U.S. Department of Housing and Urban Development
Office of Policy Development and Research

# Evaluation of the HOPE for Elderly Independence Demonstration Program

# First Interim Report

HUD-6648

# Evaluation of the HOPE for Elderly Independence Demonstration Program

# First Interim Report

Prepared for:
Office of Policy Development and Research
U.S. Department of Housing and Urban Development

Prepared by:
Westat, Inc
Rockville, MD

Contract HC-5907

May 1995

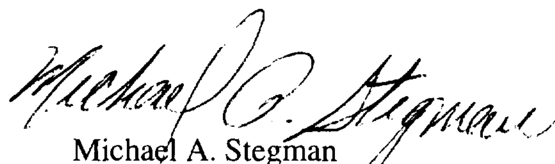
The contents of this report are the views of the contractor and do not necessarily reflect the views or policies of the Department of Housing and Urban Development or the U.S. Government.

# Foreword

As our Nation's population has aged, communities across the country have experienced increasing demand for services tailored to meet the complex and varied needs of their elderly citizens. The *HOPE for Elderly Independence Demonstration Program (HOPE IV),* established by Congress in 1990, combines Section 8 rental assistance with community-based case management and supportive services to help some of the most vulnerable elderly—frail, low-income renters—enhance their quality of life while remaining in an independent living environment. This report, the first in a series of four evaluations of HOPE IV, describes the characteristics and initial experiences of program grantees and participants.

A number of notable issues and insights have emerged during the first several months of program implementation covered by this report. The 16 public housing authorities (PHAs) that received HOPE IV grants in the initial funding round have encountered some problems administering the program. Preliminary results indicate that a strong relationship with their State or Area Agency on Aging appears to be key to the design and delivery of effective supportive services. Recruiting frail elderly participants has taken considerable time, effort, and ingenuity, with somewhat surprising results — a preliminary demographic profile indicates that the participants in the HOPE IV program are frail at relatively young ages. Nonetheless, attrition among participants has been higher than expected thus far. Particularly troubling has been the early indication that about one-third of participants have been required to move in order to obtain qualifying rental housing, in some cases undermining the goal of enabling the frail elderly to "age in place".

HUD will continue to monitor these and other critical issues related to the HOPE IV program. Although future funding for HOPE IV is uncertain, the information and insights gained in the course of this evaluation should greatly aid local housing and service providers in developing flexible, coordinated assistance for the frail, low-income elderly.



Michael A. Stegman
Assistant Secretary for Policy
Development and Research

## TABLE OF CONTENTS


| Chapter | | | Page |
|---|---|---|---|
| | EXECUTIVE SUMMARY | | ES-1 |
| 1 | INTRODUCTION | | 1-1 |
| | 1.1 | Evaluation of the HOPE for Elderly Independence Demonstration Program | 1-1 |
| | 1.2 | Conceptual Design | 1-3 |
| | 1.3 | Scope of this Report | 1-4 |
| | 1.4 | Summary of First year Evaluation Activities | 1-7 |
| | 1.5 | The Organization of This Report | 1-9 |
| 2 | KEY CHARACTERISTICS OF HOPE IV GRANTEES | | 2-1 |
| | 2.1 | Characteristics of HOPE IV Communities | 2-1 |
| | | 2.1.1 Geographic Diversity and Urbanization | 2-5 |
| | | 2.1.2 Racial, Ethnic, and Cultural Diversity | 2-5 |
| | | 2.1.3 Housing Costs, Quality, and Tenure | 2-6 |
| | | 2.1.4 Other Distinctive Community Characteristics | 2-7 |
| | 2.2 | Grantee Governance | 2-8 |
| | | 2.2.1 Assisted Housing Units | 2-8 |
| | | 2.2.2 Grantee Staffing | 2-9 |
| | | 2.2.3 Relationship of PHA to General Purpose Government | 2-11 |
| | 2.3 | Grantee Supportive Service Experience Prior to HOPE IV | 2-13 |
| | | 2.3.1 Grantee PHA Experience Delivering Elderly Services | 2-13 |
| | | 2.3.2 Grantee Experience Providing Supportive Services to Other Groups | 2-15 |
| | | 2.3.3 Prior Collaboration with Elder Service Agencies | 2-15 |
| | 2.4 | Other Community-based Long-Term Care Options in the HOPE IV Grantee Communities | 2-16 |
| | 2.5 | Implications for PHA Programs for The Frail Elderly | 2-17 |

## TABLE OF CONTENTS (continued)


| Chapter | | | | Page |
|---|---|---|---|---|
| 3 | THE DECISION TO APPLY FOR HOPE IV | | | 3-1 |
| | 3.1 | Grantees and the Application for HOPE IV | | 3-1 |
| | | 3.1.1 | Factors Motivating the Grantee Applications | 3-1 |
| | | 3.1.2 | Putting Together the Application | 3-3 |
| | | 3.1.3 | The 50 Percent Match Requirement | 3-4 |
| | | 3.1.4 | Grantee Ties with Community Agencies Delivering Services to the Elderly Before and After Application | 3-5 |
| | 3.2 | PHAs That Did Not Apply for HOPE IV Funding | | 3-6 |
| | | 3.2.1 | Interviewing Non-Applicant PHAs | 3-7 |
| | | 3.2.2 | Reasons PHAs Did Not Apply for HOPE IV Funding | 3-7 |
| | | 3.2.3 | Applications to Other Programs and Future Applications to HOPE IV | 3-13 |
| | 3.3 | Comparing HOPE IV Grantees and Non-Applicants | | 3-15 |
| 4 | PROGRAM IMPLEMENTATION | | | 4-1 |
| | 4.1 | Effects of HOPE on Section 8 | | 4-1 |
| | 4.2 | Participant Recruitment | | 4-3 |
| | | 4.2.1 | Attrition from the HOPE IV Program | 4-6 |
| | | 4.2.2 | Factors Affecting Participant Recruitment | 4-7 |
| | 4.3 | Assessing Frailty | | 4-15 |
| | | 4.3.1 | The Professional Assessment Committees (PACs) | 4-15 |
| | | 4.3.2 | ADL Assessment Tools Used by the Grantees | 4-16 |
| | 4.4 | Supportive Services Packages | | 4-18 |
| | | 4.4.1 | Contracted and Non-Contracted Service Functions | 4-26 |
| | | 4.4.2 | Sources and Uses of Services Funding | 4-26 |
| | | 4.4.3 | Recordkeeping and Reporting | 4-30 |

TABLE OF CONTENTS (continued)


| Chapter | | | Page |
|---|---|---|---|
| | 4.5 | Service Coordinators | 4-31 |
| | | 4.5.1 Basic Characteristics of HOPE IV Service Coordinators | 4-32 |
| | | 4.5.2 The Overloading of the Service Coordinator Role | 4-38 |
| | 4.6 | Conclusions on HOPE IV Program Implementation | 4-42 |
| 5 | PRELIMINARY PROFILE OF HOPE IV PARTICIPANTS | | 5-1 |
| | 5.1 | Profile of HOPE IV Participants | 5-1 |
| | 5.2 | Moving and Reasons for Moving | 5-7 |
| 6 | CONCLUSIONS | | 6-1 |
| | 6.1 | Characteristics of HOPE IV Grantee Communities | 6-1 |
| | 6.2 | Grantee Characteristics | 6-1 |
| | 6.3 | Applying for HOPE IV Funding | 6-2 |
| | 6.4 | Reasons PHAs Did Not Apply for HOPE IV Funding | 6-3 |
| | 6.5 | Variations in Program Implementation | 6-3 |
| | 6.6 | Factors Affecting Program Implementation | 6-4 |
| | 6.7 | Grantee Recommendations for the HOPE IV Program | 6-5 |
| 7 | METHODOLOGY | | 7-1 |
| | 7.1 | Abstraction of Grant Applications | 7-1 |
| | 7.2 | Development of the Participant and Comparison Group Survey Instruments | 7-2 |
| | 7.3 | Development and Administration of the Reconnaissance Protocols | 7-3 |
| | 7.4 | Procedures Used to Organize and Convene the Expert Panels | 7-6 |
| | 7.5 | Important Issues Related to the Quasi-Experimental Design Decided in Phase 1 | 7-8 |
| | | 7.5.1 Expert Panels | 7-9 |
| | | 7.5.2 Methods for Comparison Group Identification | 7-12 |

## TABLE OF CONTENTS (continued)

Chapter | Page


7.6 Telephone Interviewer Training for Participant and Comparison Group Surveys ..... 7-16
7.7 Procedures for Administering the Participant and Comparison Group Surveys ..... 7-18
7.8 Grantee Baseline Survey ..... 7-19


## List of Tables

Table | Page


2-1 Key Demographic Characteristics of HOPE IV Grantees ..... 2-2
3-1 Reasons for Non-Application to the HOPE IV Program ..... 3-9
4-1 Key Participant Recruitment and Program Implementation Characteristics of HOPE IV Sites ..... 4-4
4-2 Services and Service Delivery Arrangements of HOPE IV Grantees ..... 4-20
4-3 Characteristics of Service Coordinators at HOPE IV Sites ..... 4-33
4-4 HOPE IV Grantees and New Service Coordinator Funds ..... 4-37
5-1 Demographic Characteristics of Hope Program Participants who Completed the Interview ..... 5-2
7-1 Participant and Comparison Group Profile Forms ..... 7-14
7-2 Three or more ADL limitations by age: comparison group versus HOPE IV participants ..... 7-16


## List of Figures

Figure | Page


4-1 Budgeted Sources and Uses of Funds. $ 4.6 Million in Year One Funds ..... 4-27
4-2 Budgeted Service Costs Per Person for the 16 Sites (Based on Grantee Applications) ..... 4-29
5-1 HOPE for Elderly Independence Participant Characteristis Household Size ..... 5-3
5-2 HOPE For Elderly Independence Participant Characteristics Adjusted Income ..... 5-5
5-3 HOPE for Elderly Independence Participant Characteristics Rent Payment (TTP) ..... 5-6

## TABLE OF CONTENTS (continued)

### List of Exhibits

Exhibit


| | |
|---|---|
| 7-1 | Attendees of First Expert Panel Meeting |
| 7-2 | Agenda of First Hope Expert Panel Meeting |
| 7-3 | HOPE for Elderly Independence Demonstration Program Evaluation Participant Profile Form |
| 7-4 | Section 8 Voucher and Certificate Holder Profile Form |
| 7-5 | Agenda - Telephone Interviewer Training |
| 7-6 | HOPE Interviewer Training Manual - Table of Contents |
| 7-7 | Call Record |
| 7-8 | Comparison Group Respondent Information Sheet (RIS) |
| 7-9 | Participant Screener |
| 7-10 | Comparison Group Screener |
| 7-11 | Rules for Proxy Determination |
| 7-12 | Proxy Script for HOPE Participants |
| 7-13 | Example of Typical Functional Assessment Form Used by Grantee |
| 7-14 | Functional Assessment Form Geared to HUD ADL Criteria |

## EXECUTIVE SUMMARY

This is the first of four reports on the evaluation of the HOPE for Elderly Independence Demonstration (HOPE IV) Program conducted by Westat, Inc., for the U.S. Department of Housing and Urban Development (HUD). This report presents the findings from the first phase of the evaluation, focusing on characteristics of the 16 first round HOPE IV grantees, their applications for funding, and their experiences with program design, start-up, and implementation.

HOPE IV combines HUD Section 8 rental assistance with provision of case managed supportive services to low income elderly (62 and older) persons with three or more limitations in activities of daily living (ADLs) (e.g., bathing, dressing, housekeeping.) The goal of HOPE IV, administered by local Public Housing Agencies (PHAs), is to help participants avoid nursing home placement or other restrictive settings when home and community-based options are appropriate. HUD pays 40 percent of the supportive services costs, the grantees 50 percent, and participants, except for those with very low incomes, pay 10 percent. During the first round of funding (February 1993), HUD awarded grants to 16 agencies for projects ranging from 25 to 150 persons for a five-year demonstration period. The grants collectively total $9.9 million for the supportive services component and an additional $29.6 million for rental assistance.

### Overview of Findings

The HOPE IV Program represents a unique opportunity for the grantee PHAs and Area Agencies on Aging (AAAs) or other community elderly service agencies to work together, often for the first time, to systematically link provision of Section 8 housing and supportive services to frail elderly. The grantees and their "partners" are in general excited to be part of this pioneering venture, which addresses an important unmet need in all 16 grantee communities. Participation in HOPE IV has awakened or intensified the grantees' awareness of the service needs of the frail elderly, and taught grantees much about the special requirements of managing a combined housing and supportive services program for this population. Participation in HOPE IV has also created or expanded the PHAs' ties to the elderly service agencies in their communities.

Because grantees faced several, mostly unexpected challenges in recruiting and enrolling participants in the HOPE IV program, implementation has proceeded more slowly than projected. Grantees contended with pressures to adapt their Section 8 programs to the special needs of the frail elderly; to work

out a sustainable division of labor with their partner agencies; and to serve a frail elderly population whose physical, emotional, and financial needs were much greater and more far-reaching than expected. This took time, flexibility, and rearrangements of staff time and functions. Service coordinators, especially, became overburdened as they sought to "absorb" a host of unexpected duties into their role. While the demands of operating HOPE IV have exceeded PHA expectations, the grantees regard this as an indication of the program's importance for frail elderly in their communities.

### Characteristics of HOPE Grantee Communities

The 16 first round HOPE grantees are diverse. Nine are located in communities with small racial and ethnic minority populations; seven have pockets of minorities. Another site is a predominantly Mexican-American border community. The grantees are located in almost every part of the United States and represent urban, suburban, and predominantly rural sites, as well as areas with an urban and rural mix.

### Prior Experience Providing Supportive Services to the Elderly

Only four grantees were experienced in provision of supportive services to the elderly when they applied for HOPE IV funds; two others were experienced in providing supportive services to non-elderly populations. Six grantees had limited backgrounds in provision of supportive services to the elderly, and four had little or no prior experience with such programs. Lack of grantee experience reflects a previous lack of direct involvement by the PHA rather than a dearth of supportive services for the elderly in these communities.

### Factors Motivating the Grantee Applications

Ten of the 16 grantees applied for HOPE IV because, in spite of their PHA's relative inexperience in this area, they recognized the growing needs of the elderly population in their communities and saw HOPE IV as a way to address these needs. For four grantees, submitting a HOPE IV application represented a natural extension of past work in efforts combining housing and provision of supportive services to the elderly. Two grantees said they apply for all available Section 8 funds as part of a general strategy of increasing the number of rental vouchers and certificates in their area.

### 50 Percent Match Requirement

Very few of the HOPE IV grantees found generating a matching funds commitment a serious barrier to application. As required by HUD, all grantees had collaborated with local AAAs or other agencies in developing their winning HOPE IV applications, and these "partner" agencies are the primary source of the match, either as in-kind services or dollars donated for services.

### PHAs Not Applying to HOPE IV

Executive Directors of 40 PHAs with characteristics similar to those of the 16 grantees were interviewed to determine why they had not applied to the HOPE IV program. Their reasons fell into three main categories: (1) A perception that the program was not needed in the community or was of low priority relative to other needs; (2) Limited PHA staff experience or familiarity with key requirements for operating such a program; and (3) There were insufficient time and personnel available to prepare the application or implement a program if it were to be funded.

### Factors Affecting Program Implementation

Overall, about 40 percent of all HOPE IV participants were enrolled in the program as of December 1994. However, the 16 grantees vary considerably in how far along they are in the process. Four grantees are at or nearing full enrollment. But two grantees had only just started enrolling participants, and one had yet to begin. After often difficult beginnings, the majority of grantees are enrolling at a slow but steady pace, with expectations of reaching full enrollment by June 1995. Several factors affected the pace of program implementation.

Focusing a portion of the Section 8 program on the frail elderly required the addition of new functions and forced a change in several aspects of typical Section 8 operating procedures. Grantees, only able to fill a few HOPE IV units through existing Section 8 waiting lists and usual recruitment methods, relied on referrals from the AAAs and other community agencies, combined with extensive outreach efforts. In most cases, this strategy worked. However, recruitment suffered at several sites where the PHA/AAA partnership failed to develop as expected. In many places, the pace of recruitment sped up considerably after information about the HOPE IV program reached the network of elderly service providers and spread, through word-of-mouth, to the elderly population at large.

Once potential participants learned of the HOPE IV program, considerable recruitment work remained, including home visits to conduct assessments and complete HUD Section 8 forms. HOPE IV participants, more of whom than expected had to move to qualify for the program, also often relied on the grantee to locate suitable housing and assist with the move. Responding to these and other needs placed considerable additional demands on program staff, usually the service coordinator. Attrition, due to last minute decisions not to enter the program, hospitalization, nursing home admissions, and moving out of the area, also absorbed staff resources.

Frail elderly were physically and emotionally vulnerable to the traumatic effects of moving. Even those who could lease in place often found it difficult to learn to accept formal supportive services. Consequently, program staff often had to adapt the pace of enrollment to minimize stress to the frail participants. Grantees also found it necessary to develop mechanisms for pre-screening applicants for frailty and income eligibility. When combined with full frailty assessments and accompanying Professional Assessment Committee (PAC) reviews, this is a labor-intensive and time consuming process.

