



Public Report

Utilization of HUD Section 8 Housing by Adults Discharged from State Psychiatric Hospitals in Eight States

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Executive Summary:

Access to safe and affordable housing for adults with serious mental illness is an important area of concern. This paper examines utilization of HUD Section 8 housing by adults discharged from state psychiatric hospitals in eight states. The analysis relies exclusively on anonymous extracts from the administrative databases of state psychiatric hospitals for adults discharged during calendar 2004 and residents of Section 8 housing programs on May 2, 2005. Analysis determined that utilization of Section 8 housing on May 2, 2005 by these adults ranged from 6% to 15% across the states. Findings indicate that adults discharged from state psychiatric hospitals were substantially more likely than individuals in the general population to live in Section 8 housing on a specified date. Among adults discharged, women were more likely than men in all states to use Section 8 housing. Results were inconsistent across states for age groups and race/ethnicity groups.

The NASMHPD Research Institute, Inc. (NRI) operates the Behavioral Healthcare Performance Measurement System™ (BHPMS) to provide state psychiatric hospitals with information useful to their quality improvement activities. Performance measurement and quality improvement are interwoven activities, each providing the other with a view of the impact of care practices on the outcomes for individuals. An important outcome of inpatient psychiatric services is the transition to community living. One aspect of community living is safe and affordable housing.

Access to safe and affordable housing for adults with serious mental illness, especially those discharged from inpatient care in state hospitals, is a long-standing concern of state mental health program directors, service system researchers, and program evaluators. Early discussions of mental health information systems included an emphasis on housing that was seen as “significant for both the etiology and prognosis for a mental illness” and noted that “changes in a patient’s residential arrangement during treatment are regarded by many clinicians as instances in which the client may need special attention due to increased stress”(1). More recently, the President’s New Freedom Commission listed “adequate and affordable housing” as essential to consumers’ ability to participate fully in their communities (2).

Today, stability in housing is one of the National Outcomes Measures (NOMs) being promoted by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The NOMs system anticipates standardized measurement and reporting of performance measures. “Ultimately, they will be aligned across all of SAMHSA’s programs, and by FY2007, they will be implemented with the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant”(3). The following report

discusses the analysis of the utilization of Housing and Urban Development (HUD) Section 8 housing by adults discharged from state psychiatric hospitals.

Methods

Under agreements with the state psychiatric hospitals, the NRI may create HIPAA compliant limited data sets from the BHPMS for quality improvement research. A small sample of states was used in the analysis in order to evaluate the feasibility of measuring access to Section 8 housing by adults discharged from state psychiatric hospitals. Are significant numbers of adults discharged with housing options that include Section 8 housing? The sample included eight states that have one state psychiatric hospital; those states vary in size and region of the country. Since these state psychiatric hospitals serve individuals throughout the state, the indicator can be specific to the hospital. In states with multiple hospitals, an assumption that all clients in a hospital belong to that region of the state would need to be made; this first analysis chose not to evaluate that assumption. The limited data set was an anonymous extract of all individuals discharged during calendar 2004 from the psychiatric hospital in the eight states. A combined total of 4,909 adults were discharged from these eight state psychiatric hospitals.

