

Program Design and Evaluation Services

Oregon Housing Opportunities in Partnership:

Summary of Project Evaluation Design and Findings

Prepared by:

Nigel Chaumeton, PhD

Linda Drach, MPH

Julie Maher, PhD

Dena Wilson



Table of Contents

Executive summary.....	1
Background.....	1
Client Satisfaction Surveys	2
Key Informant Interviews.....	2
Information Reporting and Evaluation Activities.....	4
Comparison of 2002 and 2005 Needs Assessment Housing Data	4
Background.....	6
Evaluation Component 1: Client Satisfaction Surveys	8
Survey Development.....	8
Survey Distribution and Recruitment.....	8
Survey Findings	10
Demographics.....	10
Client Satisfaction	11
Changes in Clients' Housing Situation	15
Group Differences in Client Satisfaction	15
Access to HIV Care and Treatment	16
Health-Related Quality of Life	17
Limitations.....	18
Evaluation Component 2: Key Informant Interviews	19
Background.....	19
Development of Interview Guides	19
Recruitment.....	20
Analysis.....	20
Key Informant Interview Findings.....	20
Evidence of Program Benefits for Clients	20
Changes in the OHOP Program under DHS/HCS Management	23
Program Strengths.....	24
Challenges to the Effectiveness of the OHOP Program, and Suggestions for Improvement.....	27
Limitations.....	30
Evaluation Component 3: Identification of Data to be Included in the Client Utilization Database	31
Evaluation Component 4: Comparison of Housing Related Information Collected for 2002 and 2005 Needs Assessment Surveys	32
Background.....	32
Methods	32
Findings – Housing Data from the 2002 and 2005 Needs Assessment Surveys	33
Limitations.....	34
Conclusions	36
Appendix A	38
Client Satisfaction Survey	38
Appendix B	4447
Weighting of Data from the 2005 Needs Assessment Survey	4447

Oregon Housing Opportunities in Partnership Program

Summary of Project Evaluation Design and Findings

Executive summary

Background

The Oregon Housing Opportunities in Partnership (OHOP) program is funded by 3 grants from the Department of Housing and Urban Development (HUD), Housing Opportunities for Persons with AIDS (HOPWA). The OHOP program is administered by the Oregon Department of Human Services, HIV Client Services (DHS/HCS). The primary goals of OHOP are (a) to assist people living with HIV/AIDS (PLWH/A) in obtaining stable, sustainable housing so that they may avoid homelessness and (b) improve their access to, and engagement in, HIV care and treatment. Program Design and Evaluation Services (PDES) was contracted by DHS/HCS to evaluate the OHOP program. Four components were included in the scope of work.

1. Conduct post-intake client satisfaction surveys with clients enrolled in OHOP for six months or longer. Questions asking for clients' perceptions about the quality of OHOP services and suggestions for program improvements were included in the surveys, as were items pertaining to clients' HIV care and treatment.
2. Conduct key informant interviews with Housing Coordinators, Ryan White Care Act (RWCA) Case Managers, clients, and landlords. Interviews assessed the relative strengths and limitations of the OHOP program, and the degree to which clients benefit from participation in the program.
3. Provide technical assistance to DHS/HCS during the implementation of the CARE Ware 4.0 database, including identification of information necessary for reporting and evaluation activities to be included in client utilization records.
4. Utilize the 2002 and 2005 Needs Assessment surveys conducted with PLWH/A in Oregon to compare housing-related information across time.

Client Satisfaction Surveys

Client satisfaction surveys were mailed to ninety-one clients actively enrolled in the OHOP program for six months or longer. The survey asked 32 questions concerning client demographics, current living situation, satisfaction with their housing and Housing Coordinator services, and access to and engagement in HIV care and treatment. Overall, 73 clients (80.2%) returned completed surveys. Response rates did not vary significantly between the four OHOP regions (range 75-84%), or between clients who had (80%) and had not (80%) been incarcerated recently.

In general, clients reported relatively high levels of satisfaction. Approximately nine out of ten respondents stated they were either satisfied or somewhat satisfied with their current housing situation; and 89 percent reported their housing situation had improved since having a Housing Coordinator. However, not all clients are satisfied. Forty-four percent of respondents reported their current housing situation is somewhat stressful, mostly stressful, or completely stressful; and 30 percent of respondents reported they had a long way to go before reaching their personal housing goals. Clients reported high levels of satisfaction with the services provided by the Housing Coordinators. Ninety-five percent of respondents rated the quality of their Housing Coordinator's services as either excellent or good; and 87 percent thought that having a Housing Coordinator had made it easier for them to access better housing.

Clients enrolled in the OHOP program under the OHOP-PIP grant responded less favorably to a number of the satisfaction items than clients who did not have a history of incarceration. Clients with a recent history of incarceration were less satisfied with the quality of Housing Coordinator services, the location and accessibility of the Housing Coordinator, the promptness of Housing Coordinator responses, and the extent to which services are provided with appropriate privacy than other OHOP clients.

Most clients reported having access to and being engaged in HIV care and treatment. Ninety-two percent reported they did have a usual place to go for HIV care, and more than 90% had both CD4 and viral load tests conducted during the previous 6 months.

Key Informant Interviews

Key informant interviews were selected as a way of collecting opinions about the current status of the program from a broad range of stakeholders. Semi-structured interviews were designed to gather impressions of changes in the OHOP program since the transition from management by the Oregon Housing and Community Services (OHCS) to DHS/HCS, aspects of the program that are working well, ways in which the program might be improved,

and ways in which the program affects clients' well-being. Findings of the current interviews were compared with findings of similar interviews conducted in May and June 2004.

Clients, landlords, and RWCA Case Managers were nominated for interviews by Housing Coordinators. In all, phone interviews were conducted with 44 key informants (77% of nominees): 4 Housing Coordinators, 16 clients, 13 landlords, and 11 RWCA Case Managers. Interviews were audio-taped then transcribed. Content analysis was performed from transcripts in order to summarize primary themes from each informant type (i.e., client, landlord, Case Manager, Housing Coordinator) across the main topics.

Changes in the OHOP program: Interviews conducted by PDES in 2004 had identified three significant issues that challenged the success of the OHOP program at that time. Those shortcomings included: 1) a lack of clarity around policies and procedures; 2) need for additional FTE for the Housing Coordinators; and, 3) inconsistency in the program making timely rental payments. Key informant interviews conducted this year found that each of these concerns have been addressed by the current administration. Policies and procedures are now clear, Housing Coordinators feel they have sufficient FTE to adequately address clients' needs, and late rental payments have become rare.

Program effects on clients' well-being: The OHOP program continues to provide critical assistance to PWLH/A in establishing stable housing. Acquisition of stable housing affords clients the opportunity for many positive life changes. Clients, Case Managers, and Housing Coordinators report the program has helped clients avoid homelessness, access other assistance programs, obtain better nutrition, reduce life stress, attend doctor appointments, take medications, have improved physical and mental health, reduce substance abuse, care for family members, obtain education, gain employment, and become self-sufficient.

Strengths of the OHOP program: Strengths of the OHOP program include the exceptional quality of the administrative and Housing Coordinator staff who serve clients with dedication and compassion. Housing Coordinators and RWCA Case Managers believe in the Housing First model and report their teamwork in providing housing services is primarily working well. The OHOP program is satisfying many clients' housing goals and landlords interviewed generally remain willing to accept additional OHOP clients.

Areas for improvement: While the OHOP program has many strengths, challenges remain that limit its effectiveness. Active clients spend extended periods of time on the waitlist for HUD Section 8 funding, resulting in other

eligible clients living in precarious circumstances while on the OHOP waitlist. Limitations in the allowable rental subsidies make it difficult for Housing Coordinators to find desirable housing for clients in areas where rental properties are scarce, or where property values are increasing quickly. Clients with multiple barriers (e.g., mental illness, developmentally delayed, felons) are more difficult to house, particularly when they are geographically distant from the Housing Coordinator.

Information Reporting and Evaluation Activities

The recommendations for information necessary for reporting and evaluation activities to be included in client utilization records, and the current HUD reporting requirements were reviewed. Earlier recommendations for data fields made by PDES were found to adequately address the project's reporting needs. Current HUD reporting guidelines include assessment of clients' access to and engagement in HIV-related care. Items included in the Client Satisfaction Survey that assess health-related quality of life (HRQOL) could be included in client utilization records to compliment medical care data being collected by Case Managers. If asked at the time of entry into the OHOP program, these items would provide a useful baseline against which later reports, made at annual surveys, could be compared. Pre-post comparison of health-related quality of life items may demonstrate the beneficial effects the OHOP program appears to have on clients overall well-being.

