

Satisfaction with Housing Services Provided through the Oregon Housing Opportunities in Partnership (OHOP) Program

Results from the 2007 Client Survey and 2008 Case Manager Interviews

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Satisfaction with Housing Services Provided through the Oregon Housing Opportunities in Partnership (OHOP) Program

Results from the 2007 Client Survey and 2008 Case Manager Interviews

Executive Summary

Short anonymous surveys were mailed to all clients receiving housing services funded through the Oregon Housing Opportunities in Partnership (OHOP) program in order to assess clients' current living situation, understanding of OHOP policies and procedures, satisfaction with OHOP services, and the impact of the program on clients' health and quality of life. Surveys were sent to 91 clients that received services from the OHOP program between August 2006 and August 2007. Five HIV case managers from different regions of the state were interviewed by phone to assess their experiences with recent changes in the OHOP program and to explore their perceptions of how participation in the OHOP program affects their clients.

Results are based on 57 completed surveys, representing a 68% response rate after correcting for undeliverable surveys. Seventy percent of respondents were White, 74% were male, and 61% were between the ages of 35 to 49 years. The regional distribution of survey respondents matched that of the program, with 23% of respondents from Region 1 (Northwest), 37% from Region 2 (Central), 25% from Region 3 (Southern), and 16% from Region 4 (Eastern). One in four respondents (25%) were enrolled in OHOP through special programs targeting recently incarcerated PLWH/A re-entering the community.

Ninety percent of clients reported living situations that meet the HUD definition of stable housing (e.g. rental housing). Eight in ten clients (81%) said they were satisfied with their current housing situation and 84% said that it had improved since they began participating in the OHOP program. Ninety one percent of respondents rated the quality of OHOP services as good or excellent, and 83% thought that having a Housing Coordinator had made it easier for them to access better housing.

Most clients reported being satisfied with seven specific aspects of OHOP services, with an average of 85% reporting satisfaction across all seven items. However, there was wide variation between items. For example, 85% of respondents said they were "very satisfied" with the level of privacy with which

Housing Coordinators delivered OHOP services (and, notably, no one was dissatisfied with this service area), while only 56% of respondents said they were “very satisfied” with the location and hours of the Housing Coordinator’s services. The relatively low rating in this area may reflect the fact that four OHOP Housing Coordinators, stationed in Eugene, Medford, Redmond, and Salem serve clients across the entire 31 county Part B service area, which comprises the entire state of Oregon minus the Portland metropolitan area.

There were no significant differences in satisfaction with current living situation, overall quality of OHOP services, or the seven aspects of OHOP customer service by gender, age, race/ethnicity, region of residence, or length of time since HIV diagnosis.

Nearly all clients (97%) agreed that their Housing Coordinator had clearly explained OHOP policies and procedures to them when they started the program, and 94% felt they understood those policies and procedures. A lower, but still substantial, proportion of OHOP clients (87%) said they thought the OHOP policies were fair. However, fewer clients (69%) said they knew how to get more information about OHOP policies and procedures if they needed it, which may be an area where the program could improve communication. Still, 81% of clients said they knew who to talk with if they were unhappy with the services they received through the OHOP program.

Responses to open-ended questions echoed a high level of satisfaction. Most respondents said their housing situation had improved since participating in the program, with examples that emphasized increased levels of safety and security and decreased levels of stress. Many OHOP participants said they would not change a thing about the program, while others provided concrete suggestions for improvement, including improving access to Housing Coordinators, improving various aspects of customer service (e.g. decreasing staff turnover), providing more or different types of information, and improving the amount of financial assistance provided and/or the housing stock available to OHOP clients.

HIV case managers concurred that, from their perspective, the OHOP program has a “very positive” effect on clients. They cited examples of decreased client stress, increased adherence to medications, more regular doctors’ appointments, and increased life stability among participating clients. In addition, HIV case managers reported high satisfaction with recent changes in the OHOP program, which they say have made it easier to serve clients.

Background

Oregon's DHS HIV Care & Treatment Program contracted with Program Design and Evaluation Services (PDES) to conduct an evaluation of Oregon Housing Opportunities in Partnership (OHOP) services delivered in the Ryan White Part B service area of Oregon. The 2007 evaluation was one of a series of evaluations conducted from 2004 onward for the purposes of ongoing program monitoring and quality assurance. At the time of survey administration, there were 20 Ryan White sites for case management services, serving 713 clients across the 31 counties included in Oregon's Part B service area. Ninety two of these clients also received OHOP housing services. Four regional Housing Coordinators stationed in Salem (Region 1), Eugene (Region 2), Medford (Region 3), and Redmond (Region 4), work closely with Part B case managers to provide coordinated services for clients needing help finding, securing, and/or maintaining stable housing¹.

The Department of Housing and Urban Development (HUD), which administers the Housing Opportunity for People with AIDS (HOPWA) program that funds OHOP, requires states receiving funding to regularly evaluate their programs. The purpose of this evaluation was to:

- Describe clients' level of satisfaction with the overall quality of OHOP services and with core features of OHOP services (e.g. location and hours, respect and care given by staff);
- Describe clients' perceptions of the impact of OHOP services on their housing situation and progress towards achieving housing goals;
- Describe clients' understanding of and experience with OHOP program policies and procedures;
- Determine whether program satisfaction among OHOP clients varies with demographic or other client characteristics; and
- Describe HIV case managers' perceptions of recent changes in the OHOP program and the effect of the OHOP program on clients.