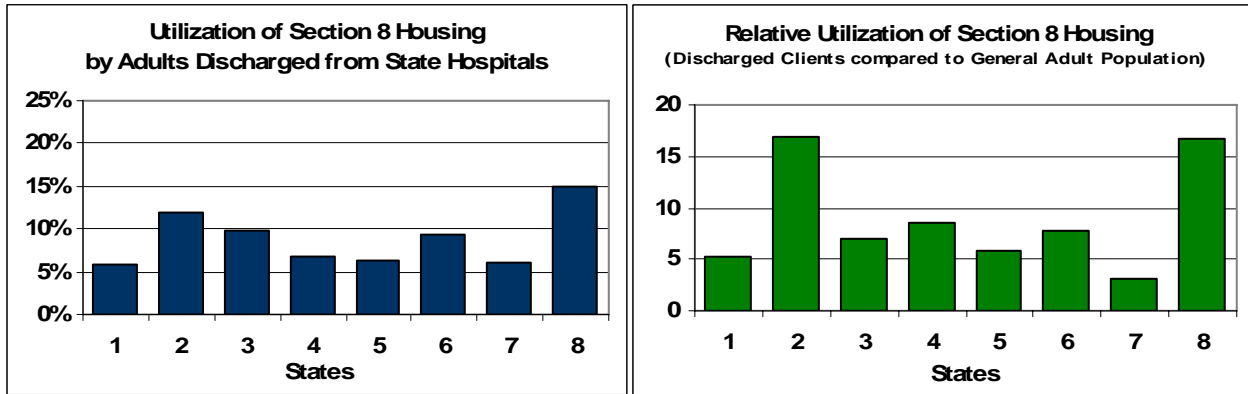
The Bristol Observatory obtained an anonymous extract of individuals living in Section 8 housing on May 2, 2005 from the HUD Public and Indian Housing Information Center. The HUD Section 8 housing choice voucher program is the “federal government’s major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses, and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the US Department of Housing and Urban Development (HUD) to administer the voucher program” (4). A combined total of 104,428 adults were living in HUD Section 8 housing on May 2, 2005 in the eight states included in the analysis.

The data used in the analysis were anonymous extracts from larger data systems. In order to address the question of how many adults discharged from the state psychiatric hospitals used Section 8 housing on the specified date, The Bristol Observatory applied the Probabilistic Population Estimation methodology (PPE). PPE is a statistical data-mining tool that measures the number of people represented in data sets that do not share unique person identifiers PPE reports how many people are represented in and across data sets, but does not reveal who the people are. These estimates are based on a comparison of the observed distribution of dates of birth in HIPAA-compliant "limited data sets" with the expected distribution of dates of birth. The validity and reliability of this procedure have been demonstrated elsewhere (5). This approach is unobtrusive and it protects the personal privacy of individuals and the confidentiality of medical records because it does not depend on personally identifying information (6).

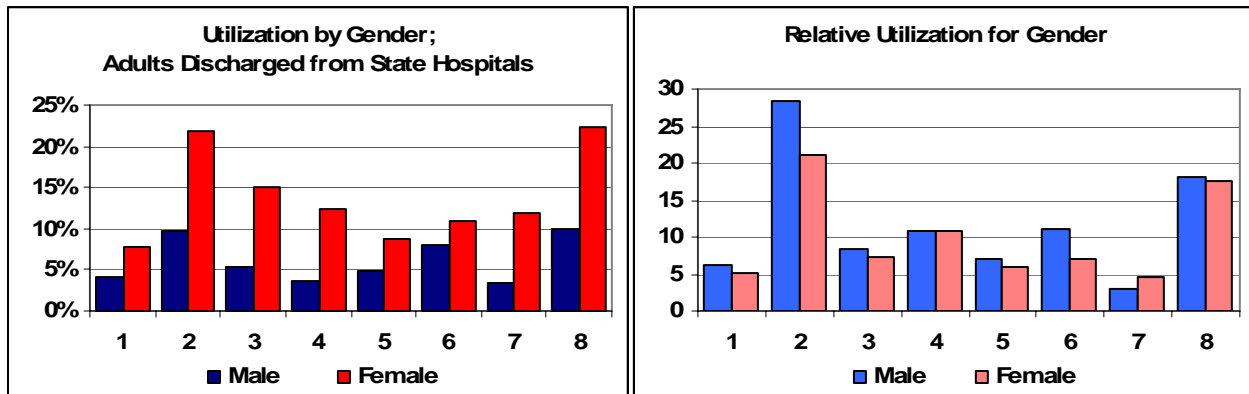
Findings

The study focused in 4,909 adults who were discharged from state psychiatric hospitals in eight states in calendar year 2004. The number of individuals discharged from the state psychiatric hospitals in these eight states varied from 300 to more than 1,000. Utilization of

Section 8 housing on May 2, 2005 by these adults ranged from 6% to 15% across the states. In the general population, from 0.7-1.9% of adults lived in Section 8 housing across these states. In every state, adults discharged from state psychiatric hospitals were substantially more likely to live in Section 8 housing than the general population of the state. The magnitude of the difference varied from state to state, ranging from 3.2 times as likely to more than 16 times as likely as members of the general population to live in Section 8 housing.