The service coordinator's role soon became overburdened as most grantees dealt with intensified demands on staff time by expanding the service coordinator's duties. Service coordinators took on a variety of unanticipated recruitment, marketing, and administrative tasks, in addition to providing individualized case management to participants with a shifting array of needs for supportive services and linkage with other community services such as medical care. Grantees reacted to pressures on the service coordinator in various, ad hoc ways--by hiring additional staff to relieve some of the burden, attempting to balance "front end" and case management duties, or giving primary emphasis to one or another part of the role. Ten of the 16 grantees applied for supplemental service coordination funds from HUD (under the July 1994 NOFA); most intend to use the money to support and extend their service coordinators' activities.

**Variations in Program Features**

The 16 grantees vary in a number of program design and implementation features.

- **Assessing frailty**: Service coordinators, or a small team including the service coordinator and a nurse or geriatric social worker, perform the frailty assessments and design the service plan. The PACs review the results and make usually minor recommendations for changes. All but one grantee use an established frailty assessment tool and crosswalks its ADL categories with HUD's ADL definitions,

which are somewhat different from most by including home management, also called Instrumental Activities of Daily Living (IADLs).

- **Types of Services:** Grantees deliver a common cluster of services that includes case management; linkage services; personal care; and homemaker and chore services. Other services (advocacy, social and behavioral support, and recreation and socialization), although recognized as needed by some grantees, are much less commonly offered.

- **Organization of Service Delivery:** Only one grantee directly delivers supportive services to HOPE IV participants. The others contract out the actual delivery of services. Several also contract for service coordination, and a few for PAC functions, as well.

- **Record keeping and cost accounting plans and procedures:** Grantees will maintain various records, including prescreening and assessment instruments, service plans, participant income and other data, service logs, and invoices from service providers to the PHAs and from PHAs to participants. However, use of different service classifications will require that this information be translated into common categories for the evaluation's analytic purposes.

**Preliminary Profile of HOPE IV Participants**

As of December 15 1994, demographic profile data were available on 277 HOPE IV participants. These data are reported here, with the caveat that they reflect only about 25 percent of all participants who will eventually come into the HOPE IV program and represent 13 of the 16 HOPE IV grantees.

Most of the 277 HOPE IV participants are women (79 percent), and the vast majority (88 percent) live alone. Nearly half of the participants (49 percent) are between the ages of 62 and 74 years; about one third (35 percent) are between 75 and 84 years; and 15 percent are 85 years of age or older. Most HOPE IV participants (96 percent) are white, about nine percent are Hispanic. Overall, about one-third of these HOPE IV participants have moved to a new residence, with the remainder leasing in place. However, the percentage of movers varies considerably across grantee sites.

# 1. INTRODUCTION

With a substantial increase in the number of elderly persons in the United States, especially in advanced age groups, communities across the country have experienced a rise in demand for a range of services to support an aging population. While most of the elderly continue to live independently in their own homes, the rising number of persons reaching an advanced age heightens the need for assistance with many personal care and home management activities, such as bathing, dressing, housekeeping, and meals preparation. The HOPE for Elderly Independence Demonstration (HOPE IV) program is designed to explore how the HUD Section 8 program can support the needs of a frail, low income elderly population by combining Section 8 rental assistance with case management and supportive services to provide a range of needed support, enhance the quality of life, and avoid unnecessary or premature institutionalization.

This is the first of four reports on the HOPE IV program evaluation conducted by Westat, Inc.[1], for the U.S. Department of Housing and Urban Development (HUD). This report focuses on findings from the first phase of the evaluation concerning characteristics of grantees and grantee communities, reasons for applying for the HOPE IV program, and factors affecting early implementation of the program at the 16 first-round grantee sites.

## 1.1 Evaluation of the HOPE for Elderly Independence Demonstration Program

The HOPE IV program, combines HUD Section 8 rental assistance with supportive services. To be eligible for the program, a person must be at least 62 years of age, have an income that generally does not exceed[2] 50 percent of the area's median, reside in or be willing to move to a rental dwelling meeting HUD's Section 8 housing quality standards, not be a participant in Section 8, and be frail according to HUD's definition.

Frailty is defined as needing assistance in at least three of the following activities of daily living (ADL): 1) eating (may need assistance with cooking, preparing or serving food, but must be able to feed self); 2) bathing (may need assistance in getting in and out of shower or tub, but must be able to wash

---

[1] Westat was awarded a five-year contract in July 1993 to evaluate the HOPE IV program.

[2] The median income is adjusted according to family size.

self); 3) grooming (may need assistance in washing hair but must be able to take care of personal appearance; 4) dressing (must be able to dress self, but may need occasional assistance; and 5) home management activities (may need assistance in doing housework, grocery shopping, laundry, or getting to and from one location to another, but must be mobile, alone or with the aid of assistive devices such as a wheelchair).

The ultimate goal of the program, administered by local Public Housing Agencies (PHAs), is to help frail elderly avoid nursing home placement or other restrictive settings when home and community-based options are appropriate. HUD pays 40 percent of the program costs, the grantee pays 50 percent, and the participant pays 10 percent, except where this exceeds 20 percent of the person's income. This evaluation focuses on the first round of funding, during which HUD awarded grants to 16 grantee agencies for projects ranging in size from 25 to 150 persons for a five-year demonstration period. Collectively, the grants total $10 million for the supportive services component and an additional $30 million for rental assistance.

The evaluation methodology employs a quasi-experimental design with baseline and follow-up telephone surveys of program participants and a comparison group of frail elderly Section 8 tenants. In addition, the study includes interviews with Service Coordinators, Professional Assessment Committee (PAC) members, and agency administrators. The evaluation also uses abstracts of participant records, grantee applications, and reports to HUD. The study team will use all information collected to first describe the program, its clients and services, and then assess its impact using a range of indicators, such as nursing home placement and changes in levels of functioning in basic life activities over time.

The HOPE IV evaluation has four phases:

**Phase 1, Analysis of Program Design**, which began in late 1993, consists of abstracting all project applications and reports to HUD and surveying all 16 HOPE IV grantee agencies. These abstracts and surveys describe the grantees, participant recruitment, services, case management procedures, and the organizational and demographic environment in which the program operates. Phase 1 also includes a survey of agencies that did not apply, to determine the reasons for non-participation.

**Phase 2, Baseline Participant and Comparison Group Survey**, consists of a survey of all 1,255 program participants and an equal number of comparison group members, selected from current

Section 8 tenants in the grantee agencies and other PHAs with similar characteristics. Interviews began in August 1994 and will continue for approximately one year, as new participants enter the program.

**Phase 3, Analysis of Service Coordination and Professional Assessment,** begins in mid-1995 and includes telephone surveys of the Professional Assessment Committee members who determine participant functional status and service needs and telephone interviews with the Service Coordinators who arrange for and oversee service delivery. This phase also involves a review of grantee program and financial reports to HUD, and abstracts of participant records on services actually received.

**Phase 4, Follow-up Survey to Ascertain Program Impact,** starting in 1996, consists of follow-up surveys of participants and comparison group members, approximately two years after the baseline, to show relative changes in functional status, quality of life and care, and living arrangements such as nursing home placement. In addition, exit interviews will be carried out with proxy respondents or the Service Coordinator for persons no longer in the program. This final phase also includes abstracts of participant service records showing the types, amounts, and duration of HOPE IV services actually provided during the demonstration. Abstracts of program and financial reports to HUD and a follow-up survey of grantees will also be used to ascertain the full implementation of the program.

Phases 1-3 all involve an interim report, followed by an integrative final report in Phase 4. Accompanying the reports will be data sets from the survey activity, with documentation, to facilitate subsequent analysis and comparison with other programs.

## 1.2 Conceptual Design

The conceptual model for this evaluation tests the assumption that the ability of frail elderly people to live independently can be enhanced with certain basic supportive services. These services can and often are delivered informally by family, friends and neighbors, but formal delivery of services by community-based agencies may be needed. By helping to fund a variety of community-based support services, HOPE IV aims to reduce inappropriate or premature institutionalization and otherwise increase the quality of life of program participants.

According to this conceptual framework, outcomes of the demonstration are likely to be influenced by both the content and the volume of services delivered to participants. These, in turn, depend

on the efficiency and effectiveness of program operations. Characteristics of the participants (such as age, physical frailty, mental health, gender, education, and the availability of other formal support services outside the program) may influence outcomes as well. Finally, the degree to which program participants have access to informal support must also be considered.

## 1.3 Scope of this Report

In the first phase of the evaluation, we conducted a number of activities designed to answer questions related to the organization of the grantee agencies, their application to the HOPE IV Program, and challenges they have encountered in starting up their projects. Taken together, these activities addressed a number of research questions for the larger evaluation. These research objectives and study questions are as follows:

### A. Implementation and Administration Issues

**Question A1: Matching Funds Requirement** -- are PHAs/IHAs able to maintain the match over time and is the requirement a factor in PHA/IHA participation?

**A1a. PHA/IHA Characteristics.** What are the characteristics of the PHAs/IHAs that applied? What factors encourage participation? What factors discourage participation? Which PHAs/IHAs requested applications but did not apply? Why? Does requiring the PHA/IHA to contribute 50 percent of the cost of the services discourage applications?

**A1b. Non-HOPE Services.** What services are available for the frail-elderly at the State or local level in the communities that implement the program? Do PHAs/IHAs involve local officials to take advantage of other programs? How? Do PHAs/IHAs link this program with other Federal programs (e.g., Home or CDBG rental rehab components)?

**A1c. Local Administration.** Do PHAs/IHAs and service agencies answer to the same local official? Is the Chief Elected Official of the community actively involved in promoting intra-agency cooperation? Did PHAs/IHAs form advisory committees in the pre-application phase to advise on program development? If yes, who was on them?

**A1d. Meeting the Matching Funds Requirement.** How did the PHAs/IHAs propose to meet their share of the matching funds? Which agencies, individuals or entities provide support? How is sponsorship for matching funds sought?

What types of approaches generate the most support? How effective are PHAs/IHAs in maintaining the support over the 5-year period?

**A1e. PHA/IHA Past Experience.** Do participating PHAs/IHAs have experience with other frail elderly or support services programs?

**Question A3: Who Does the Program Serve?**

**A3a. Identification of Candidates.** How are potential eligible candidates identified by the PHAs/IHAs? Referrals? Self identification? Waiting list? How is priority assigned?

**A3b. Demographics of Participants.** What is the demographic profile of persons enrolled in the program (including income, age, marital status, gender, race, ethnicity, etc.)? How frail are they? With which ADLs do participants need assistance? How often are participants reevaluated?

**A3c. Address of Participants.** How may participants stay in place? How many participants move to meet the Housing Quality Standard (HQS) or for other reasons, including moving into a geographic area defined by the demonstration?

**A3d. Recruiting Participants.** Are there a greater number of eligible participants on the waiting lists than rental vouchers or have PHAs/IHAs had to recruit qualified eligible participants? How is recruiting done? Have additional candidates been added to the waiting lists? What are the characteristics (including age, marital status, gender, race, ethnicity, income, etc.) of those added to the waiting lists, if any? In what instances were frail elderly added to the waiting lists?

**A3e. Non-Participating Potential Participants.** How many potential participants were contacted before the quota of rental vouchers were used? Did any eligible frail elderly refuse to participate? What reasons did the elderly give for non-participation?

**Question A4: How are Services Provided and at what Cost?**

**A4a. Acquisition of Services.** How are services purchased? Are they provided by each PHA/IHA staff or are they contracted out through State or local agencies? What are the characteristics of the service delivery systems? Are some systems more dependable than others? What do they have in common? Are service delivery vendors located within the community which they serve?

**A4b. Service Delivery System.** How and where are services delivered? What percent of the participants receive services in their homes? Which services?

Have any participants relocated to receive services? In what instances? How are service packages tailored to the participants' needs?

A4c. **PHA Service Delivery History.** Is the service delivery system operational prior to the acceptance of participants into the program? Are the PHAs/IHAs that have successful delivery systems those that have previous experience with providing support services?

A4d. **PHAs in Multiple Sites.** How do PHAs/IHAs shape their contract with providers to deliver services across multiple sites? Do PHA/IHA officials regard some service providers, vendors or types of contracts more cost practical/productive? What does the quality of service depend on?

A4e. **Service Coordination.** Who coordinates service delivery? Is service delivery to participants interrupted? How frequently? What causes these gaps in service?

A4f. **Services Provided.** What services are needed most and which are easiest to provide? What types of services are provided? How frequently? How often are service packages modified and for what reason(s)?

A4g. **Cost of Service Provision.** What is the average per unit cost of delivering the different types of services? What is the average per unit administrative cost of providing the service for the different services?

Question A5: **Are the Record Keeping and Monitoring Mechanisms Adequate to Oversee Conformance with Program Requirements?**

A5a. **Maintenance and Accuracy of Records.** What records are kept? Who keeps records? Are program records useful for monitoring program requirements? Are records accurate and current? Is data quality audited?

A5b. **Compliance of Record Keeping with HUD Requirements.** Does record keeping comply with HUD record keeping requirements and the Fair Housing Act (e.g., do participants' record include race, gender, and ethnicity)?

A5c. **Payment for Record Keeping.** Is a fee paid for record keeping? By whom?

A5d. **Automation of Record Keeping.** Are the record keeping processes automated? How are the records used? Who uses them? How often?

A5e. **Confidentiality of Records.** Is privacy/confidentiality maintained? How? Many of these same research questions will be addressed more fully, during subsequent phases of the evaluation, when additional data collection and

analysis occur. However, preliminary findings from the results of Phase 1 permit us to provide at least preliminary answers in this first report.

## 1.4 Summary of First Year Evaluation Activities

The information in this first interim report comes from several complementary sources.

### Abstraction of Grantee Applications and Reports

Westat reviewed and abstracted information from the 16 approved grant applications. These applications contain important information on the context in which each program operates, including demographic characteristics of potential program participants, local administrative officials to whom the program is responsive, and arrangements for interagency cooperation. Westat reviewed funding arrangements and other aspects of program design, including: (a) how matching fund requirements are to be met; (b) the planned costs and co-payments for services; (c) the proposed roles and activities of the PACs; and (d) the proposed roles of service coordinators.

### Reconnaissance Site Visits and Telephone Interviews with Grantees

In November and December 1993, Westat conducted on-site visits at 4 grantee sites and information-gathering phone calls with the remaining grantees. These discussions were designed to collect basic information about various aspects of program operations, and to assess the feasibility and viability of our comparison group design. These interviews and visits allowed Westat to assess the progress of the PHAs in setting up the infrastructure for implementing HOPE IV, including establishment of the PAC; designation of the service coordinator; and the recruitment, selection and assessment of program participants.

### Grantee Mail Survey

Westat designed and distributed a mail questionnaire for grantees to complete. These questionnaires collected largely closed-ended, factual data on PHA and program characteristics (such as budget items) that would be difficult or inconvenient to obtain over the telephone.

### Telephone Follow-up Interviews with Grantees

Approximately one year after the initial round of Reconnaissance visits and calls, Westat carried out brief follow-up telephone interviews with all the HOPE IV grantees. These interviews focused on program implementation issues such as participant recruitment and assessment, service delivery, and service coordination.

### Telephone Survey of Non-Applicant PHAs

Westat interviewed representatives of PHAs that were similar to the grantees in terms of demographics, housing stock, and other factors, but did not prepare a grant application for the HOPE IV Program. Westat completed 40 interviews that focused on basic characteristics of non-grantee PHAs and their reasons for not applying for a grant under the program.

### Baseline Survey of Participants and Comparison-Group Members

At the very end of the evaluation's first year, Westat began conducting telephone interviews to collect baseline information from all program participants and members of a comparison group of frail-elderly receiving Section 8 housing assistance who are not participants in the HOPE IV program. Screening and sample control procedures ensure comparability in terms of frailty and demographic characteristics such as gender, age, income, race/ethnicity. The evaluation uses a similar data collection methodology for both participants and comparison group members.

The results of the baseline participant and comparison group surveys will be presented in the next interim report. However, interviews have been completed with nearly all eligible HOPE IV

participants recruited by the grantees to date. Demographic data have been compiled from profile forms for the 277 participants interviewed as of December 15, 1994, or about one-fifth of the eventual total of 1,255. We present preliminary findings on the demographic characteristics of this first group of HOPE IV participants in Chapter 5 of this report.

A summary of the procedures used and instruments developed during this first phase of the HOPE IV evaluation is provided in Chapter 7, which summarizes the methodology used in Phase 1.

## 1.5 The Organization of This Report

Chapter 2 presents data on key characteristics of the 16 HOPE grantees and the areas they serve, including the size and scope of their current housing assistance programs and prior experience providing services to frail elderly populations.

Chapter 3 explores factors surrounding PHA decisions to apply or not to apply for the HOPE IV Program. This includes the results of telephone interviews with non-applicant PHAs that did not apply for the HOPE IV program, comparing their characteristics and reasons for not applying with those of the HOPE IV grantees.

