



**OUR HOUSE**

*INSPIRING PEOPLE WITH HIV/AIDS TO LIVE WELL*

# **Our House of Portland**

**Continuum of Care**

**Overview of Accomplishments**

**Renewal Year 1**

**September 1, 2010 - August 31, 2011**

**Attachment to HUD Annual Progress Report  
(Grant # ORH100023)**

# Introduction

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## *The Original Project*

**Our House of Portland** provides the only housing continuum of on-site care for people living with HIV/AIDS in Oregon and Clark County, Washington. Since 1988, it has confronted the ever-changing AIDS epidemic by providing permanent housing, on-site skilled nursing care, social services, occupational therapy, and discharge planning for people living with HIV/AIDS.

In June 2004, Our House began operating **Swan House**, a five-bed adult HIV/AIDS care home located in a residential neighborhood in Milwaukie, Oregon. Swan House provides a home-like setting with on-site supportive services for low-income persons living with HIV/AIDS who have moderate physical and/or mental health challenges and need assistance with personal care, meals, mobility, transportation, and medication management and also may be recovering from alcohol and drug addiction.

As people are living longer with HIV/AIDS, their needs are growing more complex. The **Neighborhood Housing and Care Program (NHCP)** at Our House was designed to meet the emergent needs of people living with HIV/AIDS; specifically, Our House residents who stabilize and live longer before declining to death, residents with acute needs who regain their health and move back into the community, and people living in the community who do not yet need acute care but are not successfully maintaining stable health.

Our House has been collaborating with several of the most consumer-oriented housing and service providers in the community in implementing the NHCP:

- **Cascade AIDS Project (CAP)** provides a range of services for persons living with HIV/AIDS and their families, including housing advocacy. CAP manages the rental assistance portion of the NHCP Program for Our House clients.
- **Partnership Project**, created through the collaboration of area hospitals, is a Ryan White provider of case management services for persons with HIV/AIDS in the Portland Metropolitan area.

## **Renewal of the SPNS Grant (2010-2013)**

The SPNS Grant was renewed for another three years to continue and expand the Neighborhood Housing and Care Program (NHCP), to provide additional rental assistance to some of our NHCP clients, and to cover some of the Operating Costs for the Facility Based Housing at Our House.

## **The Supportive Service Model**

Through its Continuum of Care Project, Our House developed an integrated, interdisciplinary service delivery model. In order to implement and monitor this approach, Our House developed the Interdisciplinary Care Plan, focused on client-centered or resident-centered goals that are tracked and rated monthly. We also utilize individual assessments which help determine the acuity of the resident or client. This system provides a solid foundation for the NHCP design, as Our House staff used these tools with case management as a means for developing its in-home supportive services model.

Case management is the cornerstone to accessing services for any client. All clients and residents participate in case management. The case managers from the Partnership Project and other providers refer clients to the Our House facility-based program. In addition, they collaborate with Our House in providing in-home care and services, and addressing clients' needs more comprehensively and with greater flexibility.

The NHCP helps clients maintain permanent housing and supportive services via a comprehensive, client-centered service plan. The service plan's design is based on the client's directives, eligibility assessment results, and input from the client's clinical team, which includes the Our House Occupational Therapist, Registered Nurse, Social Worker, Medical Director and their Partnership Project and housing case manager (when applicable), in consultation with the client's personal physician and family and friends involved in the client's care.

The client, the Our House clinical team, and the case manager agree on the scope of care services to be provided and sign a contract that outlines those services. When necessary, the client receives pre-discharge training and instruction based on individualized needs. In addition to home visits, support, and ongoing assessment of the client's health status

provided by members of the clinical team, Our House staff are available 24 hours per day to provide telephone support. Each NHCP client has their service plan, medication list, and other pertinent clinical and psycho-social information available to on-duty staff 24 hours per day. During regular clinical case conferences, changes in the clients' needs or health status are communicated to Our House staff.

Key to this model is up-to-date information and communication. Interdisciplinary staff conducts formal weekly meetings to discuss each client or resident. Monthly, there is a meeting with the other providers (CAP and Partnership Project) to update each other on each client, problem solve and strategize.

Data is entered on to the internal web-based CMS system on a real-time basis so that each clinician can see what has occurred with the client on an up to date basis. Each clinician has access to this data remotely so that it is not necessary to come back to the office to access files.

Monthly trainings are held to address issues that are critical to effective care. Recently substance abuse and mental health issues have been significant issues at the residential facilities as well as NHCP. These issues are constantly being addressed and experts have been asked to train staff on these topics.

# 2010-2011 Outcomes

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## *Facility Based Housing Update*

Since the completion of our new facility in July of 2006, our actual operating costs have exceeded our initial estimates. Because the building is significantly larger than the old facility and because it takes advantage of state-of-the-art technologies, our utilities have increased by a significant amount.

An additional problem is appearing as the facility ages. We have had to replace some equipment, appliances and furniture as well as spend more funds on maintenance and repairs.

