

Case Study Report

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Introduction

A two-person team from KRA Corporation visited a newly established Service Coordinator Program (SCP) in June 1995. During the visit, the service coordinator and the property manager were interviewed. In addition, four focus group discussions were held with 18 residents, and 10 resident case records were reviewed.

I. Description of Residents and Project

Development characteristics

The 157-unit facility is one of several owned by a not-for-profit religious organization. The four-story building is located in a quiet, residential area on the outskirts of a small city. A bus stop is located across the street from the building. Each floor has a lounge or a day room area. The building is not locked, although residents have requested a security guard, and a needs assessment was in progress during the time of our visit to determine whether a security guard was needed.

The apartment building adjoins a nursing home, and the buildings are connected by an underground tunnel. Some residents reported they specifically moved to the apartment building to be near a spouse who was in the nursing home.

A unique feature of the building is a cafeteria and a kitchen where residents receive their meals. The kitchen prepares meals for both the apartment complex and the nursing home facility. Only 32 apartment units have kitchenettes; thus, almost all residents eat their meals in the central dining area. Residents may have coffee and tea in the dining room during the day. Residents tended to congregate in the day room to wait for meals.

The complex has very little administrative office space. Currently, the property manager and the service coordinator share a small office and a single computer and telephone.

Resident characteristics

A total of 149 residents reside in the building. Residents are primarily white, with a few Native Americans. Sixty-seven percent are female. Sixty-six percent of all residents are over the age of 76. Seven percent are nonelderly persons with disabilities.

Previously available services

The property manager estimated that prior to the SCP she spent roughly 30 percent of her time assisting residents in obtaining services and equipment. Services available prior to the service coordinator were minimal—little was available within the building, other than meals in the cafeteria. The property manager had contact with hospitals, health care agencies, an equipment center at the senior center, a local social service agency, a home-health care agency, and the adjacent nursing home. Other services that the residents used at the inception of the SCP

included the on-site home health care agency, transportation services (care van), and a few aging services. Services most needed by residents prior to the SCP were referrals, someone to work with the resident's family members, and social services. Shortly after starting her job, the service coordinator developed an inventory of services that were available to residents.

Residents reported they did not have "much of anything" in the way of services and emphasized that there were no recreational activities available to them before the service coordinator started in her position. A few residents mentioned a few activities and services available: bingo one night a week; a private cleaning service; and an on-site home health service. They reported that the activities they had were sporadic.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

The service coordinator reports directly to the property manager. The property manager reports to the director of housing in the parent (not-for-profit religious) organization.

Overall, the property manager is fairly involved in the SCP and is viewed as having the primary responsibility for the program. The property manager now sets program priorities but hopes the service coordinator will be able to assume this responsibility later. The property manager reported that she now has more time to be involved in strategic planning, overall staff management, and other responsibilities that were not possible prior to the SCP. The service coordinator has the most say in determining the procedures for contacting and recruiting residents, deciding which service providers to contact, and deciding which community activities to promote. The service coordinator works jointly with the property manager and tenant services coordinator to plan program activities. Because the property manager and the service coordinator share an office, they have daily contact. They meet twice a month to discuss short- and long-term goals of the SCP. According to the service coordinator, they meet daily to discuss the program. The property manager closely supervises the service coordinator, in part because the office, computer, and telephone, are shared. Sometimes the two individuals find it hard not to step on each other's toes. The service coordinator "has been great" and helped a "tremendous amount."

External linkages

Any resident assessments that are needed are referred to the on-site home health care agency. The working relationship with this agency was characterized as very good. The local mental health program is involved with residents because the population of persons with disabilities in the facility has mental health problems.

Application process

The religious organization submitted an SCP application primarily because of need. Staff from the parent religious organization (the grant writer and the director of housing) had the most involvement with the application process. They did not conduct an actual assessment of residents but "observed" to determine the number of frail and at-risk residents. The property manager was only minimally involved with the grant application.

The SCP was planned by the property manager who relied on an outline/job description from HUD and a job description provided by the director of housing from the parent organization. The service coordinator was given direction by the property manager, and she also was asked to develop the program. Once the service coordinator was hired, she contacted the adjacent nursing home and local human service agency for assistance with developing the program.

Implementation date

The application was approved in December 1994. The service coordinator began work in January 1995 and had been with the housing development for six months.

Initial activities

Early activities included developing the job description. The board of directors of the parent organization was involved with this task. The first activities initiated by the service coordinator included developing a calendar of events for residents, starting an exercise class, and establishing a library for residents. The service coordinator commented that it was difficult getting the program started.

Service coordinator qualifications and duties

HUD guidelines recommended that the service coordinator have a degree in gerontology, social work, or counseling; experience in a related field also was acceptable. A detailed job description was developed for the project that included the same responsibilities listed in the HUD program announcement.

The service coordinator is a recent college graduate with a bachelor's degree in social work, and she completed an internship with the adjacent nursing home. The service coordinator is very outgoing and personable. Residents who participated in the discussion groups supported this impression.

The service coordinator feels she is responsible for the tenants themselves and for addressing their needs. Because it is a new program, the service coordinator has little to go on and is creating the program.

Service coordinator status

The service coordinator has been working in the building for 6 months. The service coordinator works full-time (40 hours a week) and only works at the one building. She applied for the position when she heard about it from a friend. The service coordinator is assisted by a staff member, the tenant services coordinator. The tenant services coordinator assists the service coordinator from time-to-time (e.g., setup for activities) and fills in as needed. The tenant services coordinator's primary role is to help tenants with rent and to conduct new resident interviews. The service coordinator also reported working closely with dietary staff.

The service coordinator met with dietary staff to explain her role. Some staff in the building understand the aging process while others do not. There were no problems getting other staff involved in the SCP.

Access to funds for Service Coordinator Program activities

Both the service coordinator and the property manager reported there was very little money available for the SCP. The service coordinator brainstorms with other community agency staff, such as the aging agency, to develop ideas of how to work around budget limitations. Many things are donated, and volunteers provide some activities. The property manager can spend up to \$500 without authorization from the parent organization.

Service coordinator training needs

The property manager was not aware of HUD's training requirements, although she reported that training activities were "in the planning stage." Seminars and conferences through the local university were under consideration. The service coordinator also reported she was unaware of HUD's training requirement. The service coordinator has explored possible training courses through local universities but found little was being offered during the summer. Session topics that the service coordinator would find useful include management of older adults, behavioral problems, and services/resources available.

Resident recruitment

A tenant meeting was held to introduce the service coordinator to the residents. The service coordinator also tried to go informally to each apartment to introduce herself and to get to know the tenants. Residents reported meeting the service coordinator at a meeting held in the cafeteria. They also indicated that the service coordinator came by their apartments to introduce herself.

There were no problems getting residents interested in the program, although some residents did not know who the service coordinator was or what she did. Continuing efforts are made to inform the residents about the program, including mentioning the program at each tenant meeting, posting written notices on the activity board and at the information center, and sending a letter to each resident and one of their family members.

Resident assessments

During the service coordinator's initial meeting with the resident, she obtains a medical background and spends time observing the resident's behaviors and activities. This meeting is usually held in the resident's apartment because the service coordinator does not have a private office. Residents who attend building activities conducted by the service coordinator are observed in this setting. Residents needing assessments are referred to the on-site home-health agency for an assessment.

Resident interactions

The service coordinator reported that she is currently working with 57 residents and that she had met with almost all residents (149). The service coordinator had already linked 50 residents with services and is trying to link 10 more. The service coordinator might meet with as many as 20 residents a day, but this number varies and includes many informal contacts.

Residents report that they see the service coordinator “daily” in the cafeteria. Some residents indicated the service coordinator would come by their apartment to check up on them if they were sick or the service coordinator had not seen them at meals, or if they asked her to come by. They also report they are satisfied with the services they have received and that the service coordinator does her job “100 percent.”

Approximately 12 residents who needed services declined to meet with the service coordinator or declined to take advantage of services. The service coordinator thought this might be because of income limitations (they are unable to pay for services), families that did not want to participate, or a belief that it required too much of a commitment on the part of the resident. The approach that appears most successful for dealing with residents who decline a service is to continue to follow up and look for progress.

The property manager reported that approximately 10 percent of the residents have declined services offered to them. The property manager also felt that 20 percent of the residents do not need any help and that some are too independent to take advantage of services. The property manager reported that she will get involved with residents who decline a service that would help them but only as a last resort. She encourages residents to use the service and asks them where they would go if the facility could not meet their needs. Residents participating in the focus groups did not report declining any services.

The service coordinator uses a suggestion box and individual questionnaires to encourage resident input into the program. In addition, the service coordinator’s presence at social activities provides opportunities for residents to approach the service coordinator. The resident council and management meetings also are used as vehicles to encourage resident input.

Residents were not clear about the exact role of the service coordinator but generally understood her responsibilities. Some thought she was a social worker, while others indicated she was a social or activities director. They viewed the service coordinator as improving their quality of life and as someone who could be used for any need they might have.

The service coordinator does not use different approaches in working with persons with disabilities and the elderly, although the service coordinator indicated they represent different age groups and different issues. The service coordinator does not “talk down” to either group.

Services and equipment

The property manager reported that no new services had been made available to the residents since the SCP began—it was more of the same with much better follow-through.

III. Description of Case Records

The notes in the case records were well-documented and detailed. Follow-up steps were listed and detailed; however, an overall plan or approach was not found. There is very little basic demographic information in the records. No informed consent or release forms or assessment information was found.

All case records contained documentation about contacts. Most contacts were initiated by the service coordinator, although some notations did not specify who initiated the contact. Service coordinator contacts covered a wide range of subjects including: behavioral problems (acting out) by the resident; social activity, illness, and tenant council responsibilities; mental problems and keeping clothes clean; hospitalization and follow up with medications and assessment; personal hygiene, assessment and nursing home placement; not bathing, eating, or cleaning apartment; transfer to hospital and nursing home; delivery of meal trays; and resident struck by a visiting nursing home patient. In most files, the service coordinator documented contact with the family for each situation. One record documented a resident "incident" (resident fell in parking lot).

IV. Roadblocks to Program Implementation

Both the service coordinator and the property manager felt the service coordinator's workload was about right. Both mentioned that the service coordinator had not started working with all residents who had needs and that potentially the workload could be "overwhelming." The property manager also indicated the service coordinator needed to pace herself so as not to overextend herself with work commitments.

The property manager reported that although there have been no problems with agencies, staff shortages at local agencies—in particular the social service agency—have meant fewer resources available to provide services. The service coordinator mentioned that she encountered no problems dealing with agencies.

V. Perceived Improvements and Resident Satisfaction

Perceived improvements to the facility since the service coordinator began include: early intervention and follow-through, including better contact with the families; more personal involvement with residents; an overall impression that the presence of the program improves the building as a whole; mental and physical needs of residents are being met better than before; and with this service, the project's image in the community is more positive, which helps market the facility. Also mentioned were the increase in activities; knowing the service coordinator is available; and having someone available to talk to the residents.

Residents indicated the service coordinator was a good "morale booster;" helped them obtain a library on the second floor of the building; helps with Medicare bills; "checks up on people that need medications;" helped with services (but declined to identify what the service was); goes with residents on luncheon outings once a month; and that the service coordinator is aware of resources in their community as well as another nearby community.

VI. Recommended Changes and Future Plans

Strategies to increase participation

The service coordinator uses one-on-one reminders to encourage participation in activities and to ensure that residents do not forget that activities will occur. The service coordinator also put a questionnaire on each resident's door to ask what activities and services might be needed. An additional strategy is to try to establish an American Association of Retired Persons (AARP) chapter at the building. A chapter existed previously but one has not been in existence for approximately 2 years.

Recommended changes

Recommended program changes suggested include wanting additional guidelines that specify in more detail what the service coordinator can and cannot do; having more direct contact with HUD; obtaining free services from the on-site home-health nursing company; having a budget to work with; developing a newsletter for the residents; setting up support groups; and having an office for the service coordinator.

Planned activities include establishing a men's group and a support group, using the quarterly inspections as a way of talking with residents, conducting full assessments, and obtaining social histories. The property manager is not sure this latter type of activity is within the scope of the service coordinator's responsibilities.

Residents had only a few suggestions for new services or improvements in the program. Suggestions included having a guest speaker demonstrate and teach residents how to use their canes and walkers properly; obtaining an office for the service coordinator; having more involvement with the library; and starting a newsletter about the residents.

Case Study Report B-2

Introduction

A two-person team from KRA Corporation visited a newly established Service Coordinator Program (SCP) in June 1995. Interviews were conducted with the property manager and the service coordinator. In addition, three focus group discussions were held with 11 residents, and 10 resident case records were reviewed.

I. Descriptions of Residents and Project

Development characteristics

The complex is composed of two high-rise buildings—the only high-rise buildings in the area—and a single-story activities center. This complex is owned and managed by a private local corporation. Only one of the residential buildings was included in the study.

The complex is located in a small city. The area surrounding the complex consists of schools, restaurants, hotels, gas stations and several small stores all within walking distance of the complex. There is also a medical facility directly in front of the complex. Two parking lots are located near the project; one is used primarily by the residents who own cars, and the other, located between the two buildings, is for visitors.

The project is set back away from the street (about 300 yards), and there is very little pedestrian traffic around the building. An outdoor seating area facing a marsh is available for residents. This area is located in front of the activities center which is situated in between the two buildings. Additionally, a grill for cookouts is located in this area. This was the only outside common area where residents could congregate.

The building seemed to be fairly secure. Although there was not a lock on the entrances, the entrance areas were staffed by volunteer residents. All visitors were required to sign in upon entering and sign out when leaving the building. During the evening and early morning hours, the doors are manned by security guards. There are three security guards who have apartments in the building. One guard is always on call to handle emergency situations. The neighborhood appeared safe.

The activities center is used for various resident activities, including morning exercise classes, church services, and watching television. Residents are informed of activities center events by notices posted on bulletin boards located throughout the building. A kitchen also is available for resident use. Directly outside the activities center is a beauty shop that is staffed by a beautician two days a week.

The service coordinator and the property manager both have offices in the same building, on the same floor and relatively close to each other. However, the service coordinator's office is connected to another building employee's office. To obtain access to the other employee's office, one must walk through the service coordinator's office. The service coordinator can meet privately with residents by closing her front door and the door between the two offices.

The property manager's office provides more privacy because she does not share it with other building staff members.

The lobby, which is directly outside the service coordinator's office, has an area with chairs and a couch. Throughout the day, residents were seen here talking with one another. Additional furnished common areas are located on each floor directly in front of the elevators. Residents were also seen interacting with each other in the activities center and the beauty shop.

Resident characteristics

The project is a 70-unit complex with a total of 71 residents. The complex consists of both the elderly and the nonelderly persons with disabilities. However, the overwhelming majority of resident households are classified as elderly (99 percent). Of this group, about 73 percent are classified as well elderly. The residents at the complex are primarily female (86 percent) and white (97 percent). All resident households had incomes between \$5,000 and \$14,999 with the majority of households (76 percent) in the less than \$10,000 range.