Comparison of 2002 and 2005 Needs Assessment Housing Data

Oregon HIV Care Services contracted with PDES to assess the needs of PLWH/A in Oregon and evaluate how well the current HIV care system is addressing their needs. For 2005, PDES designed a short version of the 2002 needs assessment survey. Among the questions addressed by 2005 needs assessment survey were: 'What do housing adequacy and stability indicators look like for this group of PLWH/A?' and 'How do service needs and gaps and housing indicators compare with those observed in 2002?'

The sample was taken from all PLWH/A receiving case management services through Oregon's Ryan White Care Act Title I and Title II programs as of Fall 2005. To ensure that information was collected from adequate numbers of three sub-populations with smaller numbers of people (women, people of color, and rural PLWH/A), every person in these populations was asked to complete the survey. One in every three White non-Hispanic males in the EMA were included in the sample.

Surveys were distributed to clients through their RWCA Case Managers. Survey distribution began in October 2005 and continued into February 2006. A total of 1,164 surveys were sent to PLWH/A that received RWCA case

management services – 525 were distributed in the EMA and 639 in the Balance of State. PDES received a total of 644 surveys back, for an overall response rate of 57%. The Balance of State returned 377 surveys (61% response rate), and 269 were received from EMA clients (53% response rate). Data were “weighted” to accurately reflect Oregonians living with HIV who were receiving RWCA funded case management services during the study period.

Housing stability: Housing-related help continued to be a priority need for PLWH/A, with roughly two in five clients identifying a need for Emergency Assistance with Rent or Utilities during the past year (EMA 37% vs. BOS 41%). PLWH/A in the Balance of State were less likely to have experienced unstable housing in the past year than PLWH/A in the EMA (EMA 31% vs. BOS 19%). The Balance of State saw a reduction in the proportion reporting experiences of homelessness during the previous 2 years from 18% in 2002 to 10% in 2005.

Housing Assistance: Over one in three clients (36%) reported receiving help in paying for housing from a government agency or other service organization. The gap in getting Ongoing Help with Housing appears to have decreased since the 2002 survey (EMA 52% in 2002 vs. 38% in 2005; BOS 49% in 2002 vs. 32% in 2005). However, in the Balance of State, results suggest an increase in the gap in getting Emergency Rent and Utility payments from 2002 to 2005 (48% vs. 63%).

Background

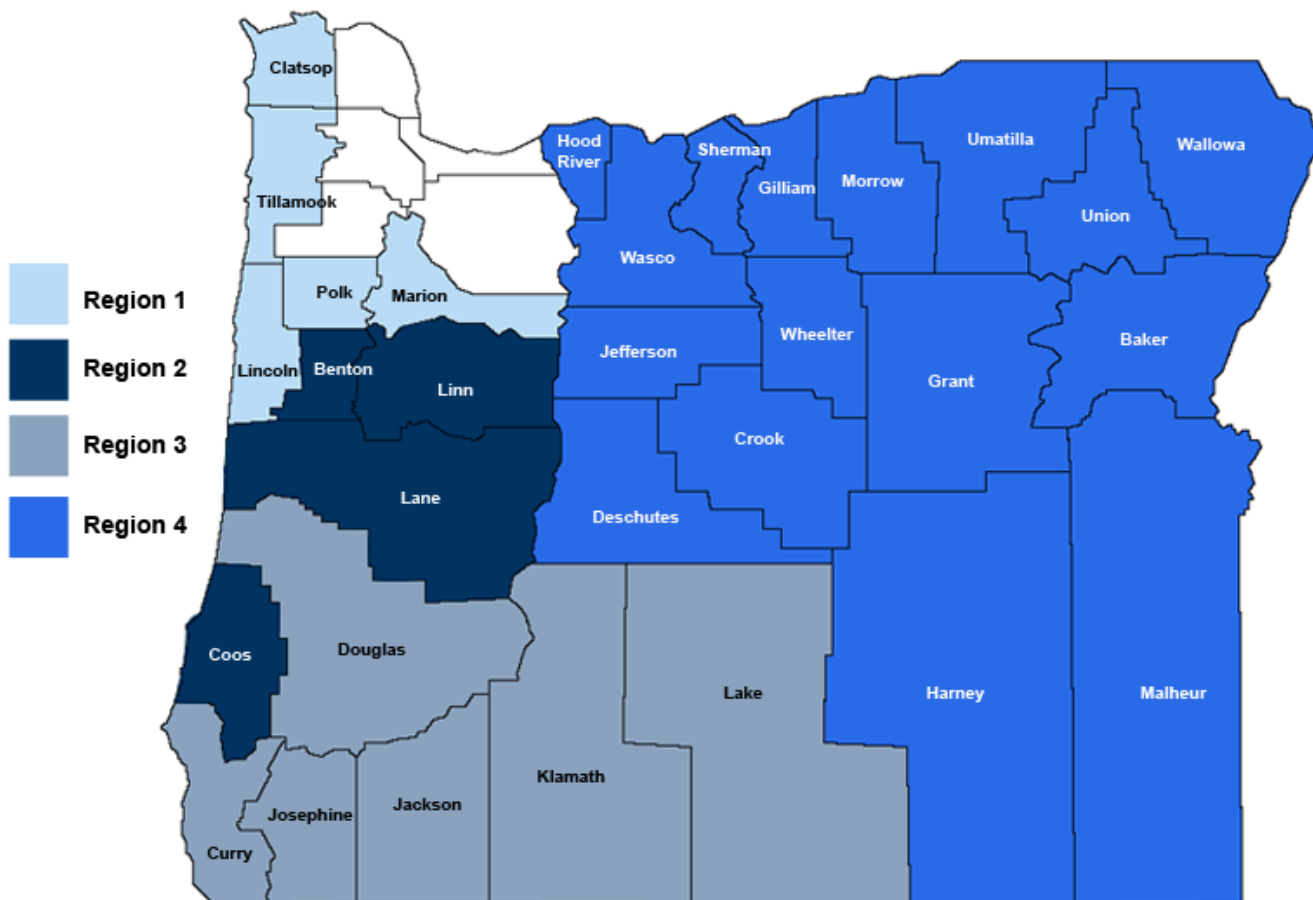
The Oregon Housing Opportunities in Partnership (OHOP) program is funded by 3 grants from the Department of Housing and Urban Development (HUD), Housing Opportunities for Persons with AIDS (HOPWA). The OHOP program is administered by the Oregon Department of Human Services, HIV Client Services (DHS/HCS). The primary goals of OHOP are (a) to assist people living with HIV/AIDS (PLWH/A) in obtaining stable, sustainable housing so that they may avoid homelessness and (b) improve their access to, and engagement in, HIV care and treatment. OHOP provides tenant-based rental assistance to low-income PLWH/A through rental subsidy payments. Four Housing Coordinators provide case management services, including assistance locating and/or securing suitable rental housing, identifying and obtaining related housing and community-based resources, and providing housing information and referral. The OHOP program serves 31 counties outside of the five county Portland Eligible Metropolitan Area (EMA). This area is divided into four regions. The Housing Coordinators are assigned to the four regions, and are responsible for providing case management services to eligible clients in those regions. Region 1 - Northwest serves Marion, Polk, Lincoln, Tillamook, and Clatsop counties. Region 2 – Central serves Lane, Linn, Benton, and Coos counties. Region 3 – Southern serves Douglas, Jackson, Josephine, Klamath, Lake, and Curry counties. Region 4 – Eastern serves Deschutes, Harney, Umatilla, Wheeler, Jefferson, Wasco, Sherman, Hood River, Grant, Union, Wallowa, Malheur, Crook, Baker, Morrow, and Gilliam counties. The counties of Oregon are illustrated in Figure 1. In August 2006, 104 clients received rental assistance from OHOP. Over one third of these clients (n=38) have a recent history of incarceration and are enrolled in OHOP under the OHOP Post-Incarceration Project (OHOP-PIP).

Purpose of the Program Evaluation. Program Design and Evaluation Services (PDES) was contracted by DHS/HCS to evaluate the OHOP program. Four components were included in the scope of work.

1. Conduct post-intake client satisfaction surveys with clients enrolled in OHOP for six months or longer. Questions asking for clients' perceptions about the quality of OHOP services and suggestions for program improvements were included in the surveys, as were items pertaining to clients' HIV care and treatment.
2. Conduct key informant interviews with Housing Coordinators, Ryan White Care Act (RWCA) Case Managers, clients, and landlords. Interviews assessed the relative strengths and limitations of the OHOP program and the degree to which clients benefit from participation in the program.