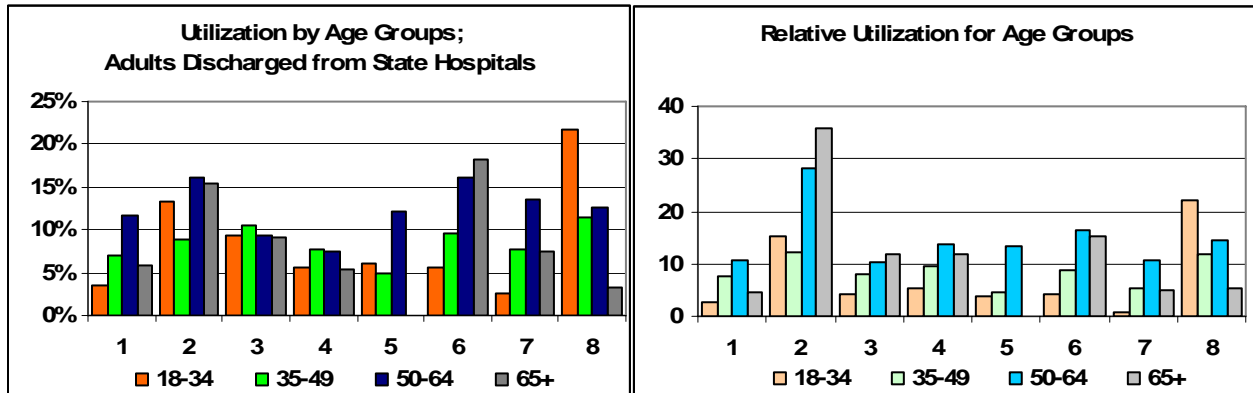


In every state, women discharged from state psychiatric hospitals were more likely than men to access Section 8 housing. Across the states, 8% to 22% of women discharged from state psychiatric hospitals used Section 8 housing; and 4% to 10% of men discharged from state psychiatric hospitals used Section 8 housing. In relation to the general population, women discharged from state psychiatric hospitals were 4.6-21.2 times as likely to live in Section 8 housing compared to women from the general population. Men discharged from state psychiatric hospitals were 2.9-28.3 times as likely to live in Section 8 housing compared to men from the general population.

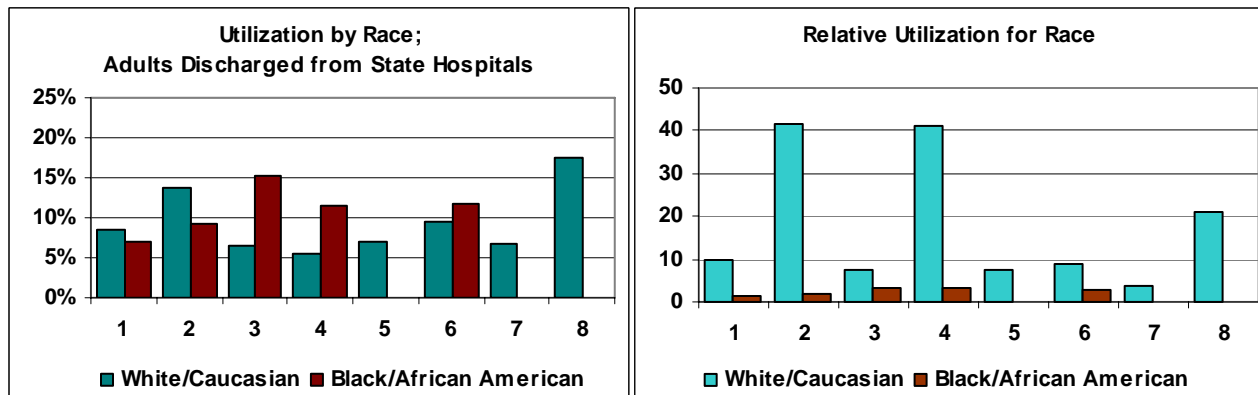


The influence of the age of adults discharged from state psychiatric hospitals on utilization of Section 8 housing was much less consistent across the states. The rates ranged from 3% to 22% for youngest adults age 18-34, 5% to 11% for 35-49 year olds, 7% to 16% for 50-64 year olds, and 0% to 18% for elder adults age 65 and older. In two states, there were only small differences among age groups in utilization of Section 8 housing. In five states, older people (aged 50+) discharged from state psychiatric hospitals were much more likely than younger people to live in Section 8 housing. Finally, in one state, utilization of Section 8 housing was