Previously available services

The service coordinator said that before she began working at the complex, the local aging agency was the primary resource for community-based service providers in the area. The service coordinator did not feel there was a problem in the availability of services (with the exception of transportation) but said that those services were not used more often because residents were not aware of what was available. Services that were used by the residents prior to the SCP included home health care, counseling, transportation, and adult protective services. The residents indicated that available services did not change after the SCP began.

Prior to the service coordinator's placement, the property manager spent more of her time handling resident's service needs (she could not indicate how much more time). This help was usually in the form of crisis- or health-related services that were needed by residents during recuperation after stays in the hospital. If non-emergency services were needed by a resident, they had to arrange for them or ask another resident for help.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

The property manager has been employed by the corporation that owns the building for about 7 ½ years. The service coordinator, who is employed by the same corporation, has been in her position for about 6 months. The service coordinator splits her time between this project and the other building. The property manager is responsible for the management of all the project's staff including the service coordinator. The property manager was responsible for preparing the grant application and for selecting the service coordinator from among those who applied for the job.

Now that the SCP is in place, the property manager is able to concentrate on management duties. She spends very little time coordinating services for the residents. The service coordinator has the primary responsibility for planning and developing activities. The property

manager allows the service coordinator to work independently with service providers and residents, but she meets with the service coordinator on a daily basis for about 30 minutes a day to discuss resident issues and to keep track of what the service coordinator is doing.

The service coordinator feels that she is allowed to function independently and that the property manager has been very supportive of her efforts to run the program.

External linkages

The service coordinator uses the local aging agency primarily as a referral source for service providers in the area. The agency has provided her with a handbook she uses for these purposes. The service coordinator has made an attempt to get more involved with this agency by asking them to notify her when they have meetings.

Although the service coordinator has not conducted any resident needs assessments, she has used the community-based, county-funded assessment provider to make assessments of residents' physical abilities.

Application process

The property manager primarily was responsible for planning and applying for the service coordinator funding. She decided to apply for funding because it was available and because she needed the help. The building management corporation's board of directors were responsible for approving the service coordinator application before it was filed with HUD. The property manager also was responsible for reviewing the service coordinator applications and hiring the service coordinator (with the board's approval).

No formal assessment was made by the property manager to determine the estimated number of residents deficient in Activities of Daily Living (ADLs). Residents were observed by the property manager and other staff members to make this assessment.

Implementation date

The project received approval for the SCP in August 1994 and the service coordinator began working in October 1994.

Initial activities

Among the service coordinator's first activities was contacting the local aging agency to find out what services were already available within the community. Because there already was a listing of service providers in the area, there was no need for the service coordinator to make an inventory of what was available. The service coordinator also had an informal discussion with the property manager to identify general areas of concern. The service coordinator does not think her duties include planning activities for the residents and therefore she has not done this. However, the service coordinator is interested in coordinating additional services that are currently not being provided. These include recruiting volunteers from area churches, providing transportation, and providing house cleaning services. The residents think the service coordinator is responsible for helping them with whatever problems they may have.

The property manager noted that the service coordinator's initial activities included meeting with the residents to announce her presence and finding out what service providers were available within the community.

The service coordinator does not make formal ADL assessments. She is not trained in this area and has no forms to assist in this process.

Service coordinator qualifications and duties

The service coordinator's education and training background consists of a bachelor's degree in finance. Her previous work experience includes managing a gift shop and working as a branch manager of a savings and loan. The service coordinator feels the networking skills she acquired in previous jobs can be used to interact with service providers and link residents to the services they need.

The service coordinator's strengths, as identified by the property manager, include her ability to work well with people, her tenacity, her genuine calling to serve and help people, and her skill and ability to network with outside service providers.

The service coordinator feels her primary responsibility is to keep residents living independently for as long as possible. She feels she can achieve this goal by establishing linkages with service providers and by educating residents on services that are available. The service coordinator spends most of her time helping residents arrange for transportation, working through home finance management issues, and arranging for meals.

Service coordinator status

The service coordinator works full-time, dividing her time between the two buildings in the complex. The service coordinator works approximately 19 hours a week at the building and 21 hours at the other building. The service coordinator does not have trouble splitting her time between the two buildings. According to the property manager, sharing the service coordinator between two buildings made it easier to find a qualified, full-time service coordinator rather than a part-time employee. There were not enough at-risk residents in one building to warrant a full-time service coordinator in each building.

The service coordinator does not have staff or volunteers that work exclusively with her, but she does receive assistance from the property manager, staff members, and residents in identifying residents who may need help. She feels that all the building staff have a genuine concern for the well-being of the residents and are knowledgeable about the aging process and the needs of older people.

Access to funds for Service Coordinator Program activities

The service coordinator does not have separate funds available solely to her for carrying out program activities. If additional funds are needed, the property manager is the only person with the authority to allocate them. However, because the service coordinator does not conduct any activities in which she needs additional funds, all of the SCP services are provided through established community-based programs that are funded through other sources. Administrative

costs for the service coordinator come from the overall administrative budget for the complex. The property manager has a separate fund available for other SCP costs, such as travel expenses.

Service coordinator training needs

The only training attended by the service coordinator was the service coordinator conference co-sponsored by HUD and the Administration on Aging, held in Baltimore, Maryland. She was aware of the HUD training requirements and plans to participate in additional training programs, including a conference with other service coordinators from within the State and a training session for service coordinators that will educate them on the HUD guidelines. The service coordinator also expressed a need for more training in the social worker aspects and medical (what the nurses do) components of the job. The property manager would like the service coordinator to receive training in the aging process and in communicating with the elderly.

Resident recruitment

Residents were first informed of the service coordinator's presence through the monthly newsletter. The service coordinator introduced herself by initiating one-on-one contacts with residents and also was introduced to residents at a general resident meeting. Now the service coordinator works with residents on an as-needed basis. She relies on them to approach her if they need any help. Another approach the service coordinator plans to use is creating her own section of the newsletter to notify residents of services available to them.

The service coordinator and the property manager said there were no problems getting the residents interested in the program. The residents mentioned that the service coordinator made her presence known by circulating fliers throughout the building. Other residents knew who the service coordinator was through her previous volunteer work within the complex. Residents said they felt comfortable approaching the service coordinator if they had a problem.

Resident assessments

The service coordinator has not completed any resident needs assessments. The service coordinator relies almost solely on residents contacting her when they have a problem. Although she does not feel comfortable pushing services on residents who have not requested them, she will observe the residents conducting their daily activities to see if residents are having any problems that could be alleviated through some available service. The administrative and maintenance staff also observe residents and inform the service coordinator of residents who are having problems.

Resident interactions

The service coordinator has met with nearly all the residents of the complex. She has already linked about 21 to 28 percent of the residents to services and is currently trying to link about 5 or 6 residents with services. She works with between 10 and 12 residents each week and feels that her workload is manageable. The service coordinator has not yet initiated any special activities to ensure resident input into the SCP.

The service coordinator has had a problem with only one resident not wanting a service that she has suggested. She handled this situation by speaking with the individual as a friend to gain the resident's trust. She continually offered the services to the individual until she agreed to try them. The residents were not aware of anyone who had declined services recommended by the service coordinator.

Services and equipment

Services that the service coordinator has initiated since starting her job at the complex include providing transportation, housekeeping services, food services, religious services, and implementing a prescription drug program with local drugstores to buy medicine at a quantity discount. All services and activities are aimed at all residents; however, she has found that the high-risk, elderly residents consume most of her time. The service coordinator plans to recruit a group of volunteers to provide transportation and housekeeping services as needed.

Residents mentioned the service coordinator helped them receive such services as housekeeping and home-delivered meals and arranged for them to receive eyeglasses through the Lions Club.

III. Description of Case Records

Resident case records consist of a single page that lists the resident's name and address; whether they need assistance of any type; services they are currently receiving; and the name of a contact person. Case records include brief notes concerning residents and service coordinator contact with service providers. No ADL assessments or monitoring plans are included in the residents' case records.

IV. Roadblocks to Program Implementation

The service coordinator is working with about half the residents (35) in some capacity and feels that her workload is manageable.

The service coordinator has had very few problems with the residents or with management in the implementation of the program. However, on a few occasions the property manager has approached the service coordinator when she thought a resident was becoming too dependent on the service coordinator.

The service coordinator has not had a problem with getting service providers to participate in the program, although she has had problems with some of them not providing the services in a timely manner. She has also had some difficulty determining the role of the local aging agency in the program. Specifically, she has tried to contact them a few times to attend some of their meetings but has not received any feedback from them.

V. Perceived Improvements and Resident Satisfaction

The service coordinator is satisfied with the help she has been able to provide to residents in solving their problems. She is particularly satisfied with the independence she is given in helping the residents. She likes the fact that she is solely responsible to the residents.

The property manager thinks the program has been very effective in coordinating services for residents who need them. She feels the relationships the service coordinator has developed with the residents have been beneficial to the residents. Specifically, she feels residents benefit mostly by knowing that there is someone available to them when they need any kind of help. Additionally, the program has eased her responsibility for the resident's well-being; therefore, she can concentrate on the management of the property.

Overall, residents have been very pleased with the SCP. Most residents indicated that they rarely meet with the service coordinator. However, residents said it was reassuring to know the service coordinator was there to help them or to just talk with them. They also think the program is helping them to live in the housing complex longer and more independently.

VI. Recommended Changes and Future Plans

Strategies to increase participation

No activities are currently planned to increase resident participation. The service coordinator is concerned about approaching residents and suggesting services. To allow residents to keep their sense of independence, she leaves it up to them to approach her if they have a problem. She feels all she should do is let residents know that she is available if they need help.

The residents could not think of any additional services that were needed. They were satisfied with the fact that the service coordinator is available when needed, and confident that she will link them with all necessary services.

Recommended changes

The service coordinator mentioned that there needed to be consistent guidelines regarding the responsibilities of the service coordinator. Specifically, the service coordinator noted receiving different messages from different groups at the Baltimore convention. The HUD representatives said the service coordinator was just responsible for linking residents to needed services. However, at the same conference, a group of experienced service coordinators said service coordinators should be more proactive in the way they run the program. To alleviate this problem, the service coordinator suggested HUD provide service coordinators with a model program to serve as a guide.

The property manager felt the program could be improved if HUD were more specific on how to fulfill the training requirements. The property manager also mentioned the need for more social work training for the service coordinator, and the need to build a network with other service coordinators throughout the country.

Case Study Report B-3

Introduction

A two-person team from KRA Corporation visited a newly established Service Coordinator Program (SCP) in June 1995. During the visit, interviews were held with the service coordinator, the property manager, and the service coordinator's supervisor. Three focus group discussions were held with 12 residents, and 10 resident case records were reviewed.

I. Description of Residents and Project

Development characteristics

Situated on 17 acres, this project includes 14 buildings. The two-story buildings have two units on the patio level and two units on the second level. The grounds are beautifully landscaped and the apartment buildings, which are situated in clusters, give the appearance of a townhouse complex. The project is hilly and scenic, winding around a main driveway that leads into various sections of the complex. There is designated parking for the residents and ample lighting within each section. The buildings include both one-bedroom studio units and two-bedroom units that have either a patio or a small porch area. The service coordinator's office is located in an activity building located in the center of the complex. This two-story building is centrally located within the complex and is accessible to all units. Also located in the building are the property manager's office, the residents' mailboxes, an activity room with tables and chairs and adjacent kitchen, and a meeting room. There is another meeting room on the lower-level that is accessible both from the inside and through patio doors from the common grounds. The lower level patio has several tables and chairs for sitting and a fountain facing the patio.

During the visit, the local Jaycees club, to which some residents belong, was hosting a meeting in the activity building. The meeting was well attended by both men and women, and members provided refreshments. From this group activity, it was apparent that some residents interact with the elderly from the local community.

The service coordinator's office is located on the second level of the building. The office is private, bright, and comfortable. To access the office, residents must climb a short flight of stairs. The service coordinator was aware that the location of the office poses access problems for some residents and compensated for this problem by meeting with residents on the main level and by visiting them in their apartments. For those residents who do not have physical handicaps or mobility problems, the office location is satisfactory.

The property manager and the service coordinator agreed that finding space for the service coordinator's office was the only planning problem that the complex posed. The space designated for the service coordinator was originally the property manager's office. When the SCP was funded, the property manager's office was moved to the entry level; the service coordinator took the second level office, which provided more privacy.

The service coordinator stated that the physical arrangement of the buildings helps to get the residents out of their apartments. They must leave their buildings to access their mailboxes, which are located in the central building. In addition, the extensive grounds on which the buildings are located make it necessary that residents move around the complex to get to the central building. Many residents have taken advantage of the large grassy area on the complex to plant gardens.

The property manager believes that the SCP is located at a unique complex whose residents are young, able, and feisty. They tend to aggressively pursue issues and challenges and are open to new ideas. They have initiated many of their own activities, including forming an artist's colony that has a water color group and drama group.

Public transportation is easily accessible to all residents because city buses makes four stops within the complex. This transportation is essential because the complex is located in a rural residential area with no stores nearby.

Resident characteristics

The complex houses 141 residents; residents in 10 of the units pay market rate. Residents are predominantly white (99 percent), elderly (92 percent), and female (77 percent). Eight percent are nonelderly persons with disabilities. Slightly over half (54 percent) of the elderly are well elderly, one quarter are at-risk, and 21 percent are frail elderly. The average age of the residents is 74 years old. Fifty-seven percent of resident households have incomes of less than \$10,000.

Previously available services

There were a limited number of project-based services available to residents of the building before the service coordinator was hired. These services included social and recreational activities sponsored by the tenant council and supportive services such as Meals on Wheels; Friendly Visitors; home health care; housekeeping services; and Volunteer Wheels, a local transportation service for health related appointments. A local senior center provided hearing aids, blood pressure checks, and services to some residents. Residents received public benefits that include food stamps, Medicaid/Medicare, and Supplemental Security Income (SSI).

According to the property manager, the services most needed by residents were in-home supportive services. The elderly residents also needed someone to explain things to and advocate for them; someone to attend to their emotional needs; and someone to assist them deal with loneliness.

The property manager, who has managed the building for 2 years, reported that she had not been involved in helping residents to obtain special equipment, supportive or health services, or organizing group services or activities. There was a part-time social worker from another complex, managed by the same housing management company, who maintained a resource file of available services. This resource file was shared with the service coordinator. The social worker, however, was hired under a separate contract and did not provide services to the residents at this complex.

II. Description of Program Operations

Organizational context of the Service Coordinator Program

The SCP is operated under the auspices of a local housing organization. Two churches formed a housing corporation and contracted with a local group to serve as the managing agent. The local housing corporation, which is located approximately 60 miles away, manages 26 properties. Of the 26 properties, 16 have HUD grants for service coordinators. The service coordinator for this project is shared with one of those 26 properties.

All employees are hired directly by the housing corporation. The management corporation is headed by a chief operating officer to whom the director of social services and the property managers for each property report. The service coordinator reports directly to the director of social services, although the day-to-day supervision is shared with the property manager. The property manager spends approximately one hour per week with the service coordinator. The director of social services supervises the service coordinator on clinical issues, while the property manager, who is on site daily, provides the general supervision.

The service coordinator functions independently, and both the director of social services and the property manager seem to be very supportive of her role. The property manager has referred residents to the service coordinator when intervention was needed. They both agreed that they work well together and “double team” when there is a problem. The property manager is an asset to the team because she also has a background in social work.

