



Supportive Housing: Optimizing Placements

Project SHOP

Supportive Housing: Optimizing Placement

NIDA R01DA038-85

Overview

- 5 year study of the comparative effectiveness of different PSH models for particular housing residents
- NIDA-funded (R01DA0308085). Grant title: Comparison of supportive housing models for HIV+ and at-risk chronically homeless
- Collaborating agencies: Center for AIDS Intervention Research (CAIR), AIDS Foundation of Chicago, Center for Health and Housing

Specific Aims

- To develop a typology of supportive housing programs
- To use the developed typology to examine the effectiveness of different types of supportive housing programs on residents' sexual and injection risk, substance use, ART/treatment adherence, and housing satisfaction and stability.
- To determine the cost-effectiveness of different supportive housing types for different clients

Background: What We Know

- Permanent supportive housing works to:
 - Keep residents stably housed
 - Decrease hospitalizations, ER visits, and nursing home days
 - Increase access to regular health care
 - Improve health quality of life
 - Decrease substance use and sexual risk
 - Decrease incarceration
 - Improve adherence to ART
- Homelessness or unstable housing is associated with increased vulnerability to HIV infection
- Over half of those with HIV list housing as one of their most pressing needs

Background: What We Don't Know (Scientifically)

- Permanent supportive housing is an umbrella term that can cover a variety of supportive housing models, for example
 - Project-based versus scattered-site
 - Harm reduction versus requiring some degree of treatment adherence or substance use abstinence
 - How case management is provided (client ratio, ACT team)
 - Other services provided as part of the program
 - Demographics and disabilities of residents
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Methods

- In-depth interviews with providers of different 30 PSH agencies (n=60)
- Coded for major themes
- Programs within each PSH agency were assessed based on 30 identified variables
- Variables will be added to PSH residents' surveys measuring health outcomes

Results: Differences that seem to make a difference

- Whether agency existed prior to providing PSH, and what its previous mission was (AIDS hospice, behavioral health, shelter for homeless etc.).
- Whether PSH is the major mission
- Diversity of funding
- Number of units (range 22 to 1075)

Results: Differences that seem to make a difference

- Population served (Chronically homeless, HIV, dual diagnosis, SMI, disabled, women or veterans)
- Client to case manager ratio (range 10:1 to 55:1)
- Housing type (project-based, scattered site, congregant living, SRO, Safe Haven)
- Property Management (Separate, Blended, Integrated)

Results: Differences that seem to make a difference

- Other full time service providers (in addition to caseworkers): nurse, mental health providers, 24-hour access, employment programs, housing locator
- Formalized assessment to determine different levels of care
- Use of ACT or CST (one agency)
- One abstinence based program

Challenges

- Many agencies have multiple supportive housing programs, targeting different populations, with different caseworker to client ratios, scattered and project based
- PSH is a moving target. In addition to adding new PSH units, agencies seek funds to lower client to caseworker ratios, for example