3. Provide technical assistance to DHS/HCS during the implementation of the CARE Ware 4.0 database, including identification of information necessary for reporting and evaluation activities to be included in client utilization records.
4. Utilize the 2002 and 2005 Needs Assessment surveys conducted with PLWH/A in Oregon to compare housing-related information across time.

Figure 1. Map of 4 OHOP Regions



Evaluation Component 1: Client Satisfaction Surveys

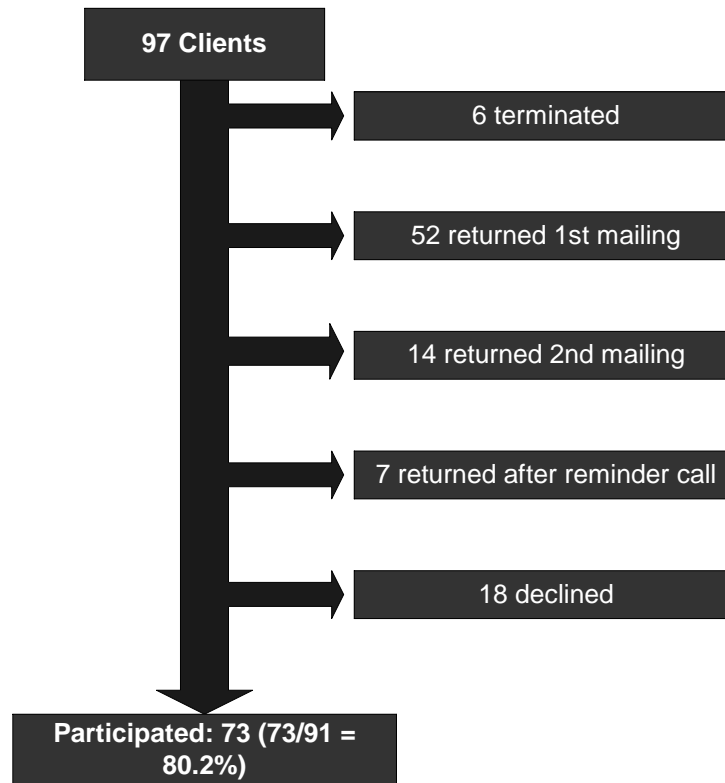
Survey Development

Survey content was based on earlier work conducted by PDES on behalf of the OHOP program. Items designed to assess clients' satisfaction with their current housing situation and the services provided by the OHOP program were piloted for comprehension in May and June 2004. Few problems were reported by a sample of clients who completed the survey at that time. Four additional items addressing clients' health-related quality of life (HRQOL) were added to the survey to address reporting requirements of the funding agency. The CDC HRQOL-4, a validated set of HRQOL measures, was included in the survey. These items were selected because of their ability to assess changes in HRQOL over time. Specifically, clients were asked to rate their general health, and report the number of days in the past month their physical health and mental health were not good, and the number of days in the past month that their physical and mental health had prevented them from doing their usual activities. The final versions of the survey asked 32 questions about client demographics, current living situation, satisfaction with their housing and Housing Coordinator services, and access to and engagement in HIV care and treatment (see Appendix A).

Survey Distribution and Recruitment

Surveys were mailed to clients actively enrolled in the OHOP program for six months or longer. Intake dates available from a shared electronic database were used to stagger survey administration. Ninety-seven survey-eligible clients were identified in January 2006. Surveys were mailed in March 2006 to all clients first enrolled in OHOP prior to September 2005. An initial mailing to clients included a cover letter signed by the client's Housing Coordinator, a \$2 incentive, the survey, and a pre-paid return envelope. The cover letter explained the survey's purpose and its voluntary and confidential nature. Three weeks after the initial mailing, a reminder was mailed from PDES to non-responding clients. The reminder included a second copy of the survey and a return envelope, but no incentive. Finally, non-responding clients who could be contacted by phone were called two weeks after the second mailing. Recruitment of survey-eligible clients is illustrated in Figure 2.

Figure 2. - OHOP Client Satisfaction Survey Recruitment Tree



Prior to mailing, six clients were terminated from the OHOP program, resulting in a final sample of 91 clients. Fifty-two surveys (57.1%) were returned after the first mailing. An additional 14 surveys (15.4%) were returned after the second mailing, and 7 surveys (7.7%) were collected from clients following a reminder phone call. Overall, 73 clients (80.2%) returned completed surveys. Response rates did not vary significantly between the four OHOP regions (range 75-84%), or between clients who had (80%) and had not (80%) been incarcerated recently (see Table 1). Rates of missing data were low, ranging from 1-4% per item. The analysis reports how respondents answered the survey then explores potential differences in responses between clients with (OHOP-PIP) and without (OHOP) a recent history of incarceration. The number and percent of clients responding are reported. Group differences were tested by Chi Square tests (categorical variables) and t tests and AVOVAs (continuous variables).

Table 1. Client Satisfaction Survey Response Rates by Region and Program

	Response (%)		Response (%)		Response (%)
OHOP		OHOP-PIP		Combined	
Region 1	4/7 (57%)	Region 1	5/5 (100%)	Region 1	9/12 (75%)
Region 2	4/7 (57%)	Region 2	6/6 (100%)	Region 2	10/13 (77%)
Region 3	10/12 (83%)	Region 3	7/10 (70%)	Region 3	17/22 (77%)
Region 4	26/29 (90%)	Region 4	11/15 (73%)	Region 4	37/44 (84%)
Total	44/55 (80%)	Total	29/36 (80%)	Total	73/91 (80%)

Region: $\chi^2 = 0.831$, df = 3, p = .84

Program: $\chi^2 = 0.004$, df = 1, p = .95

Survey Findings

Demographics

The demographic characteristics of respondents are reported in Table 2. Slightly more than three quarters of the respondents were male; 77% were White. Respondents' age varied from 22 to 60 years, with a mean age of 40 years old. One third of the clients did not graduate from high school. At the time of the survey, 90% of respondents reported living in rented accommodation, with 10% living in other arrangements (i.e., group home, with relatives or friends, or motel). Almost three quarters (73%) reported they were single, separated/divorced, or widowed/lost partner. Half of the clients lived by themselves, 31% lived with one other adult, and 18% lived with two or more other adults. Twenty-eight percent lived in a home with one or more children.

Table 2. Characteristics of OHOP Client Satisfaction Survey

Demographic Characteristic	%	n
Age group		
39 and under	36	25
40 – 49	46	32
50 and above	19	13
Gender		
Male	77	56
Female	22	16
Transgender	1	1
Race/Ethnicity		
Caucasian/White	77	56
Hispanic/Latino	8	6
African-American	6	4
Other	10	7
Educational level		
8 th Grade or less	14	10
Some high school but did not graduate	19	14
High school graduate or G.E.D.	53	38
4-year college graduate	8	6
Some graduate school	6	4
Relationship status		
Married/Living with partner	21	15
Have partner – not living together	3	2
Single	50	36
Separated/Divorced	11	8
Widowed/Lost partner	10	7
Other	6	4
Number of other adults in household		
None	50	36
One	31	22
Two or more	18	14
Number of children in household		
None	72	52
One	15	11
Two or more	13	9

Client Satisfaction

A series of questions asked about aspects of clients' satisfaction with their housing situation and the services provided by Housing Coordinators. In

general, clients reported relatively high levels of satisfaction (Table 3). Approximately nine out of ten respondents stated they were either satisfied or somewhat satisfied with their current housing situation and 89 percent reported their housing situation had improved since having a Housing Coordinator. However, not all clients are satisfied, and there appears to be room for improvement. For example, 44 percent of respondents reported their current housing situation is somewhat stressful, mostly stressful, or completely stressful; and 30 percent of respondents reported they had a long way to go before reaching their personal housing goals.

Table 3. Client Satisfaction with Current Housing

Question	%	n
How satisfied are you with your current housing situation?		
Satisfied	63	45
Somewhat satisfied	26	19
Neither satisfied nor dissatisfied	6	4
Dissatisfied	3	2
How stressful is your current housing situation?		
Not at all stressful	25	18
Not very stressful	32	23
Somewhat stressful	36	26
Mostly stressful	4	3
Completely stressful	4	3
How much has your housing situation improved since you have had a Housing Coordinator?		
Improved a lot	73	52
Improved somewhat	16	11
Stayed about the same	10	7
Gotten somewhat worse/a lot worse	1	1
How close are you to reaching your personal housing goals?		
I've reached my housing goals	11	8
I've nearly reached my housing goals	23	16
I'm about half way there	36	25
I've got a long way to go	30	21

Clients reported high levels of satisfaction with the services provided by the Housing Coordinators (Table 4). Ninety-five percent of respondents rated the quality of their Housing Coordinator's services as either excellent or good and 87 percent thought that having a Housing Coordinator had made it easier for them to access better housing. The Housing Coordinators also received

recognition for the respect and care they gave to clients as individuals. Eighty-two percent of clients reported being very satisfied with this aspect of the Housing Coordinators' services.