The service coordinator shares her ideas for SCP activities with the property manager, and they appear to have good rapport and to work as a team. The property manager reported that she does not get involved with the day-to-day program operations nor is she directly involved in planning SCP services and activities.

According to the property manager, having a service coordinator has decreased the amount of time she devotes to issues of resident services. The property manager noted that the service coordinator stepped in and took on some very hard problems. For example, some residents needed nursing home placement, requiring her to work with both local agencies and the families to reach difficult decisions.

External linkages

The service coordinator has used the services of the Older Adults Services for assistance with mental health assessments to confirm her own observations. There are no organized Professional Assessment Committees at this location. The Property Manager is on the board of the local Advisory Council on Aging, which has been involved in the program.

Application process

The primary purpose for applying for SCP funds was the large number of frail and borderline frail residents. Further, the complex had seen a turnover of residents who had aged in place and now required additional supportive services. The director of social services was the principal author of the grant application. The primary tool used to estimate ADLs was observations made by the property manager.

The chief operating officer, members of the board of directors, and the director of social services for the local housing management corporation were involved in planning the SCP. The local aging agency was involved in making salary estimates for the position and served as initial advisor for the SCP.

Implementation date

The application was approved in October 1994, and the service coordinator started work in December of that year.

Initial activities

The property manager was involved in the planning phase for the SCP. She determined the kinds of referrals appropriate for the program and educated residents about the SCP.

The service coordinator's initial activity was to begin outreach activities to the residents. Her outreach was coordinated with informing residents that the building was being converted to an individual meter system. This provided an ideal opportunity for the service coordinator to contact residents to explain what was to occur and, at the same time, meet with the residents in their home to informally discuss how they were doing.

Other start-up activities included reviewing several referrals from building staff concerning residents they believed needed her attention. She reviewed files, determined who was new, put an article in the newsletter, and attended a meeting of the social committee. The timing of her hire, in December, was especially convenient for meeting residents because several holiday parties were taking place. These events were very conducive to casual conversations with the residents. The service coordinator was able to meet many residents during the first month of her employment.

Service coordinator qualifications and duties

The service coordinator was hired after the position was advertised by the housing management corporation. The interviews were conducted by the director of social services and the property manager. Questions asked during the interview process concerned the interviewees' previous experiences directly related to the job responsibilities, experience working with the elderly, ideas about getting to know residents, establishing rapport and gaining their trust, experience with documentation and client assessments, and familiarity with community social services and senior resources.

The service coordinator had previously worked for a group home corporation, providing social services to persons with disabilities who were severely handicapped and developmentally disabled. She has a master's degree in counseling with some emphasis on working with persons with disabilities. She also has seven years of experience as a behavior specialist providing rehabilitation counseling and social work services.

The primary responsibilities of the service coordinator are to provide residents with social services that they need through referrals to the appropriate agencies. The service coordinator provides case management services as well as brokers for services. She commented that she will

either do this directly for the resident or provide them with the information for them to request services on their own. She spends approximately 60 percent of her time establishing linkages with service providers and 40 percent conducting assessments. The property manager stated that the service coordinator's strength lies in her ability to get residents to open up and talk.

Service coordinator status

The service coordinator has worked at the complex for 6 months. She works full-time (35 hours per week), spending 25 hours at this complex and 10 hours at another building.

Access to funds for Service Coordinator Program activities

The service coordinator has access to a fund for needed supplies. She has spent approximately \$100 for a telephone and answering machine for her office. There is a separate fund for training and transportation. The director of social services prepares the budget for the SCP and requests for funds must be submitted to her. The budget includes a line item for supplies but not for activities, which are disallowed by the HUD grant.

Service coordinator training needs

Since her hire, the service coordinator has received training on working with paranoid persons. According to the service coordinator, the housing management corporation provides a considerable amount of training and materials. Among the training tools used was a "Training Package for Administrators to Establish Procedures for Supervising and Working with a Service Coordinator." The material included information on the purpose of the service coordinator, supervising a service coordinator, annual HUD requirements, and other related issues. A manual also was provided to the service coordinator that contained information on available services and resources. In addition, service coordinators attend the housing corporation administrators' meetings.

Resident recruitment

Residents were first informed of the SCP by a written notice and through introductions at a complex meeting. From the service coordinator's perspective, there were initially some problems in getting residents interested in the SCP. Residents were suspicious. However, the service coordinator successfully combated this initial resistance by being open, honest, and friendly. She chose her wording carefully when talking with residents; instead of saying she was there to help with problems, she used the word "concerns." In addition, she made it clear that she was separate from the building management staff. In general, the service coordinator believes that residents are grateful to have someone to assist them.

The property manager felt there were no problems in getting the residents interested in the program and that the residents' reactions have been very positive. She thought the personal visits to residents which were coordinated with discussions of the changeover to individual electrical meters helped that process.

The service coordinator has continued outreach to the residents about the SCP. She visited residents and left her card on their doorstep. She also has written articles for the newsletter on

the availability of a food pantry at local churches and the need for volunteers for the transportation service.

The property manager stated that she informs new residents of the availability of the service coordinator when they sign their lease. At least one new resident interviewed stated that she had not received this information, although she met with the service coordinator shortly after moving in.

Resident assessments

To perform resident assessments, the service coordinator sees residents in their own apartments and observes them performing various activities. For those residents requesting services, she looks at all aspects of the residents' life during the in-home assessment.

Resident interactions

The service coordinator has met with 52 residents and is currently working with 50 residents. Of those residents, she is currently trying to link 14 residents to services and has already linked approximately 40 to services. Typically, the service coordinator meets with 1 to 15 residents per week.

To ensure resident input into the SCP, the service coordinator has been listening to each resident individually about their needs. She asks residents what they would like the service coordinator to do. The service coordinator obtains input this way because her supervisor requested that she not attend the residents' council meetings.

When a resident declines a service that the service coordinator thinks would help them, she tries to use humor. The service coordinator doesn't lecture them or tell them what to do because she knows that approach will not work. Her most successful approach has been to use social and casual contacts which are less threatening. She also gives residents the option of being referred to an outside professional.

The service coordinator uses different approaches in working with the elderly and the non-elderly persons with disabilities. For example, when working with a 40 year-old stroke victim, she communicates by introducing one idea at a time. She also writes down things for this resident and makes sure what she tells her is clear and simple.

In general, residents' reaction to the service coordinator has been positive. Those who have met with her are telling other residents about the program. The service coordinator successfully used contacts to discuss community services and utility applications for rebates. There only have been two or three residents who, from the property manager's perspective, appear to need services who have not wanted to meet with the service coordinator. She thought their resistance had to do with their mental health problems.

During focus groups and interviews, residents reported that they first met the service coordinator in a variety of ways. Methods included word of mouth, the resident newspaper, the property manager, personal introductions during meetings, or by being visited in their apartment.

Services and equipment

The services currently available, as reported by residents, include: housekeeping, referrals for medical services, transportation resources, Medicare, Medicaid, Social Security, assistance with billing errors, and a senior citizens center. Many residents were receiving these services prior to the establishment of the SCP. Nonetheless, the service coordinator has been very helpful in linking residents to services they needed and in helping them to solve their problems. She has been there to advocate for them when they could not handle a problem without assistance. Her involvement has also helped the property manager to focus more time on her management responsibilities.

The service coordinator is planning to work with residents in the area of dealing with grief. The complex had a resident die suddenly, which upset many residents. To help them deal with their loss, the service coordinator organized a memorial service. She is also in the process of working with a mental health agency in a nearby town to link residents to a mental health program. The program will provide transportation.

III. Description of Case Records

Each of the resident case records included an intake form which the service coordinator completes on each resident during their initial meeting. The form was used to record basic demographic information about the resident and to assess resident needs. The intake form includes a comment section where the coordinator included written notes on the extent to which a resident was impaired. For example, in several of the records reviewed, the service coordinator had written that a limited assessment of the resident was completed and the resident had no problem with ADLs. No formal ADL assessment form was included in the case records.

IV. Roadblocks to Program Implementation

The service coordinator reported that her work load is manageable but that she could always use more time to assist residents. The property manager concurred that the service coordinator's workload is about right.

There were no internal barriers which affected the implementation of the SCP. The service coordinator works in an environment where she has support from her supervisor and the property manager. The property manager was involved in the hiring decision and has a background in social work, so she understands the needs of the residents and the role of the service coordinator. She feels good about having the service coordinator, and they appear to have a good relationship. The property manager feels that there is a need for more networking between the service coordinator and the local service providers. Overall, the property manager is very satisfied with the service coordinator who has had to deal with some rather tough resident problems.

The only problem that has occurred has been with reduced funding for programs. There have been State cuts resulting in county cuts that have affected the amount of services available to residents. Adult Protective Services in the county now has only two workers; consequently, the

service coordinator must beg to get services. There have been times when, due to budget cuts, workers have said they would not come to the project.

V. Perceived Improvements and Resident Satisfaction

The service coordinator stated that what she likes best about the SCP is the contact she has with residents, particularly the individual problem-solving. Another aspect of the program that she values is having a private office. The privacy is helpful in getting residents to talk to her confidentially. She also likes being there for the residents.

Being able to work a few hours each day provides continuity for residents. This schedule enables the service coordinator to educate the community about her role and the living environment of the elderly residents.

The greatest benefit to residents has been having access to information and having an advocate for getting needed services. The service coordinator has been able to facilitate the residents' access to services and has been someone who can listen to them. Residents feel that they are cared about. It is helpful that residents have an individual to serve as a buffer between them and the service provider. The service coordinator is teaching residents to advocate for themselves.

The housing management corporation is trying to create a network within each of its projects so that the social work and case management skills of each service coordinator can be maximized at all projects. The goal is to have projects share their skills among facilities.

VI. Recommended Changes and Future Plans

Strategies to increase participation

The service coordinator uses the newsletter to inform residents about new services and to remind them of her services. In addition, she plans on going to the senior center to encourage resident participation.

Recommended changes

The service coordinator feels that there should be more flexibility in HUD regulations that would allow service coordinators to plan social events because they are important in supporting the elderly. Being able to plan and arrange activities outside the complex would help those residents who don't get out much.

Although some residents were completely satisfied with the SCP, one resident thought that the service coordinator's office should be more accessible. The stairs which residents encounter to get to her office present an access barrier for some residents. Another suggestion was that notices informing new residents of the availability of the service coordinator, along with her telephone number, should be routinely distributed.

Another issue is that HUD requires management and monitoring plans "as appropriate" without defining the term. This project has found that these plans are useful only on long-term, extensive cases. Such a plan is helpful with residents that have multiple problems as a means

to review the overall picture several times per year. Other or more detailed review and documentation would be repetitive and cumbersome. Staff also mentioned that the HUD State Office staff are not aware of the SCP.

Case Study Report B-4

Introduction

A two-person team from KRA Corporation visited a newly established Service Coordinator Program (SCP) in June 1995. Also in attendance was a HUD staff member. During the visit, the service coordinator and the property manager were interviewed. In addition, a separate interview was conducted with representatives from both the national organization that owns the complex and the corporation that employs the service coordinator. Three focus groups were held with 13 residents, and 10 resident case records were reviewed.

I. Description of Residents and Project

Development characteristics

The project is a small, high-rise building with 60 units. It is located in an older residential community, consisting mostly of single-family homes, in a large city. The surrounding area is somewhat neglected and dilapidated. Within half a mile of the project are commercial establishments, such as fast-food restaurants and a grocery store. The building is relatively new and is in much better shape than the houses that surround it. There is a parking lot for residents and employees of the project. The parking lot and the back portion of the building are surrounded by an iron security fence. The contained back yard is rather small and has seats available for residents to use. The project grounds (the lawn and surrounding shrubbery) are kept in very good condition and look somewhat out of place when compared to the surrounding area. The front door to the project is locked and is watched by either part-time resident staff members during the day or security guards at night. Throughout the building, residents were seen mingling in common areas including community rooms that are used for various resident activities.

Resident characteristics

There are a total of 64 residents in the complex. Fifty-two percent of the residents are female. The project contains both elderly and non-elderly persons with disabilities with 58 of the 60 households classified as elderly and the remaining two households being occupied by non-elderly persons with disabilities. The racial makeup of the complex is 100 percent African-American, which reflects the racial makeup of the surrounding residential area. The majority of the residents are 62 years old or over (89 percent). Sixteen percent of the residents are 76 years old or older. The physical abilities of the residents suggest that about 69 percent of the residents are classified as well elderly, 9 percent are considered at-risk, and about 17 percent are considered to be frail elderly. The remaining 5 percent are considered to be non-elderly persons with disabilities. A large majority of the households have annual income levels below \$10,000 (85 percent).

Previously available services

Because the service coordinator previously worked as a case manager for an affiliated division of the managing national organization, she knew all the services available to residents from various service providers in the community. Home-based services, such as homemaker services (light housekeeping and laundry assistance), home delivered meals, and the community care program (a department of aging program designed to prevent premature placement of older adults in nursing homes through homemaker, adult day care, and senior companion services), were available to residents before the SCP was implemented. The service coordinator mentioned that public transportation was available but not widely used. When she first came to the complex, the service coordinator thought the greatest unmet service need within the complex was homemaker services.

Residents indicated that prior to the implementation of the SCP they would talk to the property manager if they needed some type of assistance. They also indicated that the property manager did not always have the time to help them. Prior to the implementation of the program, the property manager spent about 20 to 25 hours a week performing service coordinator-type duties for the residents. This assistance was primarily in the form of coordinating transportation and help filling out forms for medical programs such as Medicare. The property manager mentioned private transportation as a service that was needed but was not available to the residents.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

The property manager, who has been at the project since November 1993, is employed by a national organization. The service coordinator, who is a contract employee, employed by a management corporation affiliated with the national organization, has been at the project since August 1994. The service coordinator is directly supervised by the program director of the affiliated national organization and does not report directly to the property manager.

The property manager was not very involved in the implementation or establishment of the SCP. The service coordinator, on occasion, discusses resident issues with the property manager but making referrals and linking residents with services is strictly left to the service coordinator.

Now that the service coordinator is in place, the property manager has more time to spend addressing her management tasks. However, because the service coordinator is part-time, the property manager still spends a portion of her time helping residents but only about a fourth of the time she previously spent on service coordinator type tasks. The property manager spends about 10 hours a week in consultation with the service coordinator (primarily discussing the residents and suggesting ideas), but the sole responsibility of the service coordinator program and the day-to-day activities of the program are left in the hands of the service coordinator.

The service coordinator finds the property manager very supportive of her activities and enjoys the level of freedom and trust she has to run the program the way she thinks is best.

External linkages

The service coordinator works with the local Department on Aging in a structured system that links residents to needed services. The service coordinator does not contact service provider vendors herself. Instead, she first notifies the Department on Aging, who then contacts a non-profit social service organization, who performs an assessment on the resident. Once an assessment is made, the proper service provider vendor is notified.

On occasion, the service coordinator uses other outside professionals to perform assessments of residents' physical abilities. These assessments are usually conducted at the request of residents' doctors. The service coordinator also has available a separate specialist who conducts Alzheimer's disease assessments.

