

Innovations in Housing Plus Services Rely on Expanding Staff Roles

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Demands on affordable housing providers are growing as their residents age in place with escalating medical and supportive care needs. More care, coordination and collaboration are required to help residents remain independent in their homes for as long as possible and manage their health effectively. Service coordinators, who are often the main interface with residents in need, also face growing demands in their jobs.

“Housing plus services” is a term coined by the [National Low Income Housing Coalition](#) to describe a variety of combined affordable housing and services initiatives for elders, adults with disabilities and others. The service coordinator role is central to this model as part of a team that can work holistically through purposeful partnerships with property managers and community organizations, says Alisha Sanders, director of LeadingAge’s [Center for Housing Plus Services](#), launched in 2012 as a national catalyst for innovative housing strategies.

This role has been defined by the department of Housing and Urban Development (HUD), which funds many of these positions as a social services staff person hired or contracted to ensure that elder (and non-elder disabled) residents who are frail or at risk of health complications are linked to the services they need to continue living independently.

“But as residents’ needs have grown and intensified in many properties, the service coordinator role has also intensified,” Sanders says.

Resident service coordinators are generally understood as providing information and referral, not “hands-on” care—although it’s not always clear what hands-on means in this context, says Paula Carder, associate professor of community health at [Portland State University](#) in Portland, OR. Carder is now conducting research on a demonstration project in Portland that has brought together, as Housing With Services LLC, three housing property owners, a large health insurer and several health services providers covering 1,400 residents in 11 buildings. The Portland project, initiated by [Cedar Sinai Park](#), is also one of 12 local teams participating in a national housing plus services learning collaborative piloted by [Enterprise Community Partners](#) of San Francisco with LeadingAge.

“At a recent meeting of service coordinators, I asked about the possibility of using nurses to teach unlicensed personnel to assist with medication administration in these settings. There was a kind of gasp that went up in the room,” Carder says. “They felt that

this was over the line for service coordinators. Trying to identify that line is a big part of our project. We know that service coordinators sometimes do things they aren't licensed to do simply because there's no one else to do it. But that is often an uncomfortable situation for them. There's also a regulatory line that may get crossed."

The Portland project is trying to show that enhanced services, more care coordination and collaboration with health plans' health navigators can reduce overall health care costs and improve health outcomes.

Health Care "Hotspot"

[Fair Share Housing Development](#) of Mt. Laurel, NJ, has a community, [Northgate II](#), in Camden, a community with serious poverty and urban crime issues. Northgate II was identified as a health care "hotspot" within Camden's socially isolated frail elder resident population, based on a data-driven process for timely identification of extreme patterns of health care utilization developed by the [Camden Coalition of Healthcare Providers](#).



Fair Share Housing Development

Fair Share Northgate II residents learn to prepare healthy foods in cooking class. Fair Share was able to shed its status as a health care "hotspot" by partnering with area organizations to boost the level of services offered to residents.

Fair Share, which received an [Innovations Fund](#) grant from LeadingAge and the [NewCourtland Foundation](#) in 2014, used the award to hire a community health worker as part of expanding its social services for residents, reports Director of Social Services

Marilyn Mock. In addition to working with the Camden Coalition, Mock says, “We partnered with an agency called the Camden Area Health Education Center, which placed medical students in our building to help identify residents at high risk for negative outcomes.” Together these agencies belong to the first Medicaid accountable care organization in New Jersey.

“Our service coordinators are not trained social workers. But we have a full complement of staff, who all see their jobs as advocating on behalf of residents. It’s really soup to nuts—whatever people need, running the gamut, whatever we can provide,” Mock says. In 2013 the Camden Coalition did a follow-up analysis and found that Northgate II is no longer a health care hotspot.

“I’ve been blessed with a very committed team—all on board with our goals. We do a careful and thorough hiring process in which the team participates,” Mock says. “I used to work at Macy’s years ago, and I remember a sign in the office that said: Hire for attitude, train for skills.” It’s also important to give staff opportunities to talk about the difficulties of their work.

“We’ve learned we can’t do everything. So contracting with other community agencies is essential,” Mock says. As with the other projects profiled in this article, enhancing housing plus services doesn’t necessarily require increasing the housing provider’s staff. Effective collaborations with health providers and additional layers of case management, care coordination and information and referral are expanding the capacity of these communities to prevent emergency room visits, rehospitalizations and other negative outcomes. Still, many service coordinators and managers complain about staffing shortages and the resulting heavy caseloads.