Chapter 4 summarizes what has been learned about the implementation of the HOPE IV Program to date. This chapter discusses the way in which, and the pace at which, participants are being recruited, screened and assessed for the HOPE IV Program. It also explores the organization of service provision, including the types of services delivered; the role of the service coordinator; and the different arrangements developed between the grantees and community social service agencies for providing supportive services to HOPE IV participants.

Chapter 5 presents preliminary data on basic demographic characteristics of HOPE IV participants, based on the 277 participants interviewed by December 15, 1994.

Chapter 6 summarizes our conclusions from this first phase of evaluation activities and presents recommendations on program improvements from the grantee perspectives.

Chapter 7 presents the evaluation methodology for this first interim report.

## 2. KEY CHARACTERISTICS OF HOPE IV GRANTEES

This chapter provides background information on the 16 HOPE IV grantees and the communities in which they are located. It presents key geographic, demographic, housing and cultural characteristics, as well as other distinctive characteristics of the grantee communities that set the context for HOPE IV program operations. The chapter also describes administrative and staffing features of the grantee PHAs and their prior experience with programs that deliver supportive services to frail elderly. The chapter is divided into four sections on: characteristics of the HOPE IV communities (Section 2.1), governance and organizational features of the grantee PHAs as they relate to the operation of the HOPE IV program (Section 2.2), grantee experience working with elder service organizations and providing supportive housing or services to the frail elderly (Section 2.3), and the existence of other supportive housing and long-term care resources for frail elderly persons in the grantee communities.[1]

The chapter concludes by offering some general lessons, based on HOPE IV grantee experience, on how community characteristics and prior experiences can influence the development of PHA programs for a frail elderly constituency.

### 2.1 Characteristics of HOPE IV Communities

The 16 HOPE IV grantee communities present a rich range of environments for HOPE IV program operations. They are located in several geographic regions and distributed across urban, suburban, and rural areas. Grantee communities exhibit some racial, ethnic and cultural diversity, and also present some distinctive housing characteristics and situations.

Several characteristics of the HOPE IV grantee communities are summarized in Table 2-1, including geographic region, race/ethnicity, degree of urbanization, and other distinctive community features. In the last column, Table 2-1 identifies one or more reasons the grantees cited for needing the HOPE IV program in their particular locale. According to the grantees, community needs for the frail elderly included:

---

[1] Several data sources were used in this chapter. They include abstractions of grantee applications, reconnaissance visits and phone calls, and grantee mail survey returns.

**Table 2-1: Key Socio-Demographic Characteristics of HOPE IV Communities**

| (1)<br>Site | (2)<br>Number of HOPE IV Units | (3)<br>Region | (4)<br>Race/ Ethnicity | (5)<br>HOPE IV Service Area/ Service Population | (6)<br>Distinctive Community Characteristics | (7)<br>Need for HOPE IV |
|---|---|---|---|---|---|---|
| A | 150 | West | Small percent minority | Suburban county | ■ Suburban area adjacent to a large city | ■ No alternatives for frail low income elderly |
| B | 120 | Southwest | Predominantly Hispanic (Mexican-American) | Urban (must live within city limits) | ■ Border town<br>■ Poor<br>■ Rundown housing<br>■ Some problems in inter-generational families | ■ No prior efforts linking Section 8 and services |
| C | 25 | New England | Small percent minority | City (both suburban and rural | ■ Bedroom community<br>■ Many retirees on limited incomes | ■ Previous to HOPE IV, public housing only viable option |
| D | 150 | Midwest | Urban portion has large Black population | County (includes both city (urban) and rural | ■ Many elderly own their own homes | ■ No prior organized effort to combine Section 8 and services |
| E | 85 | Mid-Atlantic | Virtually no minority | County (mainly rural) | ■ Few apartments<br>■ Dispersion of dwellings | ■ No past program systematically linking housing and services |
| F | 75 | Southwest | 10-11% Hispanic, 2-3% Black | City (suburban) | ■ Retirement center<br>■ Growing elderly population<br>■ Rising rental costs | ■ No previous effort of any kind to link housing & services for elderly |
| G | 40 | Midwest | Small percent minority (if any) | County (rural) | ■ Older than average population<br>■ Large nursing home population<br>■ Dispersion of population | ■ No alternatives for low income frail elderly |
| H | 75 | West | Urban portion 7-8% minority, rural portion considerably more (Black and Hispanic migrant workers) | Bi-county (2 urban areas with rural in-between) | ■ Advertised as retirement center<br>■ Retirees on limited incomes with rising rents | ■ No past program linking housing and services for elderly |

Table 2-1 Cont'd

| (1)<br>Site | (2)<br>Number of HOPE IV Units | (3)<br>Region | (4)<br>Race/ Ethnicity | (5)<br>HOPE IV Service Area/ Service Population | (6)<br>Distinctive Community Characteristics | (7)<br>Need for HOPE IV |
|---|---|---|---|---|---|---|
| I | 70 | Mid-Atlantic | Large minority (Hispanic and Black) population in urban county | Two counties (one urban, one rural) | ■ Lack of stable housing for many elderly<br>■ Dispersion of rural population | ■ No past program linking Section 8 and services for frail elderly |
| J | 25 | Midwest | Small percent (if any) minority | City (rural) | ■ Large, dispersed elderly population<br>■ Lack of transportation a problem<br>■ Mixed strength of family ties of elderly | ■ No prior efforts systematically linking housing and services for elderly<br>■ Most of PHA's assisted housing stock services families |
| K | 50 | Southwest | 43% minority in elderly service system, 34% Hispanic (Mexican-American), rest Black, small percent Asian | City (urban) | ■ Lack of decent, affordable housing (Desire for housing may be more prominent than desire for services) | ■ No prior efforts linking housing and services |
| L | 75 | West | Very small percent minority | Small city | ■ Remote, not near a major metropolitan area | ■ No prior PHA orientation toward serving elderly. |
| M | 25 | Midwest | Substantial number of elderly Native Americans, although tend to participate mainly in tribal programs | Rural | ■ Growing elderly population<br>■ Growing aging-in-place Section 8 population | ■ No community-based long-term care<br>■ No prior efforts systematically linking housing & services for elderly |
| N | 50 | New England | Probable substantial minority population | City (urban) | ■ Lack of affordable housing for elderly<br>■ High percentage of elderly living alone | ■ No prior efforts linking Section 8 and provision of services<br>■ Long waiting lists for PHA-assisted housing |

Table 2-1 Cont'd

| (1) Site | (2) Number of HOPE IV Units | (3) Region | (4) Race/ Ethnicity | (5) HOPE IV Service Area/ Service Population | (6) Distinctive Community Characteristics | (7) Need for HOPE IV |
|---|---|---|---|---|---|---|
| O | 150 | New England | Virtually no minority | State ( multiple localities) | ■ Increasing proportion of elderly in the population<br>■ Dispersion of elderly | ■ Allows extension of other efforts linking housing & services. |
| P | 95 | Midwest | Significant proportions Blacks, Hispanics (Mexican-American, South American); some Native Americans | Large city (urban) | ■ Increasing proportion of elderly in population<br>■ Large group of poor elderly with poor health more frailty than usual | ■ No prior effort linking Section 8 and services for elderly. |

The racial/ethnic composition of HOPE IV participants is discussed in greater detail in Section 5.1. All indications are that the first 16 grantees are serving a predominantly white population in their HOPE IV programs. In terms of race, demographic profiles of HOPE IV participants provided by the grantees show that 95 percent of the early demonstration program participants are white. In terms of ethnicity, Hispanics (of any race) account for about nine percent of HOPE IV program participants. A single site accounts for most of the Hispanic participants. However, the conclusion that HOPE IV serves a predominantly white, non-Hispanic population is only preliminary. All three of the grantees that had not started to deliver supportive services as of November 1994, have significant percentages of minorities in their service areas. It is unclear, as yet, whether a substantial number of minority households will be represented among the HOPE IV participants in these three communities.

In the one HOPE IV site with a predominantly Hispanic participant population, the PHA has had to be aware of salient cultural issues in the operation of its demonstration program. For example, in this community the majority of HOPE IV applicants speak Spanish as their primary or only language. Therefore, most interactions between the PHA and HOPE IV applicants and participants must be conducted in Spanish. Furthermore, the PHA's jurisdiction is a city on the border between the United States and Mexico. The city is very poor and ties with Mexico are extremely fluid -- that is, people may move back and forth across the border as they change residences over the years. Some of their family members may reside in Mexico, others in the United States, and this may shift over time. One service coordinator reported that, "Many of [the HOPE IV participants] still think they are living in Mexico." This fluidity of movement raises questions of access to, eligibility for, and continuity of supportive services. Most of these elderly people are not United State citizens, and may be unfamiliar with American service organizations or bureaucracies. While they are legal residents, they may believe that they are not entitled to receive help. They may fear that acceptance of formal help will bring about a loss of control over their own lives. Combined with this is a dearth of appropriate housing for frail elderly. A substantial effort has been required to earn the trust of the frail elderly in this community, and convince them of the benefits of enrolling in a subsidized housing and supportive service program.

### 2.1.3 Housing Costs, Quality, and Tenure

Six grantees noted "unmanageable housing costs" as a particular problem for the elderly in their area. At least four of these grantees thought desire for stable and decent housing would be the main factor motivating participation in the HOPE IV program at their sites, but also expressed concerns about

the availability of a large enough stock of housing that is both acceptable to the participants (e.g., due to location and environment) and can meet Section 8 Housing Quality Standards. Two other grantees indicated that a high percentage of elderly in their service area own their own homes, making them ineligible for HOPE IV, even though they may be low income and frail.

### 2.1.4 Other Distinctive Community Characteristics

During the site visits and phone calls, grantees identified some special and distinctive aspects of their community that might affect the operation of the HOPE IV program. These aspects went beyond the basic demographic data supplied in their HOPE IV applications. The grantees provided a variety of responses, which enriched the understanding of the communities in which the HOPE IV demonstration is operating.

At one site, the PHA director pointed out that, due to its location in the temperate Southwest, the community was becoming a retirement center. One consequence of this mobility is that many of the retirees are without family support and can easily become socially isolated. Also, low or fixed incomes among the elderly tend to restrict mobility or leave elders in unaffordable or otherwise unsuitable housing. Some elderly persons, especially widows, may find it difficult to make ends meet on Social Security and small pensions, especially when low incomes are combined with a relatively high rents

At another site, the HOPE IV program serves a two-county area which encompasses two urban zones "with a rural area in between." This area is being advertised as a retirement community, attracting a large number of older persons and placing an upward pressure on the cost of housing. In addition, the PHA's elderly constitute a heterogeneous group. Many elderly in the urban part of the service area are retirees who came to work at a nuclear facility during or right after the Second World War. The rural portion of the area, however, has a concentration of aging black and Hispanic migrant farm workers who have settled there permanently. Thus, the service needs of subgroups within the elderly populations are quite diverse and complex. Another implication of rapid growth in the elderly population is higher rent burdens, as demand for suitable elderly housing increases and relatively little new rental housing is developed.

In virtually all of the predominantly rural sites, the PHA representatives expressed worries about the anticipated difficulties of delivering services to a widely dispersed population. Concerns were

raised about the cost and physical challenges of providing services in large service areas, and about the availability and accessibility of transportation for the rural elderly.

At one rural site, PHA representatives indicated that, despite the stereotypical image of tightly-knit rural families, some elderly people did not have strong family support networks. One of the goals of the HOPE IV program is to serve frail elderly persons who lack an effective family support system. Although some elderly persons in rural sites have very strong and supportive family ties, other elderly persons live without any family nearby, are estranged from their families, or even live in situations of abuse or neglect. Interestingly, respondents in one urban site made similar observations about the prevalence of tension at times escalating to elder abuse in situations in which elders were living with their children or grandchildren. "They (elders) want out. Their in-laws want them out. But the older people are too proud to admit it." According to several HOPE IV grantees, the isolated or abused elderly represent special challenges to their demonstration programs. For example, substantial outreach is needed to identify such persons. Also, several grantees mentioned that neglectful or abusive family members interfered with the application process.

## 2.2 Grantee Governance

The following section describes the organization, structure, and institutional setting for the first 16 HOPE IV grantees. The grantees represent a mix of PHAs in terms of the variety and amount of housing assistance they manage, staff size, and relationship to the general purpose government (i.e., State, county, or municipal government). The grantee agencies have implemented a variety of different staffing arrangements for administering a HOPE IV program which are also discussed in this section.

### 2.2.1 Assisted Housing Units

The 16 grantees represent a broad spectrum of PHAs in terms of size, from small (about 100 units of assisted housing) to very large (about 10,000 units). Each of the 16 HOPE IV grantees administers a Section 8 existing (certificate and voucher) rental assistance program. The size of the grantees' Section 8 programs ranges from about 100 certificates and vouchers to about 5,000. Most of the grantees operate a conventional Low Rent Public Housing program also. Altogether, the grantees manage or assist about 40,000 units of low- and moderate-income housing, which includes over 12,000 public

housing units, over 20,000 Section 8 rental assistance certificates and vouchers, and the balance among other housing assistance programs. About one-third of the grantees' assisted housing units serve elderly persons. Five grantees operate or assist nearly 3,000 units of project-based, congregate or other supportive housing for the elderly.

### 2.2.2 Grantee Staffing

To implement a HOPE IV program, the grantees had to undertake a variety of staffing, organizational, and administrative changes. As discussed in detail in Chapter 4, the PHAs made substantial changes in their rental assistance program operations to accommodate HOPE IV applicants and certificate recipients. Characteristics of the Professional Assessment Committees (PACs) and of the HOPE IV Service Coordinators also are discussed in Chapter 4, which focuses on the grantees' experience with implementing a HOPE IV program. Below, four types of HOPE IV staffing issues are discussed:

- Overall staffing levels,
- Arrangements for hiring or contracting for HOPE IV service coordination,
- Assignment of HOPE IV administrative responsibilities, and
- Relevant experience of PHA staff in the delivery of housing and supportive services.

#### Overall Staffing

A wide range of staff sizes is represented by the 16 PHAs. Staff sizes range from two to over 400 full-time equivalent or FTE. Most of the grantee PHAs maintain very small staffs: nine have staffs of the fewer than 25 FTE.

#### HOPE IV Service Coordination

HOPE IV rules require that grantees designate one or more Service Coordinators for the demonstration's participants. As of November 1994, all 16 grantees had made arrangements for service coordination within their HOPE IV programs. Generally, the grantees followed one of two different

staffing scenarios for service coordination. Either the PHA hired its own Service Coordinator, adding one or more individuals to its staff or designating a current employee for this purpose, or the PHA contracted with an elderly supportive service organization to provide one or more Service Coordinators.[2]

### PHA Staff Devoted to HOPE IV

In general, the executive directors of the 16 grantee agencies have demonstrated an interest in and commitment to the HOPE IV program, even when they have delegated the management of day-to-day HOPE IV operations. Executive directors tend to be most active in day-to-day HOPE IV operations in the smallest HOPE IV sites. At PHAs with more than a dozen staff members and a greater differentiation of divisional and staff functions, the primary responsibilities for HOPE IV operations tend to be assigned to particular departments and individuals. However, in all these sites, executive or associate directors perform oversight functions for HOPE IV.

There is, nevertheless, substantial variety as to which departments and individuals are assigned to operate the HOPE IV program. For example, in four sites, Section 8 program managers are responsible for daily operations; at three sites, community service directors or special programs coordinators administer HOPE IV activities; and at two sites, directors or assistant directors of other types of divisions run the HOPE IV program (e.g., Leasing, Housing Assistance). At most grantee agencies, HOPE IV operations cut across several program or divisional lines. For example, in one agency, HOPE IV operations are assigned to the Section 8 and Community Services divisions. For a few grantees, setting up HOPE IV operations in multiple agency divisions seemed to be more difficult than coordinating with social service delivery agencies in the wider community.

### Background of PHA Staff

PHA directors and other HOPE IV staff were asked about their own professional background in providing supportive services, especially services for elderly persons, and their familiarity with the needs of the frail elderly. Most of the PHA directors described themselves as "veterans" of roughly 20 years in

---

[2] Chapter 4 of this report addresses additional issues concerning Service Coordinators. The *Third Interim Report* of the HOPE IV national evaluation will also focus specifically on Service Coordinators and the Professional Assessment Committees..

the housing arena, but only a few of them had very much experience managing the delivery of supportive services in conjunction with the housing they managed. Other PHA staff assigned to the HOPE IV program reported varying levels of interest and expertise in providing supportive services. Some grantee PHAs have special divisions or programs devoted primarily or exclusively to service delivery.

At one site, a new Special Programs Coordinator with a double background in Public Administration and Social Services had just been hired on a consultant basis by the PHA. Her role is to develop a service niche within the PHA for HOPE IV and Family Self-Sufficiency (FSS) participants. Both HOPE IV and FSS share the common thrust of combining housing with supportive services, all as an integral part of the PHA's orientation. This new coordinator was hired, in part, because the executive director recognized that he and representatives of the community's social services agencies "spoke a different language." With her double background, the Special Programs Coordinator presumably speaks both languages and, thus, can translate across the divide. She is expected to work closely with the agency's HOPE IV Service Coordinator, but will not take on actual case management functions in order to preserve a clear division of labor between the PHA and the contracted service provider.