When asked to describe the one thing they would change about Housing Coordinator services, most clients replied they would not change anything. Four clients did, however, make observations reflecting challenges communicating with their Housing Coordinator. One client reported that problems with their Housing Coordinator's cell phone made communication difficult. A second client, who does not have a telephone and lives in a different city than their Housing Coordinator, said that communication is difficult, and a third client asked for more "one-on-one time" with the Housing Coordinator. The fourth client recommended that Housing Coordinators have toll-free numbers to facilitate communication.

Table 4. Client Satisfaction with Housing Coordinator Service

Question	%	n
How would you rate the quality of Housing Coordinator services that you have received?		
Excellent	64	46
Good	31	22
Fair	4	3
Poor	1	1
Does having a Housing Coordinator make it easier to gain access to better housing?		
Yes, definitely	56	40
Yes, I think so	31	22
No, I don't think it made a difference	10	7
No, it made it more difficult	1	1
Satisfaction with location and accessibility of the Housing Coordinator services		
Very satisfied	61	43
Somewhat satisfied	21	15
Neutral	13	9
Somewhat/Very dissatisfied	6	4
Satisfaction with promptness of Housing Coordinator in responding to your request or phone call		
Very satisfied	73	52
Somewhat satisfied	17	12
Neutral	6	4
Somewhat/Very dissatisfied	4	3

(Table 4. continued)

Question	%	n
Satisfaction with ability of the Housing Coordinator to listen to and understand your problems		
Very satisfied	78	55
Somewhat satisfied	11	8
Neutral	7	5
Somewhat/Very dissatisfied	4	3
Satisfaction with extent to which services are provided with appropriate privacy		
Very satisfied	79	56
Somewhat satisfied	13	9
Neutral	6	4
Somewhat/Very dissatisfied	3	2
Satisfaction with level of professional knowledge and competence of your Housing Coordinator		
Very satisfied	79	56
Somewhat satisfied	14	10
Neutral	4	3
Somewhat/Very dissatisfied	3	2
Satisfaction with your Housing Coordinator's knowledge of resources available		
Very satisfied	69	49
Somewhat satisfied	16	11
Neutral	13	9
Somewhat/Very dissatisfied	3	2
Satisfaction with respect and care given to you as an individual		
Very satisfied	82	58
Somewhat satisfied	11	8
Neutral	6	4
Somewhat/Very dissatisfied	1	1
How much of an impact did this program and your Housing Coordinator have on helping you reach your personal goals?		
A very big impact	70	51
A moderate impact	22	16
A small impact	4	3
No impact	4	3

Changes in Clients' Housing Situation

Clients were asked to describe, in their own terms, how their housing situation has improved or become worse since they have had a Housing Coordinator. Many responses expressed gratitude towards the Housing Coordinator and to the OHOP program. Clients reported previously being homeless or living in substandard housing and that the OHOP program had allowed them to move to an improved, stable housing situation. Having the Housing Coordinator as a resource appears to be reassuring to clients, and living in stable housing reduces clients' sense of isolation. Clients also reported that receiving the rental subsidy reduced their level of worry or stress as they no longer had concerns about their ability to pay their rent. Having the rental subsidy also allowed some to purchase medications. Others cited the OHOP program as reducing depression, improving their self-esteem, and encouraging self-sufficiency. In the words of one client: "Without (OHOP) I would probably be homeless or worse. I have been able to spend time on things besides housing issues. I am in college trying to get a degree so I can help others."

Negative responses from clients centered on the issue of the quality and safety of housing. One client complained, "I have to live around a bunch of drug addicts and the building has no manager." Another stated, "Since moving in here I've been assaulted and experienced several instances of theft of personal property."

Clients were also asked, "What was the most helpful thing your Housing Coordinator has done to help you reach your housing goals?" Clients responded that the Housing Coordinators had made a difference by being able to negotiate with landlords and helping clients find and pay for stable housing. Clients also recognized the assistance Housing Coordinators provide with administrative paperwork, their compassion and kindness, and for having informed clients about other housing-related community-based programs (e.g., emergency utility payments).

Group Differences in Client Satisfaction

With the exception of a difference in the number of estimated contacts with the Housing Coordinator, there were no significant differences in client satisfaction between clients in different regions. Overall, clients estimated they had a mean of 4.6 contacts (phone and face-to-face) with their Housing Coordinator in the past 12 months (SD = 5.7). However, the relatively small number of respondents (n = 8) from Region 1 estimated they had 14.1 contacts with their Housing Coordinator.

Clients enrolled in the OHOP program under the OHOP-PIP grant responded less favorably to a number of the satisfaction items than clients who did not have a history of incarceration (Table 5). Clients with a recent history of

incarceration were less satisfied with the quality of Housing Coordinator services, the location and accessibility of the Housing Coordinator, the promptness of Housing Coordinator responses, and the extent to which services are provided with appropriate privacy than other OHOP clients. Non-significant differences were observed on other satisfaction items.

Table 5. Comparison of Client Satisfaction between OHOP and OHOP-PIP Clients

Question	OHOP n (%)	OHOP-PIP n (%)
How would you rate the quality of Housing Coordinator services that you have received?		
Excellent	31 (72.1)	15 (51.7)
Good	11 (25.6)	11 (37.9)
Fair/Poor	1 (2.3)	3 (10.3)
$\chi^2 = 4.203, df = 1, p = .04$		
How satisfied have you been with location and accessibility of the Housing Coordinator services?		
Very satisfied	28 (66.7)	15 (51.7)
Somewhat satisfied	11 (26.2)	4 (13.8)
Neutral	2 (4.8)	7 (24.1)
Somewhat/Very dissatisfied	1 (2.4)	3 (10.3)
$\chi^2 = 5.393, df = 1, p = .02$		
How satisfied have you been with promptness of Housing Coordinator in responding to your request or phone call?		
Very satisfied	34 (81.0)	18 (62.1)
Somewhat satisfied	7 (16.7)	5 (17.2)
Neutral	1 (2.4)	3 (10.3)
Somewhat/Very dissatisfied	0 (0.0)	3 (10.3)
$\chi^2 = 6.329, df = 1, p = .01$		
How satisfied have you been with extent to which services are provided with appropriate privacy?		
Very satisfied	36 (85.7)	20 (69.0)
Somewhat satisfied	4 (9.5)	5 (17.2)
Neutral	2 (4.8)	2 (6.9)
Somewhat/Very dissatisfied	0 (0.0)	2 (6.9)
$\chi^2 = 3.902, df = 1, p = .05$		

Access to HIV Care and Treatment

Most clients reported having access to and being engaged in HIV care and treatment (See Table 6). Ninety-two percent reported they did have a usual

place to go for HIV care, and more than 90% had both CD4 and viral load tests conducted during the previous 6 months. Responses were similar across the four administrative regions, and for clients with and without a recent history of incarceration ($p > .05$).

Table 6. Access to and Engagement in HIV Care and Treatment

	Do you have a place to go for HIV-related medical care? n (%)	In the last 6 months have you had a CD4 lab test? n (%)	In the last 6 months have you had a viral load test? n (%)
No	5 (6.8%)	5 (6.8%)	5 (6.8%)
Yes	67 (91.8%)	66 (90.4%)	67 (91.8%)
Don't Know	1 (1.4%)	2 (2.8%)	1 (1.4%)

Health-Related Quality of Life

Four items addressed clients' health-related quality of life (HRQOL). The CDC HRQOL-4, a validated set of HRQOL measures was included in the survey. These items were selected because of their ability to assess changes in HRQOL over time. Specifically, clients were asked to rate their general health, and report the number of days in the past month their physical health and mental health were not good, and the number of days in the past month that their physical and mental health had prevented them from doing their usual activities.

Overall, fifty-eight percent of respondents reported that their health in general was either good (34%), very good (14%), or excellent (10%). Thirty-six percent reported their general health as being fair, and seven percent rated their health as poor. Clients reported having means of 10 days when their physical health was not good (SD = 8.7), 14 days of bad mental health (SD = 11.3), and 11 days when poor physical or mental health kept them from doing their usual activities (SD = 9.7). Clients enrolled in the OHOP-PIP program rated their general health ($\chi^2 = 4.281$, $df = 1$, $p = .04$) and mental health ($t = -2.226$, $df = 69$, $p = .03$) as being significantly poorer than clients who do not have a history of recent incarceration.