Application process

The property manager was not involved in the planning and implementation of the program. The contract manager at the national organization worked with the board of directors in filling out and submitting the application to HUD. The major reason for applying for the service coordinator position was to reduce the amount of time the property manager spent coordinating services so she could concentrate on her property manager responsibilities. Activities of daily living (ADL) assessments were not conducted as part of the application process.

Implementation date

Approval of the project's application was received in June, 1994. The service coordinator began working at the project in September 1994.

Initial activities

The service coordinator did not set a formal timetable but did prepare an informal schedule as to when certain tasks should be accomplished. The most time consuming task in setting up the program was informally conducting individual needs assessments of all residents. However, before observations were made, the service coordinator spent a lot of time putting together forms (recording sheets) that followed HUD guidelines.

Both the Department on Aging and the management corporation were involved in getting the program started. Because the service coordinator had to go through the Department on Aging for all community-based help, the agency was instrumental in the establishment of the program. The management corporation also had information and services that were essential in getting the program started.

Residents primarily became aware of the service coordinator's presence and were informed of initial program activities through either the service coordinator's personal assessment sessions or at a resident group meeting. The residents saw the service coordinator as a social worker and thought that her job was to help those who needed help.

Service coordinator qualifications and duties

The service coordinator's educational background includes a master's degree in social services and health sciences. She has practical social work experience from her job as a social service director for two nursing homes. The service coordinator also worked as a social worker/caseworker for a non-profit social service organization a year prior to her becoming the service coordinator.

The management corporation said that in addition to having the educational background needed, the service coordinator's experience with senior citizens and her willingness to help others made her suitable for the position.

The service coordinator feels that her primary duty is to keep residents living independently in their apartment for as long as possible. She feels she does this best by educating residents on service availability and establishing the necessary linkages with service providers in the area.

Service coordinator status

The service coordinator is a part-time contract employee. She divides her time between this project and another area project, working 17 ½ hours a week at this project and another 20 hours a week at the other project.

The service coordinator receives some support from other project staff members such as senior aides (residents who work in the building), other part-time staff members, and security staff. They advise her of any residents they have noticed who are having problems. However, she doesn't think most of the staff understand the aging process well because they are quick to say a resident has Alzheimer's disease when they notice a problem. To rectify this, the service coordinator is trying to get the local hospital to provide a workshop on this topic for staff and residents.

Access to funds for Service Coordinator Program activities

According to the property manager, both she and the service coordinator have the authority to allocate funds for program activities such as birthday parties. The service coordinator has access to the property manager's petty cash fund when money is needed. She is allowed to use up to \$300 from this fund. However, not much money has been spent on program activities. Supplies used by the service coordinator are included in her program budget.

Service coordinator training needs

The service coordinator has participated in training sponsored by her contracting employer. She has received training in the form of classes, speakers, and films dealing with topics such as making resident assessments, dealing with death, working with the terminally ill, and Alzheimer's disease. The service coordinator plans to attend a workshop on the aging process. She is aware of the HUD guidelines that require service coordinators to receive training within one year of being hired.

There are other training programs the service coordinator would like to attend but can't because she is restricted by her budget. Most of this additional training would involve transportation costs and training fees that she cannot afford.

The property manager was aware of training received by the service coordinator in dementia and Alzheimer's disease. She was also aware that the service coordinator required additional training in these areas.

Resident recruitment

Residents were first introduced to the service coordinator at a resident meeting. Subsequently, the service coordinator met individually with all residents to review their ADLs. The service coordinator feels all residents are aware of her presence, and there has been no need to conduct further outreach.

Resident assessments

The informal assessments of resident needs were done on a one-on-one basis in the resident's apartment. The residents are also observed during their daily activities to determine if there is a problem or if services are needed. During the service coordinator's initial assessments, she asked residents a series of questions and determined from their responses whether or not the resident was in need of some available service.

Resident interactions

The service coordinator estimates that she is currently working in some capacity with about 70 percent of the residents. There is a core group of about 6 or 7 residents that she works with on a constant basis. She has also linked about 75 percent of the residents with the MAC (Mothers' and Children's Commodities) program and another 36 percent to home-based services like homemakers and meals on wheels. On a typical day, the service coordinator meets with between 10 and 15 residents.

Most residents see the service coordinator on an as-needed basis. They receive assistance with such tasks as filling out medical insurance and circuit breaker (an energy assistance program) paperwork. Residents also felt she was of benefit to them because she is available to talk with them whenever they have a problem.

To encourage resident input, the service coordinator attends monthly resident meetings and initiates casual conversation with residents she meets in the halls.

Because this complex houses both elderly and non-elderly persons with disabilities, the service coordinator uses different approaches to address their distinct needs. The primary difference between the two types of residents is in the services they require. For example, the non-elderly persons with disabilities are more interested in job training services. The elderly are more interested in health-related services.

Overall, the residents' reactions to the service coordinator have been favorable. The residents are particularly impressed with the MAC program, which now includes seniors, instituted by the

service coordinator. With this program, residents receive grocery items, such as sugar, flour, and canned goods on a monthly basis.

There have been three or four occasions in which the service coordinator has suggested services that residents declined to take advantage of. In one particular case, she suggested homemaker and meals on wheels services to a resident who flatly refused. The service coordinator thinks residents decline because they don't realize they need a service or are confused. When this happens, she tries to encourage them to participate by suggesting they just try the service out for a little while. She is usually able to get them to comply by using this tactic.

Services and equipment

The MAC program implemented by the service coordinator was mentioned by residents as being a much needed and very beneficial program. Originally designed to provide mothers and children with grocery items, the program is now available to senior citizens. The service coordinator helped residents apply for this service by helping them fill out the application forms. About 75 percent of the residents are currently participating in this program. Additionally, the service coordinator spends a lot of time helping residents fill out forms for services such as public aid, social security, energy assistance, and QMB (Quality Medical Benefits), which is a medical program affiliated with a Health Maintenance Organization (HMO). Other services that have been made available to residents since the start of the SCP include meals on wheels, homemaker services, monthly group blood pressure screenings, transportation services, and medical supplies.

III. Description of Case Records

All resident case records include a resident assessment form. This form includes demographic information, emergency information, medical information, and three pages of questions and check lists used to estimate the residents' ADLs and other needs. All case records include notes which recorded contacts with the residents. However, there are no case management or monitoring plans.

IV. Roadblocks to Program Implementation

The service coordinator feels her work load is manageable; however, she has found it difficult splitting her time between two buildings. She feels she would be able to keep busy if she worked full-time only at the one complex.

Residents mentioned a few incidents where services were suggested to a resident who chose not to receive them. Residents said this happens occasionally because some of the residents are ashamed to admit that they need help. Initially, residents felt this way about the MAC program saying they did not want to participate. However, once a few residents began receiving food through the program, other residents felt more comfortable participating.

The service coordinator has not had difficulty getting service providers to participate in the program; however, she is frustrated by the length of time it takes for some providers to address residents' needs. Since the city's case workers have such large case loads, they don't react as quickly as other organizations at which the service coordinator served as a case worker. This

problem is partially due to the fact that she does not contact service provider vendors directly when a resident needs a service. Instead, the city requires that she first contact the Department on Aging, which then goes to a non-profit organization to do an assessment, which then contacts the required service provider vendor based on this assessment.

V. Perceived Improvements and Resident Satisfaction

The service coordinator feels her ability to help residents resolve problems, as well as linking them to needed services, are the most beneficial aspects of the program. The property manager feels there has been an improvement in the residents' well-being because they are now assessed individually, and problems are addressed before they become a crisis. Before the program, residents were seen only on an as-needed basis and usually only after a problem had become serious.

Residents appreciated the service coordinator anticipating their needs and identifying services before they asked for them.

VI. Recommended Changes and Future Plans

Future plans include following up on individual assessments to determine whether any changes have occurred in the residents' needs.

Strategies to increase participation

Because most residents are healthy and therefore relatively independent, the service coordinator has found it difficult to get many residents interested in group activities. The service coordinator has planned activities like bingo and cookouts, but attendance has not been significant. Usually about a quarter of the residents participate in these activities. To increase participation, the service coordinator plans to distribute surveys to determine what additional services or activities the residents would like.

There is an activity coordinator at the building that comes every Friday and alternate Thursdays. She is responsible for planning birthday parties and other resident activities. Other group activities the activity coordinator has planned, such as trips to talk shows, have had similar low attendance patterns.

Recommended changes

The service coordinator would like HUD to develop suggested forms for assessment and resident contact. The service coordinator spent a lot of time developing the forms she is using to meet HUD guidelines.

Case Study Report B-5

Introduction

A two-person team from KRA Corporation visited a newly established Service Coordinator Program (SCP) in June 1995. During the visit, interviews were held with the service coordinator and the property manager. Three focus group discussions were held with 12 residents, and 10 resident case records were reviewed.

I. Description of Residents and Project

Development characteristics

The complex consists of several single-story buildings, with a total of 40 apartments. Ten apartments are efficiencies, the other 30 are one-bedroom units. Only four units are handicapped accessible. Each apartment opens to a small front lawn and the parking lot and has a small patio in the back that leads to a grassy common area. In addition, there is a building housing the club room, mailboxes, the laundry facility, and the manager's office. The property manager and the service coordinator share an office with one desk and one phone line. They both work part-time so they are not often in the office at the same time. Both staff members interviewed indicated that sharing an office hindered program activities. They also noted that because the office is located across from the mailboxes and laundry facilities, the service coordinator has daily contact with residents. The club room is used for bingo, devotions, and other activities. It has a television, tables and chairs, a small library, and bulletin boards with notices for the residents. This building also has a large screened-in porch overlooking an area with picnic tables. While at the complex, we observed little resident interaction other than residents checking their mail and playing bingo.

The complex is in a small and somewhat isolated town. There is no bus stop nearby. The town built a sidewalk leading from the complex to the closest shopping area which provided residents direct access from the complex. The shopping area consists of a Walmart, a grocery store, and a fast food restaurant. Residents mentioned that it is a long walk for them, especially in the summer. Across the driveway is a day care center. However, according to the service coordinator, there is no interaction between residents and the children at the day care center. The neighborhood appears very safe. There are no evident security measures at the complex.

The property is owned by the county council on aging (CCA). The property is managed by a private management corporation, which is responsible for the maintenance of the property. The property manager works for the management corporation and is on-site 25 hours a week. She has been at the complex for almost two years. The service coordinator works directly for the CCA and is on-site 20 hours a week.

Resident characteristics

Of the 42 residents, 88 percent are female. The majority of the residents are white (88 percent) and 12 percent are African-American. All residents are elderly, and 71 percent are at-risk or frail. Eighty-six percent of households have incomes less than \$10,000.

Previously available services

Prior to the implementation of the SCP, the property manager spent close to half of her 25 hour work week making referrals and linking residents to service providers in the community. At that time, home health care, community long-term care, county sponsored transportation, and meals on wheels were available to residents. Adult day care was available to residents in the community.

The greatest unmet needs, prior to the SCP, were one-on-one contact with residents, general companionship, and monitoring of residents' general welfare. The service coordinator noted that many residents cannot read and need assistance with forms, including those for Medicare/Medicaid, and needed assistance making doctor appointments.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

The SCP is operated by the owner of the complex, the CCA, which is located about 15 miles away. The CCA contracts out for the management and maintenance of the complex. The property manager reports directly to the management corporation. The service coordinator is supervised by the executive director of the CCA who is located in the CCA offices. The CCA supervisor shows considerable interest in the SCP. The funds for project management and the SCP are kept separate.

The service coordinator has primary responsibility for all SCP activities, although she and the property manager often plan program activities together. The property manager refers all service-oriented issues to the service coordinator who implements activities, such as fire safety demonstrations, discussions of Medicaid eligibility, and social dinners. This allows the property manager considerably more time to carry out project management tasks. The property manager is very supportive of the program and remains actively involved with the residents. She continues to implement all social activities, including bingo, devotions, and the monthly calendar.

External linkages

The CCA, in addition to owning the complex and providing the service coordinator, has a community senior center (approximately 15 miles away) and provides home-delivered meals and ombudsman services. As an employee of the CCA, the service coordinator is closely linked to the local social service community and is aware of the services available to the elderly in the community.

Application process

The executive director of the CCA and another staff member were responsible for applying for SCP funding; the service coordinator was not involved. The property manager provided input on the needs of the residents, based on her knowledge of residents, and where program emphasis should be placed. The property manager relied on observation to estimate the number of frail and at-risk elderly. In addition, she identifies any physical problems that might cause residents to need assistance.

Implementation date

Staff were not aware of the date that the complex received HUD approval for the SCP. The service coordinator began work in December 1994.

Initial activities

The service coordinator established and followed a schedule for planning and implementing the SCP. The property manager sent an introductory letter to residents about the SCP. The service coordinator held a tea in the club room to introduce herself to the residents; 18 residents attended. The service coordinator personally visited the apartments of each resident who did not attend the tea to introduce herself as service coordinator and explain her role. Much of the service coordinator's time has been spent getting to know residents and establishing rapport with them. Initial service delivery activities included completing resident assessments, arranging for home-delivered meals, placing residents on the community long-term care waiting list, and assisting residents with Medicaid paperwork. The Medicaid supervisor was helpful in initial program activities, much of which included Medicaid eligibility. The service coordinator has also arranged for speakers at the complex. Topics have included Medicaid and fire prevention.

All of the residents in the focus groups indicated that they were aware of the service coordinator. Several mentioned the introductory letter that was distributed. Some of the residents said they were introduced to the service coordinator at the tea; others met her in their apartments. One new resident said that the service coordinator visited her in her apartment shortly after she moved in.

Service coordinator qualifications and duties

The service coordinator has a bachelor's degree in social work and is a licensed social worker. She has completed two graduate-level courses in counseling and development. She spent some time working at a nursing home before working for 3 years as a child abuse and neglect investigator for the county department of social services.

The property manager was not involved in the selection process and was not aware of the service coordinator's qualifications. She noted that the service coordinator's strengths are that she is personable and caring; she has excellent communication skills; and she often does things that are outside the scope of her job.

The service coordinator's primary duties include conducting risk assessments, monitoring those at-risk, providing companionship to residents, linking residents with home-delivered meals, and

speaking to families not fulfilling their responsibilities to their parent(s). Due to transportation service limitations in the area, the service coordinator also assists residents in grocery shopping, picking up prescriptions, and other errands. Every resident in the focus groups mentioned that the service coordinator picked up and delivered the commodities given out by the county. Without this assistance, some residents would be unable, or would find it extremely difficult, to obtain the commodities.

Service coordinator status

The service coordinator is an employee of the CCA, the owner of the complex, and works 20 hours per week at the complex and part-time at the local senior center. A similar complex is being built in another town, about 15 miles away, where she will also serve as a service coordinator once it is completed.

Access to funds for Service Coordinator Program activities

The service coordinator does not have access to a petty cash fund for SCP activities. The service coordinator requests all program funds from the CCA.

Service coordinator training needs

The service coordinator attended a workshop on depression among the elderly that was sponsored by a local mental health agency. She expressed a need for training on issues related to the elderly, especially elderly socialization. In order to maintain her social work license, the service coordinator is required to receive 20 accredited hours of training or course work per year. The property manager knew that the service coordinator had attended a training session but did not know the content or whether additional training was planned.

