



Housing with Services

YEAR 1 EVALUATION, OCTOBER 2014

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This report describes the initial findings of an evaluation of the Housing with Services project in Portland, OR. Support was provided by Oregon's State Innovation Model (SIM) grant from the Center for Medicare and Medicaid Innovation (CMMI).



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Housing with Services, LLC is a collaborative model of supportive services delivered or made available to low-income residents of affordable housing.

The Oregon Health Authority's State Innovation Model grant helped to establish the project and funded the evaluation of the program implementation and resident- and system-level outcomes.

The Housing with Services program goals include reducing hospital and long-term care service use, improving health outcomes among building residents, addressing social determinants of health, increasing member engagement in preventive health care, and saving health-related costs by coordinating services to low-income tenants of affordable housing.

EVALUATION PLAN

The evaluation includes several components:

- a process and implementation evaluation of the consortium model based on interviews with stakeholders and review of Housing with Services progress reports;
- a self-administered survey of residents in the 11 partner buildings that included questions about health status and health service use, satisfaction, social integration, and demographic information;
- tracking health service utilization, based on administrative data provided by the Housing with Services LLC and partner organizations; and
- a cost analysis of services delivered through the consortium.

YEAR 1 EVALUATION

During the first year of the Housing with Services project, the scope grew from four properties owned by one non-profit organization to 11 properties owned by three organizations. A Limited Liability Corporation was created, Housing with Services, LLC, representing 10 partner agencies that are in the process of creating a new model of housing with services delivered to low-income older adults and persons with disabilities.

CONSORTIUM MODEL

Cedar Sinai Park (CSP) is an Oregon non-profit agency that provides housing and community-based care to elders and adults with special needs. CSP chose to create a limited liability corporation (LLC) with a group of local health, housing, and social service providers in order to create a formal structure for making decisions and delivering services. Many of these providers had participated in nearly two years of program planning meetings. Some providers chose not to participate in the LLC but continue to serve residents in the 11 affordable housing properties and/or serve new referrals. For some stakeholders, such as trade organizations and government agencies, participation in an LLC was not an option, though these stakeholders remained interested in and supportive of the project. Other agencies determined that buying into an LLC did not match their financial needs. Once the LLC was formed and the demonstration project began, the program planning meetings were discontinued.

*Limited Liability
Corporation Members, 2014*
Cedar Sinai Park
CareOregon
Home Forward
REACH CDC
Asian Health & Service Center
Jewish Family & Child Service
Sinai Family Home Services
LifeWorks NW
Cascadia Behavioral Healthcare

LESSONS

- A consortium model needs to provide clear and on-going communication and opportunities for feedback to project partners.
- Recognizing and incorporating the expertise of local organizations is vital during program planning.
- The stakeholders who participated in program planning efforts appear to have established a strong sense of project ownership and motivation to make the demonstration project a success.

BUSINESS MODEL LESSONS

Cedar Sinai Park, as the originator of the Housing with Services project and owner of four affordable apartment buildings, is the largest financial partner in the LLC, at 51%. The LLC equity contributions totaled just over \$335,000. After Cedar Sinai Park contributed 51%, the remaining organizations each paid a relative share of these costs as their equity contribution. Each percentage of equity was worth \$3,000, allowing smaller non-profit agencies to afford participation.

LESSONS

- Because non-profit organizations must receive board approval in order to enter financial agreements, and board meeting schedules and agendas can take months to align and permit agreement or discussion.
- Questions and answers about the legal and financial expectations of an LLC must be prepared in advance of program implementation and presented in language that is accessible to community members who serve on boards.
- Because many non-profit social service organizations operate on a modest budget, they are cautious about committing limited resources to a project that might not allow them to recoup their costs.
- Setting a relatively low equity contribution rate allowed non-profit agencies with limited resources to participate in the LLC.
- Program success relies on fundraising for program implementation and evaluation.

SERVICE PLANNING

A services sub-committee, including Resident Advisory Council members, identified the types of services most needed and wanted by residents. After several workgroup meetings, the draft set of services was shared with service providers, the LLC members, and CareOregon staff. How services would be delivered and paid for remained a topic of discussion even as the service plan was being implemented. Providers agreed to be flexible and to

provide services as resident needs and preferences were better understood over time.

CAREOREGON

As the healthcare provider/payer with the largest number of clients in the 11 buildings, CareOregon (a coordinated care organization) was a key decision-maker in terms of services, staffing, and reimbursement of services available to the residents of the buildings. As part of their support of the program, CareOregon committed in-kind staff and began offering health-related services and education to all residents (rather than to CareOregon members only). As of October 2014, CareOregon provided:

- **Two part-time registered nurses** (1.5 FTE total), serving as a Health Navigator and a Care Coordinator, screen residents and provide advice and referrals
- A **medication therapy management** program called MedChart
- A Health Resilience Program for **identifying high-risk patients**
- **Benefits enrollment** - assistance Medicaid clients with a providers of choice

ON-SITE PRIMARY CARE PHYSICIAN

A primary care physician who accepts CareOregon and Family Care insurance is now available twice weekly in the clinic attached to one of the downtown buildings. This arrangement allows Medicaid clients to choose this provider rather than the one they were randomly assigned to visit through Medicaid enrollment that occurred as part of the State's response to the Affordable Care Act. However, residents may choose to retain their own provider.

PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)

Providence operates the only PACE program in Oregon, serving dual-eligible individuals who are age 55+ and who meet health-related eligibility criteria defined by Oregon Department of Human Services. Providence is in the process of implementing an on-site PACE program in one of the participating apartment buildings located in downtown Portland.

CONSUMER PARTICIPATION

Consumer choice was a key concern to stakeholders. Residents may choose whether or not to accept services without affecting their housing status or their relationship with current or future health and social service providers.

A consumer advisory group attended planning meetings and sub-committee meetings. Community organizations who represent diverse client groups, including immigrants from China, Korea, Vietnam, Russia, and Iran attended program planning meetings in order to provide feedback on culturally appropriate services.

- Although this program seeks to provide services to residents who need or want them, both housing and service agency staff must protect the privacy of their clients. This makes sharing information and tracking service use over time a challenge.
- Residents value their privacy and independence and may choose whether or not to enroll in offered health services.
- Resident services staff in some buildings have for many years organized the types of services, such as health fairs and clinics, the program is now offering. It is important to understand and clarify roles and to avoid duplication of services and best use program resources to support residents.

RESIDENT SURVEY

A survey of all residents was done in order to collect baseline information before the services were to start (summer 2014). The questionnaire included questions about social isolation, food access, medication adherence, and perceived need for supports, as well as information about health service use and diagnosis.

A total of **1401 questionnaires** were distributed to all units in the 11 apartment buildings. The final response rate, based on **546 respondents**, was 39%. In-person interviews were conducted in six languages other than English and with visually impaired tenants.

DEMOGRAPHIC PROFILE

The residents include slightly more women than men; just over half were over age 65; the majority were White (63%) and others identified as Asian (18%), other (11%), African American (6%), or Hispanic (3%).

The population is low income, with **17% reporting no income**, 59% reporting less than \$11,000 and 24% more than \$11,000 annual income.

Many residents reported significant chronic diseases, especially mental health conditions—**43% reported depression; 37% reported anxiety; and 21% post-traumatic stress disorder.**

The reported conditions include both those that are silent (**high blood pressure**) and those that might cause acute symptoms that could result in hospital emergency department use (**sleep apnea, acid reflux, asthma, heart problems**). Nearly one-fourth reported **diabetes** (Table 1).

A different set of questions considered how health affects daily activities. A very large percentage of residents reported **pain—75%** and over 50% reported limitations in daily activities, mobility problems, and anxiety and depression (Fig. 1). Differences by age and gender were minimal (Fig. 2).

Self-reported Health Conditions

Table 1. Tenant Health Characteristics

	N	%
High blood pressure, hypertension	272	49.8
Depression	236	43.2
Anxiety	202	37
Sleep disorder, sleep apnea	167	30.6
Acid reflux	157	28.8
Diabetes or sugar diabetes	129	23.6
Heart trouble or heart disease	117	21.4
Post-traumatic stress disorder	116	21.2
Asthma	109	20
Severe vision problems	94	17.2
COPD, emphysema, chronic bronchitis	88	16.1
Schizophrenia, bipolar disorder, other mental illness	85	15.6
Kidney problems	61	11.2
Liver disease	57	10.4
Addiction to alcohol or drugs	50	9.2
Developmental or intellectual disability	47	8.6
Severe hearing problems	44	8.1
Dementia (such as Alzheimer's Disease)	13	2.4