Limitations

The data presented here have several limitations. Primary among the limitations is that the responses obtained from clients who returned surveys may not be generalizable to clients who did not respond to the survey. Surveys were mailed to clients who had been enrolled in the OHP program for at least six months, and a high response rate (80%) was obtained. However, clients who were no longer actively receiving rental subsidies from the OHOP program, including clients who were involuntarily terminated from the OHOP program were not surveyed. It seems likely that clients who were not 'successful' in the program may have different perceptions of the program than respondents.

Second, the data were self-reported. Although clients were informed that their responses would not be shown to their Housing Coordinator, it is possible that clients responded to survey items with socially-desirable responses. Clients may believe that continued funding of the OHOP program, and therefore their own well-being, was dependent upon positive responses to items. Therefore, it is possible that some responses may not reflect clients' true perceptions.

Evaluation Component 2: Key Informant Interviews

Background

The second evaluation component involved key informant interviews with participants in the OHOP program: clients, landlords, RWCA Case Managers, and Housing Coordinators. Key informant interviews were selected as a way of collecting opinions about the current status of the program from a broad range of stakeholders in the program. Semi-structured interviews were designed to gather impressions of changes in the OHOP program since the transition from management by the Oregon Housing and Community Services (OHCS) to DHS/HCS, aspects of the program that are working well, ways in which the program might be improved, and ways in which the program affects clients' well-being.

Development of Interview Guides

Interview guides were adapted from guides used in similar interviews conducted by PDES on behalf of the OHOP program during May and June, 2004. In 2004, key informant interviews revealed both strengths and limitations of the program. Informants consistently reported the program provided critical assistance in establishing stable housing for clients that allowed a variety of positive life changes for clients (e.g., improved physical and mental health, movement towards self-sufficiency). Strengths of the program at that time included the quality of the Housing Coordinator staff, the skill and care Housing Coordinators brought to the program, and effective teamwork between RWCA Case Managers and Housing Coordinators. Three significant issues were found to challenge the success of the OHOP program in 2004: 1) the lack of clarity around policies and procedures; 2) need for additional FTE for the Housing Coordinators; and 3) inconsistency in the program making timely rental payments.

Specific questions and probes were added to interview guides used in 2004. Housing Coordinators and RWCA Case Managers were asked to describe changes in the OHOP program since the transfer of program management from Oregon Housing and Community Services (OHCS) to DHS/HCS in July 2005. Open questions seeking information about clients' housing goals and whether the OHOP program was enabling clients' to realize those goals were added. Additionally, specific probes were included to gather additional information about improvement in clients' ability to access and engage in HIV care and treatment.

Recruitment

Housing Coordinators were asked to nominate clients, landlords, and RWCA Case Managers who they thought would be able to respond to questions about their experiences in the program, and willing to be interviewed by phone. Guidelines for nominees recommended that the informants include both clients with and without a recent history of incarceration, and informants (i.e., clients, Case Managers, and landlords) from a variety of geographic locations. Landlords and RWCA Case Managers with whom the Housing Coordinators had most frequent interactions were recommended as likely being better informants than those with whom they had interacted infrequently. The incentive of a \$10 Fred Meyer or Safeway card was provided to clients and landlords.

Housing Coordinators nominated 21 clients, 15 landlords, and 17 RWCA Case Managers for interviews. In all, phone interviews were conducted with 44 key informants (77% of nominees):

- All 4 Housing Coordinators
- 16 clients (OHOP = 10, OHOP-PIP = 6; Reg. 1 = 5, Reg. 2 = 4, Reg. 3 = 2, Reg. 4 = 5)
- 13 landlords (from 12 different cities; Reg. 1 = 3, Reg. 2 = 4, Reg. 3 = 2, Reg. 4 = 4)
- 11 RWCA Case Managers (from 10 counties ; Reg. 1 = 1, Reg. 2 = 5; Reg. 3 = 2, Reg. 4 = 2)

Analysis

Interviews were audio-taped, and then transcribed. Content analysis was performed from transcripts in order to summarize primary themes from each informant type (i.e., client, landlord, Case Manager, Housing Coordinator) across the main topics: evidence of program benefits for clients, changes in the OHOP program under DHS/HSC management, program strengths, challenges to the effectiveness of the OHOP program and suggestions for improvements.

Key Informant Interview Findings

Evidence of Program Benefits for Clients

The OHOP program continues to provide critical assistance to PWLH/A in establishing stable housing. Acquisition of stable housing affords clients the opportunity for many positive life changes. Clients, Case Managers,

and Housing Coordinators report the program has helped clients avoid homelessness, access other assistance programs, obtain better nutrition, reduce life stress, attend doctor appointments, take medications, have improved physical and mental health, reduce substance abuse, care for family members, obtain education, gain employment, and become self-sufficient.

The crucial role Housing Coordinator services have played in the lives of many clients emerged as a near constant message in the interviews. Informants spoke about the benefits that having stable housing brought to the lives of clients who were previously in crisis because of illness and poverty. The following sections highlight themes from the different groups of informants.

Clients. OHOP clients are in the best position to describe positive changes in their lives brought about by participation in the OHOP program. Clients provided compelling evidence of the benefits of acquiring stable housing and of the efficacy of the OHOP program. All clients gave specific examples of how the program had produced positive changes in their lives. The following list of quotations illustrates these benefits.

- It's kept us (client and 3-year-old HIV positive daughter) from being homeless ... keeping us out of the shelter.
- It (OHOP) totally affected my life. With being HIV positive, depression has been quite severe. And knowing that I have a stable place to be and that I have people out there helping, holding me up, it has taken stress off me, and making me healthier.
- It's helped me get on the right track ... not using drugs, and having the possibility of transmitting this disease.
- I'm definitely able to take care of my health better now.
- I've gotten more and better medical help, for sure.
- It (OHOP) allowed me to get centered ... and get involved in a self-help program ... and not have to worry on a continual basis about where I was going to lay my head ... I've been clean and sober now for three years.
- I'm able to have money to buy better food.
- My health is better now than I think it has been in the last 20 years. I've been taking better care of myself, [and] take all my meds when I'm supposed to.

- I don't know where I would be without my Housing Coordinator and Case Manager.

RWCA Case Managers. RWCA Case Managers work with OHOP clients both before they have stable housing and after they receive the rental subsidy and Housing Coordinator services from OHOP. The Case Managers believe in the 'Housing First' model, and see the OHOP program as being extremely beneficial to clients. Quotes from the Case Managers also reflect how they see the OHOP program facilitating their work with low-income PLWH/A.

- (OHOP) has given them the opportunity, once they are in stable housing, then they can start having other goals ... they can start looking at their medical care and what they need to do to take care of themselves.
- It gives back their dignity and gives them a place to work from ... those that need housing and don't get it are almost impossible to case manage.
- The clients that are in stable housing, once they are in there and they are able to maintain that, everything gets better. But the ones that aren't (in stable housing), nothing ever goes right.
- It's a huge benefit for our clients ... they're much more likely to make appointments with doctors and keep them and to access a variety of services – medical and food boxes, that sort of thing which helps maintain their health.
- Once they've gotten housed, it's taken a while, but once they've settled in and are comfortable in their housing situation, I have definitely seen their health improve.
- Another benefit is, sometimes when a client feels that he or she has a place to live, it just improves their self-esteem and they are able to go on and do other things.
- Some actually get better after a period of time and (are able) to work or volunteer.
- I (have) one client who was homeless, who was actively using. And now he is working full-time and not using.

Housing Coordinators. The observations of the OHOP Housing Coordinators mirror those of the RWCA Case Managers, and confirm the effectiveness of the Housing First model. Housing Coordinators see profound improvements in clients who are able to find suitable housing and avoid

program violations that result in involuntary termination from the OHOP program. Each of the Housing Coordinators had clients whose lives were greatly improved after they obtained stable housing, as illustrated by the quotes below.

- When clients are homeless they are just looking to get through the day, whereas when they are housed they can have a little bit of a bit of a longer-term perspective.
- Just meeting that very basic need (housing), I've seen folks improve other aspects of their lives tremendously. One particular client has now celebrated a year of sobriety, he is now working for a treatment center, he is addressing other issues not having paid taxes for the majority of his life, and is going back to school.
- I can really see how once you get the clients into housing, so many of the other pieces seem to fall into place whether that is being able to look for a job, or managing their illness, or re-connecting socially.
- For one of my clients, from the time we did the intake, getting a job was his goal ... it did take him a while (9 months) but he didn't feel he had to take the first job that came up, and could take something that really fit with his health issues.

