

Enhancing Service Coordination in HUD-Assisted Senior Housing Communities: Lessons for Implementation

Research Brief

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About this Report

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This research brief was partially informed by a process evaluation of the LSA Senior Connect model, which was developed and piloted by Lutheran Services in America and Genacross Lutheran Services. The process evaluation was supported by the RRF Foundation for Aging. The LTSS Center would like to thank these organizations for their participation in the evaluation.

The views expressed here are those of the authors.

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About the LTSS Center

The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with a growing older population. LeadingAge and the University of Massachusetts Boston established the LTSS Center in 2017. We strive to conduct studies and evaluations that will serve as a foundation for government and provider action to improve quality of care and quality of life for the most vulnerable older Americans. The LTSS Center maintains offices in Washington, DC and Boston, MA.

For more information, visit [LTSSCenter.org](https://www.ltsscenter.org).

Introduction

Approximately 5,200 housing communities subsidized by the U.S. Department of Housing and Urban Development (HUD) have a service coordinator on site to help connect residents with needed services and resources.¹ These service coordinators work in housing communities designated for older adults and people with disabilities.

HUD established its Service Coordinators in Multifamily Housing Program in 1990.² Since that time, many affordable housing organizations have witnessed a gradual change in the characteristics and needs of their residents. Housing communities often report that current residents are growing older, while new residents are moving in at advanced ages. For example, approximately 17% of residents living in Section 202 Housing for the Elderly properties in 2020 were age 85 years and above, compared to 9% in 2006.³

Research has established that the incidence of chronic disease and functional limitation increases with age. This trend holds true for older adults receiving rental assistance. One study found that over half of older adults who live in HUD-assisted housing and are dually enrolled in Medicare and Medicaid have five or more chronic conditions.⁴ Data from a national survey estimates that one-third of individuals who are age 62 and above, have low incomes, and receive rental assistance need help with routine activities like housekeeping and shopping. Almost one-quarter of these individuals need assistance with personal care activities like bathing and dressing.⁵

Anecdotally, some housing providers report that an increasing number of residents are experiencing behavioral health issues. In some cases, HUD-assisted housing providers observe these health issues among residents who were formerly homeless. As the overall homeless population ages, more homeless individuals are becoming eligible for senior-designated housing.⁶ In addition, some senior housing communities have adopted eligibility preferences for homeless individuals at HUD's encouragement.⁷

As the physical and mental health challenges of residents intensify, their needs for services and supports increase. Social circumstances can make it challenging for many residents to identify, access, engage in, and maintain services and benefits. These circumstances can include extremely low incomes, low levels of reading literacy and health literacy, limited English proficiency, and lack of family support.



“Housing communities often report that current residents are growing older, while new residents are moving in at advanced ages.”

Many HUD-assisted housing providers are mission-driven organizations striving to support residents so they can age safely in the community and enjoy a good quality of life. The approach to service coordination taken by several of these housing providers has evolved in response to the increasing needs of residents.

These housing organizations have moved beyond offering “basic service coordination,” which focuses primarily on providing information and referral to residents who ask for such assistance. Instead, they are taking a more proactive approach to offering “enhanced service coordination,” which involves identifying resident needs, connecting residents with responsive services, and helping to ensure residents obtain and maintain needed supports.

HUD’s New Service Coordination Model

In 2018, HUD released a [resource guide](#) that supplemented the standards for service coordination programs outlined in the [HUD Management Agent Handbook](#).⁸ The resource guide recognizes the shift that has been occurring in service coordination and provides direction to help all HUD-supported housing sites move service coordination in a more enhanced direction.

HUD’s resource guide outlines a “new service coordination model” in which the “role of the service coordinator has evolved to a more proactive level of coordination, engagement, outreach, assistance, and case management.” The resource guide states that HUD expects all service coordinator programs to provide this new level of service.