We find that our residents are getting older with more acute health problems – as well as increased cognitive issues, substance abuse and mental health histories. This has made it much more difficult to manage – especially when we have full occupancy. We’ve had to make some adjustments to staffing as well as providing specialized training in order to deal with these issues.

We have 14 units in the Our House facility. During the reporting period we served 20 people. Five passed away during the year, and one was able to move into another facility. At the end of the HUD year (August 31, 2011) we were at capacity.

## *Scattered Site Housing Update*

As we entered the seventh year of this program, we are still finding that the majority of NHCP clients already have housing. Some of the residents that are leaving Our House of Portland or Swan House or are coming into the area from outside of the Portland metropolitan area, however, required assistance in locating permanent housing. Using our collaboration with Cascade AIDS Project, we provided housing assistance to 12 clients this year. We utilized Cascade AIDS Project’s expertise in housing case management and their knowledge of the clients to facilitate the acquisition of additional permanent housing units and expand our ability to serve clients’ needs as well as addressing the City of Portland’s efforts to end homelessness. We are only budgeted to assist 9 people, but we currently serve 11.

## *Services Update*

Staffing was increased in 2009-2010 in the Social Work and Occupational Therapy areas in order to accommodate the coordination and delivery of services for the NHCP clients; we have also increased nursing hours that are dedicated to the NHCP project. Increased complexity and acuity of the clients were the main reason for the increase in hours. We have regular meetings with our staff as well as the Partnership Project and Cascade AIDS Project to update each other, track data, and coordinate service delivery for the project.

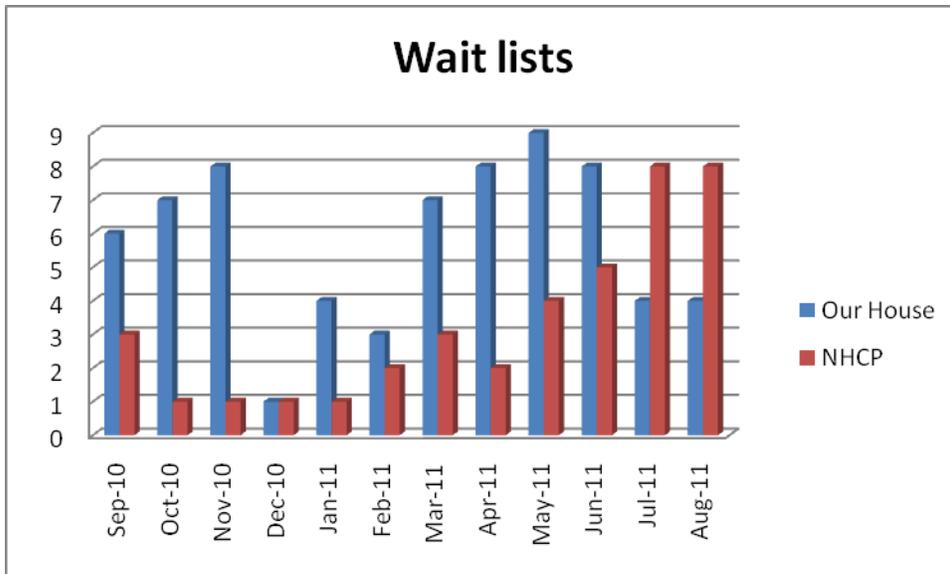
Each client has very unique needs with respect to frequency of visits and types of service needed. Some require mostly nursing services while others depend more on occupational therapy or social work assistance. This year, we have seen an increase in demand due to the decrease of Ryan White funding. Services that usually are provided by other agencies are no longer offered to some of our clients.

We have served a total of 69 clients in the seven years we have been operating NHCP. In this last HUD reporting cycle, we served 31 clients (with a goal of 30) and provided housing assistance to 12 clients (a goal of 9). Some have decided to stop receiving services while others have either moved into another facility of ours or have passed away. We had 24 active clients as of August 31, 2011.

## *Wait Lists*

Wait lists for Our House and NHCP vary greatly and are quite dynamic. When someone is referred to Our House, usually they are in immediate need of 24 hour nursing care. It is difficult to maintain an accurate, stable wait list because of the acuity of the people on it. Many are homeless and cannot be easily reached. Others find alternative living arrangements before we have a room available. Some others pass away before they are able to move in. Some are not able to pass the evaluation criteria set up by the Division of Seniors and People with Disabilities.

For **NHCP**, we do maintain a wait list, but have limited the size due to the slow turnover of our client population. The wait list has typically been from two to four people, but has doubled lately because of the decrease in services by other AIDS providers. Below are graphs that show wait lists for both NHCP and Our House for the past 12 months.