¹ The following counties comprise the four regions: Region 1: Clatsop, Lincoln, Linn, Marion, Polk, and Tillamook; Region 2: Benton, Coos, and Lane; Region 3: Curry, Douglas, Jackson, Josephine, Klamath, and Lake; Region 4: Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler

Methods

Survey Instrument

Data were collected through either a short, self-administered, anonymous mailed survey or through the same survey administered by an interviewer over the phone. Surveys were available in English and Spanish. The questionnaire posed 14 close-ended questions about client demographics, current living situation, satisfaction with current housing and housing services. Three open-ended questions asked respondents to describe how their housing situation has changed since involvement with OHOP, to note the one thing they would change about the program, and to identify the most helpful thing the Housing Coordinator has done to help them reach their housing goals. Appendix A displays a copy of the survey along with numbers of responses per item.

Because all OHOP clients are required to be concurrently enrolled in HIV case management services, all OHOP clients also received a copy of the 2007 HIV case management satisfaction survey. The surveys were sent together to reduce client burden and the overall cost of administering the surveys. Data from four questions related to health status, health insurance, and access to and engagement in HIV care and treatment were culled from the case management satisfaction survey. Overall results from the HIV case management survey are presented in a separate report².

Survey Distribution

Surveys were provided to all OHOP clients age 18 or older that received services in the year preceding the survey (August 2006-August 2007, n=91). Survey packets were prepared by PDES staff and mailed in bulk to case managers, who checked the addresses for validity and then distributed surveys to individual clients through the mail. A \$2 cash incentive was included with each survey. Clients received postage-paid envelopes and were instructed to return the anonymous surveys directly to PDES. Eight Spanish language and 83 English language surveys were sent. Survey materials were sent to case managers on September 10, 2007. Case managers distributed surveys to clients September 19 through October 16, 2007. Most surveys were distributed by case managers in late September, but one county was not able to send surveys out until the middle of October due to staff shortages. The cut-off date for accepting completed surveys was December 7, 2007.

² Results from the 2007 HIV Case Management Satisfaction Survey are available at <http://egov.oregon.gov/DHS/ph/hiv/services/needs/reports.shtml>

In order to improve response rates, PDES staff made follow-up telephone calls to clients that had not responded to the OHOP survey as of November 16, 2007.

Return Rate

PDES received 57 completed surveys (63%). Seven were returned as undeliverable³, for an overall return rate of 68% after adjusting for undeliverable surveys. Six of eight Spanish language surveys (75%) and 47 of 83 English language surveys (57%) were returned.

Forty three clients received follow up telephone calls. Of these, 10 completed the survey by phone, 5 refused, 14 numbers were wrong or disconnected, and 14 were unable to be reached after multiple contacts.

There were no significant differences between responders and non-responders to the survey with respect to gender, race/ethnicity, region of residence, or age, although Spanish-speaking respondents had a higher response rate than English-speaking respondents.

Analysis

Data were analyzed using SPSS v15.0 for Windows[®]. The primary analysis was descriptive. We also explored whether there were differences in satisfaction with the overall quality of housing program services and seven specific aspects of program services across the following respondent characteristics: gender, age, ethnicity, region, and length of time since HIV diagnosis. Because of low overall numbers and very few respondents in some subgroups, it was necessary to combine clients into larger, less specific groups for purposes of these comparisons. For example, we created a binary division across race/ethnicity, which compressed responders into two generic groups: “Non-Hispanic whites” and “All others.”

For these subgroup analyses, we performed Chi Square tests and used the traditional statistical cutoff of $p < .05$ as indication of statistically significant differences between groups. We tested for statistically significant differences between subgroups across nine survey items related to satisfaction with services (including satisfaction with current housing, overall quality of program services, and the seven specific aspects of OHOP services). The response categories for these questions were collapsed into two options (e.g., satisfied versus all other).

Percentages presented throughout the report are rounded to the nearest whole number and only include valid responses (e.g. missing data are excluded from the denominator). Most items had few missing data, so there is little difference

³ Of the 7 undeliverables, there were 3 bad addresses, 1 closed P.O. Box, and 1 home without an adequate mail receptacle. In addition, 1 client was deceased and 1 was homeless.

between valid and actual percentages. Numbers per response for each response category are shown in Appendix A.

One staff member coded qualitative data from the three open-ended questions into distinct themes identified in respondent narratives, and then combined the themes into overall categories. A few responses indicated the presence of more than one distinct theme. In those cases, all themes were coded. The number of respondents per theme are indicated, in order to indicate the degree of resonance among participants.

Case Manager Interviews

Five HIV case managers, selected to maximize geographic diversity, participated in brief telephone interviews about the OHOP program. The interviewer used a semi-structured interview guide (Appendix B) that focused on recent changes in the OHOP program (e.g. the referral process and new types of assistance available through the program) and case managers' perceptions of the OHOP program's impact on clients. Interviews were not transcribed verbatim. Instead, the interviewer produced a summary of the five interviews, highlighting common and disparate themes, and highlighted selected quotes that are representative of themes.

Findings

Demographic Characteristics of Respondents

Respondents ranged from 22 to 62 years old, with an average age of 43 years. Six in ten clients (61%) were between 35 and 49 years old. Of the 57 respondents, 74% identified as male, 26% as female, and 0% as transgender. A majority of respondents (70%) identified as non-Hispanic White. Twelve percent identified as Hispanic/Latino and 11% responded in Spanish. Only ten clients identified as either American Indian/Alaskan Native, Black/African-American, Asian, Pacific Islander, or more than one race, so these categories were combined for analysis. Respondents were fairly evenly distributed across the four regions (Table 1). One in four clients had a recent history of incarceration.