greatest for young adults (age 18-34). In relation to the general population, relative utilization varied across states and age groups.



The influence of the race/ethnicity of adults discharged from state psychiatric hospitals on likelihood of occupying Section 8 housing tended to be small and not at all consistent across states. The utilization rate for White adults ranged from 6% to 14%. These rates, when compared to the general population, reflect an increase rate of access ranging from 3.9 to 41.5 times the general population of White adults. The utilization for Black adults ranged from 7% to 15%, reflecting an increase of 1.6 to 3.3 times as likely as the general Black adult population of the state. Comparisons for other race groups are not reported due to the small number of states.



Discussion

Administrative databases used in this study provide a level of comprehensiveness difficult to achieve in special studies. Minority populations are included in numbers adequate to provide confidence in findings, identical outcome measures for the general population exist within the databases, the problem of subjects lost to contact is minimized, and studies can be replicated at a reasonable cost because the data and analytic tools are already in place (7).

The initial analysis used two overlapping populations of adults discharged from state psychiatric hospitals. One population included all adults discharged from the state psychiatric hospitals during a single year (2004). The second population included all adults discharged during a five-year period (2000-2004). The Section 8 housing status for both populations was determined for May 2, 2005. As provided above, findings for the single year cohort indicate that the rate of access to Section 8 housing ranged from 6% to 15% across the states. The findings for

the multiyear cohort were more difficult to interpret because of the large variation in the length of time from discharge to the residential measurement. In addition, findings regarding the multiyear cohort produced more statistical uncertainty because the size of the discharge cohort increased substantially while the number of discharged patients in Section 8 housing increased very little. This change in the ratio of all discharges to those using Section 8 housing increased the statistical uncertainty. Future studies should therefore focus on utilization of Section 8 housing by single year cohorts using a short lag period from discharge, and repeated for a number of discharge-year cohorts.

Utilization of Section 8 housing on May 2, 2005 by adults discharged from state psychiatric hospitals in calendar 2004 ranged from 6% to 15% across the states. Demographic variables provided an initial assessment of differences in utilization of Section 8 housing for adults discharged from these state psychiatric hospitals. In every state, women discharged from state psychiatric hospitals were more likely than men to access Section 8 housing. In five states, older people (aged 50+) discharged from state psychiatric hospitals were much more likely than younger people to live in Section 8 housing. Finally, a small and inconsistent influence was found for the race/ethnicity of adults discharged from state psychiatric hospitals on likelihood of occupying Section 8 housing.

Understanding utilization patterns by the general population can be informative when measuring access for adults discharged from state psychiatric hospitals. For instance, women in the general population have greater utilization of Section 8 housing than men. Women discharged from state psychiatric hospitals also had greater access than men discharged from the state hospitals. However, in most states men discharged from state psychiatric hospitals had higher rates of access than men from the general population as compared to the relative utilization rate for women. When relative utilization is about the same for demographic categories, the observed differences in access for the demographic categories reflect the underlying pattern for the general population.

Section 8 housing can serve as an outcome performance measure when in close proximity to the discharge. Adults would not need to be contacted after discharge because of the availability of the information in administrative databases. Future studies of Section 8 housing should evaluate the utility of clinical and legal categories for explaining variation in Section 8 utilization by adults discharged from state hospitals.

References

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Suggested Citation

John A Pandiani, Joan Mongeon, Karen Danyow, Steven Banks, and Lucille Schacht. (2006, January). *Utilization of HUD Section 8 Housing by Adults Discharged from State Psychiatric Hospitals in Eight States*. Alexandria, VA: NASMHPD Research Institute, Inc.