

An Evaluation of Specialized Services that Support AIDS Housing Providers in the Greater Boston Area



Excerpts from:
The SHARE 2000 Final Report to the AIDS Housing Corporation

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December 20, 2000

This project was funded by a grant from the AIDS Housing Corporation, Boston, Massachusetts.

BACKGROUND

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Recent advances in the treatment of HIV/AIDS have slowed AIDS death rates and progression of the disease for many individuals. This opportunity for improved health also presents many new challenges for people in several aspects of their lives, including housing. There is a growing demand for housing and housing-related services by people living with HIV and AIDS. HIV/AIDS housing programs must continue to expand their service capacity beyond basic residential and support services to fully meet the needs of consumers living in their programs.

To address this issue, in 1995 the AIDS Housing Corporation (AHC) submitted a proposal to lead a cooperative partnership designed to meet the unmet needs of HIV/AIDS housing programs in Greater Boston. This project, the Supported Housing Agencies Resource Exchange (SHARE 2000), was funded under the Special Projects of National Significance Program (SPNS), Housing Opportunities for People with AIDS (HOPWA) program of the United States Department of Housing and Urban Development (HUD). The funding was renewed in 1998.

The SHARE 2000 project has numerous innovative components designed to meet the demand for a wide range of housing-related services. SHARE 2000 has formed a multi-agency collaborative by bringing together the expertise and experience of seven different agencies. It has formed five new programs, each with a different set of services. In developing SHARE 2000, AHC recognized the importance of leveraging existing resources and worked with each agency to design a set of services that would make the best use of their resources. In addition to AHC, the collaborative partnership includes the following agencies: AIDS Action Committee, Justice Resource Institute, Massachusetts Coalition for the Homeless, Victory Programs, Boston Living Center, and Latino Health Institute.

The SHARE 2000 programs were specifically directed to support HIV/AIDS housing programs and individuals living with HIV and AIDS by:

- Providing furnishings for housing programs and for individuals moving into their own apartments;
- Providing relief staff to HIV/AIDS housing programs when needed; and
- Training HIV/AIDS housing staff in a wide range of areas and providing ongoing support.

In 1999, the Health and Disability Working Group at the Boston University School of Public Health was hired to conduct an evaluation of four of the components of SHARE 2000 to determine whether the objectives were being met. A fifth program, the HomeStead Program based at the Boston Living Center, was evaluated separately by the AIDS Housing Corporation.

In carrying out the evaluation we used both quantitative and qualitative evaluation activities. They included interviews with program directors and other agency staff, a survey of individuals working in AIDS housing programs who used the SHARE 2000 resources, and a review of written documentation provided to AHC by each of the programs. This report presents the results of our evaluation.

PROGRAM DESCRIPTIONS

The SHARE 2000 Collaborative

Each program in the SHARE 2000 collaborative offers a unique type of service to the HIV/AIDS housing programs. The four programs we evaluated are described briefly below.

- **Donations Assistance Program (DAP)**

The Donations Assistance Program (DAP) is part of the furniture program at the Massachusetts Coalition for the Homeless (MCH). The component of DAP funded by SHARE 2000 provides donated household goods and furnishings to eligible HIV/AIDS scattered-site and congregate housing programs and consumers. Consumers are generally referred to DAP by their housing staff.

- **Direct Care Relief Program (DCRP)**

The Direct Care Relief Program (DCRP) is a SHARE-funded program managed by the Justice Resource Institute Health Division (JRI Health). It provides free, interim, direct care relief staffing to eligible Boston area HIV/AIDS housing programs. Staff are available to provide coverage for planned absences, such as trainings, meetings, and vacations; unplanned absences, such as illness; and when a resident requires more intensive support services during times of crisis. Pastoral counseling services are also available, including emotional support, grief counseling, and hospital visits. DCRP is available only to congregate housing sites.

- **HIV Housing Staff Training and Support Program (STSP)**

The HIV Housing Staff Training and Support Program (STSP) is the SHARE-funded professional training and support program provided by Victory Programs, Inc. STSP provides eight 12-hour professional trainings per year free of charge for all eligible HIV/AIDS housing program staff and volunteers. These trainings are a foundational series offered to all new staff and volunteers of the HIV/AIDS housing programs and for staff who need a “refresher.” The focus of the trainings is on self-care and wellness. Topics include dealing with grief and loss, setting professional/personal boundaries, and issues related to addiction and recovery. STSP also offers eight one-hour support group meetings for the relief staff of the Direct Care Relief Program and three yearly professional development trainings for affiliated staff of Victory Programs, Inc.

- **HIV Staff Skills Building Program (SSBP)**

The Staff Skills Building Program (SSBP) is coordinated by the housing advocacy manager at the AIDS Action Committee (AAC). It provides free trainings and workshops for eligible HIV/AIDS housing staff. The trainings allow staff to enhance their current proficiency and learn new skills in many areas, including universal precautions, addiction and mental health services, and treatment updates. SSBP builds on the foundational trainings offered by Victory Programs, Inc.