Resident recruitment

The service coordinator, who has only been at the complex for a few months, has met with all 42 residents. The program is too new for her to have initiated any additional recruitment strategies. The service coordinator indicated that there are no problems in getting residents interested in the SCP, although the property manager mentioned a hesitancy on the part of residents. She thinks that older people tend to question new things.

Resident assessments

The service coordinator assesses residents in their own apartments and observes them performing various activities. Residents are not referred to outside professionals for an assessment. The service coordinator uses a combination of forms to complete resident assessments. Although not very detailed, the "priority assessment" form uses a numerical scale to rank the individual as high, medium, or low priority for services.

Resident interactions

The service coordinator has ongoing daily contact with many of the residents. She meets with 10 to 12 residents each week. Her office is located across from the mail boxes, allowing for frequent, informal interactions with the residents. She meets with residents in their apartments when she needs privacy.

Residents reported that they met with the service coordinator frequently. Some residents meet with her daily because she is also at the senior center, while others see her at least once a month. Most residents reported that the service coordinator checks on how they are doing every week or as needed. In addition, she calls homebound residents if she does not have time to visit.

The service coordinator has linked 12 residents to services and is currently trying to link an additional 4 residents to services. Approximately five residents have declined recommended services according to the service coordinator. She feels it is because they do not want to give up their independence. The property manager mentioned that one resident refused services because she was moved into the complex against her will and is very resentful.

The service coordinator found that continued positive encouragement and accentuating the positive are successful approaches to dealing with residents who decline needed services. When dealing with one resident, she found suggesting mental health services or Alcoholics Anonymous to be unsuccessful.

The property manager gets involved when residents decline needed services. She found the most successful approach to be a show of concern regarding their decisions. She does not force services on residents and feels that it is important to let residents make their own decisions.

Based on case record reviews, many of the service coordinator contacts with residents have been for benefits assistance or assessments. The service coordinator has also provided counseling and made several service referrals including cleaning, meals on wheels, community long-term care, and transportation.

Services and equipment

The service coordinator is planning to establish a residents' council in the complex. In addition, she is trying to become more involved in discharge planning for hospitalized residents by requesting that hospital social workers notify her when a resident is about to be discharged. She welcomes suggestions from the residents and has followed up on several of them, including bringing in a speaker to discuss fire safety.

III. Description of Case Records

The service coordinator keeps a case record on each resident. The records include a socioeconomic form, a priority assessment form, and records of contacts with residents. There is no case management plan or monitoring plan in the records.

IV. Roadblocks to Program Implementation

The service coordinator did not indicate any problems with her workload. The property manager feels that the service coordinator could handle more responsibilities if her hours were increased.

Program barriers

The property manager and the service coordinator work well together. However, the service coordinator does not have her own office or her own telephone line.

There is limited transportation in the community—there is only one taxi that serves the town and there is no bus service. Residents mentioned that county-sponsored transportation needs to be arranged far in advance and often will not take them to their doctors' offices because they are outside the service area. The service coordinator mentioned that many residents cannot afford needed housekeeping services.

The service coordinator has not encountered any problems working with local service providers.

V. Perceived Improvements and Resident Satisfaction

Staff and residents mentioned the rapport that has been established between the service coordinator and residents. The property manager and the service coordinator feel the complex has benefited from the amount of time the property manager can now spend on other activities. The property manager said the SCP makes the complex more effective and complete in meeting residents' needs.

Residents have a positive reaction to the SCP. One resident said the service coordinator "does everything for us that she can." Another said, "I don't know what we would do without her." Although aware of the service coordinator, several residents in the focus groups indicated that they had not received many services themselves but knew of other residents who had. Many residents mentioned the service coordinator picking up their commodities, providing assistance with medical bills and other paperwork, and arranging for transportation and Meals on Wheels.

VI. Recommended Changes and Future Plans

Strategies to increase participation

It is too early in the implementation of the SCP to identify strategies to increase participation. At this time, resident participation does not appear to be an issue. The service coordinator plans to continue visiting and encouraging residents to use available supportive services and also to attend socialization activities such as outings and speakers' presentations. Residents who had not yet needed the services of the service coordinator reported that they would go to her if they needed assistance in the future.

Recommended changes

The service coordinator needs a private office to meet with residents and complete her paperwork. The program would benefit from standardized intake and assessment forms. Some residents suggested that with more hours, the service coordinator could visit more residents, spend more time with them, and conduct follow-up activities. Residents need improved access to transportation.

Case Study Report B-6

Introduction

A staff member from KRA Corporation visited a newly established Service Coordinator Program (SCP) in July 1995. During the visit, interviews were held with the service coordinator and the property manager. Three focus group discussions were held with 15 residents, and 10 resident case records were reviewed.

I. Description of Residents and Project

Development characteristics

The complex consists of 80 units located in a three-level, high-rise building. There are 74 one-bedroom and 6 two-bedroom apartments. The building is owned by a private corporation and is managed by a local property management company. The property manager has managed the complex for 2 years.

The building is located in a residential neighborhood that appears to be safe. The grounds surrounding the building are landscaped, and there are benches in front. There is a parking lot adjacent to the building which appeared to be well lit. The front entrance to the building is locked, and there is a surveillance camera monitoring the front-door. There is a buzzer and intercom system in the small main entrance foyer that visitors must use to call residents. The mail boxes and elevators are located just off the foyer. Bulletin boards with a monthly calendar of events were posted on each floor. There were no notices of neighborhood activities posted.

There is an activity room with tables and chairs on each floor of the building. The first floor activity room has a television and access to a patio area. Also located on the first floor is a large laundry room with washers, dryers, and a large table with chairs. During the visit, very little resident activity or social interaction were observed.

The service coordinator's office is located just off the main lobby and is clearly visible through a glass door. The office is private and is adjacent to the property manager's office. For additional privacy when meeting with residents, the service coordinator can close the doors that adjoin the two offices. Both the service coordinator and the property manager have answering machines to record messages when they are out of the office.

The building is located off a commercial strip of mixed-use buildings and residential homes in a small city. There are no grocery or variety stores within walking distance of the building. Also, there is no convenient access to public transportation. In order to reach the nearest bus stop, building residents must walk up a steep hill to the main street. Residents continuously have requested that the Department of Transportation install a bus stop nearer to the building's entrance; however, the requests have been consistently denied. Appeals to the mayor's office have also been unsuccessful.

Both the service coordinator and the property manager agreed that there was nothing about the building that caused problems in planning and implementing the SCP. The service coordinator believes that the building's small size enabled her to establish better contact with residents. She also noted that there is less resident turnover in a smaller building than in larger buildings.

Resident characteristics

Of the building's 80 residents for whom information was available, there are 58 female and 22 male residents. All of the residents are white, non-Hispanic. The project's residents are primarily elderly (98 percent); the others are non-elderly persons with disabilities. The elderly residents are 62 percent well elderly, 21 percent at-risk elderly, and 16 percent frail. Forty-seven percent of the residents are between 71 and 75 years of age and 39 percent are between 75 and 84 years of age. Six percent of resident households had an annual income of less than \$5,000; 67 percent had incomes less than \$10,000.

Previously available services

The property manager, service coordinator, and residents concurred that, except for having regularly scheduled speakers, many of the services available to residents were available prior to the service coordinator's hire. The service coordinator reported that she conducted an inventory of services when she first came to the building and determined that the following services were being provided: case management services from local providers, community center activities, day care for the elderly, friendly visiting, presentations by the Department of Elder Affairs on health services, home health care, home-delivered meals, weekly rosary reading with clergy from a local church, and a monthly mass service. Among the public benefits they received were food stamps, Medicaid, Social Security, and Supplemental Security Income (SSI). Transportation resources were available to residents for health appointments, and group rides were arranged by the resident association to various outings, including biweekly trips to the local grocery store. Residents confirmed that they were receiving many services arranged or provided outside of the building before the service coordinator was hired.

Before the service coordinator was hired, the property manager was involved with helping residents to the extent that her time permitted—typically less than 10 hours per week. She was not able to assist residents with completing paperwork for benefits or assist in arranging other services. However, she had a telephone number for emergency services and had arranged for flu-shots to be given at the building.

The property manager thought the services most needed by residents before the program started were: assistance with filling out forms, referrals to appropriate services, and follow-up to determine if the appropriate services had been received. The service coordinator conducted a brief survey of residents and determined that the greatest unmet service need was that they wanted on-site blood pressure screening, and that they were extremely dissatisfied with the State prescription assistance program for the elderly that pays 60 percent of the cost. There was widespread dissatisfaction with this program because it offers no coverage for arthritis, ulcers, or depression.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

The SCP is operated by a private for-profit corporation that has a property management subsidiary that manages the building. The property management company employs a director of social services to whom the service coordinator reports. The director of social services meets weekly with the service coordinator and service coordinators for three other properties managed by the corporation to review cases, network, and share information. The service coordinator believes that she is allowed to function independently in her role.

The property manager has limited involvement in planning program services and activities. There is a tenant association within the building that assumes this responsibility. There are floor captains on each floor who work closely with the association. Responsibility for day-to-day SCP operations falls upon the service coordinator who in turn confers with her immediate supervisor, the director of social services. When the property manager feels that intervention on behalf of a resident is needed, she refers the resident to the service coordinator.

According to the property manager, having a service coordinator at the complex has taken a "load off her shoulders." She feels confident that the service coordinator can handle the social service end, while she devotes her time to management duties. Typically, she spends approximately one hour per week talking with the service coordinator when she has questions about residents. Now that there is a service coordinator on board, the property manager has experienced a decrease in the amount of time she devotes to resident issues. The property manager spends approximately 1 day a month discussing program activities with the service coordinator and does not get involved in planning SCP services and activities. The property manager coordinates scheduling with the service coordinator if she is planning a presentation for building residents. For example, four times a year the property manager brings in a security program for residents.

The property manager believes that the service coordinator has the most say in deciding on which procedures to use for contacting and recruiting residents for the SCP and which service providers to contact. They coordinate on setting program priorities, and she and the tenant association collaborate on what community activities to promote. The property manager clearly supports the SCP and is definitely pleased that the services of the service coordinator are available for residents.

External linkages

Based on input from the service coordinator, many community agencies have been very responsive to her request for presenters or information. The local aging agency is very involved with the SCP, providing speakers, taking self-abuse and elder abuse reports, and responding to any requests that the service coordinator presents. In addition, the SCP has relied on the services of outside professionals to conduct on-site geriatric assessments. Staff from two local hospitals have been very responsive to all telephone requests made by the service coordinator. After conducting the assessment, they provide the service coordinator with a written report on their findings.

Application process

The complex decided to apply for service coordinator funding because there was a definite need to have someone at the complex on a regular basis to assist the residents. The residents were so proud, they tended to stay in their apartments and not ask for help even when they needed it.

The former Director of Social Services for the property management company, who left shortly after the service coordinator was hired for this project, was involved in writing the grant application. Neither the service coordinator nor the property manager were involved during the application and planning phase for the SCP grant. They were certain, however, that neither the local aging agency or outside professionals were involved in the planning and that there were no problems encountered in working with community service providers or organizations. The property manager's role was limited to providing information on the number of elderly and persons with disabilities and the extent to which they needed assistance with activities of daily living.

The property manager relied heavily on observation and her general knowledge of residents who requested regular care-giver services to determine the number of frail and at-risk elderly. Telephone calls from relatives who were concerned about a particular resident also assisted in resident assessments.

At the time the SCP application was being prepared, the service coordinator was already functioning as service coordinator for three other projects not funded by HUD. The service coordinator agreed to take on this project for an additional eight hours per week. The service coordinator developed the SCP based on her experience as service coordinator for other projects.

Implementation date

HUD approved the project's SCP application in December 1994. The service coordinator started work in January 1995.

Initial activities

The first SCP activity undertaken was a coffee hour to informally introduce residents to the service coordinator; 35 residents attended. The property manager introduced the service coordinator who then told residents about the SCP and her role.

The service coordinator contacted local community providers including the Department of Elder Affairs, the local senior citizens center, and staff responsible for residents receiving Social Security Income (SSI). The SSI contact person was particularly helpful by providing the service coordinator with the names of residents who were her clients. The service coordinator contacted those residents first to determine if they needed other services.

The property manager recalled that one of the service coordinator's first activities was to schedule a series of programs focused on issues of health and safety. The service coordinator found that these programs allowed her to meet many residents and talk with them informally.

Service coordinator qualifications and duties

The service coordinator was hired 6 years ago by the management company as a service coordinator for three State-funded housing projects for the elderly. This project included in this study is her only HUD-funded project. Prior to joining this company, she worked at a senior center for five years as an outreach worker. She does not have a college degree but has taken courses in gerontology at the State college.

The service coordinator's primary responsibilities are to establish linkages with service providers, develop a directory of services, and educate residents on service availability. She stated that she is available to respond to any needs of the elderly; arrange long-term care, if needed; and assist residents in applying for benefits such as food stamps.

Service coordinator status

The service coordinator, who works part-time (eight hours per week) at the project, also serves as service coordinator at two other projects, that are not funded by HUD. In her role as service coordinator for the past six months, she has worked with building staff and some elderly resident volunteers. They have assisted her by distributing newsletters and flyers, as well as setting up the activity room for presentations by outside speakers. She works with the property manager and the maintenance person who is very aware of how residents are doing. For example, if the maintenance person observes a resident's trash building up, he alerts the service coordinator so that she can check up on them. The property manager concurred that maintenance staff have been very helpful to the service coordinator because of their contact with all residents.

The property manager did not feel that having a part-time service coordinator had caused problems for the program. She has found that the service coordinator's main strengths are that she is very thorough in checking out residents' needs and shows a high level of compassion for residents. Another strength she brings is her knowledge of services available for residents.

The majority of the residents who participated in the focus groups knew who the service coordinator was, and most first met her at the coffee hour. All residents were very clear about why the service coordinator was at the building even if they had not been assisted by her. Residents stated that the service coordinator's role was to assist those residents who needed help by linking them to available services as well as to give them someone to talk to about their problems.

The service coordinator feels that other building staff understand the aging process, services for older persons and people with disabilities, and her role.

Access to funds for Service Coordinator Program activities

When the service coordinator needs funds to carry out program activities, she goes to the property manager who maintains a petty cash fund of \$100. The service coordinator can spend up to that amount for supplies or activity-related expenses without authorization.

Service coordinator training needs

The service coordinator reported that she has received training since she was hired for the SCP. The management corporation holds a monthly meeting where speakers are brought in. She also attended a local mental health seminar and conferences sponsored by a local hospital and the Department of Elder Affairs and attended the HUD service coordinator conference in Baltimore, Maryland. The service coordinator reported needing computer training.

Resident recruitment

Both the service coordinator and the property manager agreed that there were no problems in getting the residents interested in the SCP. Several methods were used to announce the SCP, including an article in the tenant association newsletter, posting notices on each floor and in the laundry room, word-of-mouth, and hosting a coffee hour. Residents mentioned each of these methods during focus group discussions. The coffee hour was highly effective in introducing the SCP and the service coordinator to residents.