Table 1: Demographic Characteristics of OHOP Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	%*	N
<i>Age Group: (n=57)</i>		
Under 35	21	12
35-49	61	35
50 and older	18	10
<i>Gender: (n=57)</i>		
Male	74	42
Female	26	15
<i>Race/Ethnicity: (n=57)</i>		
Caucasian/White, Non-Hispanic	70	40
Hispanic/Latino	12	7
All Others	18	10
<i>Educational Level: (n=56)</i>		
8 th Grade or less	9	5
Some high school but did not graduate	25	14
High school graduate or G.E.D.	45	25
4-year college graduate	7	4
Some graduate school	14	8
<i>Region: (n=57)</i>		
Region 1 (Northwest)	23	13
Region 2 (Central)	34	21
Region 3 (Southern)	25	14
Region 4 (Eastern)	16	9
<i>Post-Incarceration Program: (n=57)</i>		
Yes	25	14
No	75	43

*Percentages may not equal 100% because of rounding

Health Status and Medical Care Utilization of Respondents⁴

Almost one in three OHOP clients (32%) had been diagnosed with HIV within the past five years, 30% had been diagnosed six to ten years ago, and 39% had been diagnosed more than ten years ago. Ninety one percent of respondents stated that they had received non-emergency medical care in the past 12 months, and 98% said they had received a CD4 or viral load test during the same time period. One in four clients (25%) reported being without health insurance for at least some period of time in the preceding year.

Current Living Situation

Ninety percent of OHOP clients described current living situations that meet HUD's definition of "stable housing;" all of these clients were living independently in rental housing. An additional 7% said they were living with relatives or friends. The remaining 3% described their situations as "other," and the stability of their current situations was unclear based on the answers they provided (e.g. *"In between. Getting rental tomorrow"*).

Just over half of respondents (52%) reported living alone, 40% of respondents reported living in households with children, and 8% lived with one or more adults, but no children.

Client Satisfaction with Current Housing and with OHOP Services

Respondents answered a series of questions about their satisfaction with their current housing situation and with the services provided by Housing Coordinators. They also provided feedback about how their housing situation had or had not improved as a result of their participation in the OHOP program.

Client Satisfaction with Current Housing Situation

Approximately eight out of ten respondents (81%) stated they were either satisfied or somewhat satisfied with their current housing situation and 84% reported their housing situation had improved since having a Housing Coordinator (Table 2). However, some clients indicated that their current situation left room for improvement. For example, 41% of respondents reported their current housing situation is somewhat stressful, mostly stressful, or completely stressful; and almost one in four respondents (22%) reported they had a long way to go before reaching their personal housing goals.

⁴ A larger proportion of clients had missing data for health status and medical care items because the 10 OHOP surveys conducted by phone did not include these questions. See Appendix A for numbers.

Table 2. Client Satisfaction with Current Housing Situation

QUESTION	%*	N
<i>How satisfied are you with your current housing situation? (n=57)</i>		
Satisfied	56	32
Somewhat satisfied	25	14
Neither satisfied nor dissatisfied	4	2
Somewhat dissatisfied	12	7
Dissatisfied	4	2
<i>How stressful is your current housing situation? (n=56)</i>		
Not at all stressful	32	18
Not very stressful	27	15
Somewhat stressful	29	16
Mostly stressful	5	3
Completely stressful	7	4
<i>How much has your housing situation improved since you have had a Housing Coordinator? (n=55)</i>		
Improved a lot	66	36
Improved somewhat	18	10
Stayed about the same	11	6
Gotten somewhat worse/a lot worse	6	3
<i>How close are you to reaching your personal housing goals? (n=55)</i>		
I've reached my housing goals	27	15
I've nearly reached my housing goals	31	17
I'm about half way there	20	11
I've got a long way to go	22	12

*Percentages may not equal 100% because of rounding

Client Satisfaction with Quality and Perceived Impact of OHOP Services

OHOP clients reported a wide range of contact (both phone and face-to-face) with their Housing Coordinators in the past 12 months (0-36 contacts), with an average of five contacts.

In general, clients reported satisfaction with the services provided by the Housing Coordinators. For example, 91% of respondents rated the quality of their Housing Coordinator's services as either excellent or good and 83% thought that having a Housing Coordinator had made it easier for them to access better housing.

Most clients felt that their participation in the OHOP program had a positive impact on helping them to reach their housing goals; 60% said it had a very big

impact, 33% reported a moderate and 4% a small impact. Only two OHOP clients said that program participation had no impact on helping them reach their housing goals (Table 3).

Table 3. Client Satisfaction with Quality and Perceived Impact of OHOP Services

QUESTION	%*	N
<i>How would you rate the quality of Housing Coordinator services that you have received? (n=56)</i>		
Excellent	70	39
Good	21	12
Fair	7	4
Poor	2	1
<i>Does having a Housing Coordinator make it easier to gain access to better housing? (n=54)</i>		
Yes, definitely	50	27
Yes, I think so	33	18
No, I don't think it made a difference	15	8
No, it made it more difficult	2	1
<i>How much of an impact did this program and your Housing Coordinator have on helping you reach your housing goals? (n=55)</i>		
A very big impact	60	33
A moderate impact	33	18
A small impact	4	2
No impact	4	2

*Percentages may not equal 100% because of rounding

Client Satisfaction with Seven Aspects of OHOP Services

Most clients reported being satisfied with seven specific aspects of OHOP services, with an average of 85% reporting satisfaction across all seven items. However, there was wide variation between items. The six items related to the level of customer service provided by the Housing Coordinators received higher satisfaction ratings (from 83% to 94%) than the one item related to location and hours (76%). More specifically, 85% of respondents said they were “very satisfied” with the level of privacy with which Housing Coordinators deliver OHOP services (and, notably, no one was dissatisfied with this service area), while only 56% of respondents said they were “very satisfied” with the location and hours of the Housing Coordinator’s services. Responses for individual satisfaction items are provided in Table 4.