PROGRAM GOALS, OBJECTIVES, AND RESULTS

Each program submitted goals and quantifiable objectives they hoped to achieve. An important measure of the individual program evaluations was each program's ability to achieve their explicitly stated service use objectives. To determine whether the objectives were met, we used the data reports provided by each program to AHC on a quarterly basis. Due to limited data availability, we examined data from six quarters of the SHARE 2000 program: from January 1999 through the end of June 2000. Below is a brief summary of the individual programs' objectives and the results of this quantitative analysis.

Donations Assistance Program

A. Objectives

- 1) Respond to at least 90 percent of requests for furnishings from eligible agencies.
- 2) Respond to at least 90 percent of requests for furnishings from eligible agencies within 3 days
- 3) Provide at least 96 deliveries of furnishings over the 3-year period.
(given an 18-month timeframe for this evaluation, this means 48 deliveries during the evaluation period).

B. Results

DAP *fully met* all of their objectives.

Direct Care Relief Program

A. Objectives

- 1) 70 percent of available staff relief hours are used quarterly by eligible HIV/AIDS housing programs.
- 2) 70 percent of eligible HIV/AIDS housing programs use DCRP services at least once during the contract period.

B. Results

DCRP *fully met* the 70 percent of available relief staff used quarterly by eligible housing programs, and *exceeded* the 70 percent of eligible housing programs using their services at least once during the contract period.

HIV Housing Staff Training and Support Program

A. Objectives

- 1) 7 professional development trainings are offered each year.
- 2) 175 housing staff are trained over the contract period.
- 3) 25 percent increase in training participation during the contract period.
- 4) 8 1-hour support group meetings (or 1 full support group over 8 weeks) are offered each year for DCRP relief staff.

B. Results

SSTP exceeded the 7 professional trainings offered yearly and as of June 2000, were on target to meet their goal of training 175 housing staff over the course of the contract period. The 25 percent increase in training participation during the contract period could not be assessed due to the lack of an established baseline number of participants in the program. SSTP fully met their targeted annual support group meetings.

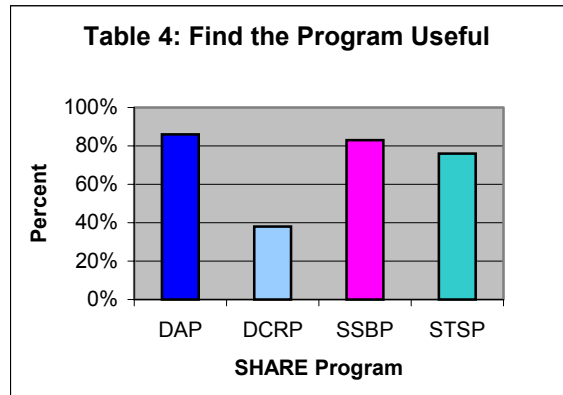
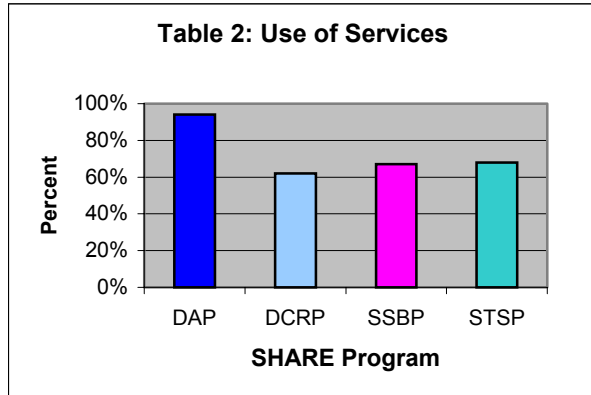
HIV Staff Skills Building Program

A. Objectives

- 1) Number of trainings provided each year.
- 2) 65 percent of eligible agencies send staff to at least 1 training.
- 3) 90 percent of staff who attend trainings are satisfied or highly satisfied with the trainings.

B. Results

SSBP's first objective is not measurable without a target number of trainings to achieve annually. At the end of 6 quarters, SSBP had provided training to 36 percent of eligible agencies; however an increase in this percentage is expected, due to the hiring of a new program coordinator and the implementation of strong marketing efforts. SSBP exceeded their third objective.



Key: DAP = Donations Assistance Program
DCRP = Direct Care Relief Program
SSBP = Staff Skills Building Program
SSTP = Staff Training and Support Program*

Note: Results for STSP are for the trainings, not for the support group meetings

RECOMMENDATIONS

Overall, the results of our evaluation indicated that the SHARE 2000 program was extremely successful in both meeting their stated objectives and providing essential services to HIV/AIDS housing programs and individuals with HIV/AIDS in the HOPWA catchment area of Greater Boston. Of the housing programs that were aware of the SHARE 2000 services and used them, 75 percent found them easy to use and 77 found them useful. Described below are several key points that emerged from the evaluation.

Based on our evaluation we made the following recommendations.