### ***Leveraged Funds (2010-2011)***

Because HOPWA funds do not cover the total costs of the Facility Based Housing, or Services in the Facility and NHCP, we have acquired additional funds to sustain these valuable programs. Some of these funds are renewable, but others have to be raised each year to make up for the deficit in funding. The source and amounts of these funds are listed below:

State of Oregon Department of Human Services	\$990,895
Private Foundations	\$92,290
Corporate Gifts	\$ 27,760
Individual Donors	\$652,864
In-Kind Resources	\$97,978
Resident Rent Payments	\$125,300
Total	\$1,987,087

In our grant application we estimated the leveraged funds for 3 years would be about \$1,115,000

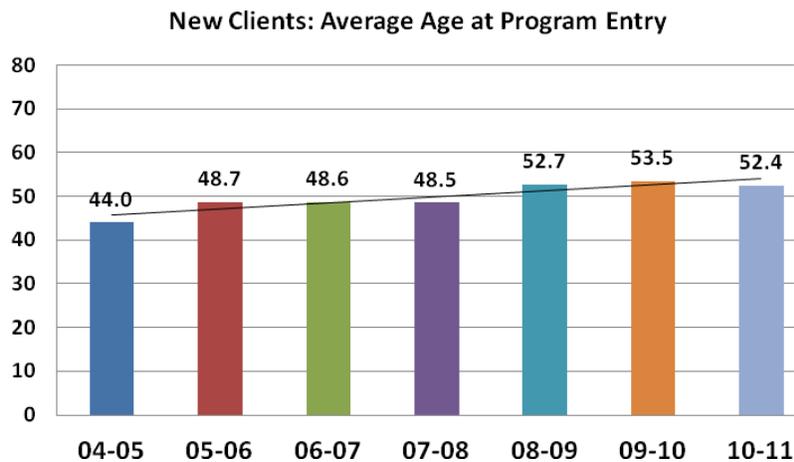
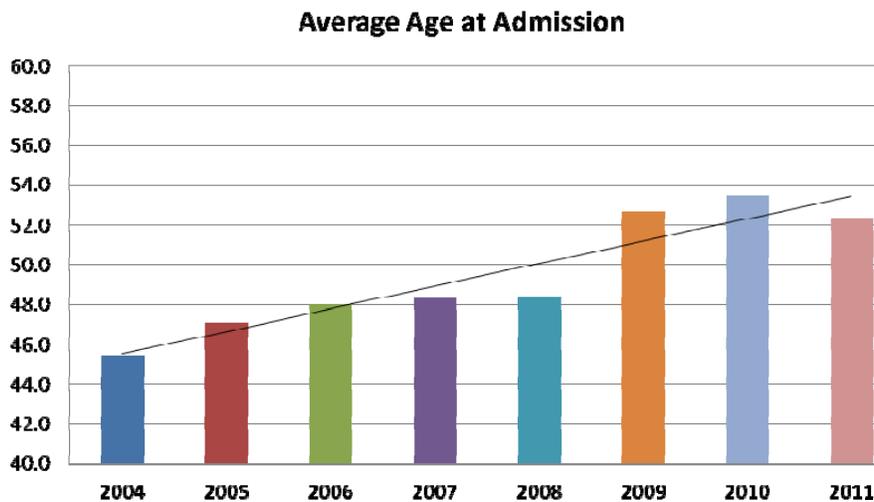
# Baseline Data and Assessments

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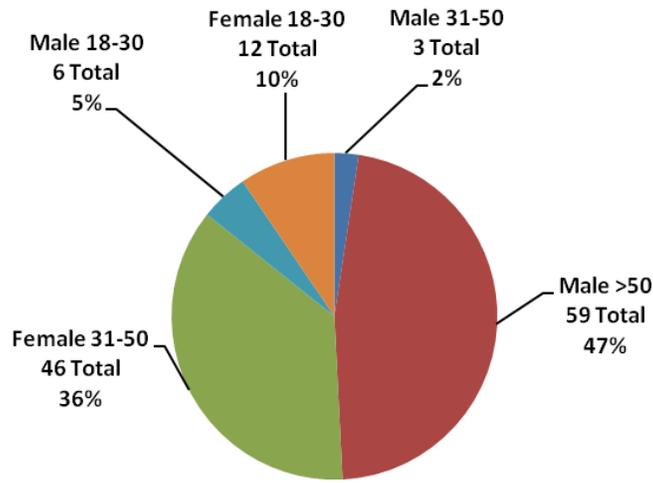
## *Demographic Data*

Following is the demographic data on the clients entering the Neighborhood Housing and Care Program and Our House between September 1, 2004 and August 31, 2011:

