Researchers Identify Supportive Housing Options and Costs for People Living With HIV/AIDS

Cost-effectiveness study of supportive housing for people living with HIV/AIDS

SUMMARY

Researchers from the Vanderbilt University Institute for Public Policy Studies subcontracted with Mathematica Policy Research and AIDS Housing of Washington to conduct the AIDS Housing Cost Study, a descriptive study of supportive housing options available to people living with HIV/AIDS.

Supportive housing combines permanent housing with access to social, medical, mental health and substance abuse services for low-income and special-needs populations such as people with serious mental illness, HIV/AIDS and substance use disorders.

Key Findings

- A wide range of housing assistance options exist across the country for people living with HIV/AIDS, ranging from emergency housing to permanent housing solutions.

- The permanent housing that is dedicated for people living with HIV/AIDS clusters into four categories:
  
  - Scattered-site rentals—rental vouchers and certificates are used in the general housing market and provide few on-site services.
  
  - Low-service buildings—small apartment buildings with eight to 18 units owned or managed by a social service agency that provides few on-site services.
  
  - Buildings for individuals with mental health or substance abuse problems—which provide an array of on-site services including case management, substance abuse and mental health services, and may offer assistance with money management, daily living, health care, meals and medication monitoring.
  
  - High-service buildings—which provide a large number of on-site services, with an emphasis on health-related services such as medication monitoring, assistance
with daily living and home health care, as well as substance abuse and mental health services.

- The cost of providing HIV/AIDS housing can be as low as $400 per month or as high as $5,000 per month, depending on the costs of housing in a given city, the intensity of services delivered through the housing and the level of need presented by the residents.

**Funding**

The Robert Wood Johnson Foundation (RWJF) provided $474,527 to support this solicited project from January 1998 through August 2004.

**THE PROBLEM**

To date, there has been little information available describing the range of supportive housing options for people with HIV/AIDS, the services provided through the housing, and the cost of the housing and services, according to the project director. A key issue for policy-makers planning to fund new supportive housing programs for people with HIV/AIDS is determining how much it will cost to operate various types of buildings and programs. There is little information, however, to aid them in their cost planning.

The lack of information is due in part to the way supportive housing has been rapidly evolving as both the populations affected and the treatments available have changed.

- The federal Health Resources and Services Administration reported that during the 1990s, medication advances increased the lifespan of people living with AIDS as well as staved off the onset of AIDS for those who contracted the HIV virus.

- In addition, drug regimens have become simpler and easier to follow. In 2001 the Centers for Disease Control and Prevention (CDC) estimated that more than 300,000 people were living with AIDS—largely due to improved treatments.

The federal Agency for Healthcare Research and Quality's AIDS Cost and Services Utilization Survey conducted an 18-month prospective study examined health care services and costs for people being treated for HIV in 10 cities across the country. It found:

- For those with HIV/AIDS who are living longer but are unable to work or can only work limited hours due to their illness, homelessness and housing instability have become greater risks and realities.
  - An estimated 9 percent of the people with HIV/AIDS live in unstable housing.
  - The rates of housing instability were higher for the most vulnerable and fastest-growing segments of the population now becoming infected, including African Americans, women, injection drug users and those reliant on public insurance.
CONTEXT

RWJF has made a substantial investment in demonstrating and evaluating the feasibility and utility of supportive housing for people with chronic health conditions, starting with the Program on Chronic Mental Illness in 1986 and continuing with the Homeless Families Program in 1988, totaling almost $33 million.

More recently, in 1991 and 1995, two grants totaling $8 million were made to join with other foundations to support the Corporation for Supportive Housing, a national fiscal intermediary for stimulating and facilitating the building of supportive housing for people with chronic health conditions. See Program Results Reports on ID#s 018047 and 019309, ID# 021883 and ID# 027072.

THE PROJECT

The purpose of the AIDS Housing Cost Study was to conduct a systematic study of supportive housing options available to people living with HIV/AIDS. Supportive housing combines permanent housing with access to social, medical and mental health services for low-income and special-needs populations, such as people with serious mental illness, HIV/AIDS and substance use disorders. The study was designed to:

- Estimate the number of supportive housing providers, and the number of supportive housing units dedicated to persons with HIV/AIDS.
- Understand how AIDS housing is structured, how it operates, what groups it serves and what it costs.
- Examine how AIDS housing programs fit within the overall system of care for people with AIDS.

A team of researchers from the Vanderbilt University Institute for Public Policy Studies, Mathematica Policy Research and AIDS Housing Washington conducted the study from 1997 through 2000. (See Appendix 1 for a list of the research team members.)