Table 4. Satisfaction with Seven Specific Aspects of OHOP Services

QUESTION	%*	N
<i>Location and hours (n=55)</i>		
Very satisfied	56	31
Somewhat satisfied	20	11
Neutral	18	10
Somewhat/Very dissatisfied	5	3
<i>How fast the Housing Coordinator helps you (n=54)</i>		
Very satisfied	69	37
Somewhat satisfied	17	9
Neutral	9	5
Somewhat/Very dissatisfied	6	3
<i>How well your Housing Coordinator listens to you and understands your problems (n=55)</i>		
Very satisfied	75	41
Somewhat satisfied	11	6
Neutral	7	4
Somewhat/Very dissatisfied	7	4
<i>How well your Housing Coordinator keeps your information private (n=53)</i>		
Very satisfied	85	45
Somewhat satisfied	9	5
Neutral	6	3
Somewhat/Very dissatisfied	0	0
<i>How well your Housing Coordinator does his/her job (n=51)</i>		
Very satisfied	75	38
Somewhat satisfied	8	4
Neutral	12	6
Somewhat/Very dissatisfied	6	3
<i>How much your Housing Coordinator knows about housing (n=52)</i>		
Very satisfied	71	37
Somewhat satisfied	15	8
Neutral	10	5
Somewhat/Very dissatisfied	4	2
<i>How much respect and care given to you (n=54)</i>		
Very satisfied	80	43
Somewhat satisfied	6	3
Neutral	9	5
Somewhat/Very dissatisfied	6	3

*Percentages may not equal 100% because of rounding

OHOP Policies and Procedures

Respondents answered a series of statements related to the OHOP program's policies and procedures, in order to assess their level of comfort navigating the current OHOP system. Nearly all clients (97%) agreed that their Housing Coordinator had clearly explained OHOP policies and procedures to them when they started the program and 94% felt they understood those policies and procedures. A lower, but still substantial, proportion of OHOP clients (87%) said they thought the OHOP policies were fair.

Fewer clients (69%) said they knew how to get more information about OHOP policies and procedures. However, 81% of clients said they knew who to talk with if they were unhappy with the services they received through the OHOP program.

Table 5. Clients' Opinions about OHOP Policies and Procedures

QUESTION	%*	N
<i>HC clearly explained OHOP policies and procedures (n=55)</i>		
Strongly Agree	73	40
Somewhat Agree	24	13
Neither Agree nor Disagree	4	2
<i>I understand the OHOP policies and procedures (n=54)</i>		
Strongly Agree	61	33
Somewhat Agree	32	17
Neither Agree nor Disagree	4	2
Somewhat/Strongly Disagree	4	2
<i>I think the OHOP policies are fair (n=53)</i>		
Strongly Agree	66	35
Somewhat Agree	21	11
Neither Agree nor Disagree	13	7
<i>I know how to get more information about OHOP policies and procedures (n=55)</i>		
Strongly Agree	51	28
Somewhat Agree	18	10
Neither Agree nor Disagree	16	9
Somewhat/Strongly Disagree	15	8
<i>I know who to talk to if I'm unhappy with the services I receive (n=55)</i>		
Strongly Agree	66	36
Somewhat Agree	15	8
Neither Agree nor Disagree	13	7
Somewhat/Strongly Disagree	7	4

*Percentages may not equal 100% because of rounding

Responses to Open-ended Questions

Respondents were given the opportunity to provide open-ended responses to one statement and two questions about the OHOP services they receive:

- Please describe briefly how your housing situation has gotten better or worse since you have had a Housing Coordinator.
- If you could change one thing about your Housing Coordinator services, what would it be?
- What was the most helpful thing your Housing Coordinator has done to help you reach your housing goals?

How Housing Has Improved or Gotten Worse

Seventy two percent of respondents (n=41) provided a response indicating how their housing situation had changed since receiving OHOP services. Of those, 34 provided examples of how their situation had changed for the better, 4 respondents indicated it had gotten worse, and 3 respondents provided responses that were neutral or ambiguous.

Respondents who felt their situation had improved said that participation in OHOP and their subsequent acquisition of new housing provided stability and security, and decreased the amount of stress in their lives. Many mentioned that without the help of the OHOP program, they would be homeless.

I have a safe place to sleep. I'm not cold or worried that something will happen to me.

I am very happy that I have a roof over my head. I feel like I live in a castle, thanks to the help I get from my housing coordinator. I have no complaints.

To me, it has been way better with my housing coordinator because without her, I don't know what would be of me. I'd already be dead from stress. Thank you for the support.

The four individuals that indicated their housing had gotten worse provided comments that showed dissatisfaction with different aspects of their current housing situation, including problems with landlords and/or lack of space.

They stress me out, try to tell me where to live!