Changes in the OHOP Program under DHS/HCS Management

Three significant issues were found to challenge the success of the OHOP program during key informant interviews conducted by PDES in 2004. Those shortcomings included: 1) a lack of clarity around policies and procedures; 2) need for additional FTE for the Housing Coordinators; and, 3) inconsistency in the program making timely rental payments. The four Housing Coordinators, all of whom were hired after the transfer of program management to DHS/HCS, and Case Managers were asked to reflect on changes they had observed in the administration of the OHOP program since July 2005. RWCA Case Managers reported that the transition occurred without significant inconvenience to clients receiving OHOP support. To assess whether Housing Coordinators struggle to adequately serve the number of clients enrolled in the program, Housing Coordinators were asked about the manageability of their current caseload. Landlords, Case Managers, and Housing Coordinators were each asked about the timeliness of rental payments made by OHOP.

Changes in Policies and Procedures. Interviews conducted with Housing Coordinators strongly suggest that the earlier problem of unclear policies and procedures has become a strength of the OHOP program under the management of DHS/HCS. Each of the Housing Coordinators

complimented the administrative team of Ryan Deibert, Annick Benson-Scott, and Victor Fox with having quickly made positive changes to the policies and procedures that direct the OHOP program. Reflecting on case files inherited from the earlier administration, one Housing Coordinator stated: “it is pretty clear that the policies and procedures were not clear ... half the time I couldn’t figure out from the beginning to the end what happened to the client and why decisions were made as they were.” Changes to policies and procedures that reflect clients’ needs have been made under the new administration. Housing Coordinators feel their input and feedback in the process of policy development has been valued by the program administration. A second Housing Coordinator noted, “having the policy and procedures manual in place in a very small timeframe was an amazing feat.”

Adequacy of Housing Coordinator FTEs. At the time of the interviews, Housing Coordinators served differing numbers of clients (Region 1 = 20 clients; Region 2 = 47 clients; Region 3 = 32 clients; Region 4 = 22 clients). Only one Housing Coordinator expressed any concern over the number of clients she serves. This Housing Coordinator reported that she was able to adequately serve her clients, and meet HUD requirements, in part because of the willingness of the other Housing Coordinators to help her periodically. Each of the other Housing Coordinators had assisted the Housing Coordinator on specific projects. Other Housing Coordinators found their caseloads manageable.

Late Rental Payments. Among the thirteen landlords interviewed, only one had experienced a problem with a late payment of the program’s portion of clients’ monthly rent during the past year. The Housing Coordinator was able to quickly resolve the issue after the landlord telephoned her. Given that timely payment of rent is one of the attractions to landlords accepting OHOP clients as renters, the improved reliability of payments can also be seen as a significant improvement in the OHOP program.

Program Strengths

Strengths of the OHOP program include the exceptional quality of the administrative and Housing Coordinator staff who serve clients with dedication and compassion. Housing Coordinators and RWCA Case Managers believe in the Housing First model and report their teamwork in providing housing services is primarily working well. The OHOP program is largely satisfying active clients’ housing goals and landlords interviewed generally remain willing to accept additional OHOP clients.

Housing Coordinators. Housing Coordinators feel that the administrative team at DHS/HCS is very supportive of their work, and values their input in making decisions that affect the program. Housing Coordinators value the

different knowledge and abilities each Housing Coordinator brings to the team, and they work together collaboratively sharing information and helping each other when necessary. They exhibit compassion and commitment in serving their clients, believing in the value of the Housing First model and often helping clients access resources that go beyond meeting their housing needs alone. Policies and procedures now appear to be clearly understood by the Housing Coordinators, yet flexibility exists so that unique client circumstances can be addressed. Housing Coordinators described the program strengths with the following statements.

- I think it is a fabulous team, really strong people from Vic and Annick and Ryan down to the other three Housing Coordinators. They have done a really good job of pulling together a team that can do the job, and do it well.
- As an employee, I find it's a great program to work for, very responsive management. They're invested in us learning, and an overall goal to improve the OHOP program and the services it provides to clients.
- We have an incredibly strong administration ...we had a phone conference on an urgent issue last week and they were very interested to find out what was going on and trying to give me direction. They gave me a real clear guideline how to handle the issue that a client was experiencing.
- I find that we are pretty adaptable to the situation of the client (to meet) the goal of getting them housed which then leads to other positive steps in their lives.
- Probably the biggest strength is the Housing Coordinator/Case Manager partnership.
- It has become very clear ... what different (Housing Coordinators) areas of expertise are. As a team we utilize each others' expertise to solve problems.
- We are able to give quite a bit of individual attention to the clients and often help them out beyond just their immediate housing needs.
- I am a very content employee, I do feel that we are really making a difference in people's lives,

RWCA Case Managers. RWCA Case Managers work in partnership with the Housing Coordinators, particularly when clients are searching for housing.

Housing Coordinators generally respond to Case Managers' requests quickly, and they act as a source of expert knowledge about housing issues for that reduces Case Managers' total workload. Housing Coordinators also provide 'de facto' case management services by checking in with clients and updating Case Managers with information about clients' status. Case Managers made the following observations about the strength of the OHOP program.

- I think it is an invaluable service for our clients. We work with a really great Housing Coordinator who understands the barriers that make it difficult for people to find housing.
- The communications are timely. I know what an advocate (Housing Coordinator) is for clients, and feel really comfortable talking with her about client issues and figuring things out.
- She's very willing to work with us, she's willing to take our input and apply that. She's here for the clients and I really appreciate that, she works hard for them.
- It's hard to keep up on all the systems that our clients are accessing, so having a resource like our Housing Coordinator is wonderful.
- There's something really helpful about having another co-worker, which I see as a kind of case manager ... to work with clients.
- We (Case Managers) tried to manage (clients housing needs) on our own in the past, and it took an enormous amount of time, we weren't very good at it.

Landlords. The thirteen landlords interviewed had rented apartments to between one and four OHOP clients. Landlords reported no challenges working with the Housing Coordinators who they described as being accommodating, pleasant, receptive, easy to get hold of, and enjoyable to work with. Ten of the landlords were very willing to continue working with the OHOP program. Three landlords, who had found it necessary to evict an OHOP client from their properties, remained cautiously willing to consider additional OHOP clients on a case-by-case basis. As one landlord explained, "it's good to get paid on time, because we have a hard time getting rent from a lot of our tenants. So it's nice to get that check."

Clients. Clients interviewed greatly appreciate the collaborative work of Housing Coordinators and RWCA Case Managers, who often work together to find, and make payments that make it possible for clients to obtain suitable housing. Clients recognize landlords' apprehension working with government

housing programs, and renting to clients who have poor credit and sometimes criminal histories. Clients place high value on Housing Coordinator's ability to negotiate with landlords. Client comments confirm that Housing Coordinators treat OHOP clients with respect and address clients' needs expeditiously. In contrast to the client satisfaction surveys, almost all of the clients interviewed were happy with their current housing situation and felt their housing goals had been achieved. Clients described the strengths of the OHOP program with the following statements.

- Helping with rent, and with electricity has been just great. It's been a blessing, and the Housing Coordinator is always there when we need her.
- I have always been treated with respect.
- When I first got my apartment, they (Housing Coordinator and Case Manager) made me a welcome home basket ... nice little things.
- She's done everything for us that she could possibly do.
- I'm really grateful for the help that I have received through the OHOP program ... it's been absolutely beneficial to my life and (I) will always be grateful.

Challenges to the Effectiveness of the OHOP Program, and Suggestions for Improvement

While the OHOP program has many strengths, challenges remain that limit its effectiveness. Active clients spend extended periods of time on the waitlist for HUD Section 8 funding, resulting in other eligible clients living in precarious circumstances while on the OHOP waitlist. Limitations in the allowable rental subsidies make it difficult for Housing Coordinators to find desirable housing for clients in areas where rental properties are scarce, or where property values are increasing quickly. Clients with multiple barriers (e.g., mental illness, developmentally delayed, felons) are more difficult to house, particularly when they are distant from the Housing Coordinator.

Housing Coordinators. Housing Coordinators realize that clients with multiple barriers are difficult to house. Barriers to housing include developmental disabilities, mental illness, a history of felony convictions, lack of private transportation, and drug addiction. Housing Coordinators' ability to house clients with barriers, and help them maintain stable housing, is especially challenged when clients live distant from the Housing Coordinator. There is a limited supply of landlords willing to work with the OHOP program. Many landlords are apprehensive of working with government housing

programs, and convincing landlords to accept the risk of renting to OHOP clients with undesirable profiles is not easy. Limitations in the fair market rent also make it especially difficult to house clients in some locations. These factors sometimes result in clients living in housing that meets HUD guidelines but is less satisfactory than Housing Coordinators would like. Resources to help clients move, when moving appears in the best interest of clients, are not dependably available.