The resource guide outlines seven key functions of effective service coordination:

- 1. Proactively engage with residents.** Service coordinators should not wait for residents to visit them. Instead, service coordinators should make it a priority to build relationships with residents through frequent interactions that are formal and informal.
- 2. Conduct assessments and develop service plans.** Service coordinators should conduct annual assessments with residents to understand residents’ circumstances, needs, and interests. Service coordinators should use assessment information to develop plans for making referrals and helping residents obtain services and resources.
- 3. Develop a property-wide profile.** Service coordinators should aggregate individual resident data to create a picture of resident needs across the housing community. This information should be used to develop responsive, community-wide programming.
- 4. Establish partnerships with community-based service organizations.** Service coordinators must develop a network of supportive service providers that can assist residents. Coordinators should also maintain an up-to-date resource directory.
- 5. Make referrals for support services.** Service coordinators should refer residents to service providers that can help meet residents’ identified needs. Coordinators should also monitor whether residents have followed up on those referrals.

6. Educate and advocate for residents. Service coordinators should organize onsite educational events provided by community-based organizations, advocate for residents so they can obtain needed benefits and services, and support residents in advocating for themselves.

7. Interface with other property staff. Service coordinators should be active members of the property management team. Coordinators and property staff should meet regularly to share information and discuss issues that may affect residents, while being mindful of each other's roles and responsibilities.



Lessons for Implementing Enhanced Service Coordination

In 2021, the LeadingAge LTSS Center @UMass Boston conducted a process evaluation of the [LSA Senior Connect model](#), which was developed by Lutheran Services in America and its partners and implemented by Genacross Lutheran Services. The model is designed to build the capacity of current staff to deliver enhanced service coordination in affordable senior housing communities. The initiative involved development of:

- ➔ A new **assessment tool and approach** to help service coordinators obtain a comprehensive knowledge of resident needs.
- ➔ A **service plan tool** to help service coordinators address identified service and resource needs in a proactive way.
- ➔ A **database** that tracks service coordinator activities and supports closed-loop referrals.

The LTSS Center has conducted multiple case studies and evaluations of other affordable senior housing-based service programs in which service coordination was a central component. In addition, LTSS Center researchers helped support implementation of HUD's Integrated Wellness in Supportive Housing (IWISH) demonstration, which features an enhanced service coordinator role. Collectively, this work has yielded multiple insights on operationalizing HUD's vision for an enhanced service coordination model.

As expectations grow regarding how service coordinators can support an increasingly vulnerable resident population, HUD and affordable housing organizations need to assess whether they are investing adequately in service coordinators and building the necessary infrastructure to support their expanded role and functions.

“**LTSS Center researchers helped support implementation of HUD's Integrated Wellness in Supportive Housing (IWISH) demonstration, which features an enhanced service coordinator role.**”

This research brief presents lessons the LTSS Center has learned about factors that can support or hinder the implementation of enhanced service coordination. The lessons fall into six categories:

1. Service Coordination Availability.
2. Service Coordinator Capacity.
3. Resident Assessments.
4. Data Utilization.
5. Partnerships.
6. Organizational Support.

Service Coordinator Availability

Enhanced service coordination is more time-intensive than standard service coordination. In the standard model, service coordinators generally respond to residents who come to them for help, and provide those residents with referrals for needed services. On the other hand, enhanced service coordinators:

- ➔ Engage proactively with residents by building relationships, conducting assessments, and developing individual and community-level service plans.
- ➔ Monitor and support residents to ensure needed services and resources are received.
- ➔ Build partnerships with external organizations.

Additionally, enhanced service coordinators help residents address complex issues, such as declining function, cognitive deficits, or behavioral health concerns. They also assist residents with challenging social circumstances, such as low literacy, limited English language ability, or lack of family support. It may take a service coordinator multiple engagements with a resident to encourage the resident to address their support needs, to identify potential services that meet the resident's needs, and/or to assist the resident with benefit application processes, which are likely to be complex.

HUD Service Coordinators in Multifamily Housing Program Eligibility and Funding

HUD-assisted housing communities that are designated for older adults and people with disabilities are eligible to participate in the Service Coordinators in Multifamily Housing Program. Eligible properties include Section 202 Housing for the Elderly properties, designated properties with project-based Section 8, or properties developed under the Section 221(d)(3) Below Market Interest Rate and Section 236 programs.