I've had to move and I'm still looking for affordable housing in the price range.

Changing One Thing about OHOP

Sixty eight percent of clients (n=39) provided suggestions about what one thing they would change about the OHOP program. Of those, almost half (n=19) said they wouldn't change a thing about the program. Many of these also took the opportunity to praise the program. Of those that provided concrete suggestions for change, 7 people suggested improved access to the Housing Coordinators. Access included the physical location of the OHOP office, as well as asking for *"more phone access."* Five individuals mentioned issues related to customer service, including two comments related to staff turnover. Four individuals asked for more or different types of information, including *"more hands-on knowledge about how to approach prospective new landlords."* Finally, four said it was difficult to find adequate housing within the programs constraints. For example, *"the money allowed, it's hard to find a place for such a small amount."*

Most Helpful Thing Your Housing Coordinator Did for You

Seventy five percent of respondents (n=43) provided comments related to the most helpful thing their Housing Coordinator did for them in relation to meeting their housing goals. Responses reflected the wide range of services that Housing Coordinators provide through the OHOP program. Thirteen respondents stated that the most helpful thing was the help they received in finding and securing their current housing. Eight people mentioned the financial help they received for rent and utilities. Seven people mentioned mediation with landlords or other help that ensured that they could retain their current housing despite life challenges.

Other clients answered the question more broadly. Five people stated that the help they received from their Housing Coordinator related to budgeting or the development of other life skills helped them the most in reaching their housing goals. For example, one person stated: *"She has made me see how important it is for me to follow through with my tasks, to have stable housing."*

Three people mentioned help with paperwork and two cited examples of how their Housing Coordinator worked to ensure their housing was a safe place for themselves and their families. Finally, six people mentioned the personal attributes of the Housing Coordinator or the nature of their interactions as most helpful. For example, one person stated: *"Staying in contact and listening to my complaints."*

Differences across Client Characteristics

Analyses were performed to assess differences in satisfaction with overall quality of OHOP services and perceived effectiveness of program participation across several respondent characteristics. In several areas, clients with different characteristics were combined into more general subgroups because of low respondent numbers. Subgroups were defined by the following characteristics:

- gender (men vs. women)
- age (<35, 35-49, 50 and older)
- ethnicity (non-Hispanic White and all others)
- region (Region 1, 2, 3, and 4)
- length of time since diagnosis with HIV (within past 5 years, 6-10 years ago, more than 10 years ago)
- incarceration status (post-incarceration client vs. all others)

There were no reported differences in satisfaction with current living situation, overall quality of OHOP services, or the 7 specific aspects of OHOP services among OHOP clients based on the client characteristics examined.

Case Manager Interviews

Five case managers from different parts of the Part B service region participated in brief, semi-structured telephone interviews to discuss their impressions of recent changes to the OHOP program and the effect of the program on their clients⁵. Specifically, in July 2007, OHOP changed the program's referral process to include a client self referral and more immediate contact between the client and the local Housing Coordinator, so the Housing Coordinator could begin assessing the client's housing needs even if the client didn't need immediate access to OHOP resources. OHOP also added a new service at that time: the Short-term Rent, Mortgage, and Utility (STRMU) assistance. STRMU helps currently housed clients avoid homelessness by helping them through unexpected crises or short-term declines in income.

All case managers felt that the OHOP referral process worked smoothly, and those that had interacted with the program both before and after the changes were implemented felt that the new referral process represented a "vast improvement." Two case managers mentioned that having earlier contact with the Housing Coordinator is empowering for clients because it gets them more

⁵ See Appendix B for a copy of the case manager interview guide.

involved in the process from the start and encourages them to be proactive in their housing search. A number of case manager also said that it helps “get things moving faster” for clients. Case managers did not feel that the new referral process made more work for them, although one noted that some clients do not like the amount of paperwork they must do. However, this case manager believed that most clients think the quick results make up for the amount of paperwork. All of the case managers also indicated that their Housing Coordinators have been helpful resources for them.

All of the case managers spoke positively about their experiences providing STRMU assistance, calling it “a godsend” and a “huge improvement.” They spoke of the ease of the process and the great impact that STRMU assistance has for clients needing immediate or situational help. As one case manager said:

“It’s tangible help that staves off homelessness. It saves OHOP money in the long run because for some clients, this carries them over. They don’t have to leave the unit they are in. They don’t have to interrupt their treatment and other aspects of their life that might make them sick. The clients are thrilled.”

Case managers also liked the fact that STRMU allows them to provide immediate help to clients in a short-term crisis, such as those caused by an illness, job loss, divorce, or an unexpected move. STRMU also helps their local Ryan White dollars go farther and allows them to be used more flexibly. One case manager said that figuring out the logistics (e.g. how many weeks of assistance are available to a client) can be tricky, but felt that overall it is “a wonderful service.”

When asked about ways the OHOP program could be improved, one case manager noted that areas with high case loads need more staff to help process OHOP paperwork. Another suggested that the OHOP forms needed to be updated to reflect program changes. In general, however, HIV case managers took the opportunity to reiterate their satisfaction with the program, program administration, and the regional OHOP Housing Coordinators.

Case managers said that from their perspective the OHOP program has a “very positive” and “hugely beneficial” effect on clients. When asked to provide examples of how clients benefited from the program, case managers cited decreased stress, increased adherence to medications, more regular doctors’ appointments, and increased life stability.