Suggestions for improvements to the OHOP program made by the Housing Coordinators included developing resources for clients battling substance abuse, mental illness, and for clients who have a history of prior evictions (i.e., tenant education). Housing Coordinators feel that some clients who have been involuntarily terminated from the OHOP program because of program violations would have been successful had they been able to access needed support services. Housing Coordinators are also disappointed not to be able to serve clients who remain on the OHOP waitlist for extended periods of time. Efforts are under way to develop better relationships between the OHOP program and Local Housing Authorities (LHA) to more quickly transition OHOP clients to long-term housing. The following quotations describe Housing Coordinators' perceptions of the challenges to the effectiveness of the OHOP program

- Finding landlords and property owners that are willing to rent to less than stellar clients has been my on-going challenge, and will be in the future, as we have a finite number of landlords that are available ... I'm always looking for new landlords that are willing to rent, trying not to funnel clients to one or two landlords for fear that if we overload them with clients and one client blows out (is evicted), then that would taint the relationship for the other clients in their units.
- It is hard to find housing that is affordable in (some) communities ... (the properties) where people can live and still be within our maximum renting allowance are pretty dumpy, to be honest. So I think that my one wish would be to make more exceptions to the maximum amount of rent that we are allowed to assist with.
- I have had a couple of clients who have moved into a house or an apartment, that we have helped them rent. But they have no jobs, no social security, and they have no furniture. And we cannot help them put together their apartment.
- I have a client who would like to move ... I really believe that being in a larger city would be much better (for her) ...but we have no means of helping her with that move.

- There are about 40 names on the (OHOP) waitlist. Somehow people are languishing on the waitlist with no ability to get housing immediately.
- It has been very difficult to develop a good working relationship with the Local Housing Authority ... and because we don't have the linkages for long-term housing, clients remain on OHOP (for long periods).
- I do have a client that seems to be suffering from some symptoms of mental illness ... I feel the distance between us is a bit of a barrier to being as effective as I would like to be.
- I see people that could very well be successful in their housing, but because they don't have access to substance abuse support, counseling, mental health resources, they become unsuccessful ... we are limited in what we can do.

RWCA Case Managers. Case Managers made similar comments about the challenges of obtaining and maintaining housing for clients with multiple barriers. At times, neither the Housing Coordinators nor the Case Managers are able to sufficiently assist clients conducting housing searches. Case Managers, like the Housing Coordinators, feel that some clients would be more successful if additional support could be available to clients who have substance abuse and mental health issues. They also advocate for greater rental subsidies when satisfactory housing is not available within existing budgetary restrictions. The following quotations illustrate these points.

- We run into problems with support for clients that have multiple barriers. That's not OHOP's fault or our fault, but rather a gap in the system. Some of our clients need more assistance to maintain housing.
- There is a gap in expectations where Case Managers are expecting Housing Coordinators to be more involved in the housing search, and the OHOP program is expecting Case Managers to be a little bit more involved in the search. And neither really have the time or resources to do it
- We are in one of the most expensive places to live in Oregon (but) the amount of the subsidy that's available to clients in this county is small, and there's a lack of available low-cost housing.

Clients. Clients interviewed were able to suggest few improvements to the OHOP program. One client felt that it would have been helpful to have been

provided with a list of landlords who might be willing to rent to them when they started their housing search. Other clients recognized that there are people on the OHOP waitlist who would benefit from receiving the service, and that an increase in the rental subsidy would have facilitated finding satisfactory housing.

Landlords. Landlords were not able to suggest improvements to the OHOP program.

Limitations

There are limitations in the data collected for the key informant interviews that readers should consider. The recruitment strategy sought opinions of active participants of the OHOP program. Housing Coordinators nominated participants in the program who they thought would be able to describe their experiences and the strengths of the program, and suggest ways in which the program might be improved. Therefore, the key informants were not a random sample of participants, but a select group who may not be representative of participants who were not invited to participate in the interviews. The opinions expressed likely do not reflect those of clients who have been involuntarily terminated from the program, clients on the waitlist who have not been able to benefit from the program, or of landlords who no longer accept OHOP clients. Although six clients who have a recent history of incarceration were recruited to participate in the key informant interviews, clients with mental health issues are likely underrepresented in the sample. Opinions expressed by clients interviewed therefore may not reflect the opinions of a population that presents Housing Coordinators with significant challenges.

Second, as with the self-reported data of the Client Satisfaction Survey, it is possible that some informants may have made socially-desirable responses because they had vested interests (i.e., rental payments, program support, continued employment) if they believed that continuation of the OHOP program was dependent upon positive reviews. To minimize this possibility, opinions were generally reported only when similar opinions were expressed by more than one informant, and supported by complimentary opinions (e.g., both Case Managers and Housing Coordinators report that they work in partnership). Further, key informants were drawn from a variety of counties within each of OHOP's four administrative regions, reducing the likelihood that opinions expressed were specific to particular locations or working relationships.

Evaluation Component 3: Identification of Data to be Included in the Client Utilization Database

The recommendations for information necessary for reporting and evaluation activities to be included in client utilization records, and the current HUD reporting requirements were reviewed. Earlier recommendations for data fields made by David Dowler of PDES were found to adequately address the project's reporting needs. Current HUD reporting guidelines do include assessment of clients' access to and engagement in HIV-related care. Items included in the Client Satisfaction Survey that assess health-related quality of life (HRQOL) could be included in client utilization records to compliment medical care data being collected by Case Managers. These items have been piloted with the population in the Client Satisfaction Survey (See Evaluation Component 1). OHOP clients did not appear to have significant problems responding to the items. If asked at the time of entry into the OHOP program, these items would provide a useful baseline against which later reports, made at annual surveys, could be compared. Pre-post comparison of health-related quality of life items may demonstrate the beneficial effects the OHOP program appears to have on clients overall well-being. The four items of the HRQOL measure are as follows:

1. Would you say that in general your health is?

Excellent
Very Good
Good
Fair
Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many of the past 30 days was your mental health not good?
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Evaluation Component 4: Comparison of Housing Related Information Collected for 2002 and 2005 Needs Assessment Surveys

Background

Oregon HIV Care Services contracted with PDES to assess the needs of PLWH/A in Oregon and evaluate how well the current HIV care system is addressing their needs. For 2005, PDES designed a short version of the 2002 needs assessment survey. Among the questions addressed by 2005 needs assessment survey were, 'What do housing adequacy and stability indicators look like for this group of PLWH/A?' and 'How do service needs and gaps and housing indicators compare with those observed in 2002?'

Methods

The sample was taken from all PLWH/A receiving case management services through Oregon's Ryan White Care Act Title I and Title II programs as of Fall 2005. Ryan White services are administered through the Title I HIV Client Services Program in the Portland Eligible Metropolitan Area (EMA). The Title II HIV Client Services Program administers services in the Balance of State, the area of 31 counties served by the OHOP program. To ensure that information was collected from adequate numbers of three sub-populations with smaller numbers of people (women, people of color, and rural PLWH/A), every person in these populations was asked to complete the survey. One in every three White non-Hispanic males in the EMA were included in the sample.

Surveys were distributed to clients through their RWCA Case Manager. Clients returned the survey in a confidential self-addressed, stamped envelope to PDES or their Case Manager, who in turn mailed it to PDES. A \$2 thank-you was included with the survey.

Survey distribution began in October 2005 and continued into February 2006. A total of 1,164 surveys were sent to PLWH/A who received RWCA case management services – 525 were distributed in the EMA and 639 in the Balance of State. Forty-three of those surveys were determined "undeliverable". PDES received a total of 644 surveys back, for an overall response rate of 57%. The Balance of State returned 377 surveys (61% response rate), and 269 were received from EMA clients (53% response rate).

Data were "weighted" to accurately reflect Oregonians living with HIV who were receiving RWCA funded case management services during the study period. The results therefore reflect the best estimates for the actual

population rather than for the specific group that answered the survey. Information on the weighting of data is available in the Appendix B.

Data analysis describes how clients answered survey items and explores differences in responses between the EMA and Balance of State. The discussion of differences between regions reported is limited to those that are statistically significant (i.e., the probability the observed differences occurred by chance is less than .05). Chi square tests were used to test differences in housing outcomes between the regions. Analysis also compares the findings of housing data from the 2005 needs assessment with those for the needs assessment conducted in 2002. Results for 2002 and 2005 were considered to be different when the confidence intervals for the housing indicators did not overlap. When confidence intervals overlapped but the estimated proportions of clients reporting that outcome differed by 5 or more percentage points, it is noted that results suggested a possible change between 2002 and 2005.