Service coordinator positions may be funded through:

1. The property's operating budget or other eligible project resources, such as residual receipts or debt service savings.
2. The Multifamily Housing Service Coordinator Grant Program.

Lessons Learned about Service Coordinator Availability

Provide adequate funding. HUD must ensure that it is funding housing properties at a level that allows those properties to maintain a service coordinator presence that is adequate to meet the needs of the resident population. HUD’s service coordinator resource guide states that a ratio of one full-time service coordinator for every 50 to 100 residents is a reasonable starting point.



There is no available data on the number of hours service coordinators spend onsite at the approximately 5,200 housing properties with a service coordinator. However, anecdotal evidence suggests that some housing communities are not receiving funding that is adequate to support the level of service coordination the property perceives is needed to meet resident needs. In most cases, this means that funding is not provided to support a full-time presence or more than one service coordinator.

Reconsider staffing criteria. In properties where HUD funds service coordinators, the agency requires that a minimum proportion of residents are identified as “frail” or “at risk.” These categories represent a resident’s ability to perform activities of daily living and instrumental activities of daily living. However, a resident’s level of complexity can include factors that extend beyond their functional abilities. For example, residents may be experiencing mental health needs, multiple chronic health conditions, limited health literacy, no family support, or other challenging social situations. As the circumstances of the resident population in HUD-assisted senior housing evolves, HUD will need to reconsider its staffing criteria to ensure that those criteria take a broader view of resident risk.

Service Coordinator Capacity

Assessing, engaging, and motivating residents requires knowledge and skills in such areas as motivational interviewing, behavior change, cultural competency, and trauma-informed care. While many service coordinators are social workers and have such competencies, not all service coordinators have degrees or training in these areas. According to a 2019 survey conducted by the American Association of Service Coordinators (AASC), approximately one-quarter of AASC member respondents indicated they have less than a bachelor’s degree.

A large proportion of service coordinators do have college degrees, but those degrees may not be in social work or a related social service field. The absence of a college degree or a degree in social work does not mean that a service coordinator would not have the ability to adopt a more enhanced role. However, it could mean that the service coordinator needs additional training in skill areas necessary to facilitate greater success in their enhanced role.

Genacross Lutheran Services, which piloted the LSA Senior Connect Model, has a policy of hiring only degreed professionals for its service coordinator positions. The LTSS Center’s evaluation found that these service coordinators, almost all of whom were bachelor’s or master’s level social workers, comfortably adopted the program’s new tools and processes. Most service coordinators attributed this comfort level to the fact that they had been trained and had prior work experience in areas such as assessing individuals, motivational interviewing, and case management.

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Other LTSS Center studies have shown that some service coordinators without social work degrees have a mixed capacity and comfort level with respect to expanded service coordinator functions. For example, during the LTSS Center’s evaluation of the Support and Services at Home program, one service coordinator who had previously been a certified nursing assistant in a long-term services and supports (LTSS) setting reported feeling very comfortable assessing residents’ health and functional circumstances and encouraging residents to pursue or accept needed supports. On the other hand, during the IWISH demonstration, LTSS Center staff found some service coordinators were more challenged by the requirement to collect more comprehensive information about residents and analyze the expanded data to inform individual and community-level interventions.

Regardless of educational background, some service coordinators have limited experience with technology and databases. This can make it difficult for service coordinators to carry out enhanced functions, such as conducting expansive assessments of all residents, tracking engagement and follow-up with residents to ensure needs are met, and aggregating assessment information at the property level to support program and partnership development. These tasks require that the service coordinator navigate databases to enter, access, and deploy data.

HUD Service Coordination in Multifamily Housing Program Service Coordinator Qualifications

[HUD’s Management Agent Handbook](#) identifies these minimum qualifications for service coordinators:

- ➔ A bachelor’s degree in social work, gerontology, psychology, or counseling is preferred. However, individuals without a degree, but with appropriate work experience, may be hired.
- ➔ Training in the aging process, services for older adults and people with disabilities, federal/state entitlement programs, drug and alcohol abuse by older adults, mental health issues, legal liability, and issues related to providing service coordination. This training requirement may be filled during the first year after a service coordinator is hired.
- ➔ Two to three years of experience in service delivery to older adults and people with disabilities.
- ➔ Demonstrated knowledge of supportive services and resources in the property’s surrounding community and ability to advocate and problem-solve for property residents.