Conclusions

Limitations

These results are based on self-reported answers to a mail or phone survey, representing a specific point in time (Autumn/Winter, 2007). We did not receive a completed survey from everyone that was asked to participate, so our results represent the target population—people with HIV, receiving OHOP services in the Part B service area—only if those who did not answer have similar views compared to those who did. It is not possible to know the extent of this “non-response bias,” but our response rate of 68% is generally considered satisfactory for this type of passive, self-administered survey and is consistent with response rates of previous client satisfaction surveys conducted with PLWH/A. In addition, there was no difference between responders and non-responders with respect to gender, race/ethnicity, age, length of time since HIV diagnosis, or region of residence, which indicates that there was no systematic response bias based on these client characteristics.

Still, not hearing the opinions of nearly one third of clients that participated in the program is concerning, particularly since the OHOP program provides tangible support (e.g. housing, financial assistance) and its clients should be easier to locate than other surveyed populations, since they either were living in OHOP-funded housing at the time of the survey or had moved elsewhere within the past year. Seven surveys (8%) were undeliverable using the addresses provided by program administration and one third of the numbers used for follow up telephone calls were wrong numbers or disconnected, indicating that the program database may need to be updated more frequently. Future surveys might benefit from enlisting the help of HIV case managers and/or Housing Coordinators to reach nonresponders.

Finally, it would be helpful to have more information about the types and duration of services received by OHOP clients. Very small proportions of clients reported dissatisfaction on any given item, but on many items, about 10% to 15% of respondents reported that they were “neither satisfied nor dissatisfied”. Were participants too new to comment? Were they long-term clients with mixed experiences? Information about types and duration of OHOP services would help with interpretation.

Key Findings

Overall, OHOP clients reported satisfaction with OHOP services. Ninety one percent of respondents rated the quality of OHOP services as good or excellent, and 83% thought that having a Housing Coordinator had made it easier for them to access better housing.

Most clients reported being satisfied with seven specific aspects of OHOP services, with an average of 85% reporting satisfaction across all seven items. However, there was wide variation between items. The six items related to the level of customer service provided by the Housing Coordinators received higher satisfaction ratings (from 83% to 94%) than the one item related to location and hours (76%). More specifically, 85% of respondents said they were “very satisfied” with the level of privacy with which Housing Coordinators deliver OHOP services (and, notably, no one was dissatisfied with this service area), while only 56% of respondents said they were “very satisfied” with the location and hours of the Housing Coordinator’s services. It is likely that these results reflect the inherent challenges OHOP clients face in accessing services from four centralized OHOP offices, rather than in their local communities.

There were no reported differences in satisfaction with current living situation, overall quality of OHOP services, or seven aspects of OHOP service delivery by gender, age, race/ethnicity, region of residence, or length of time since HIV diagnosis.

Overall, clients appeared to be comfortable with their understanding of how the OHOP program works. Nearly all clients (97%) agreed that their Housing Coordinator has clearly explained OHOP policies and procedures to them when they started the program, and nearly the same proportion (94%) felt they understood those policies and procedures. A lower, but still substantial, proportion of OHOP clients (87%) said they thought the OHOP policies were fair and 81% of clients said they knew who to talk with if they were unhappy with the services they received through the OHOP program. However, fewer clients (69%) said they knew how to get more information about OHOP policies and procedures if they needed it, which may be an area where the program could improve communication.

Responses to open-ended questions reflected a high level of satisfaction. Many respondents said they would not change a thing about the program, while provided concrete suggestions for improvement, including improving access to Housing Coordinators, improving various aspects of customer service (e.g. decreasing staff turnover), providing more or different types of information, and improving the amount of assistance provided and/or the housing stock available to OHOP clients.

Ninety percent of OHOP clients reported current living situations that meet the HUD definition of “stable housing.” About 8 in 10 clients (81%) said they were both satisfied with their current housing situation and that their housing situation had improved since they began participating in the OHOP program. Many provided examples of housing improvements that emphasized increased safety and security and decreased levels of stress.

Case managers said that recent changes to the OHOP program, including the introduction of a client self-referral and STRMU assistance, have improved the program. In addition, they provided anecdotal evidence of improvements to clients' physical health, mental health, and life stability consequent to their participation in the OHOP program.

Implications/Discussion

Homelessness is a major risk factor for HIV, and HIV is a major risk factor for homelessness. The prevalence of HIV/AIDS is three to nine times higher among persons who are homeless or unstably housed compared with persons with stable and adequate housing, depending upon the population and geographic area studied.¹⁻⁶ Up to 60 percent of all persons living with HIV/AIDS report a lifetime experience of homelessness or housing instability.^{1,2,7}

Similar to other parts of the nation, PLWH/A in Oregon continues report high service needs and gaps. A consumer needs assessment conducted in 2005 with PLWH/A receiving case management services in Oregon revealed that one in four clients (26%) had experienced housing instability in the preceding year, including living in places not meant for housing (e.g. car, outside), staying in transitional housing, or doubling up with family and friends.⁸

The OHOP program, including its housing services provided through two HOPWA/SPNS grants, plays an important role in ensuring stable housing for many PLWH/A in Oregon. The OHOP program is built on a supportive housing model that includes housing case management (e.g. help finding and retaining rental housing) and a range of supportive services provided through the Ryan White Part B case management program (e.g. transportation assistance, adherence counseling). Although many OHOP clients were unstably housed or homeless when they entered the program, 90% of OHOP clients reported living situations that meet the HUD definition of stable housing after participation in the program.