### 2.2.3 Relationship of PHA to General Purpose Government

#### Level of Government

The 16 HOPE IV grantees represent a range of levels of government and types of legal entities. Two grantees are state-level agencies, three represent county jurisdictions, and 11 serve municipalities. One PHA has jurisdiction over the Section 8 program in an area that includes both a city and the surrounding county, but a separate city housing authority has responsibility for administering their public housing program.

The two state-level grantees are distinctive in that their HOPE IV programs will operate in multiple counties. One grantee is a state housing finance agency, a public benefit corporation created in 1981 to serve as the PHA for the entire state, operating a full range of housing finance and assistance, and generally serving localities without their own PHA. The agency is run centrally and has no delegated functions. What this means for HOPE IV is that the state-level grantee passes through Section 8 rental assistance and supportive service funds to the designated local communities, and maintains ultimate jurisdiction over HOPE IV program operations.

The other state-level grantee is a state housing and community development agency, a division of the State's Department of Community Affairs. Two counties in the State were selected as HOPE IV sites. The HOPE IV Service Coordinators for the two counties will be based in their respective county offices. Within the state agency, the Bureau of Housing Services, responsible for the Section 8 program statewide, is the focus for the HOPE IV demonstration. The agency's programs are operated through four regional supervisors, each responsible for about one-quarter of the State's 21 counties. Regional supervisors oversee county field offices and handle the Section 8 program and other special projects. This state agency maintains strong control of financial operations at the state level. Section 8 applications from anywhere in the State are sent to a central office; the Section 8 hearing officer is also located in the central office. The central office processes paperwork for payments and makes payments to participating landlords directly from the state treasury. Agencies at the county level handle such activities as new leases, yearly renewals, and changes in payments or income for tenants. In addition to Section 8, certain other programs -- such as special needs, transitional housing, homelessness prevention -- are handled centrally, while others are administered at the county level.

**Independent and Line Agencies**

Most of the grantees are independent authorities, governed by their own boards of directors.. Ten local-level grantee PHAs are independent agencies, and the remaining four local-level grantees are line agencies. However, in operational terms, the 10 independent authorities encompass a range of legal, financial, and administrative arrangements *vis-a-vis* city and county governments. For example, one PHA is an independent authority, but its board of directors is appointed by the mayor; furthermore, the PHA conforms to city practices and procedures. Another PHA is technically independent, but its employees are city staff. The board at a third PHA is appointed by the County Commissioners, but the PHA receives no funds from the county. A fourth PHA is a legally independent agency whose finances are, at least for now, managed by the county.

The four line agencies are part of their respective city, county, or state governments. One of these PHAs has been incorporated into the Community Services Department of the city since 1971. Another was independent until 1984, when "management problems" led the city manager to dissolve the housing authority board of directors and directly incorporate the PHA within the city's Division of Community Development. In the third case, the arrangement in which the PHA was formally made part of

the city was only about seven months old when the HOPE IV site visit was conducted in November 1993. Prior to that, the PHA had been attached to the Chamber of Commerce.

### 2.3 Grantee Supportive Service Experience Prior to HOPE IV

Prior to HOPE IV, ten of the 16 grantees had little experience with directly providing or procuring supportive services of any kind, whether to the frail elderly or any other population. The implication for HOPE IV is that most grantees faced substantial efforts to establish service delivery arrangements with elder service agencies. Their interest in HOPE IV appears to come from an increasing awareness of the service needs of their elderly residents. Six of the 16 grantees are notable exceptions, with extensive histories of direct service provision or cooperation with service providers, either to the elderly or to other groups.

This section of the report summarizes three aspects of the grantees' experience in the area of supportive services. Section 2.3.1 covers the grantees' experience in coordinating and delivery supportive services for the frail elderly. Section 2.3.2 addresses the grantees' experience in providing supportive services for groups other than the frail elderly. Section 2.3.3 summarizes the experience of the grantees in cooperating with elder service organizations.

#### 2.3.1 Grantee PHA Experience Delivering Elderly Services

Among the 16 HOPE IV grantee PHAs, four have had considerable prior experience in providing supportive services specifically to the elderly. A strong foundation for HOPE IV had already been laid in prior PHA expertise with these programs. It is not surprising that PHAs with an established record of combining housing and supportive services to the elderly should be among the HOPE IV grantees. More surprising is that of the remaining twelve grantees, eight had only limited experience providing supportive services to the elderly, while four grantees may be considered true neophytes in this area at the time they received the HOPE IV funds.

The four most experienced grantees present a range of prior experience in delivering supportive services to the frail elderly. One such grantee PHA is funded under the *Older Americans Act* (OAA) to deliver supportive services to all elderly in the county, not just those residing in PHA-related

housing. One of these four grantees receives funds from HUD to operate a Congregate Housing Services Program (CHSP) and a second administers a similar state-funded program combining congregate housing and supportive services. CHSP is a program much like HOPE IV; the key difference is that CHSP operates within existing public housing, Section 202 Supportive Housing for the Elderly, or other existing project-based assisted housing. One of these four grantees was also involved almost twenty years ago in a pioneering venture combining Section 8 housing assistance and delivery of supportive services to deinstitutionalized mentally ill persons, many of whom were also elderly and disabled.

Eight of the 16 HOPE IV grantees reported prior or current involvement in much smaller scale efforts to provide supportive services or other special programs for the elderly in PHA-assisted housing. Not all of these efforts had yet resulted in the delivery of services, and none of the eight approached either the scope or the service intensity of the HOPE IV program. Five grantees mentioned efforts geared toward elderly residents of public housing complexes. These programs are unlike HOPE IV in three main ways: 1) services are typically not coordinated by a service coordinator; 2) the offered services include a larger complement of recreational, educational, and health promotion activities (e.g., parties, classes, wellness programs, blood pressure screening, nutrition counseling) rather than supportive services designed to help a frail or disabled person maintain a private residence; and, 3) in most cases, participation in the services portion of the program is entirely voluntary. For three of these eight grantees, efforts for the elderly were extremely limited in scale. For example, about 10 years ago, one grantee supported a pilot project to convert a motel into a supportive housing complex for 20 elderly residents. Another had at one time worked with service agencies to organize educational forums on topics of importance to elderly residents of public housing.

Four of the HOPE IV grantees had little or no prior experience with programs combining provision of housing and supportive services, even by these modest standards. This does not necessarily reflect a dearth of supportive services for the elderly in these communities. Rather, it illustrates a previous lack of direct involvement by the PHA in these efforts. In several HOPE IV communities where the PHA has not previously been involved in such activities, strong networks exist for provision of community-based long-term care services to frail elders.

### 2.3.2 Grantee Experience Providing Supportive Services to Other Groups

In addition to the four agencies noted as possessing extensive experience with service delivery to the frail elderly, two other grantees had extensive experience in combining housing and supportive services for other populations. To the extent that such experience is transferable, these grantees were probably better prepared than the remaining ten grantees for dealing with the requirements of managing the HOPE IV program. The director of one of these agencies has consistently shown a commitment to programs combining housing and supportive services, and has supported various mechanisms for coordination of service delivery across agencies and programs. The other grantee PHA has been involved in programs for delivering supportive services to a wide range of groups, including the homeless, single room occupancy (SRO) residents, family self-sufficiency program participants, public housing residents in employment and training programs, and elderly residents in a small scale project to deliver supportive services at one public housing facility.

### 2.3.3 Prior Collaboration with Elder Service Agencies

Somewhat distinct from their experience in delivering supportive services to frail elderly is the HOPE IV PHA grantees' past history of collaborating with the agencies in their communities that deliver services to the elderly. The evaluation will ascertain how prior PHA-AAA ties affect HOPE IV program implementation and the extent to which the interagency linkages created by the HOPE IV collaboration become an integral part of the PHA's ongoing operation.

The extent of formal or informal linkages between the 16 grantee PHAs and elderly service organizations prior to the HOPE IV program varied substantially:

- Four grantees reported prior formal experience contracting with elderly service organizations at both the local and State levels;
- Eight grantees reported only "informal working relationships" or transitory individual contacts with elderly service organizations; and
- Four grantees reported "little or no" prior experience of any kind with elderly service organizations, although they emphasized the existence of a strongly developed network of services for the frail elderly in their communities.

Only a minority of the HOPE IV grantees had any experience of formal cooperation (e.g., contracts, cooperative agreements, letters of agreement/or understanding) with elder service agencies. Several grantees said that, prior to HOPE IV, there had been no formal mechanism available to them for making this linkage. For some grantees, working together on the HOPE IV application was the first opportunity they had for collaboration. Even in communities with a strongly developed network of elderly service providers, there seems to have been little formal collaboration between the PHA and these service agencies prior to HOPE IV.

Notwithstanding this overall picture of limited past collaboration, HOPE IV has provided a means of forging or strengthening the linkages between the PHAs and AAAs. In one community lacking either a strong pre-existing service network or prior contact between the PHA and the AAA, collaboration created by joint participation in the HOPE IV application process had (by November 1993) already stimulated another joint venture in combining housing and supportive services for the frail elderly.

## 2.4 Other Community-based Long-Term Care Options in the HOPE IV Grantee Communities

Apart from investigating the extent of the grantee PHAs' prior involvement with programs combining housing and supportive services for the elderly, the evaluation questions asked about the range of other long-term care options for frail elderly available in the HOPE IV communities. Especially of interest was knowing what other alternatives exist for the frail, low-income older population, as well as where HOPE IV fits on the continuum of care.

In all 16 communities, HOPE IV fills an unfilled or incompletely filled niche in the service system for the frail elderly.

- Five grantees indicated there were no real alternatives to HOPE IV in their communities except nursing home placement.
- Four grantees reported either that the limited home care available in their area was too costly for the frail elderly population, or that publicly funded community-based long-term care programs in their community were under budget pressures and had impossibly long waiting lists.

- Four grantees indicated the HOPE IV supportive services component would be an expansion of existing AAA efforts, although complicated in some cases by different frailty eligibility criteria for HOPE IV and the AAA home care program.

- Three grantees in two different States noted that Medicaid or Medicaid/Medicare waiver programs had been established in their communities to deliver intensive supportive services in community-based settings to frail elderly persons who would otherwise qualify as nursing home eligible.

In one of these three communities, a Medicaid and Medicare waiver program is operated under the aegis of the State Department of Housing and Community Affairs and is modeled after the On Lok Program in San Francisco.[3] Funds that would have been used to cover nursing home expenses for these extremely frail and medically needy individuals are used instead to sustain them in a community-based setting by providing an interlocking network of medical and other necessary services. All three of these grantees with State Medicaid or Medicaid/Medicare waiver programs see HOPE IV as serving individuals who are less frail than persons eligible for the waiver program. Depending on availability, persons assessed as too frail for HOPE IV might be channeled into the waiver program, or as they age or exhibit further decline, HOPE IV participants may need an added level of care and "graduate" into the more service-intensive waiver program rather than entering a nursing home.

## 2.5 Implications for PHA Programs for The Frail Elderly

The HOPE IV program fills an unfilled or incompletely filled service niche in all 16 HOPE IV communities, which represent most regions of the country and a wide range of types of communities. The diversity of characteristics presented by the 16 HOPE IV grantees provides an opportunity to consider the influence of community and PHA context on designing and establishing PHA programs for the frail, low income elderly. Two general lessons can be offered, incorporating recent recommendations and observations from the 16 grantees.

- *Grantee PHAs must adapt their programs to fit the needs and circumstances of the low income, frail elderly in their communities. This requires detailed, firsthand knowledge of various aspects of this population (e.g., housing conditions, economic circumstances, family support, lifestyle).*

---

[3] On Lok is a private, non-profit organization which serves primarily an elderly Chinese-American community in San Francisco, California. On Lok operates residential and day programs. On a capitated basis, On Lok uses Medicare reimbursements under a unique waiver to address the long-term health care needs of older persons as an alternative to fee-for-service and nursing home care.

This apparent truism cannot be stressed too much. Any basic program model, however sound, must be shaped to fit the particular environment. Intimate, working knowledge of community conditions as they affect the frail, low income elderly is more useful than abstract projections or generic demographic data. This detailed knowledge permits a realistic assessment of what will be required to establish a viable program for the target population in a given community, including many of the likely obstacles to be overcome.

For example, in establishing a program in a largely Mexican-American border community, PHA staff have to address a range of linguistic, cultural, and residential issues. The needed adaptation extends well beyond translating materials into Spanish; it requires appreciating inter-generational dynamics of Mexican and Mexican-American families, as well as how best to approach overcoming cross-cultural differences in assumptions underlying receipt of services. In most communities, knowledge of how local housing conditions affect the low income elderly--including the quality and availability of appropriate housing stock, the proportion of renters versus owners, and current and future rental market conditions--is vital to the ability to design a viable housing program for this constituency. Similarly important is knowing the basic economic circumstances of the low income older population.

Considering what they might have done differently to ease the process of program implementation, the HOPE IV grantees offer similar advice to PHAs starting a program like HOPE IV. "Really know *your* frail elderly population, not just the State level data" said one grantee. "Be sure you have the necessary 1-bedroom availability," recommended another. A third grantee provided an example of what can happen when the PHA identifies a high level of need for housing and supportive services, but not the particular circumstances, on the part of the frail elderly. This PHA noted that in making projections, the application team had failed to take into account how many low income elderly in their community own their own homes, and would thus be reluctant to move into rental housing to satisfy the requirements of the program. Another grantee indicated: "If we had thought harder about what was needed (for a participant) to fulfill all the specific requirements of the (HOPE IV) program, we probably would have requested fewer vouchers."

Surprisingly few of the 16 HOPE IV grantee PHAs had extensive prior experience either delivering supportive services to the frail elderly or formally collaborating with elderly service agencies in their communities. However, most had some, albeit limited, experience with service delivery to the elderly or at least informal prior contacts with AAAs. Another factor mitigating the lack of PHA experience is

that most of the grantees with little or no history of PHA/AAA collaboration were located in communities with a strong network of supportive services for the frail elderly.

- *Extensive experience in service delivery to the frail elderly and a history of prior formal collaboration between the housing agency and the elderly service agencies are not absolutely necessary for establishing a program such as HOPE IV. However, it is advisable to start with some foundation for inter-agency collaboration based on previous contacts or a strong pre-existing elderly service delivery network. Beyond that, it is wise not to take much about the PHA/AAA relationship for granted.*

Prior collaboration between the PHA and the AAA does not necessarily guarantee smooth implementation of the HOPE IV program. However, failure to agree in advance on a clear division of responsibilities between agencies can sometimes cause problems. With hindsight, grantees stressed that in launching the PHA/AAA partnership, it was necessary to go well beyond the "on paper relationship" presented in the HOPE IV applications.

# 3. THE DECISION TO APPLY FOR HOPE IV

The invitation to participate in the HOPE IV program was extended to the nation's over 3000 PHAs in HUD's Notices of Funds Availability (NOFA), as two competitions for federal fiscal year 1992 and 1993. A total of 28 agencies received awards, 16 of them as part of the 1992 competition. This chapter explores the reasons why the successful applicants for the 1992 competition applied for the program, and why some of the others that also saw either year's NOFA did not submit applications.

## 3.1 Grantees and the Application for HOPE IV

### 3.1.1 Factors Motivating the Grantee Applications

Why did the grantees decide to expend the time and effort required to apply for the HOPE IV Program? The reasons fall into two clusters. Ten grantees indicated that in spite of their PHA's relative inexperience with programs of this sort, they had come to recognize the growing needs of the elderly populations in their communities, and saw the HOPE IV Program as a way to address these needs. In most cases, PHA personnel had not come to this recognition on their own. Rather, their views had been influenced by contacts, conversations and meetings with advocates for the elderly or representatives of community agencies delivering services to the elderly.

The following excerpts from site visit reports illustrate these points:

> ...there was a need for long-term care...No agencies were providing a program similar to HOPE IV. The Area Agency on Aging (AAA) saw that, within its jurisdiction, [name of community] had a lot of elements already in place that would be needed to apply for HOPE IV. According to the PHA, the existing Section 8 population was aging and needed more supportive services.
>
> ...the Executive Director of the PHA saw the NOFA and decided to apply. Agency staff are aware that there is a high proportion of elderly people in the county. The PHA receives frequent requests for housing assistance and services from people who are concerned about their increasingly frail parents, and they [the PHA] are unable to provide suitable assistance.
>
> [Name of place] has a large, scattered elderly population that the PHA would like to serve. Several years ago, the managers of PHA-assisted housing expressed an interest in dealing with the problems and service needs of their elderly tenants.

> The PHA director became interested in HOPE IV because he came to realize that the elderly are the fastest growing segment of the population and nothing had been done for them before in the housing arena...The general impetus to do something to address the needs of elders in [name of community) came several years ago, through the Mayor's Committee on Aging and the Senior Center Director going "one-on-one" with the city council.