Lessons Learned about Service Coordinator Capacity

Provide adequate funding for salaries. HUD outlines preferred educational backgrounds, experience, and skills for service coordinators. However, the agency needs to consider whether it is providing adequate funding to meet salary expectations for individuals who have these desired qualifications and the capacity to perform enhanced tasks. The median annual salary of AASC members with a bachelor’s degree was \$39,000 to \$42,000, according to a 2019 AASC survey.⁹

These annual salary figures equate to between \$19 and \$20 per hour. The Bureau of Labor Statistics reports that the median annual salary for social workers was just under \$52,000 in 2020.¹⁰

The LTSS Center is unaware of turnover data for service coordinator positions. Anecdotally, some housing organizations report having difficulty retaining service coordinators and filling vacant positions. While these recruitment and retention challenges could have several causes, salaries may be one factor. Rising minimum wages around the country may add to the challenge of attracting skilled candidates who can carry out desired functions to help support a vulnerable aging resident population.



Provide supplemental training. It may not be necessary for a service coordinator to have a social work or other related college degree. However, service coordinators without the preferred educational background or practical experience will need supplemental training to develop the skills required to provide enhanced service coordination in a more proactive way for individuals with complex needs. Housing organizations should identify the skills and knowledge their service coordinators need, work with those coordinators to identify quality training opportunities, and request needed funds for that training in their HUD budgets. HUD should support training budgets that will help service coordinators build and refine needed skills and knowledge.

Help service coordinators succeed. Even service coordinators with social work or other human service degrees may need to refresh or build new knowledge in order to succeed in their enhanced roles. For example, service coordinators may need cultural competency and trauma-informed care training to work effectively with resident populations that often have increasingly diverse backgrounds and complex life histories. Similarly, service coordinators may need to strengthen their capacity to work with residents living with cognitive deficits or mental health issues so the coordinators can interact with these residents more productively and encourage the residents to engage in services.

Support translation services. Many HUD-assisted senior housing communities are home to residents who do not speak English as their primary language. Service coordinators may have difficulty engaging with these residents in a deeper fashion if they cannot communicate with them in their primary language. Ideally, housing communities will hire service coordinators who are bilingual in the dominant language spoken by the resident community. However, this may not always be possible. In addition, housing community residents may speak multiple languages, posing communication challenges even for bilingual service coordinators.

HUD must address these circumstances by supporting access to translation services. The agency could provide funding that allows housing communities to access interpreter services. It could also help identify quality translation resources that housing communities could access. Housing organizations should consider leveraging internal resources to help meet translation needs. These organizations might also build partnerships with culturally specific organizations to help meet language needs and support culturally informed practices.

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Address residents' health-related needs. Enhanced service coordinator models focus greater attention on the health-related needs of residents by trying to help residents become more proactive in managing their care needs and preventing the use of unnecessary acute care services. At a minimum, enhanced service coordinators might help ensure that residents can meet their needs related to such social determinants of health as transportation and food access. At the opposite end of the spectrum, the IWISH model features the services of a wellness nurse who works onsite with the service coordinator and uses health education and coaching, monitoring, and navigation to support residents in managing their health needs.

The LSA Senior Connect model implemented by Genacross Lutheran Services incorporated a nursing perspective at the organizational level to help build the capacity of service coordinators to understand health-related needs and to offer advice on the types of assistance and referrals that could help residents better manage their health and functional conditions. Housing organizations should consider how they might supplement service coordinator capacity by leveraging nursing insights and/or supports through their own organizations or through community partners.