Data from multiple studies suggest that PLWH/A need stable housing in order to negotiate bureaucracies, file entitlement applications, keep appointments, access social and medical services, and remain adherent to HIV antiretroviral medications.⁹⁻¹³ Studies that focus on health outcomes indicate that housing itself may improve the health of PLWH/A and that it is likely a cost-effective HIV prevention intervention.¹⁴⁻¹⁶ HIV case managers provided anecdotal evidence of how stable housing had improved the health and life stability of their OHOP clients and nearly all OHOP clients reported receiving nonemergency medical care and CD4 and/or viral load testing in the past year. Although no baseline data from OHOP clients are available, these high rates compare favorably to the 63%-71% of PLWH/A statewide estimated to receive labs on an annual basis.¹⁷

This evaluation indicates that OHOP clients are satisfied and that the OHOP program is working well for both clients and service providers. These findings are consistent with previous OHOP satisfaction survey findings¹⁸ and comparable to results of client satisfaction surveys conducted with Ryan White HIV case management clients in Oregon¹⁹. However, important questions remain. For example:

- Program participants appear to have good short-term outcomes, but how successful are OHOP clients over time, particularly as the level of program services delivered to them is reduced or eliminated?
- What is the OHOP program's role in the HIV continuum of care? What is its role in the continuum of housing services for low income individuals? How can the OHOP program continue to support and leverage services from both HIV-focused programs and mainstream services for low-income people, including housing programs?
- How should the OHOP program define success for its clients? Is stable housing enough or should the program increase its emphasis on disease management and improvement in health outcomes, such as engagement in medical care and adherence to HAART? If the latter, how can a housing program best measure these client-level outcomes?

Future evaluations may help to answer some of these questions at the programmatic and policy levels.

The research on enhanced housing models for persons living with HIV/AIDS is growing. Based on the promising evidence to date, leading researchers in the field call for four public policy interventions that are also worthy goals for local housing programs^{20, 21}:

- Make subsidized, affordable housing (including supportive housing for those who need it) available to all low-income people living with HIV/AIDS;
- Make housing for homeless persons a top priority, since housing is a powerful HIV prevention strategy;
- Incorporate housing interventions as a critical element of HIV healthcare;
- Continue to collect and analyze data to assess the impact and effectiveness of various models of housing as an independent structural HIV prevention and healthcare intervention.

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Please Tell Us About Your Housing

2007 Housing Survey

Please help us improve our housing program by answering some questions about the housing services you've received. Your answers will be kept private.

Survey Instructions

-) Please do NOT include your name on this form.
-) We are interested in your honest opinions, whether they are positive or negative. .
-) You do not have to answer any question that makes you uncomfortable.
-) This survey is voluntary...whether you answer or not will not affect your services in any way. Your Housing Coordinator will not see your personal answers.

A Housing Coordinator helps you figure out what services you need related to your housing situation, helps you sign up for the services, and then keeps working with you to make sure you get the services you need. Your Housing Coordinator is different from your Ryan White Case Manager, if you have one. We want you to only think about your Housing Coordinator, «HousingCoordinator_OHOP», as you answer the questions on this survey. We want your answers even if you no longer have a Housing Coordinator, but had one in the past. If you've had more than one Housing Coordinator in the past 12 months, think about the one you had the most contact with when answering the questions.

Please tell us about your current Housing Situation

[Note: The numbers in front of the response option represent the actual number of respondents that provided that answer]

Which of the following best describes your current living situation?

(n=57 responses)

- 0 Homeless: living in the streets
- 0 Homeless: living in emergency shelters
- 4 Living with relatives/friends
- 51 Living in rental housing
- 0 Living in a house I own (or my partner or spouse owns)
- 2 Other (please explain) → "Getting ready to move"
"In between. Getting rental tomorrow"

How many adults and children currently live with you?

(n=53 responses, adults; 50 responses, children)

Range: 0-5, mean: < 1 Number of children (under 18 years)

Range: 0-4, mean < 1 Number of adults (18 years and older)

Overall, how satisfied are you with your current housing situation?

(n=57 responses)

- 32 Satisfied
- 14 Somewhat satisfied
- 2 Neither satisfied nor dissatisfied
- 7 Somewhat dissatisfied
- 2 Dissatisfied

Overall, how stressful is your current housing situation?

(n=56 responses)

- 4 Completely stressful
- 3 Mostly stressful
- 16 Somewhat stressful
- 15 Not very stressful
- 18 Not at all stressful

Overall, how much has your housing situation improved since you have had a Housing Coordinator? (n=55 responses)

- 36** Improved a lot
- 10** Improved somewhat
- 6** Stayed about the same
- 3** Gotten somewhat worse
- 0** Gotten a lot worse

Please describe briefly how your housing situation has gotten better or gotten worse since you have had a Housing Coordinator:

[See survey report for themes](#)

How close are you to reaching your housing goals? (n=55 responses)

- 15** I've reached my housing goals
- 17** I've nearly reached my housing goals
- 11** I'm about half way there
- 12** I've got a long way to go

Please tell us about your Housing Coordinator Services

Approximately how many contacts (both phone and face-to-face) have you had with your Housing Coordinator in the past 12 months? (n=55 responses)

Range 0-36, mean: 5.38_____ Times

How would you rate the quality of Housing Coordinator services that you have received? (n= 56 responses)

- 39** Excellent
- 12** Good
- 4** Fair
- 1** Poor

Does having a Housing Coordinator make it easier to gain access to better housing? (n= 54 responses)