The second major cluster of grantees reported that applying for HOPE IV funds represented a natural extension of their past work in efforts combining housing and provision of supportive services to the elderly.

A theme that emerges strongly from the interviews is that although initial contacts may have been forged between the PHA and the AAAs or other service delivery agencies, the HOPE IV Notice of Funds Availability (NOFA) gave them just the opportunity for collaboration, or more intensive collaboration, that they needed. The timing was right. "We had been waiting for something like this to come down the pike," said a representative from one grantee site. "The PHA had already established informal linkages with the AAA when the NOFA appeared," read another site visit report. A third report stated:

> A survey had been done three years ago, revealing the housing needs of the elderly. A coalition of aging groups had been formed on the initiative of the Mayor's Advisory Board on Aging and the Department of Human Services. *But before HOPE came onto the scene, there was no mechanism to facilitate this coalition's working jointly with the PHA.* [Our emphasis.]

Several of these grantees suggested that without a pre-existing base, which made it reasonably easy for them to put together the application, they would probably not have applied for HOPE IV funds.

In one way or another, a groundwork for inter-agency collaboration had already been laid in these communities. The HOPE IV NOFA provided the necessary catalyst for activating the process. Another site visit report says:

> The PHA found it could help persons with considerable disabilities stay at home, avoiding the need to move into restricted settings such as nursing homes. For this reason, the PHA knew the HOPE IV concept would work for the scattered site Section 8 frail elderly tenants.

One PHA director admitted that his PHA applies for all HUD-sponsored programs to provide affordable housing. In this locale, the process was simplified for HOPE IV because Section 8 eligibility

screening criteria had already been incorporated into an existing ADL assessment tool that could be used to screen participants for frailty. In this case, as well, prior experience in putting together applications of this sort, plus a fortuitous coalescence of local conditions, supported the decision to apply for HOPE IV funds.

### 3.1.2 Putting Together the Application

In at least 13 grantee sites, someone at the PHA, although not necessarily the PHA director, took the initiative to produce the HOPE IV application. The "typical" scenario was that someone at the PHA saw the NOFA and immediately set about notifying the partner agencies and arranging for their representatives to meet as soon as possible. For example, one PHA reported, "we faxed the AAA [in another town] the NOFA over the weekend and arranged for them to come down to meet with us early the next week." Virtually all the sites emphasized that time was of the essence; the turnaround time was so short that they had to act quickly or not at all.

At one site the initiative for pursuing the application came instead from the city department of human services and a community-based coalition for long-term care, whose representatives then contacted the PHA community services director "who immediately said yes."

At most of the 16 HOPE IV sites, the PHA assumed lead responsibility for putting together the application, but with significant help from representatives of AAAs and other community service organizations. In all cases, some collaboration from non-PHA agencies was needed to gather and assemble the required information. At one site, the application was drafted by the PHA and AAA and reviewed by a committee of community agencies. The application was also critiqued by the HUD field office, which provided technical assistance to the local PHA in their application effort. This was the only time a grantee described having received assistance from HUD in their application efforts.

At one grantee site, the application for HOPE IV was written by an outside consultant and someone from the community elder services agency, with little if any direct involvement from the PHA. The PHA program coordinator has little experience or apparent interest in supportive services for the elderly. He indicated that the main person with an interest in the program and connections to aging network had left the PHA. Interestingly, this is one of two sites where, as of December 1994, the HOPE IV program had yet to really get off the ground.

Respondents tended to concur that the HOPE IV application process required inter-disciplinary expertise in both housing and aging issues, and expertise in submitting grants. "I knew how to put together the housing piece," said one PHA director, "but I could never have done the supportive services piece without help from the AAA." At one large grantee site, several PHA employees participated in the application-writing effort, including the PHA's specialized grants writer, who teamed with an accomplished grant-getter from the community long-term care agency. "To win this sort of thing," they said, "you need to have sophisticated people working together." In the smaller, rural sites where expertise was generally lacking, the respondents described the process of preparing the application as a "seat of the pants" operation.

Virtually every grantee indicated that there was a limited amount of time in which to prepare the application between the NOFA and the due date. Although these grantees were obviously able to overcome the time limitation barrier, they acknowledged that under other circumstances the time constraints might have been enough of a deterrent to have stopped them from applying. Several sites indicated that they had relied on a lot of "volunteered" time above and beyond regular work time to put the package together.

One grantee commented that projecting service needs to design a services package was "part fortune-telling." Respondents at this site felt it would have been better to have required a gross projection of needs for application purposes and then allowed the grantee to design the actual service package once more detailed local information was available. Another grantee indicated that challenges for them in preparing the application included selecting the counties to participate (in a state-administered site), deciding on the appropriate target population, and meeting the matching funds requirement.

### 3.1.3 The 50 Percent Match Requirement

Requiring matching may serve as a barrier, especially in financially troubled communities. The ability to raise the match can signal that the community can assemble the resources. Being able to gather the necessary resources also reflects the PHA's ability to work with community agencies that deliver services to the frail elderly, and will likely be an essential element to program success.

Very few grantees indicated that generating the matching funds commitment had presented a serious barrier to application. Several added, however, that it remained to be seen whether service delivery

would flow as smoothly in this respect over the entire five year demonstration period. At least two grantees indicated that if necessary, they planned to dip into their operating reserves, to cover any shortfall in the match.

The "partner" AAA agency, donating in-kind services or dollars for services, is the primary source of the match for most HOPE IV grantees. Other sources tapped for the HOPE IV match include: Medicare, Medicaid, and various types of State programs (including a State-funded homecare program, a State Homelessness Prevention Program, and Social Security Block Grant monies).

### 3.1.4 Grantee Ties with Community Agencies Delivering Services to the Elderly Before and After Application

The HOPE IV application instructions require applicants to document that local AAAs and other key community agencies delivering services to elderly had been involved in the application process. Collecting the information to document service needs and service plans generally required some degree of inter-agency collaboration. However, that collaboration did not necessarily indicate a strong history of common efforts. In many cases the HOPE IV application marked the first time that PHA personnel had worked with personnel from these community agencies.

The evaluation team decided it would be important to find out more about the true strength and nature of the PHA's pre-existing ties with these service delivery agencies, as well as the impact on this relationship of winning the grant. Program implementation might be less problematic and move more quickly in sites with a history of successful collaboration. The team also thought that winning the award might in itself solidify ties, and perhaps even lay the groundwork for other collaborative efforts.

Twelve of the 16 grantees indicated that before applying for HOPE IV they had only limited experience with the agencies in their communities that deliver services to the frail elderly. Several grantees stated that prior to HOPE IV, there had been no formal mechanism available to them for making such a linkage. In a number of cases, the ties that existed had been episodic, transitory, or mainly through one individual rather than between agencies per se.

Four grantees described a history of collaborative efforts across agencies both at the local PHA and AAA level and across divisions at the state level. One grantee reported a pattern of cross-cutting

ties, with representatives of the AAA performing functions on housing commissions and PHA representatives sitting on advisory committees on aging. Not surprisingly, these same grantees stated that applying for HOPE IV came as a natural extension of previous efforts linking housing and services for frail elderly in their communities.

However, where there had been little if any contact between the PHA and service agencies prior to applying for the demonstration monies, HOPE IV has provided the means of creating or building up these linkages. This appears to be an easier process in communities with a strong network of community-based long-term care services where the PHA could be "assimilated" into an existing network. It is too soon to tell whether the inter-agency ties created by HOPE IV collaboration will be sustained beyond the end of the 5-year demonstration period.

### 3.2 PHAs That Did Not Apply for HOPE IV Funding

One component of the original evaluation design was a non-grantee telephone survey of PHAs that had requested HOPE IV application materials from the HUD regional offices, but had not followed through by submitting an application. After consultation with HUD, it was decided that it would be exceptionally difficult and costly to develop a sampling frame of these agencies. In locating sites for comparison group members, Westat had already identified a group of PHAs that had not applied for the HOPE IV program and were similar to the grantees in a variety of important characteristics. Consequently, with HUD's approval, these became the frame in selecting the PHAs for the non-grantee survey. The majority of the PHAs interviewed were medium sized, suburban or rural agencies.

In this section, we present the results of interviews with these PHAs that chose not to apply for HOPE IV grants. The purpose of these interviews was to identify reasons for not applying and elicit recommendations for enhancing the appeal of programs like HOPE IV in the future. For accuracy's sake, "non-grantees" have been renamed "non-applicants."

### 3.2.1 Interviewing Non-Applicant PHAs

Selected because they were similar in basic demographics to those PHAs that did apply for and receive funding, the non-applicant PHAs were the same sites chosen as comparison sites, thus ensuring comparability in service availability, degree of urbanization, housing stock, and other critical components.

Questions were developed to solicit information from the executive directors of the PHAs concerning their degree of original interest in HOPE IV, overall reaction to the program, reasons for ultimately not applying, and suggestions for improvement. The Directors were also asked to give examples of other federal housing programs that they had applied to recently to ascertain why those were pursued as opposed to HOPE IV. The instrument was designed to elicit both quantitative information (as to the size of the agency and applications made for other federal programs), and qualitative information regarding individual reasons for not applying to HOPE IV. Probing was used to enable Westat to differentiate between agency-specific impediments and the respondents' perceptions of programmatic limitations.

Fifty-four PHAs from across the United States were contacted; 40 interviews were completed.[1] The interviews were conducted over a three week period in August 1994 and averaged 15 minutes per interview.

All 40 responding PHAs had similar demographic characteristics and shared some reasons for ultimately deciding not to apply for the HOPE IV program. They were comprised mostly of medium sized agencies. These PHAs included those that had considered applying for HOPE IV (16 sites or 40%) and those that had not (24 or 60%). The group that had considered HOPE IV was located mostly in suburban areas; 12 PHAs or half that had not considered applying were in rural areas.

### 3.2.2 Reasons PHAs Did Not Apply for HOPE IV Funding

Executive directors of the 40 non-applicant PHAs were clear about why they ultimately decided not to apply for HOPE IV. Since all of them were aware of the program, they all had an opportunity to consider making an application. Reasons for deciding not to apply can be classified into

[1] Four of the remaining 14 had new directors and were unable to respond to the questions; 8 had applied to the second (FY 1993) HOPE program competition; and one had not seen the NOFA.

three categories: (1) perceptions that the program was not needed in the community or was considered of low priority; (2) PHA staff felt they were not experienced or familiar with key activities required for operating such a program, especially those involving coordination with other agencies; (3) limited time, staff, or resources were available to develop the proposal or implement the program if it were to be funded. The first of these possible categories of reasons supersedes the others, since PHAs are unlikely to submit applications if they do not perceive the program to be necessary or useful in the first place, regardless of whether they have experience in the area or possess resources and skills necessary to submit a proposal or operate a program.

Over half of the non-applicants (24) considered the HOPE IV program unneeded or of low priority, even though eight of them had actually thought about applying. Six other PHAs did not indicate that the program was low priority, but expressed doubts about their ability to work with service delivery agencies to the elderly or acquire matching funds. Most of these also said it would have been too time-consuming to put together an application within the time constraints. The remaining 10 non-applicants did not indicate any program elements were particularly daunting, but said they lacked the resources to put together an application or manage the program. Four of them even considered applying, but ultimately decided against it. This latter group might warrant some attention in any future program development effort, in that the obstacles to participation -- limited resources -- can be more readily overcome than perceptions that the program is unnecessary, or lack of collaborative experience. Specific reasons offered by the non-applicants in each of these three categories are described below. They are also presented in Table 3-1.

- **HOPE IV Was Ranked Low in Priority**

Altogether, 24 of the 40 non-applicants gave answers indicating that HOPE IV was not considered to be of high priority in their communities. These include the following responses, in order of relative frequency: the need for services was already being met or the program duplicated already existing services; providing supportive services to the elderly was not a priority at the time of application, because other needs were deemed more pressing; and, applying to HOPE IV was contrary to the local philosophy of working through the private sector.

**Table 3-1 REASONS FOR NON-APPLICATION TO THE HOPE IV PROGRAM**

| Reasons given for decision not to apply | Percent of all Non-applicant PHAs interviewed giving as a reason: N=40 | Percent of Non-applicant PHAs that considered applying giving as a reason: n=16 | Percent of Non-applicant PHAs that did not consider applying giving as a reason: n=24 |
|---|---|---|---|
| **I. HOPE IV - Not a Priority:** | | | |
| a. Need for supportive services for elderly already met | 43% (17)* | 38% (6) | 46% (11) |
| b. Supportive services for elderly not a priority item at the time | 30% (12) | 44% (7) | 21% (5) |
| c. Program duplicates already existing services | 25% (10) | 31% (5) | 21% (5) |
| d. Contrary to local philosophy/viewpoint | 25% (10) | 13% (2) | 33% (8) |
| **II. Limited Time, Resources or Staff:** | | | |
| e. Lack of available staff to manage program | 48% (19) | 44% (7) | 50% (12) |
| f. Lack of available staff to write the proposal | 33% (13) | 31% (5) | 33% (8) |
| g. Lack of administrative funds | 30% (12) | 44% (7) | 21% (5) |
| h. Lead time to write proposal too short | 18% (7) | 44% (7) | 0 |
| i. Application process too long/too complex | 8% (3) | 6% (1) | 8% (2) |
| **III. Lack of Experience in Working Across Agencies:** | | | |
| j. Requirement of 50% matching funds | 50% (20) | 69% (11) | 38% (9) |
| k. Perceived inability to coordinate with providers to obtain supportive services | 23% (9) | 31% (5) | 17% (4) |
| l. Perceived inability to sustain funding | 15% (6) | 25% (4) | 8% (2) |

* PHAs provided more than 1 reason a - l

### Need for Elderly Supportive Services Already Being Met

Seventeen non-applicants stated that the need for elderly supportive services was already being met in the community either by other government or private agencies or by family. Six of these agencies had considered HOPE IV, while 11 had not. Ten non-applicant PHA directors specifically noted that supportive services in HOPE IV would duplicate those in an existing program. Both the PHAs that had considered HOPE IV and, those that had not, thought this was the case. One agency director stated that HOPE IV would be competing with an "already existing, successful public housing program," and because of this, he was not interested: "Elderly can get excellent services already under conventional elderly public housing. We are already networking for supportive services, and HOPE IV would be competing with this already successful program."

### Supportive Services For Elderly Not A Priority Item at the Time

Twelve (30%) of the PHAs did not feel that supportive services for the elderly was a priority at the time of application. Seven of these agencies had considered HOPE IV; five had not. Most stated that other programs were given priority because of the needs of their respective communities:

> "The need was greater for families. They wait four to ten years for placement and have fewer services. The elderly can be placed in housing that is top notch in terms of physical environment and receive a plethora of services in four to five months."
>
> "We have a higher concentration of family units and saw a need to assist with drug awareness and education."
>
> "We are youth-oriented; there is not a large elderly population, but we assist the elderly we do have through Section 8."
>
> "The elderly are getting cooperative services from other local agencies...we have the drug elimination grants and are concentrating on family programs dealing with this."

### Contrary to Local Philosophy/Viewpoint

Ten (25%) of the non-applicant PHAs expressed concerns that increasing the amount of federally funded housing, by applying for programs such as HOPE IV, was contrary to the local political attitudes and philosophies in their particular area. Most of these PHAs had not considered applying for the

HOPE IV program. They seemed to be moving towards less reliance on the government and more contact with the private sector for community projects:

> "The current city council wants to involve private sector funds and will usually choose programs involving the private sector."
>
> "The philosophy [of the City Council] is to provide minimum housing only. It is felt that housing is best left to private industry... We are not looking to expand the Section 8 Existing Housing due to this philosophy. We would assist the private sector if this was an option."

- **Lack of Experience with Coordinating Resources and Services Across Agencies**

The second category of reasons for not applying for HOPE IV has to do with non-applicant PHA's perceptions that they could not have worked across agencies to obtain the resources or cooperation needed to operate the HOPE IV program in their communities. In order of relative frequency, the two main reasons included perceived difficulties in: obtaining the matching funds commitment, and coordinating with service providers to supply supportive services. A smaller number were worried about their ability to continue to sustain funding at the end of the 5-year demonstration period.

**Requirement of 50 Percent Matching Funds and Perceived Inability to Sustain Funding**

The requirement of 50 percent matching funds was judged to be a formidable obstacle to applying by almost one-half of the non-applicant PHAs interviewed. This was expressed as a reason by 11 of those that considered applying, and nine of those that did not consider applying. Agencies that were 100 percent government-funded indicated that they had no possibility of raising such a match. Frequent comments included statements such as:

> "We have no reserve funds;"
>
> "The 50 percent would have been a problem especially on a continual basis; we have networking, but money is very hard to get on a continual basis;"
>
> "The 50 percent match is a big burden. A five year commitment is very difficult; the housing authority bears full responsibility if the matching funds give out;"
>
> "We're broke and have no reserves;" and
>
> "The match-well has gone pretty dry."