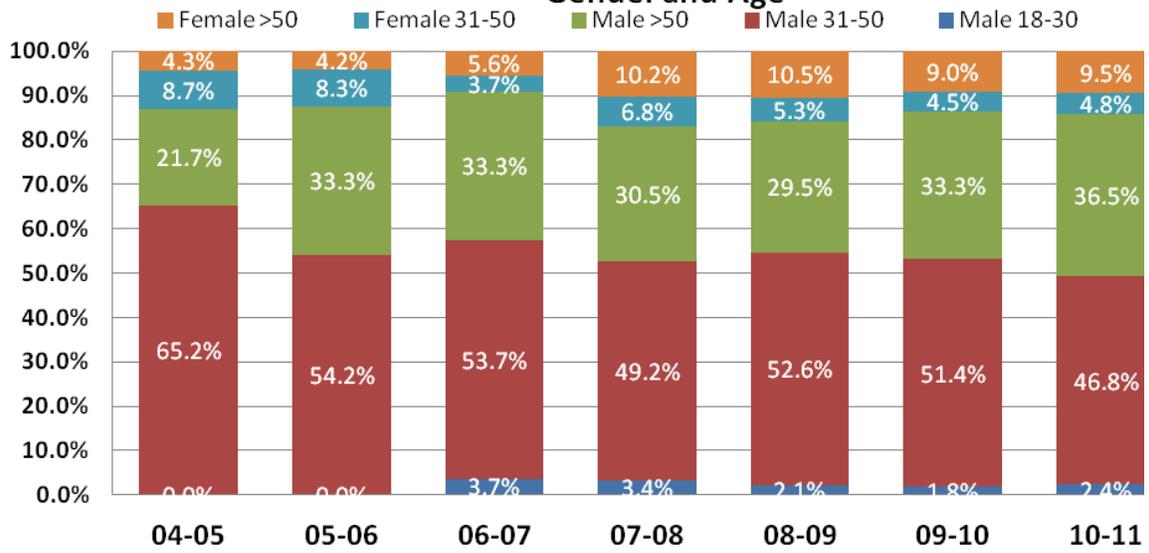
**Age and Gender** have been changing for our residents and clients. We have noticed an increase in women using our services as well as an increase in the average age of our clients. You can see from the graph below that since 2004, the average age has increased significantly.