- 27** Yes, definitely
- 18** Yes, I think so
- 8** No, I don't think it made a difference
- 1** No, it made it more difficult

How satisfied have you been with the Housing Coordinator services you have received? <i>(For each item, go across the row and check only one box.)</i>	Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
The location and hours of the Housing Coordinator's services (n= 55 responses)	31	11	10	2	1
How fast the Housing Coordinator helps you when you ask for help (n= n=54 responses)	37	9	5	1	2
How well your Housing Coordinator's listens to you and understands your problems (n=55 responses)	41	6	4	2	2
How well your Housing Coordinator keeps your information private (n=53 responses)	45	5	3	0	0
How well your Housing Coordinator does his or her job (n=51 responses)	38	4	6	3	0
How much your Housing Coordinator knows about housing (n=52 responses)	37	8	5	0	2
How much respect and care your Housing Coordinator gives to you as a person (n=54 responses)	43	3	5	3	0

If you could change one thing about your Housing Coordinator services, what would it be?

See survey report for themes

How much of an impact did this program and your Housing Coordinator have on helping you reach your housing goals?

(n= 55 responses)

- 33** A very big impact
- 18** A moderate impact
- 2** A small impact
- 2** No impact

What was the most helpful thing your Housing Coordinator has done to help you reach your housing goals?

See survey report for themes

Please Tell Us More about the Housing Program

These statements are about the policies and procedures of the OHOP Housing Program. <i>(For each item, go across the row and check only one box.)</i>	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
My Housing Coordinator clearly explained OHOP policies and procedures to me when I started the program. (n=55 responses)	40	13	2	0	0
I understand the OHOP policies and procedures. (n=54 responses)	33	17	2	2	0
I know how to get more information about the OHOP program if I need it. (n=55 responses)	28	10	9	5	3
I think the OHOP policies are fair. (n=53 responses)	35	11	7	0	0
I know who to talk with if I'm unhappy with the services I receive. (n=55 responses)	36	8	7	1	3

Please Tell Us about You

What is your relationship status? (n= 55 responses)

- 28 Single
- 14 Married / Living with partner
- 6 Have a partner but not living together
- 5 Separated / Divorced
- 2 Widowed or lost a partner
- 0 Other _____

What is the highest grade or level of school you have completed?
(n= 56 responses)

- 5 8th grade or less
- 14 some high school but did not graduate
- 25 high school grad or G.E.D.
- 4 4-year college graduate
- 8 At least some graduate school

You're done!

Thank you very much for filling out this survey!

Please send this back in the stamped envelope provided.

(See next page for items and responses taken from the HIV Case Management Client Satisfaction Survey)

Items and responses from the HIV Case Management Client Satisfaction Survey:

What year did you first test positive for HIV? _____
(n= 44 valid responses)

(Recoded into groups):
Within past 5 years: 14
5-10 years ago: 13
More than 10 years ago: 17
Missing: 12

Have you seen a doctor for non-emergency medical care in the past 12 months?
(n= 45 valid responses)
Yes: 41
No: 4
Don't Know: 0
Missing: 12

Have you had a CD4 or viral load test in the past year? (n=44 valid responses)
Yes: 43
No: 1
Don't Know: 1
Missing: 12

Was there a time in the past 12 months when you did not have health insurance?
(n=44 valid responses)
Yes: 11
No: 33
Don't Know: 1
Missing: 12

Questioning Route for Case Manager Interviews 2007/2008 OHOP Evaluation

I'm interviewing 5 case managers from different regions as part of an evaluation of the OHOP program. As always, you can choose not to participate or choose not to answer any question. For the report to the program, I'll be looking for broad themes across the comments of all 5 case managers. None of your answers will be attributed to you or your county, either in the report or in conversation with program staff. The interview should take about 15 minutes.

In July 2007, OHOP changed the program's referral process to include a client self-referral and more immediate contact between the client and the local housing coordinator so that the housing coordinator could begin assessing the client's housing needs even if the client didn't need immediate access to OHOP resources. At the same time, OHOP added a new service – Short Term Rent, Mortgage, and Utility assistance (or STRMU), that could help currently housed clients avoid homelessness by helping them through short decreases in income. HIV Care and Treatment also revised the Ryan White Services Definitions and Guidance to encourage increased collaboration between case managers and housing coordinators when providing Ryan White emergency housing assistance. In this interview, we want to talk to you about those changes and how they've affected your work with clients and your clients' experiences with housing.

[Interviewer Instructions: Use suggested prompts, as needed]

1. How have the changes in the referral process affected your work with clients wanting to access OHOP services?

P: what do you think of having the OHOP referral as a self-assessment?

P: has client satisfaction increased with earlier contact from the housing coordinator?

P: how has it affected your workload?

2. What has been your experience with referring clients for STRMU assistance?

P: have you connected clients with the housing coordinator to get STRMU since it became available (July 2007)? how did it go?

P: how has the availability of STRMU affected your use of Ryan White emergency housing dollars?

P: is it more difficult to coordinate STRMU assistance with Ryan White emergency housing assistance? any suggestions for making the process easier for case managers?

P: how have clients responded to the STRMU assistance?

3. Have these changes made it easier or harder to serve clients needing housing assistance?

P: have the changes improved your coordination with your local housing coordinator?

P: are OHOP referrals more complicated now?

P: if so, is it worth it?

4. What impact has participation in the OHOP program had on your clients?

5. Any other feedback for the program about the rollout of these changes or other suggestions for improving the OHOP program?