Case Management

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Research shows that case management programs can improve housing outcomes when combined with other services or when delivered via Critical Time Intervention for people at risk of or currently experiencing homelessness.

This brief is part of a series of high-level resources on rigorous evidence in housing and homelessness. For a more extensive discussion of the literature, visit the J-PAL North America Homelessness Evidence Review.

KEY TAKEAWAYS

1 When combined with other supports, case management programs can reduce homelessness and may improve health outcomes.

Research has shown that case management, when combined with other programs, such as Housing First,[11] financial assistance,[6] and Housing Choice Vouchers,[7] can increase housing stability and decrease the number of nights spent in a shelter. One study found that combining case management with housing improved health outcomes, while another study that combined case management with Family Critical Time Intervention found no effects.[8, 9]

2 Limited research suggests that case management alone is likely insufficient to impact housing outcomes.

Few studies have isolated the impacts of case management on housing, and those that have found no significant improvements in housing outcomes for individuals who received case management compared to those who did not.[4, 5, 7]

3 Critical Time Intervention has been shown to have positive impacts on housing outcomes, highlighting the importance of timing, dosage, and targeting.

Critical Time Intervention (CTI) is a more intensive and time-limited form of case management for individuals with acute needs during periods of transition, such as leaving a hospital and entering back into the community. Research has found that CTI can improve housing outcomes, increasing the number of days housed and reducing the likelihood of experiencing homelessness.[1, 2, 3, 9, 10]

People who received Critical Time Interventions were

5x less likely

to experience homelessness
than those who received usual care.[2]

COST EFFECTIVENESS

Evidence on the cost effectiveness of case management programs is mixed.

One study that evaluated case management paired with limited financial assistance found cost savings of US$140 per family served. Costs saved were primarily associated with reduced use of shelters, which outweighed the public cost of administering the program.[6]

However, an evaluation of case management paired with Housing Choice Vouchers, a federal rental assistance program, found the program to be US$45 more costly than standard care for each additional day that people were housed in the program.[7]

INTERVENTION DETAILS

People who are at risk of or currently experiencing homelessness often face many interconnected challenges at once, including housing insecurity, barriers to navigating the housing market, unemployment or underemployment, difficulty affording basic necessities, and more.

Case managers offer holistic support to navigate these barriers by providing resources and plans tailored to an individual's unique needs. Case managers can connect clients to housing programs they are entitled to, help identify housing options, or support in housing or job application processes, among other services.

DEFINING CASE MANAGEMENT PROGRAM VARIATIONS

Case management

A case manager supports an individual or family by first understanding their needs and goals and then connecting them to services or programs that can help meet their needs.

Intensive case management

Case management in which the case manager has fewer clients in order to dedicate more time to each individual or family.

Addiction/Housing case management

Intensive case management supporting clients with substance use disorders in navigating housing resources.

Critical Time Intervention

Time-limited, often intensive, case management targeted at people transitioning from institutional settings to the community. A case manager meets with the individual before they leave the institutional setting, ensuring continuity of care. Family Critical Time Intervention is a variation of this program that targets families.

CITATIONS

Papers included in this brief are limited to quasi-experimental and randomized evaluations of housing interventions that include case management programming, in North America.

1. Collins, Cyleste C., Rong Bai, Robert Fischer, David Crampton, Nina Lalich, Chun Liu, and Tsui Chan. 2020. "Housing instability and child welfare: Examining the delivery of innovative services in the context of a randomized controlled trial." *Children and Youth Services Review* 108, 104578.
2. Herman, Daniel B., Sarah Conover, Prakash Gorroochurn, Kinjia Hinterland, Lori Hoepner, and Ezra S. Susser. 2011. "Randomized Trial of Critical Time Intervention to Prevent Homelessness After Hospital Discharge." *Psychiatric Services* 62(7):713-9. doi: 10.1176/ps.62.7.pss6207_0713. PMID: 21724782; PMCID: PMC3132151.
3. Kasprow, Wesley J., and Robert A. Rosenheck. 2007. "Outcomes of Critical Time Intervention Case Management of Homeless Veterans after Psychiatric Hospitalization." *Psychiatric Services* 58 (7): 929–35.
4. Malte, Carol A., Koriann Cox, and Andrew J. Saxon. 2017. "Providing Intensive Addiction/Housing Case Management to Homeless Veterans Enrolled in Addictions Treatment: A Randomized Controlled Trial." *Psychology of Addictive Behaviors* 31 (3): 231–41.
5. Phillips, David C., and James X. Sullivan. 2024. "Personalizing Homelessness Prevention: Evidence from a Randomized Controlled Trial." *Journal of Policy Analysis and Management* 43 (4): 1101–28.
6. Rolston, Howard, Judy Geyer, and Gretchen Locker. 2013. *Evaluation of the Homebase Community Prevention Program*. NYC.gov
7. Rosenheck, Robert, Wesley Kasprow, Linda Frisman, and Wen Liu-Mares. 2003. "Cost-Effectiveness of Supported Housing for Homeless Persons With Mental Illness." *Archives of General Psychiatry* 60 (9): 940–51.
8. Sadowski, Laura S., Romina A. Kee, Tyler J. VanderWeele, and David Buchanan. 2009. "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations among Chronically Ill Homeless Adults: A Randomized Trial." *JAMA* 301 (17): 1771–78.
9. Samuels, Judith, Patrick J. Fowler, Andrea Ault-Brutus, Dei-In Tang, and Katherine Marcal. 2015. "Time-Limited Case Management for Homeless Mothers With Mental Health Problems: Effects on Maternal Mental Health." *Journal of the Society for Social Work and Research* 6 (4): 515–39.
10. Shinn, Marybeth, Judith Samuels, Sean N. Fischer, Amanda Thompkins, and Patrick J. Fowler. 2015. "Longitudinal Impact of a Family Critical Time Intervention on Children in High-Risk Families Experiencing Homelessness: A Randomized Trial." *American Journal of Community Psychology* 56 (3–4): 205–16.
11. Stergiopoulos, Vicky, Stephen W. Hwang, Agnes Gozdzik, et al. 2015. "Effect of Scattered-Site Housing Using Rent Supplements and Intensive Case Management on Housing Stability Among Homeless Adults With Mental Illness: A Randomized Trial." *JAMA* 313 (9): 905–15.

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