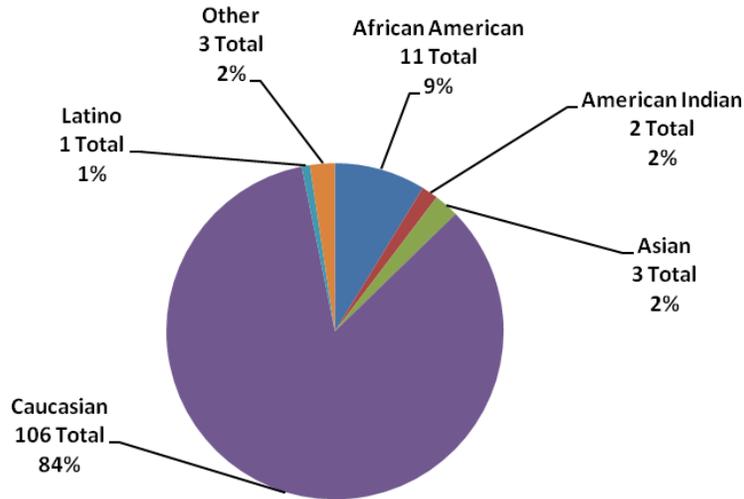
## Age and Gender



## Gender and Age

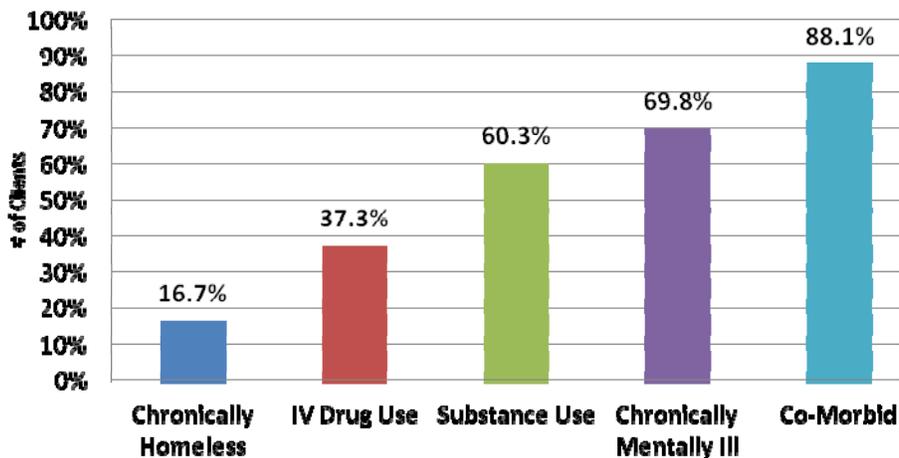


## Client Ethnicity



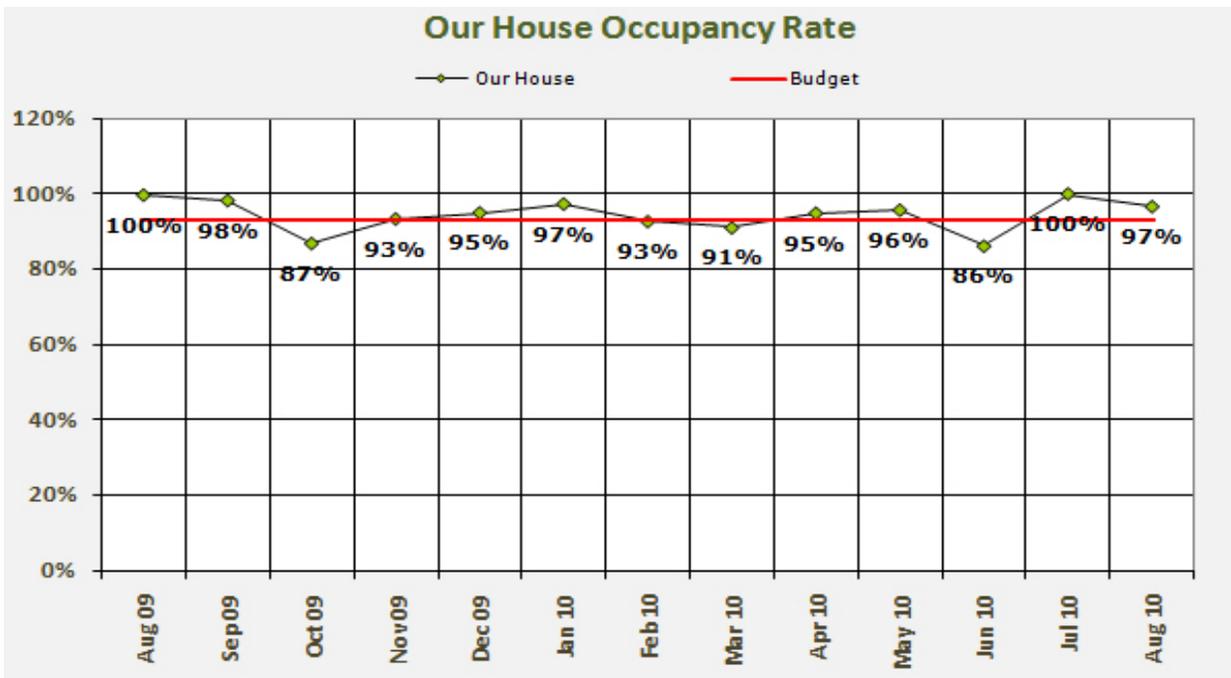
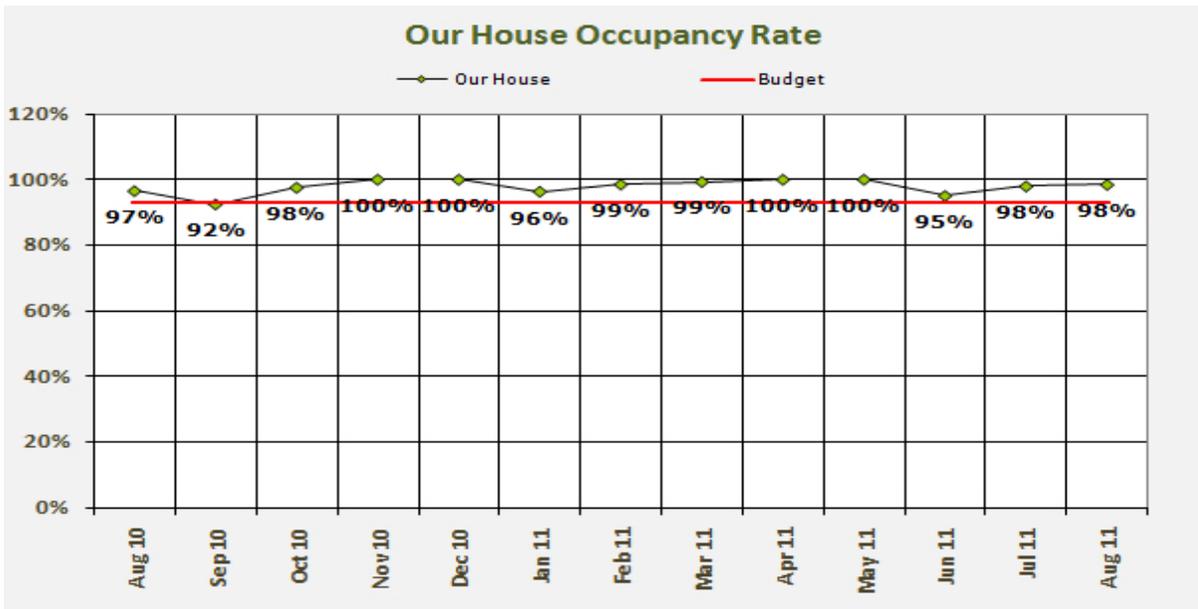
**Client History** of most of our residents and clients show that most suffer from mental illness, substance abuse or both. This trend is becoming increasingly complex to treat because of the need to deal not only with issues surrounding HIV/AIDS, but also those connected to addictions and mental illness.