Since the initial recruitment activities, the service coordinator has not had to re-notify residents about the program. The service coordinator has found residents very receptive to her; in fact, they now come to her freely. There are perhaps one or two residents who may need services who have not asked for them. She believes they are not interested in the SCP primarily because they want their families to continue to do what is needed for them. Other reasons may be that they are trying to maintain their independence or that their pride keeps them from expressing an interest in receiving services. The property manager shares this opinion and also thought that residents fear they may be evicted from their apartments because they are in need of supportive services.

Resident assessments

The service coordinator does not conduct a formal assessment of a resident's need for services. She primarily relies upon her observations of and conversations with residents. She sees residents both in her office and in their apartments where she casually observes them performing various activities. The service coordinator reported that when meeting with a resident for the first time, she sits and talks with them. Generally, during the course of the conversation, she finds out what she needs to know in order to assess their needs. When limitations are observed, she notes that information on a file card which she maintains on each resident.

Resident interactions

The service coordinator is currently working with approximately 45 residents and has met with approximately 45 residents (almost 50 percent). At the time of the visit, she was not trying to link any residents to services; however, she has linked approximately 22 residents (23 percent) to services. She could not estimate how many residents she meets with each week because that number varies from week to week.

A majority of the focus group participants had not met with the service coordinator because they did not have any issues that needed attention. One resident meets with the service coordinator

at least once a week, another had met with her two to three times for services. Nine of the residents reported that the service coordinator had visited them in their apartments.

When a resident declines a service that the service coordinator thinks would help them, she simply explains that she is available to them. This has been her only approach, with both the elderly and the non-elderly persons with disabilities, which has been successful. The property manager has not gotten involved with residents who decline a service she thinks would help them.

No formal activities have been initiated by the property manager to ensure resident input into the SCP. She receives regular input from the officers in the resident association and feels confident that any resident issue would be conveyed to her by the officers. The service coordinator and the property manager concurred that, overall, residents' reactions to the SCP have been positive. The service coordinator believes they see her as somebody they can vent to rather than having to talk to management directly.

Services and equipment

The service coordinator planned numerous activities directed at all of the residents. In response to residents' requests, she arranged to bring a grocer to the building once a week because there is not a variety store within walking distance of the complex. She also arranged to have the postman bring stamps to sell once a month. The residents praised the service coordinator for arranging these conveniences for them. Other additional services they reported receiving include blood pressure, depression, and glaucoma screenings; memory testing; speakers on issues such as diabetes and other health areas; safety; and preparation of living wills. In addition, residents have been assisted in applying for public benefits such as Medicaid and food stamps; obtaining in-home services such as meals-on-wheels and homemaker services; and receiving assistance with recertification for benefits. The service coordinator is planning a presentation on the Medicaid Fraud Program, 55 Alive, and changes in the state prescription program.

III. Description of Case Records

The service coordinator maintains an index card system to record information about cases. This system is used by the property management corporation. The information on the cards includes demographic information and has separate sections for recording information about family composition, sources of income, disability/medical information, and emergency contact information. Other information included the nature of the service activity and comments concerning observations and follow-up activities. Contacts noted in the case records were initiated by both parties and included referrals for services, follow-up visits, reminder visits about services, and benefits application assistance. All contacts are recorded by date on these cards.

There is no assessment form used. The service coordinator notes on the index card when a resident is frail or has physical limitations.

IV. Roadblocks to Program Implementation

The service coordinator and the property manager feel that the service coordinator's present workload is manageable. The property manager noted that the service coordinator works above the call of duty to accomplish everything that needs to be done.

Program barriers

Implementation of the SCP has been smooth. There have not been any tensions or "turf problems" with the property manager, and residents have been very receptive to the service coordinator. The property manager is very satisfied with the progress the service coordinator has made in implementing the SCP and appears to be very supportive of her work. Residents also expressed a high level of satisfaction.

No external barriers were identified. Service providers have been very helpful by serving as a resource to the SCP and as providers and presenters. The service coordinator reported that she has established a primary contact person at all of the departments she works with. The Department of Elder Affairs and the local Senior Center have been particularly active in the SCP.

The absence of a bus stop near the complex poses an access problem for residents that has not been resolved. This may be a problem that cannot be resolved easily. To get around this barrier, the service coordinator has brought grocery shopping and postal services on-site at least once a week.

V. Perceived Improvements and Resident Satisfaction

The service coordinator stated that what she likes best about the SCP is the interaction with residents and that residents in need have confidence that the service coordinator can help. The property manager likes sharing responsibility for the residents' needs and indicated that the service coordinator has an ability to "figure things out" and a skill in helping residents in need.

The service coordinator noted that bringing in speakers who have increased resident awareness about specific services or issues has been a particularly successful feature of the SCP. Having films with actors that they recognize, who are functioning well with medical conditions, has been beneficial to residents. The property manager feels that having someone to complete forms that residents do not understand has been particularly useful. The SCP's greatest benefit to residents, according to the service coordinator, has been having a liaison between residents and management. Further, she has relieved the property manager of having to deal with residents' problems. The property manager described the largest benefit to residents as having someone to talk to, whatever their needs may be.

Focus group participants did not think anything about the SCP needed to be improved. The service coordinator has brought them services they previously did not have, such as on-site speakers; additional health screening opportunities, particularly blood pressure; assistance with filling out forms and recertification; and the convenience of being able to shop for food and other items at the complex.

VI. Recommended Changes and Future Plans

Strategies to increase participation

There have not been problems with resident participation. Meetings with outside speakers were well attended by residents. Activities that have encouraged more community involvement have included coordinating transportation services to any senior center they chose to go to for lunch, and having transportation to doctor's appointments.

Recommended changes

All residents stated that the service coordinator's job is very necessary. If they have problems, they have someone on-site to go to. Even though some residents have not needed her services, they are glad she is there, should they need her. They believe she is able to address any of their problems. Three residents stated that they planned to meet with the service coordinator in the future about arranging services.

There were no changes in HUD's requirements or the way the program operates that either the service coordinator or the property manager would like to make. The service coordinator would like to see a city bus come into the complex although this cannot be arranged. There should also be increased transportation services available to residents.

Case Study Report B-7

Introduction

A study team member from KRA Corporation visited a newly established Service Coordinator Program (SCP) in July 1995. During the visit, the service coordinator and the property manager were interviewed. In addition, three focus group discussions with 14 residents were held, and 10 resident case files were reviewed.

I. Description of Residents and Project

Development characteristics

The high-rise building is located in a retirement “village” owned by a not-for-profit, religious organization. It is a self-contained retirement community incorporating religious, health, and social functions. The village includes 437 apartments, 16 duplexes, 2 nursing homes, a theater, library, health center, exercise center, beauty parlor, snack shop, senior center, and day care/preschool center for employees’ children. The building has 104 apartments—38 two-bedroom apartments and 66 one-bedroom apartments. Only 25 percent of the village apartments are HUD-subsidized. The remainder are market-rate senior apartments. The apartment building visited for the SCP study is subsidized by HUD, as are several of the garden apartments. There do not appear to be any problems related to having subsidized and non-subsidized residents within the same village.

The village is on 138 acres of land with well laid out streets and sidewalks. Several residents use golf carts to get around the village. There are picnic benches throughout the village and several by the pond that is across the street from the building. Transportation is available to the mall and grocery stores. The bus comes to the front door of the building. A noon-time meal is available in the dining room. It is prepared and delivered by the County Area Agency on Aging. The front door is locked at night, and there is 24-hour security available through the village switchboard

The service coordinator mentioned that the apartments are small with little storage space. This has been problematic because there is nowhere for residents to store medical supplies. Although the apartments were not designed to be handicapped accessible, the service coordinator said that there are two wheelchair-bound residents who do not have trouble maneuvering in their apartments. There is a continuum of care available, ranging from independent living to nursing home care. The village is currently in the process of becoming licensed for in-home health care.

The property manager has worked for the village for 17 years and has been the building manager for 9 years. Previously, she was the secretary for the village maintenance department. This SCP is very different from other SCPs in the evaluation. It is a medical nursing model. Also, the SCP operates much like any professional “fee for service” operation. The service coordinator bills the residents for the time provided. The building reimburses the service coordinator for the time spent coordinating services.

Resident characteristics

There are 119 residents in the building, 76 percent of whom are women. Nearly all of the households are white and non-Hispanic. All households are elderly and about three quarters are over 76 years old; 41 percent are at-risk and 29 percent are frail. Thirty five percent of the households have annual incomes between \$5,000 and \$10,000.

Previously available services

The village has a health center, staffed by one full-time nurse and two part-time nurses, that provides health services, including blood pressure screens and routine health care, to the entire village. In addition, the village senior center provides numerous activities and services. Other services available to residents prior to the SCP included housekeeping, congregate meals, meals on wheels, and care giver services. An inventory of available services was completed prior to implementing the SCP. The service coordinator continues to update this list of available services and providers. The property manager spent approximately 10 hours per week on resident services. Prior to the SCP, residents were most in need of transportation and meal services.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

The village's department of apartment services administers the SCP. The SCP is staffed by the lead service coordinator and two part-time nurses. The director of the department is the lead service coordinator, and both she and the property manager report directly to the village executive director. The service coordinator's offices are located in the health center of the administrative building; the property manager's offices are in the apartment building. The service coordinator bills the building for the units of service provided. Fees collected go toward the department of apartment services' operating budget.

The service coordinator and property manager hold formal weekly meetings and are in frequent contact by telephone. They also meet monthly as part of the Professional Assessment Committee (PAC). The property manager spends approximately 10 hours per week working with the service coordinator.

So far, the SCP has not changed the property manager's resident responsibilities. She remains responsible for planning and implementing social activities, such as bingo and movies, and for checking on residents daily. Many residents continue to contact the property manager with their needs. As the SCP evolves, the property manager envisions having more time to carry out management tasks. The service coordinator has primary responsibility for the SCP, but the property manager has considerable input. The property manager remains actively involved with residents and will recommend services or refer residents to the SCP and will call the service coordinator if a resident needs assistance. Both the service coordinator and property manager are involved in planning activities, depending on who identifies a need. The service coordinator functions independently and has a weekly meeting with the executive director to keep her updated. The property manager is very supportive of the SCP activities.

External linkages

SCP staff have good relationships with several service agencies. The service coordinator serves on several boards and committees in the community. The village (through the service coordinator) has established a PAC. Members include the service coordinator, the two part-time nurses, the property manager, and the village pastor. The PAC meets monthly to go over assessments completed by SCP staff. The County Agency on Aging provides services such as meals and caretakers to building residents. Residents are referred to local agencies for physical assessments as part of the process for applying for services.

Application process

The service coordinator was the natural choice for this job because of her position within the village (i.e., director of apartment services) and her knowledge of residents and the community. The property manager wrote the grant application and was responsible for the initial planning stages. She received input from the service coordinator regarding residents' needs. The service coordinator wrote the SCP policies and procedures based on HUD regulations. She also designed the billing system for the SCP.

The primary impetus for applying for funding was the aging-in-place that the building's residents were experiencing. In addition, building staff were seeing more and more residents who wanted to stay in their apartments rather than go to a nursing home.

Implementation date

The building received HUD notice of approval in September 1994 and implemented the SCP in October 1994.

Initial activities

The service coordinator did not establish a schedule for implementing the SCP. Initial activities included educating residents about the SCP and the new roles of the village nurses. The nurses initiated assessments on frail residents. The county department of senior services was helpful with initial activities and service provision.

Service coordinator qualifications and duties

The service coordinator has been at the village for 12 years. As director of apartment services, she has been responsible for coordinating services and providing case management services throughout the village. Previously, she was a nurse at one of the village nursing homes. The service coordinator is a registered nurse with a bachelor's degree in nursing and has taken several gerontology courses also. The other SCP staff are also registered nurses. The service coordinator's strength is her ability to make residents feel at ease.

The service coordinator's primary responsibilities include monitoring other nurses' paperwork, preparing internal billing, conducting resident visits, supervising employees, and completing case plans.

Service coordinator status

The service coordinator works full-time at the village, but only part-time on the SCP. The SCP operates like a contracting entity and bills accordingly. The SCP staff may bill the building up to 80 hours per month for services and activities provided. If necessary, the department of apartment services will donate the cost of providing additional SCP services. The service coordinator also provides case management services to residents in the garden apartments.

Two part-time nurses do the majority of the hands-on work with residents, including assessments, medical charting, and monitoring. The nurses are usually the initial contact for the SCP with residents. They try to keep the same residents on their caseloads to maintain continuity. Attempts are made to match the nurses to residents based on personality. If a nurse meets resistance with a resident, the service coordinator may step in. Occasionally, a change in personality or approach will influence residents.

The building staff (maintenance person, housekeeper, and property manager) work indirectly with the service coordinator by providing input based on their observations and contact with residents. Building staff appear to have a good understanding of the aging process.

Access to funds for Service Coordinator Program activities

The SCP bills the building for assessments, home visits, and support group activities on a monthly basis. First year start-up costs are \$1,000. Funding for the project comes from the general budget. The property manager has a budget for the building but seeks approval from the executive director for most purchases.

Service coordinator training needs

In June, the service coordinator attended a HUD-sponsored service coordinator training session in Iowa that was attended by a representative from HUD Headquarters. She has also attended training on geriatrics and several in-house training on resident abuse, safety, and other topics. The service coordinator is aware of HUD's training requirements and would like additional training on HUD requirements and suggested policies and procedures.

Resident recruitment

The service coordinator encountered no problems getting the residents interested in the SCP because they were already familiar with the village nurses, and the property manager is very supportive of the program. Residents were informed of the SCP through a residents' council meeting, monthly floor meetings, and written notices. Additionally, staff have been discussing the SCP one-on-one with residents. Frequently, staff will use routine blood pressure screens as a means of establishing contact with residents and familiarizing them with the service coordination concept. However, residents in focus groups did not appear aware of the SCP and spoke only of the health functions of SCP staff. Residents perceive the SCP staff as health care providers since they are trained nurses. Residents may still view the service coordinator in her previous roles and not understand the difference in the service coordinator role. Staff said they would continue to work on making this distinction clearer to residents. Residents said they would go to the property manager when they needed assistance.

Resident assessments

Residents are seen in their own apartments by the SCP staff and residents are observed performing various activities. The PAC Assessment Guide (developed by the service coordinator) is used to assess residents' physical and mental functioning. The assessment is made with any resident that staff feel are in need of services. The assessments are repeated on a quarterly basis, or more frequently if deemed necessary. The assessments are reviewed by the PAC monthly.

Resident interactions

The SCP currently serves 30 residents, and the service coordinator had met with 44 residents. The SCP staff are trying to link 15-18 residents to services but first must complete a formal assessment with them. Thirty residents have already been linked to services. Approximately 15 residents are seen by SCP staff each week. Contact with residents is typically in their apartment and, usually, includes a blood pressure screen. Many residents are monitored on a weekly or monthly basis for health and/or general welfare reasons.

The SCP staff solicit suggestions from residents when they meet with them one-on-one. The village administration has conducted resident focus groups to solicit input. The service coordinator is planning to attend residents' council meetings and might distribute a questionnaire to enlist additional input from residents. The property manager attends the monthly resident council meetings and the monthly floor meetings.