Resident Assessments

HUD does not dictate use of a specific assessment tool or assessment questions. Instead, the agency suggests a range of areas in which information about residents should be gathered. These suggested areas of inquiry include:

- ➔ Financial resources.
- ➔ Formal and informal supports.
- ➔ Interests and hobbies.
- ➔ Health insurance coverage.
- ➔ Physical, mental, and cognitive conditions.
- ➔ Activities of daily living and instrumental activities of daily living.
- ➔ Unmet needs.

Some housing organizations are creating or adopting new tools to expand their knowledge about residents' circumstances and to help service coordinators identify needs and related gaps in services and resources. For example, housing communities are introducing questions or evidence-based screens to better understand residents' health-related circumstances. These new tools can also help identify resident concerns—related to loneliness, depression, medications, or fall risk—that may impede independent living or affect quality of life.

Lessons Learned about Resident Assessments

Tell service coordinators why they're collecting health-related data. Some service coordinators may be unclear about why they are collecting more health-related information. LTSS Center researchers observed a hesitancy to collect health information among some service coordinators piloting the LSA Senior Connect program. In some cases, this reluctance was associated with the fact that service coordinators did not know how they would use this information to help residents meet their social service needs.

The service coordinators who felt most comfortable collecting health-related information had prior experience in clinical or related settings. This experience gave the service coordinators a greater understanding of different health conditions and insight into how they might use non-clinical interventions to support a resident with health issues. For example, one service coordinator said she understood it would be important to know that a resident with diabetes had trouble bending down because that would mean the resident might not be able to take proper care of their feet, which is an important element of diabetes care. The service coordinator could use this information to identify resources or services that might help support this resident.



Housing communities that ask service coordinators to gather more insights about residents must ensure that service coordinators understand the reason for collecting the information, what their responses to the data might be, and how they might use assessment information to fulfill their social service-oriented role.

Maximize resident participation in the assessment. Objective assessments should be conducted annually with all willing residents. The health, social circumstances, and needs of residents can change over time and service coordinators need to have up-to-date information on which to base resident service plans.

To maximize resident participation and gather reliable responses, residents should have trusting relationships with service coordinators and property management staff. For example:

- ➔ Residents need to feel confident that information they share will not be used against them in any way.
- ➔ Residents should understand why the assessment information is being collected. The purpose of the assessment should be framed in a way that is relevant to the resident’s current reality. For example, most residents are not at current risk for moving to a nursing home and may not be motivated to participate in an assessment they are told is intended to help them avoid a nursing home placement.
- ➔ Service coordinators should have the skill sets to help residents feel comfortable sharing personal information. They also should know how to elicit honest responses to assessment questions. These skill sets can be developed through training in motivational interviewing, trauma-informed care, cultural humility, or assessment delivery techniques.

Conduct assessments in the home. Housing organizations might consider conducting assessments in resident apartments in cases where residents are amenable and the safety of staff is assured.

Being in a resident’s living environment allows service coordinators to observe circumstances that may not be revealed during an office-based interview. For example, service coordinators who conduct assessments in resident apartments can observe whether scatter rugs pose a fall risk, if the resident can ambulate around their apartment, or if the resident has a medication management system. In its pilot of the Senior Connect model, Genacross Lutheran Services found that conducting assessments in the home helped provide a more accurate and complete picture of resident circumstances.

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Data Utilization

Moving to an enhanced service coordination model requires service coordinators to use data in a more intentional way to support residents at both the individual and community levels. When working with individual residents, service coordinators must be able to use assessment data to identify potential needs and service gaps, develop responsive service plans, and then track the actions taken to ensure identified needs are addressed.

Additionally, service coordinators must be able to analyze data across the resident population so they will notice common circumstances and needs. Conducting this population-level data analysis will help coordinators identify group programming or activities that could be brought to the housing community to help address resident needs and interests. Population-level data can also:

- ➔ Help service coordinators target outreach to residents who may benefit from certain programs or services.
- ➔ Help support partnership development. Organizations can use population-level data to document the level of need for a service in a housing property. Such data can help potential partners—including community-based organizations, hospitals, and health systems—justify their investment in a service.