## Client History



# Occupancy Data

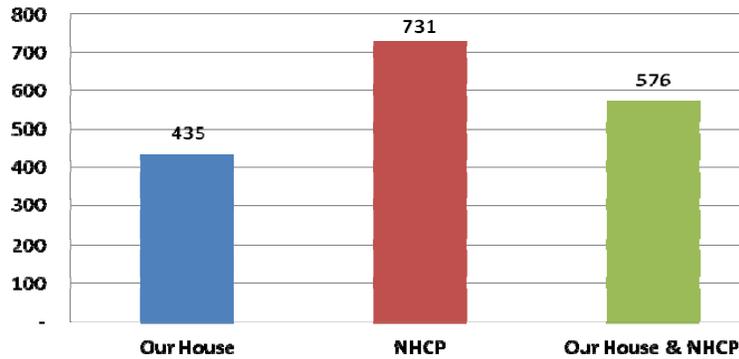
Occupancy rates at Our House of Portland (the 24-hour residential care program) over the past 12 months have been very high. The wait list is constantly active and transition times have been shorter. We have been pretty consistently above budgeted occupancy for Our House this year. Below is a comparison between the last 12 months and the occupancy for the previous 12 month period.



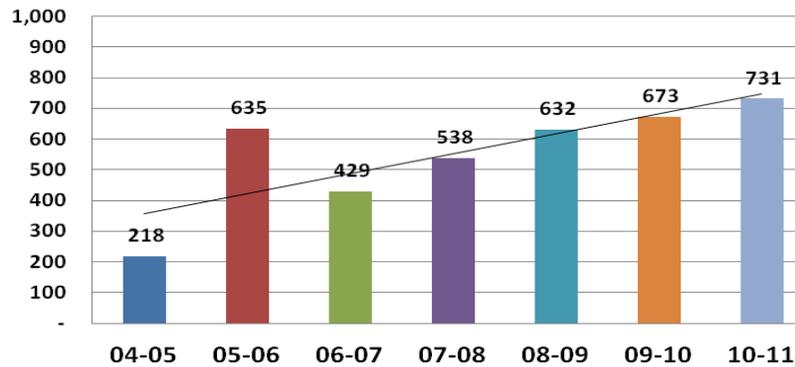
## Time in Programs

The following data reflects the average stay (time spent in a program) for clients at Our House and in the NHCP program.

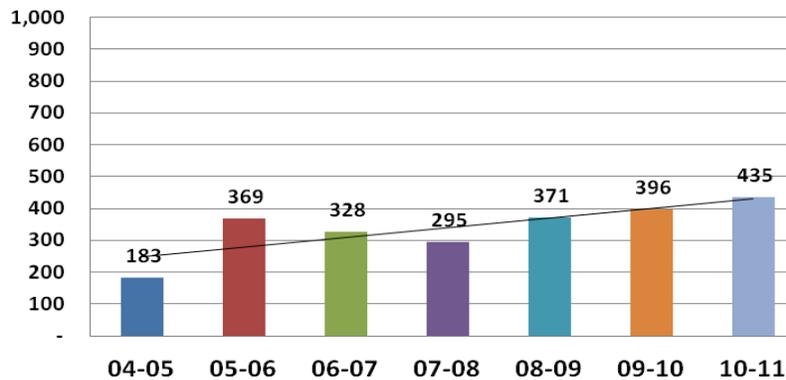
### Average Days in Program



### Average Days in Program - NHCP

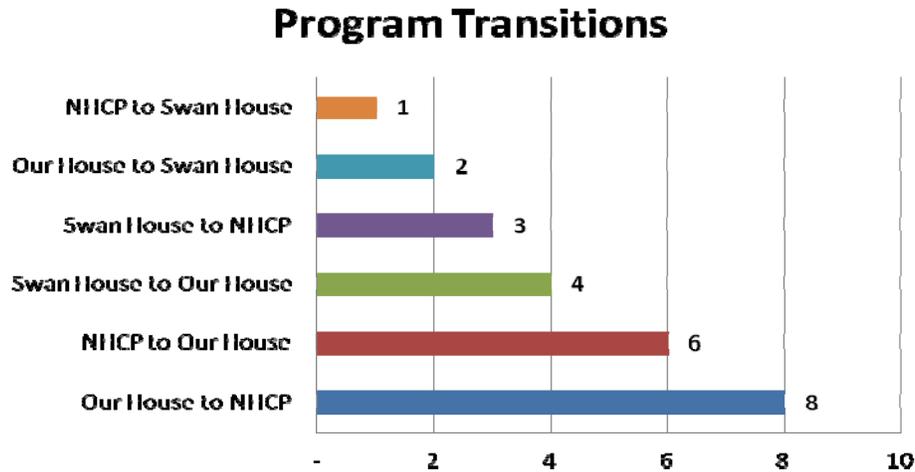


### Average Days in Program - Our House



## *Program Transitions*

The unique model of care provided by Our House affords clients the opportunity (if qualified) to transition from one of our programs to another as determined by health. Following is the all-time count of clients who have transitioned from one Our House program to another.