Residents have reacted positively to the SCP, according to staff. There have not been many complaints about services received. Residents have benefitted from the additional one-on-one contact. Many residents have been surprised to learn of all the services available in the community. The SCP has been responsible for making residents more aware of available services rather than creating new services.

Residents in focus groups had positive reactions to the village nurses, but were not clear about the existence of and their satisfaction with the SCP.

The most successful approaches to dealing with residents who decline needed services have been to suggest another service that will alleviate the problem or to get the family involved. Most residents who have declined services have done so out of a need for independence and a fear of moving one step closer to a nursing home.

Services and equipment

New activities that have been initiated by the service coordinator for residents include a diabetic support group, a visually impaired support group, a lifeline program, and monthly educational notices in residents' mailboxes. The service coordinator is considering implementing resident coffee hours to educate residents on the SCP and available services. The service coordinator broadcasts health education programs on the village TV station.

III. Description of Case Records

Case records are maintained for all residents having contact with SCP staff. These are primarily medical in nature. All contacts with residents are recorded. The case records include basic demographic information, emergency contacts, health problems, medications, confidential emergency information, progress notes, and PAC assessments. Monitoring plans for all residents are kept on a master calendar. Linkages to social services and other providers are not well documented. There are no information release consent forms in the records because a new one must be signed each time the provider exchanges information with an outside agency. The standardized forms and procedures used for the SCP are used for all village residents.

IV. Roadblocks to Program Implementation

The service coordinator does not feel that her workload is manageable. She is considering expanding her department and hiring additional staff. The establishment of the PAC expanded her workload considerably. She now has to spend additional time attending meetings, developing forms and procedures, and conducting informal assessments of residents. The property manager noted that as residents become more familiar with the SCP, their need for services appears to be increasing.

Program barriers

There are no internal "turf" issues. The service coordinator and the property manager have a good working relationship. The property manager is very satisfied with the implementation of the SCP. There have been no problems working with community service providers. The service coordinator sits on many local boards and is familiar with most community service providers. She tries to keep in contact with other providers and goes out of her way to help them so that they will "owe" her when she needs their help. The service coordinator noted that there are not enough personal care givers in the community.

V. Perceived Improvements and Resident Satisfaction

The service coordinator thinks the program is good because it provides a support network to residents and has been able to set up services for residents as increased aging-in-place occurs. Residents are not threatened by the SCP because there is no new staff involved. The greatest benefits to residents have been the increased awareness about available services and their ability to stay in their apartments longer. The greatest benefit to the development has been the alleviation of pressure that several residents have felt because they have been providing assistance to their neighbors. An innovation in this SCP is the constant coverage that is provided by having three SCP staff members—there is no gap in service coordination if somebody takes vacation or sick leave. The property manager mentioned the peace of mind that residents experience in knowing that there is somebody to call if they need help. Previously, according to the property manager, residents were scared that they would have to go to a nursing home if they asked for help. The property manager commented that the building is very friendly and good at making residents feel that this is their home and not an institution. Residents are very satisfied with services they have received.

VI. Recommended Changes and Future Plans

Strategies to increase participation

The service coordinator is planning on attending monthly residents' council meetings and holding resident coffee hours to increase resident participation. Residents are very involved in community volunteer activities, so the service coordinator does not feel a need to focus on this area.

Recommended changes

The service coordinator would like more start-up information from HUD, including information on HUD requirements, policies, and procedures. She suggested the creation and distribution of an initial start-up packet. The property manager had no suggestions for SCP improvement. There is a need for additional care-givers for residents, but there is a shortage in the community. Residents would like increased meal service on weekends and assistance with figuring out their bills.

Case Study Report B-8

Introduction

A staff member from KRA Corporation visited a newly established Service Coordinator Program (SCP) in July 1995. During the visit, interviews were held with the service coordinator and a representative from the service coordinator program management company in lieu of the property manager (this position was vacant). The management company representative also is a service coordinator and serves as the service coordinator's supervisor. In addition, two focus groups were held with a total of eight residents, and eight resident case records were reviewed.

I. Description of Residents and Project

Development characteristics

The project, located in a small town, is situated across the street from the senior center and meal site. The project is roughly one block from one of the main streets that runs through town. Grocery stores and restaurants are available nearby. There is no taxi or bus service in the community.

The complex is composed of 21 efficiency and one-bedroom units in 3 single-story buildings. One building contains a laundry facility and an office shared by the service coordinator and the property manager when they are at the project. There are no community rooms or designated outdoor areas available to the residents for social activities. There is a large parking lot for residents at the project. An undeveloped, vacant tree-lined lot is next to the parking area.

Resident characteristics

Of the twenty residents who reside at the complex, 16 of them are female. Seventeen are white and three are Native American/Alaskan Native; none are Hispanic. Half of the residents are between the ages of 66 and 70 years old; only four residents are 76 years old or older. Most elderly residents are considered well elderly. All but one household have incomes less than \$10,000.

Previously available services

Few services were available to residents prior to the SCP. Some residents used the senior center and senior meal site (located across the street from the project) and a few used in-home or transportation services. The greatest needs residents have are for sliding scale dental and eye care services.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

The complex is owned by a large organization, but day-to-day operations of the complex are handled by a management company. For this project, the management company employs a part-time property manager and the service coordinator. The head of the management company works as a staff member for the organization that owns the complex.

Given that the complex is small, both the service coordinator and the property manager are part-time and are at the project on different days. At the time of the visit, the complex did not have a property manager. Senior management company staff, such as the service coordinator's supervisor and the management company director, were very involved with the SCP. The service coordinator reports directly to the director of the management company.

Interviews with management company staff and the service coordinator indicated that the previous property manager had little to no interaction with the service coordinator and did not plan any SCP activities or services. The property manager was primarily responsible for collecting rents and did not discuss residents' service needs.

The service coordinator reports to the director of the management company but works more closely with another service coordinator on the management company staff. The supervisory service coordinator has the primary responsibility for the program and makes most of the program decisions. The supervisor spends about 8 hours a week supervising the service coordinator. Both the supervisor and the management company director make decisions about the SCP.

According to the supervisor, the service coordinator has the most say in deciding procedures for contacting and recruiting residents for service coordinator services; deciding which service providers to contact; and deciding what community activities to promote or setting program priorities.

The service coordinator felt that the management company director had the most say in planning the program activities. The service coordinator also believed that for some program decisions the supervisor needed approval from the management company director. The director is viewed as being very involved with the program. The service coordinator believes her supervisor is supportive of the activities she is conducting.

External linkages

The Area Agency on Aging (AAA) was indirectly involved with planning the SCP. A representative of the AAA is a member of the board of directors of the complex. The board of directors and management company planned the program. There is no formal relationship with the AAA program or disabilities council at the present time.

Facilitating access to services is a priority of the service coordinator. She visits with local agencies and leaves a business card. Relationships to date with local agencies have been good, and the service coordinator has not encountered any agencies that were difficult to work with.

Application process

The management company staff planned and applied for service coordinator funding. The director of the management company was the primary player involved in initiating the service coordinator application process and program. HUD area office staff encouraged the management company to apply for funding. The management company then contacted the property manager to ask about the number of residents that were frail or at-risk. The manager based her estimate on general observations of the residents. No outside agencies such as AAA or agencies serving persons with disabilities were involved during the application process.

Implementation date

The project received notification of funding in April 1994. They did not receive signed documents from HUD until November 1994. Staff at the management company elected not to implement the program until the Housing Assistance Payment agreement was signed. The service coordinator began working in mid-January 1995.

Initial activities

The service coordinator's first activities were to develop a letter introducing herself and explaining what a service coordinator does. A list of services that residents might need was also developed. Then, she went to each unit, handed out the letter and list of services, and introduced herself to the residents.

Service coordinator qualifications and duties

The service coordinator previously worked as the property manager for two other buildings managed by the management company. The service coordinator was viewed as having good "people skills" and seemed a "natural" for the role. Her management experience was viewed as important.

The service coordinator has had one year of college. Her additional qualifications come from the hands-on experience she gained as a property manager. The service coordinator reported that she was involved with providing information and referral to residents as a property manager. The service coordinator's strengths are her ability to deal with people, talk with them, and work with tenants, including those who do not get along with others.

The service coordinator views her primary duties as establishing linkages with service providers and learning about available services. She also reported she spent time setting up an office in her home. She could use the property manager's office at the housing development but chooses not to because residents would then perceive her as management and, thus, not discuss their service needs. The service coordinator provides residents with phone numbers and information about services and agencies; they are expected to make contacts themselves. The service coordinator tries to arrange for providers who are willing to serve the residents, such as locating providers who offer low-cost eye care.

Service coordinator status

The service coordinator has been at the complex for 6 months. The service coordinator does not have any other staff who work with her at the complex. The service coordinator works with one other service coordinator, who functions as her supervisor.

The service coordinator works about 12 hours a week and is available at the project one day a week. The service coordinator works at two other projects that are in different communities.

Access to funds for Service Coordinator Program activities

Staff from the management company indicated there were no funds available for program activities.

Service coordinator training needs

The service coordinator and the management company staff were aware of HUD training requirements, but they reported that it was difficult to find appropriate training. They were concerned that they would not be able to meet them within the one-year time period specified by HUD. They contacted a local aging agency to see if that agency could assist them with training.

The service coordinator has received informal training from her supervisor and has received training on issues such as how to deal with tenants, determine needs, how to work with the impaired, deafness, the aging process, and an "up and running" workshop. Additional training topics that would be useful are those related to the HUD requirements and core topics. Training that focused on other programs, such as Medicaid, and legal issues associated with the SCP, were mentioned specifically.

Resident recruitment

Residents reported that they first met the service coordinator at a tenant meeting when the management company staff introduced the service coordinator to them. They also reported that the service coordinator came by each person's apartment to talk to them following the meeting. The management company held a resident meeting where they introduced the new service coordinator approximately two months after the service coordinator started.

The service coordinator tries to visit each resident once a week, but she cannot always do this. The service coordinator reported that she has focused more on learning about available services because she is not as familiar with the services in this community as with others that she serves.

Resident assessments

The service coordinator meets with each resident in the resident's apartment. Sometimes residents are engaged in an activity that allows the service coordinator to observe them; in most cases the service coordinator and the resident "sit and talk." Although all residents were contacted, the service coordinator has not set up a file for each resident. Therefore, ADL deficiencies or assessments are not documented for all residents. Should the resident require a

formal assessment, the service coordinator would provide information about organizations that conduct assessments to the resident. The resident would then contact one of the organizations.

Resident interactions

The service coordinator reported that she currently is working with eight residents and that she has met with 21 of them. The service coordinator has linked eight residents to services and is trying to link five more to services. However, because the types of services they needed were determined as “insignificant” by the service coordinator, she did not complete the paperwork on these activities. The service coordinator indicated she meets with approximately 10 residents each week. According to residents, she coordinated such services as home maintenance, eye doctor and dentist appointments, and a nutrition program.

Residents reported they met with the service coordinator “every time she is there” or once a week. They also said the service coordinator was good about letting them know when she would and would not be at the project. They felt free to call her when she wasn’t there and knew they could call her “collect” since the service coordinator’s home office was outside the local telephone calling area. None of the residents in the focus group reported declining services that the service coordinator offered. The residents indicated that the service coordinator was there to help get them services and to check out things they need, physically and medically. One resident said the service coordinator’s job was to act as a go-between for residents and service providers.

The management company staff have not developed nor do they use any specific approaches to ensure resident input into the program. The service coordinator, through her regular visits, tries to determine resident reactions and suggestions.

The management company representative indicated that three or four residents had declined services or had not wanted to meet with the service coordinator. The reasons given for not using services was that the residents didn’t follow through or that they were uncomfortable with the services offered. Management staff and the service coordinator do not intervene when residents refuse a service. They believe residents have the right to refuse a service and that they should not pressure them to use a service.

Staff reported that some residents were confused by the program (because they did not understand the service coordinator’s job) but that a core group of residents liked the program.

Services and equipment

The service coordinator is trying to find a clinic that will serve residents with eye problems; she also reported that some residents need equipment. Because of the lack of a community room, no activities at the project, or activities directed to all residents, are being planned.

III. Description of Case Records

The service coordinator has set up records for 8 of the 20 residents. Staff developed forms to correspond to the HUD reporting requirements. The forms contained in the files included an intake, screening, and referral form; formal case management plan form; informal service plan;

referral form; abuse/violation response form; monitoring and agency follow-up form; quarterly monitoring plan and follow-up form (long-term progress notes); case termination form; meeting notes; and calendar of events. The forms were adapted from a State Medicaid form. The records did not contain any demographic information. The records contain a brief activities of daily living (ADL) assessment that is designed to determine whether the resident needs assistance or has assistance with any ADLs.

Resident case record notes indicated that residents asked the service coordinator for assistance of various types, including help locating exercise equipment, a job for a teenaged child, housekeeping, eyeglasses, socialization/senior center activities, and companionship. The service coordinator typically researched various service providers and provided telephone numbers, agency information, or local resources that residents could contact. When the service coordinator followed up with residents, in many instances, they had not contacted the resources she had given them.

IV. Roadblocks to Program Implementation

The service coordinator and the management staff believe the service coordinator's workload is manageable. Although the service coordinator drives some distance to reach the three projects she serves, she considers the traveling to be part of the workload.

Program barriers

The service coordinator reported that the long drives between projects is a problem. Also, the simultaneous start-up of all three projects caused some initial problems. The supervisor felt it would take time to implement the SCP because it was new; however, the supervisor is very satisfied with the service coordinator's progress.

Project staff cited the lack of common areas as a barrier to program implementation.

V. Perceived Improvements and Resident Satisfaction

The residents felt the service coordinator was very easy to talk to, kept them in touch with services that were available, had a good personality, and that the service coordinator was "really nice and they really liked her." They also said she was a good listener, kept things confidential, was good for morale, and was good at getting them help. They felt they had better access to services and felt more secure. Services the residents mentioned the service coordinator had helped them with included nutrition programs, eye exams and glasses, dentists, and housekeeping. They appeared satisfied with the service coordinator's help and the services they received.

Staff liked the fact that the complex was small and that residents were able to develop a relationship with the service coordinator so readily and that the service helps the tenants. The fact that the service coordinator can provide assistance fairly quickly and provide things for them has worked well.

The greatest benefit to the development is that the SCP makes the complex attractive to residents even though other elderly housing developments have nicer physical facilities (but no similar service coordinator program).

The service coordinator said it would be helpful if she had a private office separate from the “management” office because residents associate the office with management issues. Residents often focus on management problems when they meet with the service coordinator in this office. Residents also reported that the service coordinator needs an office.

VI. Recommended Changes and Future Plans

Residents believe the service coordinator’s job is necessary and that the service coordinator could help them obtain services in the future. They expect to meet with the service coordinator in the future and would use her for “anything” they needed.

Strategies to increase participation

The service coordinator has found that residents “open up” more when she visits them in their apartments, rather than having them come to the “management” office. The service coordinator has encouraged residents to take part in the meals and activities at the nearby senior center since several residents are seeking companionship and friendship. Unfortunately, residents have felt uncomfortable at the senior center because it is frequented by higher income retirees.