Six PHAs did not believe that they would be able to sustain funding for the program past the initial five-year demonstration period and did not want to "appear like the bad guys" if the funding ceased and the program was in danger of being terminated.

#### Perceived Inability to Coordinate with Providers to Obtain Supportive Services

Nine respondents, roughly equally divided between the group of PHAs that did consider applying for HOPE IV and those that did not, felt that they could not coordinate with other local providers to obtain the necessary supportive services.

### ■ Limited Staff, Time, and Resources

Another major cluster of reasons for not applying to the HOPE IV program had to do with limitations in time, staff, or resources, either to prepare the application, operate the HOPE IV program, or both.

#### Lack of Available Staff or Administrative Funds to Manage the HOPE IV Program

Nineteen of the non-applicants said the lack of available staff to manage the program was critical. Of these, seven agencies had considered applying for HOPE IV and 12 had not. The sentiment was that: "We'd be stealing the time of the staff to run new programs." Staff, already felt to be operating at maximum capacity, could not be "stretched" any further without endangering ongoing projects. Concerns were expressed about becoming overextended. One non-applicant mentioned not having applied because they were waiting to hear from HUD on other proposals and were afraid of receiving more grants than the agency was capable of managing. All directors wanted to ensure that they remained capable of executing the programs they were already committed to with some degree of excellence: "We can only do a few [programs] well...in addition to maintaining the others." Similar concerns were expressed by non-applicants who gave lack of administrative funding as a reason for not applying. If a program did not allow for hiring more staff, it was not deemed feasible to apply. Finally, a number of PHAs were distressed over a perceived increase in administrative requirements for programs such as HOPE IV. The increased paperwork and revisions of regulations were viewed by many as excessively burdensome.

### Lack of Available Staff and Lead Time to Write the Proposal

Thirteen agencies complained that they did not have enough staff to permit reduction of anyone's duties to work on the proposal. Some stated there were too many other things going on at the time: "We have difficulty finding staff time to write the proposal." Others mentioned a large number of NOFAs had been published, and they did not have enough personnel to respond to each one: "We can only do so many things." Another complaint was the shortness of the lead time for the application process. All seven of the PHAs that felt this way had considered applying for HOPE IV. Staff was working on other programs and/or proposals and "there was a lack of money to fund a grant writer." One director said the period when the NOFA was published was busy and therefore they had to be "very selective" about the programs they applied for. Several PHAs felt that the time allotted to apply for a program should be at least three months from the publication of the NOFA. Several executive directors cautioned that many community agencies cannot commit to a partnership agreement without board approval, and some boards only meet quarterly. Others stated that the application was "too long and complex."

## 3.2.3 Applications to Other Programs and Future Applications to HOPE IV

### Applications to Other Federal Programs

All but four of the non-applicant PHAs had applied for other HUD Public Housing or Section 8 programs within the last two years. It is interesting to note the types of federal housing programs that this group of non-applicant PHAs did apply for during the period between 1992 and 1994. The program and number of agencies that applied for each is given below.

- Drug Elimination (14);
- Family Self-Sufficiency Program (14);
- Comprehensive Improvement Assistance Program (11);
- Youth Sports (7); and
- Family Investment Center (6).

Some applicants (fewer than five) applied for other HUD programs, such as HOME, Rehabilitation for Community and Modernization of Obsolete Properties.

The reasons for application to the programs listed above in preference to HOPE IV fall into four main categories. The programs the non-applicants did apply for:

(1) were needed to maintain or improve an existing program or fit in with existing or on-going activities so that some of the required resources and mechanics were already in place;

(2 served the majority of the PHA's clients (such as families); or

(3) helped correct an exacerbating problem (such as drugs).

A relatively small number of non-applicants mentioned that they had applied for these HUD programs, but not HOPE IV, because of a lower local matching funds requirement, a more streamlined application process, or less staff and resources needed to manage and maintain the program.

**Recommendations to Improve the Rate of Application to the HOPE IV Program**

When asked if they would consider applying for HOPE IV in the future, four of the non-applicant PHAs said they would, because it would now complement an existing program or their agency was currently prepared to manage the program. All these agencies had originally considered applying for HOPE IV. Thirteen agencies said they would not apply if the program remained the same. Twenty-three non-applicants said they might apply in the future if changes were made in the program or application process.

Non-applicants made recommendations for improving the program. Five primary recommendations were made for ways to revise and enhance the HOPE IV program to make it more attractive to potential applicants. The number of agencies making each suggestion is given in parentheses:

- Eliminate or lower the requirement of 50 percent matching funds (17);
- Include administrative funds (13);
- Provide more lead time in the application process (8);
- Streamline the application process (5); and
- Streamline the program's paperwork and regulations so that they are less of a management and administrative burden (5).

## 3.3 Comparing HOPE IV Grantees and Non-Applicants

The perspectives of the grantee PHAs that prepared successful applications for the HOPE IV program are considerably different from those of non-applicants, some of whom did not even consider applying. For the 16 grantees, a number of factors came together to encourage application, even in the face of obstacles. One major reason for applying for HOPE IV given by the grantees was their perception of a need for a program of this sort to serve the low income, frail elderly in their communities. Many of the grantees were made aware of the needs of the frail elderly only through contacts with representatives of elderly service agencies or advocates for the aging. Joint participation in the application process then increased the PHA grantees' knowledge of the unmet needs of this frail elderly constituency, and at the same time, built up or strengthened their linkages to their partner elderly service agencies. It was a cumulative process, and timing was also important.

Despite differences between the grantees and non-applicants, certain key features of the decision process appear similar for both groups. For both grantees and non-applicants, the PHA had to determine whether HOPE IV was a high enough priority to warrant the time and attention required to complete an application. In making this decision, agencies considered whether there was a large enough low income elderly population within their areas needing supportive services as well as housing, and if existing programs could adequately meet those needs.[2] Furthermore, a favorable climate of opinion in the community was required to provide support for such a program. The 16 successful grantees considered HOPE IV to be high enough in priority to warrant applying for the program, whereas half of the non-applicants did not.

Potential applicants also had to evaluate their experience and expertise in areas related to the program's basic features. Most grantees were able to devise an approach to generating matching funds and had at least some ties to social service delivery organizations or individuals they could build upon to develop a program. Many non-applicants -- both those that decided that the program was too low in priority to warrant serious consideration and others -- found it daunting to devise a method for obtaining matching funds, or to form ties with social service agencies to serve elderly clients.

---

[2] It is not possible to judge the objective accuracy of the non-applicant's assessment of the lack of need for a program like HOPE IV in their communities. Nor do we really know how much consideration they gave to assessing this situation. In this case, however, what is important is their perception of lack of need or of the adequacy of existing resources in addressing that need, as well as their perception that groups other than the frail elderly had more pressing needs.

Despite difficulties, grantees also successfully conquered a third obstacle to preparation of an application: the availability of staff time, expertise, and other resources to write the proposal and manage the program. Resource constraints remained a stumbling block to 10 of 40 non-applicants, even when priorities and experience were not particular problems.

Application to and participation in HOPE IV then had a noticeable impact on the grantees' orientation toward the frail elderly population. For all grantees, at the very least, HOPE IV represents a new, unique opportunity to complement Section 8 housing with delivery of supportive services for frail elderly. From the perspective of community service providers, HOPE IV represents the first chance to link housing and service delivery for the low income frail elderly population in a far more systematic and coordinated fashion. In the fall of 1993, respondents both from the grantee PHAs and their partner AAAs repeatedly expressed their excitement at having been provided a rare opportunity to take this "double-pronged" approach to addressing the failures of the service delivery system. One year later, though considerably wiser about the obstacles to implementing a joint venture in provision of housing and supportive services to the frail elderly, they remained, on the whole, still very enthusiastic about the HOPE IV program and even more committed to addressing the needs of this group.

# 4. PROGRAM IMPLEMENTATION

This chapter describes the early implementation of the HOPE IV Program at the 16 grantee sites. It examines commonalties and variations across the sites in how participants are being identified, recruited, screened, and assessed, how long this is taking, and why. The chapter also explores the functions of the Professional Assessment Committees (PACs) and service coordinators, as well as the organization of delivering services, including which services are delivered and by whom, which functions are contracted and which are handled directly by the grantees. We also briefly consider the grantee's sources of funds for operating the HOPE IV program and how the funds are allocated among different uses, including the various categories of services.

The chapter will mainly address "How Are Services Provided and At What Cost?."[1] The sources of data for this chapter include: abstractions and close reading of the narrative portions of the HOPE grant applications; reconnaissance visits and calls to the grantees; analysis of documents provided by the grantees (including the instruments they use for assessing frailty); grantee mail survey returns; and follow-up telephone interviews with the grantees conducted in November and December 1994, about a year after the initial round of reconnaissance calls and visits.

## 4.1 Effects of HOPE on Section 8

Chapter 3 pointed out that participation in the HOPE IV program has influenced the way grantee PHAs look at the frail elderly in their communities. A related theme that runs through this chapter has to do with how participation in the HOPE IV program has affected various aspects of regular Section 8 Program operations at the grantee sites. Virtually all grantees recognize that the Section 8 program in their PHA has changed perceptibly as a result of their involvement in HOPE IV. Eight of the 16 grantees went so far as to characterize these changes as "dramatic," "major," or even "revolutionary."

Grantees said that prior to HOPE IV the Section 8 programs in the grantee sites had, either consciously or inadvertently, discounted the frail elderly as a service population. In a number of places,

[1] These questions are answered in a preliminary way on the basis of the data collected so far. Others will be addressed later in the evaluation, when grantees have fully implemented all the requisite elements of HOPE program design and recordkeeping. Nevertheless, for purposes of both the process and outcome evaluation components, it is vital to establish the foundation for constructing a picture of HOPE program implementation as it emerges and changes over time in response to various factors in the grantees' environments.

this had taken the form of steering elderly away from Section 8 and toward other types of housing, such as elderly public housing projects. At some sites, the frail elderly and their needs had previously been "invisible" to the PHA. For example, at one grantee site it was only with the advent of the HOPE IV program that the PHA discovered the reasons why so many elderly, especially frail elderly, had been letting their Section 8 vouchers or certificates expire. The PHA had assumed this had happened largely through lack of interest. In fact, the service coordinator discovered this phenomenon reflected the physical inability and psychological unwillingness of elderly prospective Section 8 tenants, especially frail elderly, to search for and locate apartments and make the necessary arrangements with the landlord in the time allotted. At another PHA, participation in the HOPE IV Program has begun to move Section 8 away from an almost exclusive focus on young families with children by creating an awareness in the community that the PHA can provide the elderly more than housing.

Most grantees indicated that the HOPE IV Program is, effectively, the only real opportunity for the frail elderly in their community to both benefit from Section 8 **and** receive supportive services. The consensus seemed to be that "Most elderly Section 8 tenants are forced to leave the program when they become too frail. Section 8 has just not adapted to their needs."

An excerpt from one site visit report illustrates the "reverberating" effects that HOPE IV was expected to have in one state-administered site:

> The HOPE IV Program will essentially revolutionize the way the [state] thinks about serving elderly clients. Physical frailty has not been a criterion for service provision under other programs operated ...prior to HOPE...it has been difficult to deal with the housing needs of any of the elderly, let alone the frail elderly, not to mention the difficulties in bridging service gaps... The existence of the program is expected to encourage AAAs to be more active in referring their clients to Section 8.

Another report illustrates how ill-prepared PHA Section 8 programs were for meeting the multiple, often unanticipated, new demands imposed by running a combined housing and supportive services delivery program like HOPE IV:

> Section 8 staff has neither the resources nor propensity to address the new responsibilities inherent in a rental assistance program for frail elderly, let alone the supportive services component...Section 8 personnel do not facilitate the completion of Section 8 application material or provide other accommodations for the limitations these applicants may have...The Section 8 staff is used to working independently and does not readily coordinate its efforts with the assessment, case management and supportive services components of the HOPE for Elderly Program. For this reason,

the AAA and PHA supportive services staff often assist the applicant with completing Section 8 forms and procedures.

Although the Section 8 programs at most of the grantee PHAs at first experienced difficulties meeting these new demands, grantees have since responded by making formal and informal changes in their organization and orientation. For example, one PHA reduced by 50 percent the case load its Section 8 staff carried when involving frail elderly tenants. Another provided formal training for Section 8 staff on the status and needs of the frail elderly using the resources of a local university. Virtually all grantees reported that day-to-day interaction has greatly improved the ability of PHA Section 8 personnel to work collaboratively with HOPE IV service coordinators and others in participant recruitment and assessment of eligibility for both Section 8 and HOPE IV services. In many cases, Section 8 forms and procedures have been altered to accommodate telephone screening and home visits for application purposes.

Participant recruitment, screening and assessment were the aspects of HOPE IV program operations most immediately affected by the lack of prior experience of the grantee Section 8 programs in handling the requirements of running a combined housing and supportive services venture. However, the initial unpreparedness of the Section 8 program is not the only reason why recruitment and enrollment have taken longer than expected. Even under the best of circumstances, the process is much lengthier and more labor-intensive than any of the grantees or their colleagues at the service delivery agencies had anticipated. The reasons why are given in the following section on recruitment of participants into the HOPE IV program.

## 4.2 Participant Recruitment

As of December 1994, HOPE IV grantees are at different stages of the recruitment process. Table 4-1 shows, for each grantee site, when participant recruitment began (column 4); the approximate number of participants enrolled as of December 1994, also expressed as a percentage of the target number of participants (column 6); and the expected date of full enrollment (column 7). This information provides an overview of the trajectory of recruitment at the 16 grantee sites. As of December 1994, all of the grantees had actively begun recruiting participants into the HOPE IV program. However, there is considerable variation in how long grantees have spent in recruitment. As of December 1994, eight grantees had been working at recruitment for more than one year, some for as long as 18 or 20 months. Others did not initiate the process until well into 1994. Two grantees (Sites I and N) only just started to recruit in November 1994, and another (Site I) did not begin the process in earnest until December 1994.

Table 4-1. Key Participant Recruitment and Program Implementation Characteristics of HOPE IV Sites

| (1)<br>Site | (2)<br>Total Number of HOPE IV Units | (3)<br>Recruitment Strategy<br>*(Italics show new or added activities)* | (4)<br>Participant Recruitment Began | (5)<br>HOPE IV Services Began | (6)<br>Approximate Number and Percent of Slots Filled as of 12/94 | (7)<br>Expected Date of Full Enrollment |
|---|---|---|---|---|---|---|
| A | 150 | Section 8 waiting lists and community agencies → word-of-mouth and newsletters | 9/93 | 12/93 | 100 (67%) | 6/95 |
| B | 120 | Section 8 waiting list → referrals from community agencies and word-of-mouth → | 4/93 | Supportive services to begin 3/95[1] | 29 (24%) | 1/96 |
| C | 25 | Section 8 waiting list(s) word-of-mouth, physician, landlord and agency referrals → *PSA announcements, letters to SSI and food stamp recipients* | 9/93 | 9/93 | 23 (92%) | 1/95 |
| D | 150 | Section 8 waiting list → AAA list and other agencies[2] | 1/94 | 6/94 | 5 (3%) | Not before 1/96 |
| E | 85 | Section 8 waiting list → AAA list[3] | 1/94 | 6/94 | 6 (7%) | 6/95 |
| F | 75 | Section 8 waiting list, referrals from community agencies, newspaper ads | 8/93 | 2/94 | 75 (100%)[4] | At full enrollment |
| G | 40 | Section 8 waiting list (very few), 25 community agencies (including nursing homes), radio spots, newspapers ads, churches | 1/94 | 2/94 | 38 (95%) | 1/95 |
| H | 75 | Section 8 lists, massive PR, referrals from doctors, hospitals → *ads on Spanish radio* | 8/93 | 10/93 | 32 (43%) | 6/95 |
| I | 70 | Section 8 waiting lists → AAA lists | 12/94 | Yet to begin as of 12/94 | 3 (4%) | Not before 1/96 |
| J | 25 | Existing Section 8 → Section 8 waiting list → AAA referrals, landlord referrals, elderly housing complexes units → | 10/93 | 12/93 | 14 (56%) | 1/96 |

Table 4-1 (cont'd)

| (1) Site | (2) Total Number of HOPE IV Units | (3) Recruitment Strategy *(Italics show new or added activities)* | (4) Participant Recruitment Began | (5) HOPE IV Services Began | (6) Approximate Number and Percent of Slots Filled as of 12/94 | (7) Expected Date of Full Enrollment |
|---|---|---|---|---|---|---|
| K | 50 | Section 8 lists → and AAA lists → referrals from other programs | 12/93 | 3/94 | 37 (74%) | 6/95 |
| L | 75 | Section 8 lists (very few) → AAA and other service agencies, newspaper notices, hospitals (but reduced emphasis) | 1/94 | 1/94 | 52 (69%) | 2/95 |
| M | 25 | Service providers' rolls and waiting lists, newspaper and newsletter ads, posters, private senior housing complexes | 4/94 | 5/94 | 9 (36%) | 4/96 |
| N | 50 | Section 8 list(s) → service provider lists (most heavily) | 11/94 | Services not begun as of 12/94 | 0 | Not before 1/96 |
| O | 150 | Section 8 waiting list → service agencies, newspaper, radio and cable TV ads, physicians and physical therapists | 7/93 | 8/93 | 89 (59%) | 6/95 |
| P | 95 | Section 8 waiting lists (few if any) → AAA quarterly newsletter, service agencies, brochures | 7/94 | 11/94 | 7 (7%) | Not before 1/96 |

Key:

→ = sequential steps
, = simultaneous steps

[1] Participants have been leased up starting 6/93, but without receiving support services. Only one participant will begin receiving supportive services in January, the remainder not until March 1995.