Lessons Learned about Data Utilization

Create a user-friendly database. Service coordinators need a user-friendly database that can help them input service plans for residents, track the actions taken to fulfill service plans, and confirm that service plans have been completed and that identified needs have been addressed. Because service coordinators often are juggling multiple resident service plans at a time, the database should have dashboards to help coordinators keep track of outstanding activities and receive reminders for needed follow-up.

Offer the ability to identify clusters. Service coordinators also need a database that can identify clusters of need or service utilization within the housing community. This feature would allow service coordinators to request reports across different fields of information. For example, service coordinators might be able to:

- ➔ Identify potential education programming after viewing a report on groups of residents who have certain health conditions.
- ➔ Find opportunities for improved communication or coordination around a set of residents using the same health providers or managed care plans.

Increase digital expertise. While some service coordinators have experience navigating databases and manipulating data, the LTSS Center found that other coordinators have more limited digital expertise. Housing organizations need to ensure that service coordinators have a good understanding of how to enter and manipulate information in the organization's chosen database.

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Ensure that aggregated data is reliable. Housing organizations that operate multiple properties may want to look at resident trends across properties. To ensure the reliability of this aggregated data, organizations need to ensure that all service coordinators have a consistent understanding of assessment questions and responses. These housing organizations also should set expectations that data will be entered for all residents, acknowledging that residents' participation in assessments, and their willingness to answer specific questions, is voluntary.



The LTSS Center has identified challenges associated with the quality of resident assessment data. Generally, these challenges are related to missing data or inconsistencies in how staff interprets response options for assessment questions.

Partnerships

Community partners can offer many benefits to housing organizations, beyond serving as referral sources. For this reason, housing organizations should consider developing more intentional partnerships with community organizations as a way to enhance their ability to support residents. For example, organizations may seek out community partners to deliver onsite services or activities, such as health education sessions, fitness programming, or wellness nurse clinics. Housing communities might also think about developing more intentional communication or coordination pathways with community organizations that serve property residents.

Lessons Learned about Partnerships

Overcome reluctance. Some housing organizations may be reluctant to form intentional relationships with community partners or to allow community organizations to provide services onsite at the housing community. This reluctance is often based on concerns about appearing to endorse a certain provider or business or to curtail resident choice. While it is important to acknowledge the importance of resident choice, purposeful partnerships can bring new services and resources to residents. HUD should clarify for housing organizations that partnerships with community organizations are allowed.

Health-related partnerships will become increasingly important as more housing communities explore the potential of these partnerships to offer residents intentional supports, such as a wellness nurse, or to provide a potential funding source to support service coordination or other onsite services and programming. In particular, housing organizations will need to understand how they can partner with care providers that serve enrolled or otherwise aligned members or patients.

Organizational Support

Housing organizations interested in enhancing the role of their service coordinators should consider whether changes to organizational policies and practices are necessary, and how the housing provider might enhance its support for and oversight of service coordinators.

Lessons Learned about Organizational Support

Champion the enhanced service coordinator model. Housing providers need an organizational champion or champions to sustain their commitment and investment in establishing and implementing enhanced service coordinator programs. For example, executive leadership at Genacross Lutheran Services championed the LSA Senior Connect model by:

- ➔ Sending a clear message that the organization supported adoption of the model.
- ➔ Making financial investments to support staffing changes, including expanding quality assurance resources.
- ➔ Revising organizational policies and procedures to accommodate changing processes.

Strengthen quality assurance efforts. Traditional quality assurance at HUD-assisted housing communities often focuses on checking a small number of client files to ensure that they include all HUD-required forms and documentation. Housing organizations may need to expand and strengthen the quality assurance practices they use to monitor the activities of enhanced service coordinators. This can be accomplished by looking more broadly at service coordinator engagements with residents to ensure that coordinators are conducting quality assessments, developing responsive service plans, and helping to ensure residents are accessing services and resources. Organizations should also examine the quality of their assessment data and take steps to help service coordinators better understand assessment questions and responses, and population-level data.

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Support and monitor training. Organizations need to monitor for skill or knowledge gaps among service coordinators and support coordinators in accessing training to fill any gaps. This may include in-house training around topics such as performance requirements, collecting and using data, and building service coordinator capacity to engage with and understand resident needs.