Findings – Housing Data from the 2002 and 2005 Needs Assessment Surveys

Clients were asked a series of questions addressing housing stability and adequacy, and service needs, gaps and barriers. Clients were asked if they had needed housing services in the past 12 months, and whether they always received the service when they needed it. Findings of the 2005 needs assessment were compared with the findings of the 2002 survey where the same items were used at both survey administrations. Findings for the Balance of State (BOS) area are reported relative to findings for the EMA.

Housing Stability. Housing-related help continued to be a priority need for PLWH/A, with roughly two in five clients identifying a need for Emergency Assistance with Rent or Utilities (EMA 37% vs. BOS 41%). Statewide, more than one-in-four clients (26%) reported having been in unstable housing situations in the past year. PLWH/A in the Balance of State were less likely to have experienced unstable housing in the past year than PLWH/A in the EMA (EMA 31% vs. BOS 19%). Specifically, relative to the EMA, fewer PLWH/A in the Balance of State reported staying with family or friends temporarily (EMA 22% vs. BOS 12%), or living in transitional housing or a treatment facility (EMA 8%, BOS 2%) during the past year. Additionally, more PLWH/A in the EMA reported experiences of homelessness during the past 2 years than in the BOS (EMA 19%, BOS 10%).

Questions used to measure housing instability changed substantially for the 2005 survey, and for the most part were not directly comparable to the 2002 findings. Questions about homelessness, however, were consistent in the 2002 and 2005 surveys. While the proportion that were homeless at the time of the survey remained the same (4% in both years), results statewide

suggest a decrease in the proportion experiencing homelessness at some point in the two years prior to the survey (22% vs. 15%). The Balance of State saw reduction in the proportion reporting experiences of homelessness during the past 2 years from 18% in 2002 to 10% in 2005.

Housing Assistance. Over one in three clients (36%) reported receiving help in paying for housing from a government agency or other service organization. The gap in getting Ongoing Help with Housing appears to have decreased since the 2002 survey (EMA 52% in 2002 vs. 38% in 2005; BOS 49% in 2002 vs. 32% in 2005). However, in the Balance of State results suggest an increase in the gap in getting Emergency Rent and Utility payments from 2002 to 2005 (48% vs. 63%).

Housing Safety and Adequacy. Most clients (68%) considered the place where they lived at the time of the survey was very safe, and only 3% reported that their housing was not safe at all. However, those who reported that their housing was only somewhat safe or not safe at all were on average more recently diagnosed with HIV than those who felt their housing was very safe. In addition, Hispanics were more likely than non-Hispanic Whites to report somewhat safe or unsafe housing. No changes were observed among clients' reports of the safety of their homes from 2002 to 2005 in either the EMA or Balance of State.

Clients were also asked about the quality of their current housing. Approximately two in five had experienced at least one housing quality problem, including inadequate insulation; inadequate heating; lack of access to a kitchen and/or bathroom; lack of hot and cold running water; inadequate living or sleeping space; water leaks; unsafe or inadequate wiring or electricity; or bugs, mice or rats. The most frequent problems cited statewide and in the Balance of State were inadequate insulation or weatherization (24% statewide, 22% Balance of State); bugs, mice or rats (16% vs. 20%); and water leaks (16% in both areas). Results did suggest an improvement in housing quality experienced by PLWH/A in the Balance of State from 2002 to 2005 (one or more housing quality problem: 53% vs. 44%).

Limitations

The following limitations should be kept in mind when considering the needs assessment data. Surveys were distributed to PLWH/A who had a RWCA Case Manager at the time of the data collection. The findings are generalizable to this population, but they may not be generalizable to PLWH/A in Oregon who do not have a Case Manager. Additionally, because this was primarily a mailed survey, clients who were homeless were less likely to receive and complete the survey. Finally, the response rate from survey-eligible clients statewide was 57% and it is possible that the responses of

clients who did return completed surveys are not representative of clients who did not respond.

Conclusions

The four components of the evaluation included post-intake client satisfaction surveys; key informant interviews with Housing Coordinators, Case Managers, clients, and landlords; technical assistance in the development of client utilization records; and, review of 2002 and 2005 Needs Assessment surveys to compare trends in housing-related information over time. Client satisfaction surveys and key informant interviews provided complimentary information that addressed four primary questions:

- How has the OHOP program changed under the management by DHS/HCS?
- Which aspects of the OHOP program are working well?
- How might the program be improved?
- How does the program affect clients' well-being?

Several consistent themes emerged from these components of the evaluation. Client satisfaction surveys showed clients to be generally satisfied with the OHOP program and with Housing Coordinator services. Clients enrolled in the OHOP program for six months or longer did have access to HIV-related care, and ninety percent reported they had both CD4 and viral load tests conducted during the past six months.

Positive changes in the functioning of the OHOP project have occurred since the transfer of management to DHS/HCS in July 2005. Clear policies and procedures have been created, Housing Coordinators feel they are generally able to meet clients' needs, and problems with late rental payments appear to have been minimized.

Key informant interviews with Housing Coordinators, Case Managers, clients, and landlords confirm that the OHOP program provides critical assistance to PLWH/A in establishing stable housing. Opportunities for a broad range of positive life changes are created for clients who achieve and maintain stable housing. These opportunities include avoiding homelessness, access to other assistance programs, better nutrition, reduced stress, attending doctor visits, taking medications, improved physical health and mental health, reduced substance abuse, education, employment, and movement to self-sufficiency.

Strengths of the OHOP program include the exceptional quality of the administrative team in DHS/HCS and Housing Coordinators. Housing Coordinators and RWCA Case Managers each report they have developed effective partnerships. Landlords interviewed remain willing to continue working with the OHOP program.

The effectiveness of the OHOP program is limited, in part, by factors beyond its control. OHOP Clients continue to receive rental subsidy from OHOP longer than initially intended because they have not been able to obtain long-term, Section 8 housing. Subsequently, the OHOP program has been unable to serve other eligible clients. Limitations in rental subsidies challenge Housing Coordinators' ability to house some clients, and at times, result in clients being housed in rental accommodation that is less than satisfactory to clients, Case Managers, and Housing Coordinators. Clients with multiple barriers to housing remain difficult to house.

Improvements to the OHOP program suggested by Housing Coordinators and RWCA Case Managers include developing access to resources for clients battling substance abuse, mental illness, and for clients who have a history of prior evictions (i.e., tenant education). Housing Coordinators and Case Managers feel that clients will be less likely to incur program violations if they have access to needed support services. Housing Coordinators are also disappointed not to be able to serve clients who remain on the OHOP waitlist for extended periods of time. Efforts to transition clients to long-term housing in a shorter period of time would allow more eligible clients to be served. Additionally, Housing Coordinators and Case Managers share some frustration during the housing search period. In some situations, it appears that neither the Case Manager nor the Housing Coordinator have the necessary time or resources to assist in the search as they feel some clients need. A second significant challenge in the search process is that clients, at times, are housed in accommodation that meets HUD criteria but is none-the-less unsatisfactory to clients and program staff. Flexibility in allowing greater rental subsidies in locations where little rental housing is available or in locations where property values are increasing rapidly might be beneficial.

Finally, while it is not possible to attribute changes in needs among PLWH/A to individual programs, the Balance of State area served by the OHOP program does appear to have experienced improvements in some housing criteria over the past three years. Fewer PLWH/A in the Balance of State reported having been homeless in the past two years in 2005 than in 2002. Additionally, the proportion of PLWH/A reporting they had experienced a service gap for ongoing housing assistance declined between the 2002 and 2005 Needs Assessment surveys.

Appendix A

Client Satisfaction Survey

Appendix B

Weighting of Data from the 2005 Needs Assessment Survey

Data were weighted to more accurately reflect the full population targeted by the survey – all PLWH/A who were receiving Ryan White Care Act funded case management (through Oregon’s Title I and Title II programs) in the Fall of 2005. This approach is consistent with the weighting methods used in the 2002-2003 Needs Assessment Report. The approach took into account the sampling strategy and three client characteristics (i.e., gender, race/ethnicity, and region). To generate the weights, we used information on the number of clients reported to be actively in case management at the time the surveys were sent (from Case Managers) and our best guess of the actual population characteristics (from 2005 CADR reports for Title I and 2004 CAREWare data for Title II). The weight was created by dividing the number from the target population by the corresponding number of received surveys for each subgroup created by all possible combinations of region, gender, and race/ethnicity.

It should be noted that the weighting did not take into account whether clients did not have stable mailing addresses or were not willing to have documents mailed to them from their Case Managers. Such clients were likely to be under-represented in our survey participants. If this group of people is different from those who received mailed surveys, in terms of their service needs and gaps, the results of our survey may not accurately reflect those disparities.