US$0.18 benefits the participants. When assuming that the effects of the program persist for another five years, the MVPF increases to about US$0.26.

Exploratory subgroup analyses suggest that the program may be more cost-effective when targeted at specific populations. Estimates for MVPFs for those without employment, those with stable housing, and those without employment and with stable housing yield higher estimates, ranging from US$0.3 to US$0.5 when relying on experimental estimates and ranging from US$1 to US$5.8 when assuming gains persist into the future.

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While certain subgroups (such as those unemployed or unstably housed at baseline) likely benefited from Padua in the areas that they most needed support, the absence of effects across the full sample suggests the intervention may have a greater impact if targeted toward certain subgroup populations. Moreover, Padua's highly individualized, wrap-around approach makes it difficult to isolate which specific components of the intervention are driving the observed impacts. Notably, the strongest treatment effects were observed among individuals facing multiple, compounding barriers to self-sufficiency. Refining intake procedures to better identify and prioritize high-need clients could enhance program impact and cost-effectiveness.

At the same time, the diversity in participants' needs and outcomes highlights a key challenge. Future research should consider collecting data on participants' self-identified goals and track progress toward those goals over time. Doing so could offer a more personalized and meaningful measure of success, while also providing insights into how well the program meets the diverse needs of its participants.

Evans, William N., Shawna Kolka, James X. Sullivan, and Patrick S. Turner. "Fighting poverty one family at a time: Experimental evidence from an intervention with holistic, individualized, wraparound services." American Economic Journal: Economic Policy 17, no. 1 (2025): 311-361.

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1. Fontenot, Kayla, Jessica Semega, and Melissa Kollar. "Income and Poverty in the United States: 2017," Census.gov, , September 12, 2018, https://www.census.gov/library/publications/2018/demo/p60-263.html