[2] This grantee will develop a whole new recruitment plan early in 1995.

[3] This grantee indicated they would be returning all but 10-15 of their slots.

[4] Grantee has essentially been at full capacity since 9/93, but keeps losing and re-recruiting 3-4 participants every few months to maintain all 75 slots.

Because so many factors apart from when recruitment began have influenced the recruitment process, no absolute connection can be drawn between total length of time a grantee has been involved in recruitment and the percentage of HOPE IV participant slots they have filled. However, some relationship clearly exists, as the three grantees who were at or near full enrollment in December 1994 (Sites C, F, G) had been actively engaged in recruitment for an average of 14-15 months.

As of late December 1994, the grantees had recruited approximately 40 percent of all HOPE IV participants, but some of these PHAs reported that full implementation will not occur until the end of calendar year 1995.

### 4.2.1 Attrition from the HOPE IV Program

In a program such as HOPE IV, some attrition of participants due to moving, hospitalization, nursing home placement, or death is to be expected over the 5-year course of the demonstration. However, shorter-term attrition, occurring either just prior to or relatively soon after lease-up, has also been a factor affecting HOPE IV program implementation. None of the grantees could give exact numbers of persons who had left the HOPE IV program, either overall or at any given point in the process. Nevertheless, the general sense was that attrition was both greater, and more rapid, than expected. Eight grantees specifically noted cases of prospective participants dropping out of the program before lease-up, most often because they could not bring themselves to move, or else could not find an apartment that could qualify under Section 8 or whose landlord would accept Section 8 tenants. In a few cases, after lease-up participants were either evicted or "just moved out" following disputes with the landlord. Other frequently cited reasons for attrition include: relatives moving in with program participants, thereby disqualifying them from the program; onset of severe illness; entry into nursing homes; moving out of the community; and death. Two grantees mentioned participants who transitioned out of the program because their health and functional status improved. Two other grantees noted problems with participants who either refused to accept supportive services after enrolling in HOPE IV, or dropped out of the HOPE IV program as soon as they got "what they wanted" (e.g., transportation services).

Two related implications for HOPE IV program operations can be drawn from these findings on participant attrition. First, depending on when in the process these participants or applicants dropped out of the program, the hours spent on outreach, recruitment and assessment represent "lost" staff time. HOPE IV grantees have attempted to deal as best they can with this problem. Some grantees report they

have gotten better at identifying the "warning signs" of applicants who seem likely to drop out of the program, and have learned to ease off in recruiting these individuals. To decrease the number of HOPE IV participants who decline these services after lease-up, one grantee now pre-screens applicants for willingness to accept supportive services.

Second, notwithstanding their efforts to minimize time spent recruiting participants who never enroll or drop out of the HOPE IV program, most grantees acknowledge that some early attrition from the HOPE IV program is probably inevitable. The needs of low income, frail elderly are very extensive, complex, and changeable. Prospective participants cannot always honestly anticipate their reactions to enrolling in the HOPE IV program, or foresee how their participation will require changes in their lives, such as moving to a new housing environment. In this as in other aspects of program implementation, grantees have learned that operating a program for the frail elderly requires more time and patience than managing other types of programs.

### 4.2.2 Factors Affecting Participant Recruitment

For a combination of reasons including the need to develop new Section 8 recruitment strategies and procedures tailored to HOPE IV; the unexpectedly high percentage of participants having to move to qualify for the program; and the very intense physical, emotional and financial needs of the frail elderly, HOPE IV participant recruitment has been a protracted, more or less continuous process. Table 4-1 shows it has typically taken several months from the time recruitment was initiated (column (4)) to when the **first** HOPE IV participant began to receive services (column (5)). In all but one case, participants are being screened into the program at a slower rate than was projected. However, most grantees report that, following a very slow start, the process has definitely picked up speed over time.

Grantee follow-up interviews reveal a number of reasons for the slower than expected pace of recruitment.

- *Time was lost pursuing recruits from Section 8 waiting lists, which proved a uniformly poor source of HOPE IV participants.*

The PHAs have had to drastically adapt their usual Section 8 recruitment methods to fill the HOPE IV slots. Many of the grantees indicated that, because of the popularity of the Section 8 Vouchers

and Certificates among the low income population and the low turnover rate, the PHA's Section 8 waiting lists had been closed for two or three years prior to the inception of the HOPE IV program. Recruitment had consisted of opening the waiting list for very brief periods once every several years. Newspaper notices and other announcements were more than adequate to add new names to the Section 8 waiting lists. The PHAs then simply went down these lists to fill any new Section 8 units that became available.

With the new HOPE IV program, the PHA has adopted an entirely different approach. As shown in Table 4-1, grantees employ some combination of the following recruitment methods:

- Letters to elderly persons on the Section 8 waiting lists of the grantee PHAs and adjoining PHAs;
- Development and distribution of HOPE IV promotional material;
- Announcements in newspapers, agency newsletters, and radio and television broadcasts;
- Referrals from the Area Agencies on Aging and others serving frail elderly;
- Referrals from physicians, hospitals, churches, nursing homes, apartment landlords, family and friends of the frail elderly; and
- Outreach efforts including in-person presentations by PHA staff at senior centers and agencies serving the elderly.

Very few grantees were able to fill many of their HOPE IV units through the usual Section 8 recruitment method. The routine practice of sending letters or post cards to those on the Section 8 waiting lists aged 62 and older yielded few if any responses of interest. Among the few who did respond, only a small proportion had the required level of frailty. According to the grantees, the amount of effort they expended to contact and screen persons from these lists was disproportionate to the meager return, consuming time and resources that could have been much more effectively spent pursuing other channels of recruitment.

After the Section 8 waiting lists, the next natural sources for HOPE IV recruitment were the supportive services agencies with which the PHA grantees had formed relationships in the development of their successful grant applications and in establishing contracts for the delivery of services. PHAs have recruited by drawing from both the current rolls and waiting lists of the Area Agencies on Aging and other

community home care providers with a frail elderly constituency. Again, this represents a sharp departure from past Section 8 recruitment practices.

Relying on the AAAs and other community care agencies has worked well as a source of HOPE IV participants at a number of sites. However, three grantees who had originally counted on their local AAAs to fill all or most of their HOPE IV slots have been badly disappointed when these agencies referred only a few eligible persons. In one of these sites, the PHA successfully adapted to this unexpected situation by quickly finding other sources of recruits. At the other two sites, the AAA's failure to refer names of prospective participants, reflecting a more general breakdown in the relationship between the PHA and the AAA, caused HOPE IV recruitment to literally cease for some time.

- *Adapting to the expanded needs of the HOPE IV participants in comparison to other Section 8 tenants took time and required rearrangements of resources and staff time either within the PHA or in relation to the "partner" agencies.*

Unlike in the typical Section 8 program, considerable recruitment work still needs to be done after potential participants learn of the HOPE IV program. Under the traditional Section 8 program, the prospective tenant is usually expected to initiate the application for housing assistance, including coming into the PHA and completing the required forms and performing other intake steps in the process. Persons who were unable to apply on their own had effectively been deprived of access to Section 8.

To successfully recruit frail elderly into the HOPE IV program, PHA or other agency staff often have to perform, or assist in performing, intake functions that historically were not their responsibility. PHA personnel or HOPE IV service coordinators have had to telephone and make sometimes multiple home visits to elderly persons to help them complete the necessary paperwork. Grantees have developed methods for prescreening potential candidates for financial eligibility and ADL limitations. While HOPE IV provides a combination of rental assistance under Section 8 and supportive services, responsibility for these two aspects of the program has in many cases remained separate within the PHA organization. The PHA Section 8 programs that did take on the new responsibilities of recruitment, pre-screening and arranging for moves frequently experienced severe strains on the traditional system. For example, one Section 8 director indicated that the caseload for Section 8 staff in the HOPE IV program had to be half that for the traditional program.

In one way or another, the grantee agencies were forced to adapt to the new demands of operating the HOPE IV program. PHA staff were candid in admitting how difficult it has been to add these

new staff functions and conceded they had sometimes grossly underestimated the level of effort required to accomplish all the activities needed to bring participants into the HOPE IV program. In many cases, it is the service coordinator who has assumed these unanticipated duties. At some sites, the PHAs rely on their subcontractors or other "partner" agencies to carry out or help carry out these activities, in some cases depending entirely on the Area Agencies to locate and determine eligibility of HOPE IV participants. At one site, the Area Agency on Aging added Section 8 income and other eligibility items to their own intake and frailty assessment instruments, and performed these combined assessments for the PHA. However, as noted above, when the anticipated level of cooperation in the inter-agency relationship either fails to develop or breaks down, PHA over-reliance on the AAA or other partner agency can have devastating consequences for participant recruitment as well as other aspects of program implementation.

- *An unexpectedly high proportion of HOPE IV participants have had to move to qualify for the program. This has made the recruitment and enrollment process lengthier and far more complicated and labor-intensive than was anticipated.*

Moving, stressful for anyone, raises very special financial, logistic, health and emotional issues for low income frail elderly. They may lack the financial resources to pay for the move, or be unable to afford security deposits or utility deposits on their new units. At a few sites, some potential HOPE IV participants lived in their own homes or trailers, albeit in substandard and dilapidated condition (several were described as literal "tarpaper shacks"). Although the elderly persons were willing to sell or otherwise divest themselves of these properties to participate in the HOPE IV program, accomplishing the transfer required considerable legal skill and paperwork which these persons could not usually handle themselves.

If, as often occurs, the unit that the potential participant currently occupies does not meet Housing Quality Standards, it may take considerable time and effort to find an apartment that does meet these standards, is physically safe and appropriately outfitted for a frail elderly person, and is located in a neighborhood where the elderly person wants to reside. Several grantees stressed that neighborhood identifications are very strong in their communities, and most eligible HOPE IV participants are reluctant to move out of their current neighborhoods. Said one service coordinator: "People in this town just don't move from the South Side to the East Side."

Even if a suitable residence can be found in a desired location, the landlord may refuse or be reluctant to rent to elderly Section 8 tenants. Six grantees reported having a hard time convincing landlords to accept HOPE IV participants. Three of these grantees emphasized that very tight housing markets in their communities made Section 8 rents unappealing to most landlords. Another grantee so far spared from

having to deal with this problem anticipates difficulties with landlords will begin early in 1995, as the available one-bedroom market in the community becomes saturated, and rents continue to rise.

Handling the complex of factors associated with moving participants has had myriad unanticipated ramifications for program staff and how they spend their time. First, knowing they will need to move generally makes applicants more tentative about participating in the HOPE IV program at all, and is a major reason why some people back out of the program, often not until the last minute, when lease-up is imminent. Months of sustained effort by program staff can be lost in this way.

Because finding an appropriate unit for a HOPE IV participant is time consuming, several grantees have had to request multiple extensions beyond the usual 60 day time frame allowed by the Section 8 program for locating a unit. Some service coordinators have organized groups of volunteers to help move participants, and one has gone so far as to move HOPE IV participants in her own truck. Program staff have expedited legal matters for prospective participants or helped them obtain emergency funds, furniture, or household goods, all in an effort to facilitate a change of residence. One service coordinator takes pictures of available units and brings them back to homebound HOPE IV applicants because "I don't believe anyone should live somewhere they have not seen." In addition, HOPE IV program personnel at several sites have met with landlords and managers of senior apartment complexes to provide education about the benefits of the program and encourage rentals to HOPE IV participants. Service coordinators and other HOPE IV staff have also often been called upon to act as intermediaries between HOPE IV applicants and their prospective landlords.

These and other activities to promote housing opportunities were developed in ad hoc fashion, motivated by a much higher than expected proportion of persons having to move to participate in the HOPE IV program. Dealing with this situation has consumed considerable staff time and energy, and prolonged the recruitment period well beyond original expectations. The single anomalous grantee that has recruited participants more quickly than expected is the exception that proves the rule. Program personnel at this site recognize that the relative speed and ease of recruitment at their site was due in large part to the high proportion of HOPE IV participants who were able to lease in place.

- *The process of recruiting frail elderly persons into a program such as HOPE IV is inherently more complex, delicate, and potentially traumatic to the participants than was expected.*

Both moving and becoming the recipient of formal support services can be emotionally as well as physically traumatic for frail older persons. This is true even when prospective participants recognize the need for a change in their living situation and care arrangements--and, by all reports, many do not. Some participants enter the program following the death of a loved one and are still deeply grieving their loss. Even when the participant does not have to physically move to qualify for the HOPE IV program, becoming accustomed to the idea and reality of receiving help with activities of daily living can be difficult. Given that enrollment in the HOPE IV program often raises complex and delicate issues for the participants, many grantees have concluded that the process has a dynamic of its own which "cannot be rushed." The staff at one grantee site made a conscious policy decision to slow down the pace of recruitment and enrollment after their first five new participants were hospitalized within several weeks of entering the HOPE IV program. "We decided we'd rather maintain a slow but steady pace and make sure that the process is handled smoothly and the participant is properly set up with services. We wanted to be sure we were taking proper care of the participants after they entered the program. These are some pretty frail people." Although this is the only grantee who reported having consciously slowed the pace of recruitment, several echoed the general thought that a very careful, "slow but steady" approach is the correct one to take with a frail, elderly population, even if this means substantially prolonging the anticipated recruitment period.

- *"Word of mouth," both among service providers and the elderly themselves, is often the best source of recruitment into the HOPE IV program. However, it has taken awhile for knowledge of and accurate information about the program to spread into the relevant segments of the grantee communities.*

HOPE IV is a totally new demonstration program with several unique features and special eligibility requirements. A number of grantees reported that, especially at first, they had a difficult time explaining the program's requirements both to prospective participants and their families and to workers at community agencies that deliver services to the frail elderly. One result of early failure to clearly communicate the details of all the requirements of the HOPE IV program was receiving a number of referrals of clearly ineligible applicants.

At many sites, program staff (usually service coordinators) have had to spend considerable time marketing the HOPE IV program to various segments of the community and "talking it up" with their colleagues in the elderly service provider network to "get the word out." This is typically not a one-shot process, as it usually takes several repetitions before the different audiences get a good enough grasp of the requirements of the HOPE IV program and its target population to supply appropriate referrals. It is

important that other service providers develop a clear sense of how HOPE IV fits into the larger service delivery structure for the elderly in their community.

Although time-consuming, especially at first, successfully conveying the right information on the HOPE IV program to the appropriate audiences is an enormous boon to recruitment. Several grantees reported that their "continuous PR" for the HOPE IV program at regularly scheduled meetings of service providers for the elderly has been an invaluable source of recruits. One HOPE IV service coordinator received a "huge outpouring" of referrals following a presentation on the program to a monthly meeting of the city's senior services professionals. However, when the number of such referrals rapidly tapered off in subsequent months, he realized he would be well advised to regularly attend these meetings. "It is important," said one grantee, "to *be* in the loop and *stay* in the loop."

For a number of grantees, becoming better integrated into and more familiar with the workings of the elderly service provider network has also yielded several *unexpected* sources of HOPE IV recruits. These include Adult Protective Services (APS) agencies (2 grantees); adult day care centers (1 grantee); assisted living facilities or other private housing complexes for the elderly (3 grantees); and hospital discharge planners (1 grantee).

In addition, at several sites, self-referrals from elderly persons who have heard about the program through "word-of-mouth" from other elderly have become fairly common. This suggests that positive information about the HOPE IV program and its potential benefits is filtering into the elderly "community-at-large." Tapping into personal networks is very important to the "snowballing" of the recruitment process. Two grantees in relatively small rural communities now consider such informal "word-of-mouth" their single best source of recruits to the HOPE IV program. One of these grantees had thought their most valuable source would be radio advertisements (which have been almost worthless in this regard), the other had expected to receive most referrals from service programs.

One reason "word" about the HOPE IV program was initially somewhat slow to penetrate the relevant segments of the grantee communities is that it has taken time for the program to begin to prove itself as a viable venture. As one grantee put it, the basic concept underlying HOPE IV sounds good in theory, but who knew if it would actually work as intended in <u>their</u> community? "There are plenty of examples of good ideas on paper that turn out to be disasters in practice." Another grantee explained that recruitment became easier at their PHA once they could point to *concrete* examples of real people benefiting from the program. "We needed a few guinea pigs. Now we have them." It is difficult to sell an

abstract concept, especially in a demonstration program. Not everyone is inclined to be a pioneer or let their frail parent be among the first to participate in an untested program.