- The Vanderbilt University Institute for Public Policy Studies is Vanderbilt's center for public policy research and practice.
- AIDS Housing Washington is a Seattle, Wash., nonprofit that develops HIV/AIDS housing locally and provides technical assistance nationally.

To advise them on study design and implementation, the researchers convened an advisory group that included operators of supportive housing agencies and
representatives of the federal Department of Housing and Urban Development. (See Appendix 2 for a list of members.)

The project team planned to use the results of the study to lay the groundwork for a second phase of research in which they would conduct a randomized study in selected supportive housing programs to assess the cost effectiveness of housing for individuals with HIV/AIDS and their families.

**Methodology**

The study team used multiple data-collection methods to answer the study questions. Specifically, the study team:

- **Conducted a census of AIDS housing providers.** The first round of data collection in the summer and fall 1998 consisted of a brief telephone survey to develop a census of HIV/AIDS housing providers. The study team identified a list of 1,085 organizations as eligible to be contacted and conducted interviews with representatives of 922 of them. The team collected information on the background of the organization, organizational funding sources and the details of the facilities and/or rental assistance programs operated by the organizations.

- **Conducted an in-depth survey of AIDS housing providers.** To obtain more information on the nature of the housing provided and populations served, the study team conducted an in-depth telephone survey in the winter of 1999 with the 216 providers operating 20 or more units of housing dedicated for people living with HIV/AIDS. The team collected detailed information on each organization such as:
  - The number of full-time employees and total operating budget.
  - The types of building and/or rental assistance programs operated by the organization, including:
    - Number and type of units.
    - Funding sources for each specific building/program.
    - Services and supports provided.
    - Housing policies and procedures.
    - Eligibility criteria.
    - Tenant/participant demographics and characteristics.
    - The number and type of onsite staff.

- **Conducted site visits.** During the spring and summer of 1999, the study team conducted two- to three-day site visits to eight cities: Atlanta, Chicago, Houston, Los
Angeles, New York, Philadelphia, Seattle and St. Louis. To understand the overall housing and service systems in the community, the team conducted:

- Individual interviews with program directors from selected housing programs.

- Focus group interviews with staff and tenants.

- In-person interviews with local representatives of the federal Housing Opportunities for Persons with AIDS program, local representatives of the Department of Health and Human Services Ryan White CARE Act programs, public health officials and housing officials. (See Appendix 3 for descriptions of these federal programs.)

- **Obtained cost data.** During the summer of 2000 the study team analyzed the costs of running different types of housing programs. The study team conducted phone interviews with staff at four different programs in four of the site-visit communities and reviewed each organizations' financial documents, including:

  - Unaudited budget projections and expenditure reports.

  - Audited tax returns.

  - Annual reports.

  - Program brochures.

  - Staffing charts.

  - Sub-contracts and reports for various federal programs including Shelter Plus Care, Ryan White CARE Act and the federal Housing Opportunities for Persons with AIDS program. (See Appendix 3 for descriptions of these federal programs.)

The study team wrote a report to RWJF and an unpublished article. The team also presented the findings at the Third and Fourth National HIV/AIDS Housing Conferences in 1998 and 2001 respectively. (See the Bibliography for details.)

**FINDINGS**

The study team described the following findings in a report to RWJF, *Permanent Housing for Persons with HIV/AIDS: Understanding the Structure, Operation and Costs of Alternate Approaches*:

- **A wide range of housing assistance options exist across the country for people living with HIV/AIDS, from emergency housing to permanent housing solutions.** States with the highest number of people living with HIV/AIDS, such as California, New York, Florida and Texas, have the highest number of HIV/AIDS housing providers and housing units dedicated to people living with HIV/AIDS. More than
one-quarter of the housing providers identified by the study are located in California and New York.

- **The array of residential options developed for people living with HIV/AIDS prior to the emergence of antiretroviral drug therapies included short-term and emergency housing, transitional housing and residential programs for individuals with high medical needs.** These options still exist, but are changing in order to meet the changing needs of individuals with HIV/AIDS, who as a group are living longer, relying more on community services and needing long-term permanent housing more than short-term, stop-gap solutions.

- **The permanent housing that is dedicated for persons living with HIV/AIDS cluster into four categories:** (1) scattered-site rental; (2) low-service buildings; (3) buildings for individuals with mental health or substance abuse diagnoses; and (4) high-service buildings.

  — **Scattered-site rental programs** constitute the largest amount of permanent housing in most communities. Peoples with HIV/AIDS use these programs via rental voucher and certificates that can be used in the general housing market. They provide few onsite services, usually case management. The cost for this housing ranged from $500 to $1,500 per rental unit per month and the bulk of the cost is housing related.