Promote collaboration. Organizations should promote collaboration between service coordinators and property management staff. While maintaining resident privacy, service coordinators and property managers should communicate with one another and work together to support their mutual goals:

- ➔ Helping residents uphold tenancy requirements and remain safely in their home for as long as possible.
- ➔ Creating a positive community environment.

Prior to implementing LSA Senior Connect, Genacross Lutheran Services made intentional changes to improve communication between property management and service coordination staff. Regular meetings are now held to discuss resident issues. All service coordinators, property managers, and maintenance staff across the organization meet quarterly, while staff members at each property meet monthly. These changes have helped build relationships and structures that help the organization address tough resident issues.

Significance for the Future

The Biden administration has prioritized its goal to expand opportunities for older adults who have LTSS needs, and persons with disabilities, to remain in their own homes or in a community-based residential setting. The administration has also established a goal to advance health equity across populations.

More than two million older adults, many from diverse racial and ethnic backgrounds, live in HUD-assisted communities. By virtue of their demographic characteristics, these individuals either currently have or are at risk for experiencing multiple chronic health conditions and declining physical function. These residents and the housing communities in which they live are prime candidates for the resources that the Biden administration initiatives are designed to support.



Service coordinators can play a key role in helping senior housing residents overcome the challenges they face in managing their health, function, and social well-being. Research has shown that:¹¹

- ➔ The presence of a service coordinator is associated with lower use of acute health care services and slower growth of Medicare expenditures among residents of HUD-assisted housing.
- ➔ Onsite service coordination has the potential to reduce or delay transfers to higher levels of care and to slow the growth of Medicaid expenditures on institutional care.

Focus groups with residents participating in the LTSS Center evaluation of the LSA Senior Connect model and other studies have found that residents of HUD-assisted housing communities perceive that service coordinators:

- ➔ Help them access services and resources they would not have been aware of or been able to access on their own.
- ➔ Help them address their health needs.
- ➔ Support them so they can remain in their homes and communities.

HUD and many housing organizations have recognized that service coordinators can be vital partners in addressing health disparities and helping vulnerable residents age in their homes and communities. Collaborations, particularly with healthcare partners, will likely require that service coordinators operate in the more enhanced role that HUD envisions.

To implement the enhanced service coordinator model, HUD and housing providers must ensure that they are equipping service coordinators with the skills and infrastructure they need to meet higher expectations. This means providing adequate funding to attract service coordinators with the desired skill sets, offering training to refresh and strengthen service coordinator capacities, and building the organizational infrastructure to support needed functions and processes.

Endnotes and References

¹ M. Harris, American Association of Service Coordinators, personal communication, August 12, 2021. This is the number of multifamily properties registered with GrantSolutions, which is an indicator of the property having a service coordinator. This number includes only properties funded under HUD's multifamily programs and does not include public housing properties.

² The Service Coordinators in Multifamily Housing program is authorized by the following Acts: Section 808 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625, approved November 28, 1990), as amended by sections 671, 674, 676, and 677 of the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992).

³ 2020 data: U.S. Department of Housing and Urban Development. (2020). Housing for the elderly (Section 202). https://www.hud.gov/sites/dfiles/CFO/documents/26_FY22CJ-HousingfortheElderlySection202.pdf; 2006 data: Haley, B. & Gray, R. (2008). Section 202 Supportive Housing for the Elderly: Program status and performance measurement. Washington, DC: U.S. Department of Housing and Urban Development. Available at: https://www.huduser.gov/portal/publications/sec_202_1.pdf

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⁷ U.S. Department of Housing and Urban Development. (2016, December 16). HUD releases resources on homeless preferences for multifamily property owners and agents. HUD Exchange. <https://www.hudexchange.info/news/hud-releases-resources-on-homeless-preferences-for-multifamily-property-owners-and-agents/>

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⁹ M. Harris, American Association of Service Coordinators, personal communication, August 12, 2021.

¹⁰ U.S. Bureau of Labor Statistics. (2021, September 8.) Occupational outlook handbook, social workers. <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

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