Recommended changes

The service coordinator and management staff had several suggestions as to how the SCP could be improved. Both mentioned the need for additional training courses, particularly those that focused on HUD requirements. Unmet needs mentioned included money for transportation, a community center where residents would feel comfortable, and low-cost eye and dental care.

Residents had two suggestions for improving the SCP. Providing the service coordinator with an office was mentioned most frequently. One resident suggested that having someone come to check blood pressure on a regular basis would be helpful.

Case Study Report B-9

Introduction

A study team member from KRA Corporation visited a newly established Service Coordinator Program (SCP) in July 1995. During the visit, interviews were held with the service coordinator and a senior staff member of the property management company. In addition, individual interviews were held with eight residents, and ten resident case records were reviewed.

I. Description of Residents and Project

Development characteristics

This 20-unit project is owned by a not-for-profit organization but managed by a property management company. The complex is located in a small rural community, about an hour's drive from the management company and from a small city.

Five single-story buildings containing four one-bedroom units comprise the project. The service coordinator has a small office in one of the apartment buildings. There are no common areas for residents, such as a community room or outdoor area. Notices are posted on a bulletin board next to resident mailboxes. The service coordinator and the property manager did not perceive the lack of common areas as a detriment to the SCP. The project is somewhat isolated and located at the top of a hill. Residents must rely on their own transportation or friends and family because public transportation is not available. A seniors' meal program is located 1/4 mile from the complex.

A resident is paid to serve as an on-site assistant property manager. She handles emergencies and keeps an eye on things for the management company. Although, there is no representative from the property management company at the project, there is an "off-site" property manager. A senior representative of the property management company oversees the building from the property management company headquarters which is located about an hour's drive away.

Resident characteristics

Twenty residents reside at the project. Seventy percent are female; all are white. Two residents are non-elderly persons with disabilities; about two-thirds of the residents are considered "well elderly" by project staff. Over half of the residents are 76 years old or older. All but two resident households have incomes less than \$10,000 per year.

Previously available services

When the service coordinator began working at the project, the residents' greatest unmet service needs were related to entitlement programs such as rent rebates, heating and energy assistance programs (HEAP), and Medicaid. Some residents received in-home services and taking meals at a meal site. The local aging agency scaled down services when their funds were cut, so some services that previously were available to residents were lost.

Residents interviewed received very few services prior to the SCP. One resident received homemaker and nursing services. Another commented that she received services from a community action agency. A few residents mentioned the nearby meal site.

The off-site property manager had not assisted residents with equipment or services; family members made these arrangements. The property manager only became involved if she noticed a problem during annual housing unit recertifications or inspections.

II. Description of Program Implementation

Organizational context of the Service Coordinator Program

Both the service coordinator and the property manager are employed by a management company, located in a community approximately one hour's drive from the complex. This company manages 24 different properties within the area.

The property manager is director of operations and handles all properties managed by the company. In this role, she is responsible for all issues associated with the properties, with the exception of tenant relations. Tenant relations issues are handled by the occupancy division. The property manager has been with the organization for 15 years. The service coordinator reports to the property manager.

The service coordinator and the property manager generally talk approximately three times a week but talk more frequently if the service coordinator has questions. The property manager estimates that she spends approximately two to three hours a month working directly with the service coordinator.

Management company staff, including the property manager and occupancy staff, report they now spend more time on resident issues than they did prior to the SCP. They indicated this is because they are putting more effort into working with the residents than they did previously.

The service coordinator is responsible for contacting and recruiting residents for services, deciding which service providers to contact, and setting program priorities. She has the most say in planning program activities. The property manager is involved, but to a lesser extent. For example, the management company sponsored a barbecue for all of the residents. The property manager was responsible for this activity; however, the service coordinator helped out with some of the coordination.

The property manager is very supportive of the service coordinator but has no involvement in the day-to-day operations of the program. The property manager is involved in deciding what development-wide activities to promote, such as the recent resident barbecue. The property manager also visits the project fairly often as part of her overall responsibilities; however, these visits are not part of the SCP. The property manager believes that with the addition of the SCP, residents now feel the company "cares about them" and that this attention has helped a great deal.

External linkages

The service coordinator and the property manager did not report working closely with either the local aging agency or the disabilities council. The service coordinator indicated that she coordinates meal site services with an individual from the aging agency. Agencies were contacted initially when the service coordinator collected information for the resource library. Staff were not aware of any difficulties working with any agencies.

Application process

The application process was handled by two people in the management company, the property manager and an individual in the occupancy division. The property manager was the most involved in planning the program, although she worked with the State housing authority in developing criteria for hiring a service coordinator.

Funds for a service coordinator were sought for two reasons. First, the property manager observed needs when she was conducting housing inspections and recertifications. Second, the management company staff saw the value in having a service coordinator because a staff member at another property managed by the company assisted residents with social services and found that the residents had many needs. In addition, another property managed by the company had a staff member who assisted residents with social service issues, and this staff member was very active working with the residents.

For purposes of the SCP application process, management staff reviewed resident recertification and move-in forms to determine if any residents had deficits.

Implementation date

The management company applied for funding in December 1993. They received notice of HUD approval for the program in June 1994. The paperwork, such as signing the Housing Assistance Payment agreement, was not in place until August 1994. The service coordinator began working in September 1994.

Initial activities

The property manager indicated that a schedule was developed for the implementation of the SCP which has been followed. The service coordinator, however, was not aware of the schedule.

The first activities initiated by the service coordinator were to develop reporting forms, collect information from local providers to create a resource library, and send letters to residents. Residents did not mention receiving an introductory letter from the service coordinator. The service coordinator collected reference materials, including information from various local agencies, to form a resource library that is housed at a different project. This library is used by the service coordinator.

Service coordinator qualifications and duties

The property manager wanted to find a service coordinator who was a licensed social worker and who had experience in both elderly and family housing. In addition, communication skills were important.

The service coordinator met these requirements. She has an associate's degree in social work and is a State-licensed social worker. She previously worked for a local housing authority conducting family self-sufficiency program activities. Prior to that time, she was a social worker with the local aging agency. The service coordinator is organized, caring, and well-liked by the residents. The service coordinator is good at keeping things confidential and does not get involved in management issues. She is knowledgeable about supportive services.

The service coordinator spends the most time conducting assessments and ensuring that residents obtain the services they need. In addition, she is responsible for filling out applications for services.

Residents saw the service coordinator as someone who could help them with benefits and as one who would coordinate program services for them. One resident said that the service coordinator was there to "see that the tenants are satisfied," while another perceived her as someone who could help residents learn from their problems or mistakes. One resident viewed the service coordinator as a "field worker," who went house to house to work with residents. A few did not know what the service coordinator's job was.

Service coordinator status

The service coordinator works part-time at the complex (6 hours a week) but is a full-time employee of the property management company. The service coordinator works at five different complexes; however, the HUD SCP grant only covers 20 hours for 3 complexes. The service coordinator works with both families and the elderly.

The service coordinator does not have aides, other staff, interns, or volunteers to help her. Maintenance and occupancy staff from the management company alert the service coordinator to problems with residents that may arise. The service coordinator can use management company office staff for clerical tasks. The service coordinator has found that management company staff she is in contact with understand the aging process.

Access to funds for Service Coordinator Program activities

The service coordinator reported that she believed there were no extra funds for program activities, but that she did not know for sure. She reported that the activities she pursues do not cost anything. The property manager is responsible for authorizing expenditures from a fund available for SCP activities.

Service coordinator training needs

Both the property manager and the service coordinator were aware of HUD's requirement for training. Additionally, the service coordinator must receive a set number of continuing education hours each year to maintain her social worker license. Because of this requirement, the service coordinator has attended multiple workshops and training sessions since her hire. The service coordinator indicated that she attended a training session for social workers, sponsored by the State housing authority. This training was for all social workers working in public and assisted housing within the State. The service coordinator found this training particularly useful because it allowed her to learn what other people do and how they handle issues. The service coordinator indicated she would like training on substance abuse and working with the people with disabilities. The property manager indicated that the service coordinator had received training in living wills, conflict resolution, and mediation.

Resident recruitment

A letter introducing the service coordinator was sent to residents. Later, the manager took the service coordinator to the complex to introduce her to the residents. There have been no further efforts made to notify residents about the program.

Residents recalled meeting the service coordinator. Some remember meeting the service coordinator in person while others said she "called" them. Their recollection as to what happened initially was very fuzzy.

There were some initial problems getting the residents interested in the program. Residents were hesitant to talk to a "stranger" about personal issues. The service coordinator reported that one resident refused to let her in to her apartment unit; however, this resident does not let anyone in.

Resident assessments

When the service coordinator meets with a resident for the first time, she conducts an informal health assessment and asks questions about and observes ADLs. Most of the time, the service coordinator meets with residents in their own apartment and observes the resident performing various activities.

Residents are referred to outside professionals for assessments of their physical disabilities if needed. Generally, they are referred to a home health (nursing) agency for these assessments.

Resident interactions

The service coordinator was working with 11 residents during the time of the visit. She had met with all the residents. At the time of the site visit, the service coordinator was trying to link 15 to 16 residents to services and had linked all 20 residents to services previously. She meets with an average of five residents each week. Residents varied in their reports of how frequently they met with the service coordinator. Some said they had only met with the service coordinator twice, another resident said "by chance," and one resident said "weekly" (although this was because the service coordinator would use the resident's bathroom while at the project).

Residents stated that the service coordinator checked with them as frequently as once a week. One resident reported that the service coordinator called her once a month. The residents report that they meet with the service coordinator in her office and in their apartments. They also said they speak with the service coordinator on the telephone. Service coordinator contacts noted in the records confirm these various types of contact.

Resident reactions to the SCP have been positive, although the service coordinator estimated that about 10 percent of the residents were hesitant because the residents did not feel they needed help. Residents reported that they were very satisfied with the SCP and the services they had received. They also reported that the service coordinator was a "big help." They felt the service coordinator was doing a good job and that she looked out for everyone.

The property manager was aware of one resident who had declined a service that was needed but did not know why the service was declined. Generally, the property manager does not get involved with residents who decline services; however, she gets involved with residents who decline a service if the service coordinator feels quite strongly that the resident needs the service. In such cases, she would contact the emergency contact person for the resident and, if needed, adult protective services. Residents are afraid they will be placed in a nursing home so they typically accept the service.

One resident reported that she turned down a service offered to her. She indicated she did not "need" the service. Another resident, who was very elderly, said she was often confused about the services but had not turned any services down. Most residents reported that they had not turned down or not wanted services that were offered to them.

The service coordinator ensures resident input into the program by requesting input from residents every 3 months. A newsletter also asks residents for ideas and suggestions, including any speakers they would like to have.

Services and equipment

Although the service coordinator indicated that a newsletter, which includes a listing of resources, was implemented since she started working as the service coordinator at the complex, she did not believe that any new services were implemented. The study team member observed that the service coordinator had signed the residents up for subscriptions to community action (energy assistance programs) and aging agency newsletters. Residents reported that they were always receiving this information in the mail. The service coordinator would like to develop a questionnaire that asks what residents liked or wanted in services.

Residents reported that the service coordinator had helped them obtain rent subsidies (offered by the state), complete and understand Medicaid and health insurance forms, work with social security, and negotiate with a utility company to arrange payment over time.

III. Description of Case Records

The service coordinator maintains a three-ring binder that contains the quarterly monitoring plan for each resident. This plan lists the resident, by service, with the assessment date and reassessment date. This notebook also includes a resource checklist, by resident. It lists possible services that a resident might receive. The service coordinator uses this list to count the number of contacts made and services provided each month.

The records contain a summary sheet that allows the service coordinator to determine, at a glance, the problems, goals, provider, and services that a resident receives. Also contained in the record are a referral and screening intake form, monitoring update sheet, a form for release of confidential information, a needs assessment form, and a form for narrative case notes.

Three forms used in the resident case records contain information on ADL assessments. The needs assessment form lists 10 ADLs and has a checklist as to whether or not the resident can perform these activities themselves or with support. The monitoring sheet updates bathing, eating, and housework ADLs. The referral and screening intake form also lists ADLs and has space where the service coordinator can check whether the resident performs them alone or supervised, or needs help with them.

The records contain detailed information and notes on each resident. The service coordinator documented all attempts to contact the resident, including times when the resident was not at home or did not answer the telephone. Most contacts documented in the record were to conduct the initial needs assessment and to follow up with residents and determine if their status had changed. In some cases, the service coordinator acted as a “go between” for the management company and the resident. Because there is no on-site property manager, the service coordinator often learned of problems with apartments from the residents and would convey this information to the management company. In a few records, it was documented that residents had illnesses or needed additional services. In the case records of residents with illnesses or who needed additional services, the service coordinator documented that she worked with other service providers and family members and monitored referrals and progress on a regular basis.

IV. Roadblocks to Program Implementation

Workload

The service coordinator only works 6 hours a week at the complex. Her remaining time is spent at other buildings managed by the property management company. The service coordinator felt her workload was manageable, while the property manager felt that initially the workload was heavy because the service coordinator had three programs to get up and running. There is room for the service coordinator to take on additional tasks at the facilities she serves.

Program barriers

The service coordinator and the property manager work well together. There are no turf issues and the manager supports the activities of the service coordinator. Residents did not report any opposition to the program or lack of interest.

The service coordinator has not experienced any problems working with service providers. The service coordinator is known to local agencies because she worked as a social worker for the local aging agency and the public housing agency. The service coordinator meets with local providers and has collected information on services and agencies as part of a resource library. The service coordinator reported that some services could be made available to residents at the project, such as blood pressure screenings, if money were available.

The service coordinator has a small office at the complex, but no toilet facilities. She must arrange to use a resident's bathroom while at the complex.

V. Improvements and Resident Satisfaction

Staff believe the SCP has promoted a sense of community among the residents and provided them an opportunity to "mingle" a little more. It has educated them about programs and resources available to them as well. Staff felt the residents had a more "positive attitude." Residents reported they were satisfied or very satisfied with the program and services and that they now understood the need for such a person. All residents felt the service coordinator's job was necessary, even those residents who had not yet used the service coordinator for assistance.

VI. Recommended Changes and Future Plans

Residents felt the service coordinator's job was necessary and a great help. One resident said, "Without the service coordinator we would've had nothing." They anticipate contacting her in the future as needs arise.

Strategies to increase participation

The service coordinator indicated that residents are mutually supportive and that there is good participation by the residents. Also, without a community room, it is difficult to plan services and activities for residents as a group. The service coordinator has not initiated any activities that are designed to get residents more involved in the surrounding community.

Recommended changes

The service coordinator believes that homemaking and transportation services are still needed. There is up to a one year waiting list for these services, and the transportation services available are not convenient (e.g., residents are required to wait all day for the return trip). One option the service coordinator has considered is using volunteers to provide these services. She has not explored this option and noted that volunteers were hard to obtain.

Suggested changes to the overall program included obtaining more communication from HUD; increasing funding to cover services for which residents do not qualify; allowing service coordinators to conduct some activities typically handled by an activities director; more funds for properties to implement SCPs; and creating emergency funds that could be used to cover temporary services needed by residents.