### *Programs:*

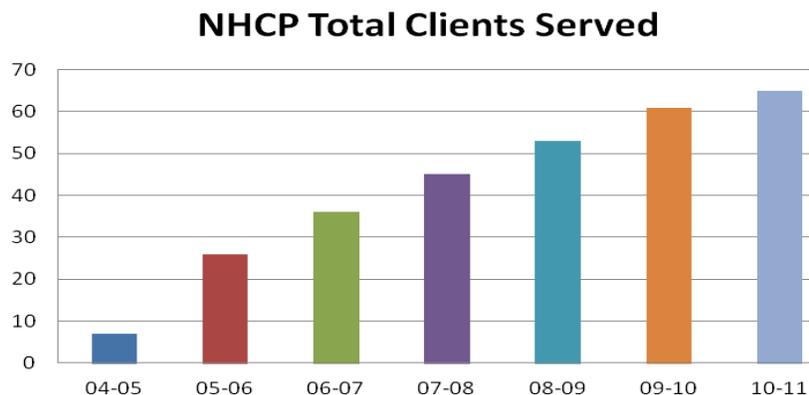
**NHCP (Neighborhood Housing & Care Program)** – Community Based Interdisciplinary Services and Rental Assistance

**Swan House** – 5 Unit Adult Foster Care (not HOPWA funded)

**Our House** – 14 Unit 24-Hour Specialized Nursing Care

## *NHCP Data*

The following data reflects the clients served by the NHCP program from September 1, 2004 to August 31, 2011.



## *Survey Data/Comparisons*

Client Surveys (Our House and NHCP – 2009 to 2011)

Question / Topic - Our House	2011	2010	2009
Staff listens to me	100%	83%	88%
Staff understands my needs	69%	82%	86%
Staff is sensitive to my racial/ethnic and cultural background	85%	100%	86%
Staff respects my privacy	54%	67%	38%
Staff helps me in a prompt manner	69%	67%	57%
Staff treats me fairly	92%	83%	67%
I am taking my medicine more regularly	100%	73%	100%
I am more consistent in making my scheduled doctor's appointments	89%	100%	100%
I am better able to manage pain	83%	70%	80%
I can manage other symptoms better	83%	100%	100%
I can keep track of daily tasks better	82%	90%	86%
My environment works better for me	85%	91%	57%
I am able to cope with my mental health	82%	91%	86%
I have a better understanding of how to access community resources	83%	91%	100%
Average	82%	84%	80%
Question / Topic - NHCP	2011	2010	2009
Staff listens to me	100%	100%	100%
Staff understands my needs	90%	100%	100%
Staff is sensitive to my racial/ethnic and cultural background	100%	100%	100%
Staff respects my privacy	90%	86%	100%
Staff helps me in a prompt manner	90%	86%	100%
Staff treats me fairly	100%	100%	100%
I am taking my medicine more regularly	100%	83%	88%
I am more consistent in making my scheduled doctor's appointments	83%	83%	88%
I am better able to manage pain	100%	20%	71%
I can manage other symptoms better	86%	100%	100%
I can keep track of daily tasks better	100%	83%	88%
My environment works better for me	78%	100%	100%
I am able to cope with my mental health	88%	100%	83%
I have a better understanding of how to access community resources	88%	100%	100%
Average	92%	90%	95%

## ***Survey Analysis***

Each year the clinical staff analyzes the survey results to look for areas of concern; determining causes of dissatisfaction, and ways to improve in the two programs. They have set up a committee to monitor these issues and have brought them up in residence meetings as well as during one-on-one discussions with clients and residents.

## ***Client Health Monitoring***

Our House clinicians utilize various assessment tools to evaluate all aspects of independent living. They measure independence with equipment or medical supplies, appointment management, basic self-care tasks, community access, community tasks, domestic tasks, financial and benefit tasks, leisure pursuits, medical symptom management, medication management, productivity and psychiatric symptom management.

## ***Future Needs – Education and Training for Caregivers***

Many referrals to NHCP are turned down because what clients really need is competent caregiver services. Although our program is not necessarily providing the actual caregiver services, if we were able to “train” people living in the home of our clients, their needs could potentially be met by their partners, children, parents, etc... instead of seeking out someone entirely new (who may not even be trained in HIV). Most caregivers who work through the state are not willing to work with HIV positive persons.