Fig 1. Percent Reporting a Health-Related Problem

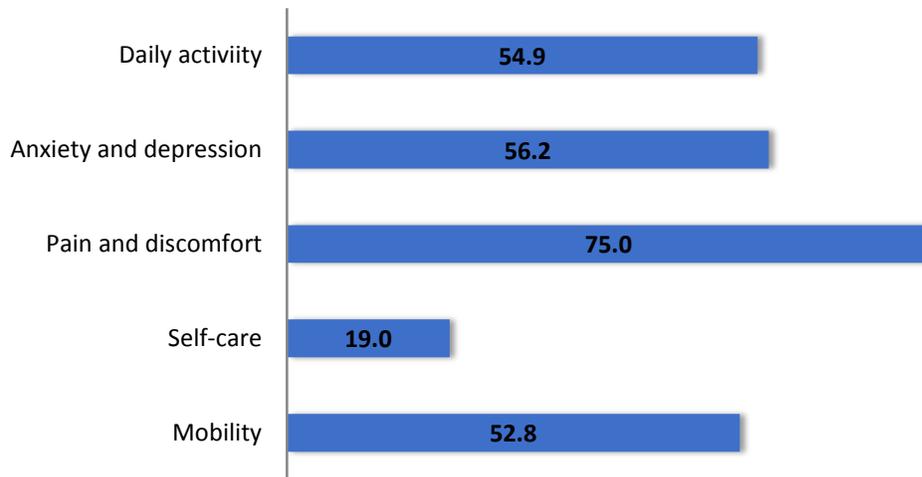
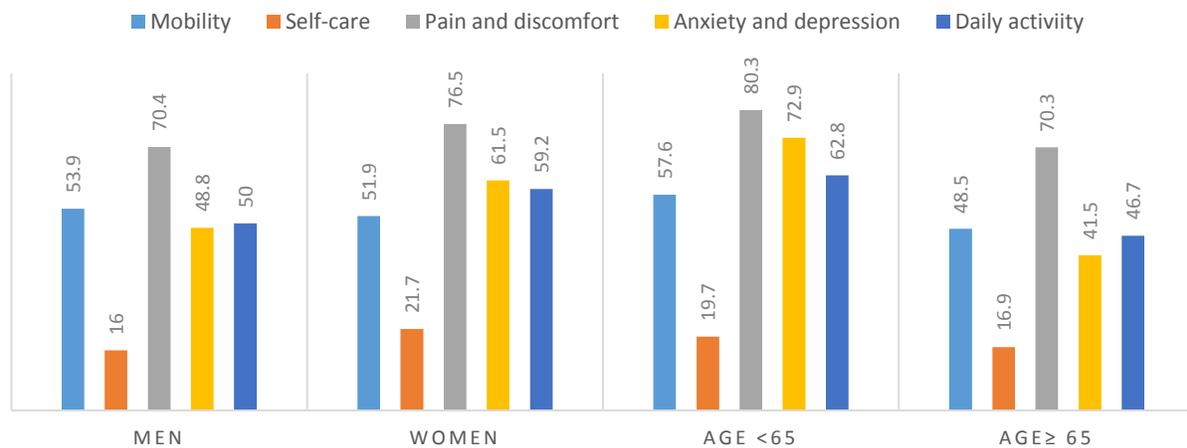


FIG. 2. PERCENT REPORTING A HEALTH-RELATED PROBLEM, BY AGE & GENDER



HEALTH-RELATED RISK FACTORS

Residents were asked about health-related risks, including those that could result in health service use, negative health outcomes, and disability.

- **63% reported problems remembering or concentrating;**
 - 24% reported that this occurs often/all the time;
- **46% had low adherence to taking medications as prescribed** (only 11% of residents reported not using prescription medicine);
 - **15% reported that they would like help taking medication;**
 - **17% reported receiving help taking medication;**
- **40% reported falling in the past year;**
 - **49% reported feeling unsteady** when walking
 - **47% worry about falling;** and
 - **32% reported a loss of some feeling in their feet.**
- **26% reported food access concerns;**
 - **19% reported hunger due to mobility issues.**

Community involvement supports health. Nearly **46%** of residents scored as having a **high level of social isolation**. More residents reported feeling a medium to high level of involvement with their building community (49.4%) compared to those who felt a medium to high level of involvement with their neighborhood community (38.7%).

Health Service Use

In the prior six months:

- **34.7% visited an emergency department (ED);**
- **50% saw a doctor at least 3 times;** and
- **17% were admitted to a hospital overnight.**

Residents who reported a mental health diagnosis were significantly more likely than those who did not to:

- have low medication adherence,
- be food insecure,
- visit a doctor in the prior six months,
- visit the emergency department in the prior 6 months, and
- have an overnight hospital stay in the prior 6 months

SUMMARY

Many residents of the 11 apartment buildings participating in the demonstration project have significant physical and mental health conditions and health-related risk factors. The project goals include increasing access to services, improving health outcomes, and reducing risk factors while decreasing health service costs, especially hospital and long-term care use.

The services package is being implemented during 2014-2015. During that time, the evaluation project includes tracking referrals and services delivered to residents and interviews with LLC partners and stakeholders. Residents will again be surveyed during the Fall of 2015 and their responses compared to the survey results described in this report.

Housing with Services, LLC, represents an experiment in coordinating and financing culturally relevant, high quality health and social services for older adults and persons with disabilities who live in subsidized housing. The project is an example of coordinated care in action, with health providers and payers working with housing- and community-based organization to coordinate care on behalf of low-income persons. The Housing with Services project is also exploring the sustainability and replicability of a model of a consortium of diverse providers with a limited liability corporation structure addressing social determinants of health.