- In addition to communicating about schedules to avoid overlap, the training program directors should also collaborate on the content of the trainings. This would enhance the marketing of the two training programs as truly complimentary for new staff.
- The SHARE programs should create calendars for three-month intervals (e.g., January through March) that list the training topics and dates for possible furniture delivery and special give-away events, in addition to the general SHARE 2000 flyer. This would allow housing programs to plan around scheduled events and would be more effective than repeated mailings about individual components of SHARE.
 - The programs should develop a current, updated database of contact information for the 33 eligible housing programs so that marketing materials can be sent to the correct people.
 - The database could be created in an MS Excel or MS Access format to allow it to be used with most common database software, and to allow for an easily printed version for quick reference.
 - Each SHARE program could assume responsibility for updating the information on eight to nine housing programs and sharing that information with the other program directors at monthly SHARE meetings.
- In general, overall collaboration among the agencies that run the SHARE 2000 programs should be improved. There is room for even more collaboration beyond the meetings that have been held at AHC, the informational breakfast, and the recently developed SHARE 2000 flyer.

CONCLUSION

The following three key points have emerged during the course of our evaluation of SHARE 2000:

1. Concrete Services

The *concrete services* that the SHARE 2000 programs have provided have had a major impact on improving the quality of life for residents of the HIV/AIDS housing programs. Conversations with housing program directors during the course of the telephone survey revealed sincere

gratitude for the furnishings provided by DAP and surprise at the high quality of the items. This service is key, as it is available to both residents moving out of the housing programs and the programs themselves.

The staff provided by DCRP represents another concrete service, one that benefits both the staff and residents of congregate housing sites. Having a pool of qualified, trained HIV/AIDS housing program relief staff has been a significant help in dealing with unplanned absences and vacation. It has also given the housing programs the flexibility to send staff to training and support sessions, such as the ones offered by STSP and SSBP. These sessions provide a necessary service to the staff and volunteers of the HIV/AIDS housing programs as well as a much-needed break from the rigors of caring for individuals with HIV/AIDS.

2. Use of Existing Infrastructure

The use of existing *structures* and frameworks such as those provided by the Massachusetts Coalition for the Homeless and the AIDS Action Committee to provide necessary services to individuals with HIV/AIDS at the housing programs have been successful. For example, DAP has existed as part of the furniture program at the Coalition since 1985 serving formerly homeless and very low-income individuals. Because of this past experience with furnishings distribution, DAP had an extremely high (94 percent) rate with the HIV/AIDS housing programs and achieved a 94 percent use rate. Eighty-six percent of the programs surveyed found DAP's services useful.

Like DAP, the structure for the trainings offered by Victory Programs, Inc. and AIDS Action Coalition were in place before the SHARE collaboration was funded. These agencies bring a history of work in the HIV/AIDS field to the SHARE collaboration. Additionally, DCRP made use of the Huntington at Symphony site, and the expertise of their staff in providing services to HIV positive individuals.

3. Changes in HIV Epidemic and Impact Upon Needed Services

The evaluation has illuminated a trend in the HIV/AIDS field overall that is important for each of the SHARE 2000 programs: the AIDS epidemic has changed and is continuing to change. The development of better treatments has allowed people with HIV/AIDS to live longer, fuller lives. The result is a change in the types of services needed by staff and residents of HIV/AIDS programs. This has led to new challenges and a need for flexibility in the types of trainings that are offered to the staff and volunteers of the HIV/AIDS housing programs. For example, STSP has needed to change structurally throughout the course of the SHARE collaboration. Also, the new director of SSBP is working on new ways to present her trainings in order to attract a greater audience of staff and volunteers.

The changes in the HIV/AIDS epidemic present an opportunity for the SHARE 2000 programs to build on their current successes by enhancing their collaboration and continuing to improve their marketing techniques. These changes also allow them to serve as a model for other organizations as the world of AIDS service providers continues to evolve.

Strengths of the Individual Programs

One of the strengths of SHARE 2000 is that each organization offers a different service to staff, volunteers, and residents of the 33 eligible HIV/AIDS housing programs. For example:

- DAP has made excellent use of their expertise in providing household goods to formerly homeless or low income individuals to provide services to people living in the HIV/AIDS housing programs.
- DCRP has made use of the Huntington at Symphony site as a place for their relief staff to be centrally located and continually trained on issues related to housing when they are not needed at one of the eligible housing sites.
- Victory Programs, Inc. has taken their holistic approach to self-care and effectively incorporated it into a support and training series that is unique in style and serves as a complement to the AAC training series.
- The SSBP series uses AAC's history in the field of HIV/AIDS in Boston to offer essential updates and information for people serving the residents of the HIV/AIDS housing programs.

By continuing to build on individual strengths and expertise and fostering a deeper level of collaboration with each other, the programs in SHARE 2000 will continue to excel at providing essential services to individuals living with HIV/AIDS in the greater Boston area. Of equal importance, SHARE 2000's use of existing organizations to provide services to a specific subset of the population, people living with HIV/AIDS at 33 scattered-site and congregate housing programs, provides a model for future organizations to replicate when they aspire to offer services to specific subsets of the HIV positive population.