For example, for Sean, the NHCP team works more with his mother, who is his primary caregiver, than him! Right now the team would like to be able to work with her more around HIV education, but don't have time. Issues they would work on might be: learning more about the resources in the community available to people with HIV, how to better advocate for him in the system, how SHE can take care of herself and not be so emotionally and physically overwhelmed. She would also really like to have some respite care so that she can take a break. If we could provide some training to a respite caregiver, she could do this, but right now she does not trust anyone to understand his needs;

Tim recently moved to an adult care home. He has HIV cognitive impairment and poly-substance abuse. There is ample support in terms of quantity of people, but they are not educated in HIV, nor are they trained to deal with the multiple issues that Tim deals with. The following is a list of things that the NHCP clinical team is doing WITH THE STAFF at his home (these are things that would be nice to be able to expand on/do more of if we had additional resources):

- NHCP nurse is working with staff/caregivers on medication management, specifically education around negative drug interactions and side effects;
- SW working on education re: overdose prevention
- SW helping the staff understand the multiple providers involved in his life and how to network and advocate and understand the various roles (HIV provider, primary care, Medicaid system, MR/DD system, Our House)
- An Our House Alcohol/Drug counselor is working with staff on basic behavioral interventions, specifically what to do when client's anger escalates; also educating about medical marijuana (staff are struggling in taking care of someone who has their OMMA card, ethically and morally and logistically)

## *Conclusions*

As Our House completes the seventh year of Neighborhood Housing and Care Program and continues operation of Our House of Portland and Swan House facilities, several trends have appeared:

- NHCP initially increased Our House's housing placement rate as well as increased clients' access to services, and has helped establish a complete system of support. I believe this increase was due to increased awareness of our HIV population in the Portland Metropolitan area.
- NHCP provides a "next" place for Our House and Swan House residents, freeing space in these facilities for individuals needing greater assistance and care. The interconnection between Our House, Swan House and community-based, service-rich housing provides a strong continuum of care, totally linked and more accessible and effective for people living with HIV/AIDS.
- An additional significant benefit was the creation of **informal and formal peer support groups** among the various participants of the programs. As they attend common activities, they are introduced to each other and have formed unique bonds that have proven successful in creating informal and formal support groups that were not there previously.
- The smooth and effective flow of clients between programs has exceeded expectations and is addressing high demand within the community. The data indicate a dynamic system where people move back and forth between programs in multiple directions. The interconnected programs allow Our House to respond to the intermittent health declines and stabilizations that people living with HIV/AIDS often experience. While intensive services and support may be needed at one point, clients often can move to greater independence with minimal support for some period of time, returning to higher levels of care and interaction only if their situations require it. Assessment data also indicate that more clients present with more complex health profiles that include mental illness and substance use in addition to advanced HIV disease. This supports the multidisciplinary approach to providing services practiced at Our House and in the NHCP.

- More women are accessing housing and services than anticipated, and more women of color.
- An increasing percentage of our clients are over 50, indicating a trend that older adults are increasingly accessing our services. The aging of our client base has added to the complexity of our services. Over the past few years, our average patient age has increased significantly.
- There are a higher percentage of cases where clients were non-adherent to medications and/or not connected to regular health care needed to prevent progression to advanced HIV disease.
- More clients with multiple diagnoses have made providing services much more complicated in the residential setting.
- With decreases in Ryan White and other funding locally, we have seen an increase in our wait lists and requests for services.

## *Next Steps*

This is the first year of the second renewal of our HOPWA grant. We have been at capacity at Our House with a waiting list for most of the year. The acuity of the clients in the NHCP Program has increased considerably over the years and we were not able to increase the number of active clients as we had initially hoped. The following are next steps:

- We will continue to approach the State of Oregon and private foundations to assist in funding the NHCP program so that along with HOPWA dollars, we can have more sustainable funding for this critical program. Since we were awarded the **“Innovative Practices” award** from the State of Oregon for the NHCP Program, we hope that will be an incentive for funding. We have also been actively seeking out key state and national legislators that can help advocate for our need for support for this valuable program. We have had very positive feedback and actions from both legislators and administrators and they are continuing in their assistance to help us look for funding sources in this very tight economy.

- We are addressing the increasing number of residents and clients who are affected by mental health, substance abuse and cognitive issues. Care for these people is difficult. We have hired substance abuse/mental health specialists who work closely with our clients in all programs to address the difficult behavioral issues surrounding these problems.
- Training the nurses, caregivers, volunteers and other staff on a consistent philosophy of care and specifically how to deal with increasingly difficult situations involving mental illness and drug abuse is critical. We have ongoing, comprehensive training schedules for all of our stakeholders. We also have been heavily involved in continued Non-Violent Communication (NVC) training to help us better understand and serve the needs of our residents and clients.
- Our collaborative efforts with other providers are increasing. We meet regularly with other HIV providers and discuss common problems, goals and solutions.
- We are actively communicating and marketing our services to the wider community and are increasing our efforts to get younger people involved in our mission.
- We are looking to the future to develop programs to train and educate caregivers of all levels, so that they can get competent care and are able to minimize the stigma that has accompanied people with HIV/AIDS.