  — **Low-service buildings** are typically small apartment buildings with eight to 18 units owned or managed by a social service agency that provides a few onsite services, such as case management. The cost for this housing ranged from $900 to $1,550 per rental unit per month and the bulk of the cost is housing related.

  — **Buildings for individuals with mental health or substance abuse diagnoses,** in addition to HIV/AIDS, typically provide an array of onsite services, including case management, substance abuse and mental health services. Many also offer assistance with money management, daily living, health care, meals and medication monitoring. The buildings have lower tenant-to-staff ratios, such as one staff member for every three to four residents, reflecting the high number of services being provided. The cost for this housing was $2,400 per resident per month, with more than $1,500 attributed to the cost of providing services.

  — **High-service buildings** were much less common and were characterized by a large number of on-site services, with an emphasis on health-related services such as, medication monitoring, assistance with daily living, home health care as well as substance abuse and mental health services. Staff-to-tenant ratio is low due to the significant number of nurses, certified nurse assistants, and home health aids on site. The cost for this housing was significantly higher than the other permanent housing options, ranging from $3,050 to $5,100 per resident per month. Service costs constitute a significant portion of the total cost for this housing.
The cost of providing HIV/AIDS housing can be as low as $400 per month or as high as $5,000 per month, depending on the costs of housing in a given city, the intensity of services delivered through the housing and the level of need presented by the residents. The researchers report that the typical costs for supportive housing per resident per month are $400 to $1,000 for housing; $400 to $1,700 for support services; and $100 to $600 for administration and overhead.

The fluctuations in the number of people becoming infected with HIV/AIDS and uncertainties that current drug therapies will continue to be effective makes it difficult for providers of HIV/AIDS housing to know how best to revamp their systems to meet both current and future needs. Whether housing with intensive medical services will be needed in the future is uncertain, as is the extent to which other types of on-site services will be needed.

Communities struggle with filling housing and service gaps for specific subgroups of people living with HIV/AIDS. The researchers identified four continuing needs:

- “Harm reduction” models for individuals with multiple diagnoses that help individuals reduce the harmful effects of substance abuse rather than require abstinence.
- Housing for undocumented immigrants and ex-offenders, who due to federal law are not eligible for programs that receive funding from federal housing authorities.
- Case management services to handle the increasing case loads due to more people staying in the system longer.
- Access to mental health and substance abuse services.

Policy Implications

The researchers discussed the following policy implications of their work in the report to RWJF:

- The federal Housing Opportunities for Person with AIDS program continues to offer a valuable funding source for communities. Its flexibility offers communities an opportunity to meet their particular needs, fill funding gaps, and develop innovative housing and service approaches.

- More flexibility is needed, however, regarding restrictions in federal and other programs in providing housing to individuals who have been previously convicted of a criminal offense. For ex-offenders who not only have served their time in prison, but have demonstrated their ability to live successfully in the community, past offenses may continue to block their access to affordable permanent housing. Communities and providers need some ability to adapt current restrictions.
More understanding is needed about the housing models that work for different populations, especially for individuals with coexisting substance abuse and/or mental health disorders. Examining these models and determining if they are cost effective can help to ensure that the limited dollars that are available for HIV/AIDS housing are used in a manner that is guided by the best available knowledge.

AFTERWARD

RWJF declined to fund the second phase of the research project examining the cost effectiveness of supportive housing for people with HIV/AIDS. The project ended with the completion of this grant.

RWJF has continued to support the Corporation for Supportive Housing to:

- Develop a program called Taking Health Care Home (ID#s 043050 and 051162).
- Develop supportive housing in Baltimore (ID# 053463).
- Develop matching funds for the Partnership to End Long Term Homelessness (ID# 053649).
- Establish supportive housing as an essential component of reintegrating ex-offenders into communities (ID# 053461).

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APPENDIX 3

Federal Program Descriptions

Housing Opportunities for Persons Living with AIDS

This program is designed and operated by social service agencies within states but funded by the federal Department of Housing and Urban Development. The purpose of this program is to fund long-term, comprehensive strategies for providing affordable housing and supportive services for low-income people with HIV/AIDS and their families.
**Ryan White CARE Act**

The United States Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990. It provides federal funds to pay for medical and social support services for people living with HIV/AIDS with low incomes and little or no health insurance. The Ryan White CARE Act is administered by the federal Health Resources and Services Administration's HIV/AIDS Bureau.

**Shelter Plus Care**

This program of the federal Department of Housing and Urban Development is designed to provide housing and supportive services on a long-term basis for homeless people with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs and AIDS or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters.

**BIBLIOGRAPHY**

*(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)*

**Articles**


**Reports**