For the most part, then, there are good reasons why recruitment and enrollment of HOPE IV participants has been both slower and more demanding of staff time, resources, and creativity than was initially expected. In the grantees' estimation, few if any of the factors affecting the process, or their far-reaching impact on program implementation, could have been foreseen. Thus, as shown in Table 4-1 (column (3), only two grantees had made or expect to make any additions to their basic recruitment strategy. HOPE IV program staff at Site C plan to air public service announcements and send letters to recipients of Supplemental Security Income (SSI) and food stamps, in an effort to broaden their recruitment base. At Site H, grantee staff have succeeded in recruiting more minorities and others previously outside the existing service loop by placing ads on Spanish-speaking radio shows and in local newspapers that cater to isolated rural populations.[2] Six other grantees indicated they had made changes in recruitment since December 1993, but these represent shifts in relative emphasis rather than real additions to the basic recruitment strategy as presented in Table 4-1. These reported changes include: intensified marketing, devoting more energy to recruiting participants from "naturally occurring retirement communities," and reducing emphasis on medical facilities as a referral source.

Similarly, when asked what they would do differently in recruiting participants into the HOPE IV program if they had it to do over again, only one of the ten grantees who responded to this question suggested they would take a whole new approach. Two of the ten grantees replied they would change nothing at all about their recruitment strategy or practices. The remaining seven grantees made rather moderate suggestions for change, reflecting a general sense that their basic approach to recruitment has been correct. Three of these seven grantees indicated they would alter the timing of the steps by doing more marketing earlier on, screening for willingness to receive services sooner, or not waiting to exhaust the entire Section 8 waiting list before turning to other recruitment sources. The other four said they would give more or less emphasis to particular recruitment activities and sources, for example, by spending less money on newspaper ads or doing outreach to more agencies.

The one HOPE IV grantee suggesting they would want to make major changes to recruitment will in fact have the opportunity to "reinvent" participant recruitment, along with several other aspects of

---

[2] One grantee currently at full enrollment reported that some PAC members have criticized the HOPE IV staff for not making more strenuous efforts to reach prospective participants, especially minorities, not now tied into the existing service delivery structure. The grantee concedes that this has been a limitation of their approach, but "we would never have been able to fill our slots so quickly if we had done it differently."

their program operations, because they essentially have to start all over again and renegotiate their relationship to the service delivery agencies. This grantee plans to delegate ongoing case management functions to a subcontractor, thus freeing the HOPE IV service coordinator to focus more exclusively on recruitment activities.

## 4.3 Assessing Frailty

### 4.3.1 The Professional Assessment Committees (PACs)

Professional Assessment Committees (PACs) are charged with assessing the frailty of prospective HOPE IV program participants. According to program regulations, PACs can be comprised of volunteers brought together by grantees specifically for the HOPE IV program or already existing teams contracted from other service agencies in the community. In either case, PACs can be made up of three to seven members and must include at least one medical professional.

Although many PAC members are not technically "staff" of the HOPE IV program, the PACs clearly play an important role, especially in the participant assessment process. New PACs were formed specifically for purposes of the HOPE IV program in six sites. Ten grantees are making use of already established PACs in community agencies to perform their assessments, in some cases contracting with local service agencies to initiate and fulfill this function. The size of the PACs varies from three to seven. All have either a nurse or a physician, sometimes both.

HOPE IV grantees reported that the full PACs do not actually conduct the participant assessments. In most cases, either the service coordinator alone or a small team consisting of the service coordinator and a nurse or geriatric social worker performs the assessments, makes an initial determination, and then presents the results along with a service plan to the full committee for review. The most common rationale for this division of functions is that PAC members are typically too busy to devote their time to all the intricacies of the case, and can provide a more useful and focused service as an oversight body. In marginal or borderline participant cases, the PAC may request more detailed information on a particular person or take more time in its deliberations. However, by all reports, the PACs very rarely seriously question and almost never overrule the service coordinator's recommendations. More often, the PACs suggest minor changes to the service plan. Between bimonthly or monthly PAC meetings, service coordinators may informally consult individual PAC members on specific cases.

In recent interviews, several grantees suggested that managing the PAC process has become extremely cumbersome and time consuming for service coordinators. The number of cases the PAC can review at its monthly meetings limits the number of participants who can be enrolled in the HOPE IV program each month. A few grantees have developed procedures to expedite the approval process by sending PAC members relevant materials to go over in advance of the meetings. Several grantees questioned the need for the entire PAC to review each case, and at least one grantee has dealt with this by organizing the PAC into subcommittees. Another grantee indicated that the PAC's ongoing functions are less clear now that the grantee has enrolled all their participants. Program staff feel that PAC meetings are only needed now a few times a year.

One unanticipated twist in the assessment process is that twelve of the 16 grantees have developed mechanisms for pre-screening applicants prior to conducting the full ADL assessment. At most of these sites, potential HOPE IV participants are pre-screened by phone for basic ADL limitations and presence of medical conditions; in some cases, pre-screening also involves questions about financial and residential eligibility and/or level of family support. In at least two sites, assessment is a two-phase process, including a preliminary assessment on a brief instrument developed by the grantee specifically for HOPE IV purposes, followed by a more complete formal assessment on a standard statewide instrument. Consistent with HUD requirements, the final determination of eligibility for the HOPE IV program is performed by PHA staff.

### 4.3.2 ADL Assessment Tools Used by the Grantees

This section summarizes the content and format of the various assessment instruments the PHA grantees use to determine ADL limitations, supportive service needs, and HOPE IV program eligibility. The purpose is to show how the grantees have interpreted the HUD guidelines and examine the degree of consistency among these PHAs in the protocols they use.[3]

[3] A detailed treatment of this subject will appear in the third interim report covering the roles, activities and perspectives of the Professional Assessment Committees and Service Coordinators.

**HOPE for Elderly Independence: HUD Activities of Daily Living (ADL) Definitions**

For the purposes of eligibility determination, HUD requires that HOPE IV participants need assistance in three or more activities of daily living (ADLs). HUD defines these ADLs as follows:

- eating (may need assistance with cooking, preparing or serving food, but must be able to feed self);
- bathing (may need assistance in getting in and out of shower or tub, but must be able to wash self);
- grooming (may need assistance in washing hair but must be able to take care of personal appearance);
- dressing (must be able to dress self, but may need occasional assistance); and
- home management activities (may need assistance in doing housework, grocery shopping, laundry, or getting to and from one location to another, but must be mobile, alone or with the aid of assistive devices such as a wheelchair).

HUD intended these criteria to identify persons who can live independently in scattered site rental housing but need help to maintain independence.

The HUD ADL definitions differ from those most commonly used in the field of geriatric functional assessment. As distinct from HUD's definitions, most grantees use ADL measures developed by Sidney Katz and his colleagues, which consist of bathing, dressing, transferring between bed and chair, using the toilet, continence, and eating.[4] These activities often fall under the category of personal care. The grantees also measure Instrumental Activities of Daily Living (IADLs), based on definitions developed by M. Powell Lawton and Elaine Brody.[5] IADLs cover more complex activities including handling personal finances, meal preparation, shopping, traveling, doing housework, using the telephone, and taking medication. Studies of the elderly often categorize these IADLs as home management activities. However, for HOPE IV program purposes, HUD includes home management activities in its definition of ADLs.

---

[4] Katz, S., and C.A. Apkom, A measure of primary sociobiological functions. *International Journal of Health Services* 6:493-508, 1976.

[5] Lawton, M.P., and E.M. Brody, Assessment of older people: Self-maintaining and instrumental activities of daily living. *Gerontologist* 9:179-186, 1969.

### Use of Assessments

On the whole, eligibility determination is not based on a rigid process of ADL limitation scoring and thresholds. Instead, the assessment instruments and procedures used by the grantees reflect a desire for a holistic assessment as an informed basis for selecting persons most likely to benefit from the program. The grantees ensure that the participants meet the HUD ADL requirements, but there are many more domains of measurement that serve as a basis for determining need for HOPE IV services.

Fifteen of the 16 grantees rely on existing standard assessment instruments used by elderly service provider agencies in their states and communities. These instruments collect ADL limitation data for determining HOPE IV eligibility in accordance with HUD guidelines. To further help identify a participant's service needs, the instruments also collect data concerning such areas as cognitive ability (e.g., memory and basic intellectual capability), physical functioning (e.g., lifting, bending), use of assistive devices, mental health (e.g., depression and social interaction), physical and social environment, formal and informal support (e.g., receiving care from family or paid providers). Instruments may also contain sections on medical history and chronic health conditions. In general, the grantees convert their own terms and measures to the HUD criteria. Most of the assessment instruments employ a severity scale, which measures the relative level of difficulty experienced by the person in performing a given activity. For example, there may be five levels of severity for each activity of daily living, ranging from complete independence to total dependence. Exhibit 7-13 presents a typical portion of an assessment instrument measuring Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Only one PHA developed a new assessment protocol geared specifically to the HUD ADL terms and definitions. The protocol (see Exhibit 7-14) divides each ADL into the categories HUD specified in the HOPE IV NOFA and scores them according to three levels: 1) Independent; 2) Needs Assistance; and 3) Unable to do. This allows the PHA to ascertain the applicant's capabilities in activities she or he must be able to perform to qualify for HOPE IV, as well as identify activities in which the applicant needs assistance.

## 4.4 Supportive Services Packages

Table 4-2 presents a summary of the types of supportive services the grantees provide as part of the HOPE IV program, as well as a description of their service delivery arrangements. While the services offered by

the grantees must respond to the requirements in the HUD NOFA, there is flexibility in the specific package of services they can decide to offer. In addition to case management, which is required under the HOPE IV program, supportive services listed as allowable in the NOFA include personal care and grooming, transportation, meals, housekeeping, laundry, counseling, non-medical supervision, wellness programs, preventive health screening, monitoring of medication consistent with state law, and other requested supportive services essential for achieving independent living, if approved by HUD.

The first column of Table 4-2 shows the supportive services grantee PHAs presented in their HOPE IV applications. This list reflects the grantees' projections of needs of HOPE IV participants. PHA staff and AAA representatives recognized that the services the HOPE IV participants would actually receive would depend on assessments and periodic reassessments of individual needs. Grantees were aware that services would have to change as participant needs shift over time and service coordinators become more familiar with the participant population. As of December 1994, ten grantees reported they had made no changes to the basic service package outlined in their application. Six of the 16 grantees did alter their service packages, either by adding new services or adapting or expanding existing ones. However, the changes made since the inception of service delivery (shown in italics in column (1) of Table 4-2) have not been dramatic. Three grantees added new services, including medication monitoring (Site F), supplying an emergency response button allowing participants to connect quickly with sources of help in the event of an emergency (Site P), and providing occupational therapy evaluations as a means of establishing the need for making physical adaptations (such as addition of handrails) to the participant's dwelling unit. Three grantees adapted or diversified their meals services, by providing a liquid nutritional supplement (Ensure) on weekends (Site H), adding diabetic meals (Site M), and delivering hot meals to HOPE IV participants (Site N).

HOPE IV services may be divided into four basic groups: case management, linkage, personal care, and homemaker services. Grantee service packages tend to include all four of these categories of services. A fifth, "catchall" category consists of a range of types of services (e.g., social and behavioral support, socialization, legal assistance) provided only by a very few grantees.

These basic service categories, and the relative frequency with which each type of service is provided by the 16 HOPE IV grantees, are discussed below.

**Case Management** -- The first group consists of services associated with the HUD-required assessment and reassessment of participant needs. All participants are receiving case management services

**Table 4-2. Services and Service Delivery Arrangements of HOPE IV Grantees**

| Site | (1)<br>HOPE IV Service Package Includes: | (2)<br>Service Delivery Arrangement | (3)<br>Contracted Services | (4)<br>Keeping Individual Service Records is Responsibility of ... |
|---|---|---|---|---|
| A | Meals on Wheels<br>Transportation<br>Counseling/outreach<br>Personal care/Housekeeping<br>Wellness program | Contracted to Senior Resources Center (most) and Meals on Wheels | ■ Service coordination<br>■ All supportive services | Contractor<br>(Senior Resources Center and service coordinator) |
| B | Escort/Transportation<br>Meals<br>Personal Care/Home management<br>Emergency response<br>Quality of life<br>Health promotion | Contracted to city and community services agency | ■ Supportive Services | PHA<br>(Service coordinator) |
| C | Meals<br>Home management<br>Personal care<br>Nursing assessment<br>Transportation | PHA directly provides some services, rest contracted to multiple agencies | ■ All supportive services but service coordination and homemakers | PHA |
| D | Assessment<br>Chore<br>Counseling<br>Escort<br>Home-delivered meals<br>Home health aide<br>Home management<br>Personal care<br>Respite | Contracted to AAA, who in turn sub-contracts all but case management and functional assessment | ■ PAC<br>■ Service coordination<br>■ All supportive services | AAA |
| E | Home management<br>Personal grooming<br>Meals preparation | PHA directly delivers services (is the AAA contractor for the county) | ■ None | PHA |

**Table 4-2. Services and Service Delivery Arrangements of HOPE IV Grantees** (continued)

| Site | (1) HOPE IV Service Package Includes: | (2) Service Delivery Arrangement | (3) Contracted Services | (4) Keeping Individual Service Records is Responsibility of ... |
|---|---|---|---|---|
| F | Meals<br>Housekeeping<br>Home health aide<br>Home nursing<br>*Medication monitoring** | Contracted to AAA | ■ All supportive services<br>■ Service coordination | AAA |
| G | Congregate and home-delivered meals<br>Transportation, in county<br>Transportation, out of county<br>Individualized supportive services<br>Home health aid<br>In-home assistance | Contracted to multiple agencies (Commission on Aging, Community Action Council, hospital) | ■ All supportive services | Service providers and service coordinator |
| H[1] | Chore<br>Housekeeping<br>Legal assistance<br>Meals preparation<br>Mental health<br>Transportation<br>Personal care<br>Respite<br>Senior companion<br>Shopping assistance<br>*Ensure on weekends** | Contracted to AAA | ■ All supportive services<br>■ Service coordination | AAA<br>(Service coordinator) |
| I | Transportation<br>Meals<br>Homemaker/Home health aide | Contracted through AAA network (multiple agencies) | ■ All supportive services | PHA<br>(Central and local service coordinators) |

* Newly added service(s)

[1] Grantee sees unmet need for counseling; emergency food, clothing and furniture; and emergency medical care services among its HOPE IV participants.

**Table 4-2. Services and Service Delivery Arrangements of HOPE IV Grantees** (continued)

| Site | (1) HOPE IV Service Package Includes: | (2) Service Delivery Arrangement | (3) Contracted Services | (4) Keeping Individual Service Records is Responsibility of ... |
|---|---|---|---|---|
| J | Homemaker<br>Health aide<br>Chore services[2]<br>Nursing<br>Day care<br>Respite<br>Transit<br>Counseling/Mental Health<br>Meals | Contracted to AAA | ■ Service coordination<br>■ Supportive services | Service coordinator |
| K[3] | Personal care<br>Home health aide<br>Home nursing<br>Housekeeping/Chore<br>Emergency alert system<br>Home delivered meals<br>Home adaptation<br>Shopper service | Contracted to Community Services System (AAA subcontractor) | ■ Service coordination<br>■ Supportive services | Community services system |
| L[4] | Nutrition<br>Grooming/bathing<br>Transportation<br>Health services<br>Home management<br>Protective services | Contracted to multiple agencies | ■ Supportive services | PHA |
| M | Nutrition<br>Home health<br>Homemaker<br>*Diabetic meals*[•] | Contracted to multiple agencies | ■ All supportive services but nutrition program | PHA<br>(Service coordinator) |

[2] Grantee reports difficulty obtaining these services for HOPE IV participants.
[3] Grantee sees unmet need for financial and legal assistance services.
[4] Grantee sees unmet need for legal and fiduciary (guardianship and bankruptcy) services.
[•] Newly added service(s)

Table 4-2. Services and Service Delivery Arrangements of HOPE IV Grantees (continued)

| Site | (1)<br>HOPE IV Service Package Includes: | (2)<br>Service Delivery Arrangement | (3)<br>Contracted Services | (4)<br>Keeping Individual Service Records is Responsibility of ... |
|---|---|---|---|---|
| N | Case management<br>Mental health counseling<br>Health maintenance<br>Outreach<br>Personal care<br>Home management<br>Socialization<br>*Hot delivered meals*[*] | Contracted to multiple agencies | ■ PAC<br>■ Service coordination<br>■ All supportive services | Subcontractor<br>(Service coordinator) |
| O | Home-delivered meals<br>Homemaker<br>Home health services<br>Transportation<br>*Occupational therapy evaluation*[*] | Contracted with multiple agencies (on an individual as-needed basis) | ■ All supportive services | PHA<br>(Local service coordinators) |
| P | Counseling<br>Education<br>Escort/Transportation<br>Follow-up evaluation<br>Housekeeping<br>Information<br>Legal assistance<br>Congregate, home-delivered, and mobile meals<br>Personal care<br>Telephoning and Visiting<br>*Emergency response button*[*] | Contracted with AAA subcontractors | ■ All supportive services<br>■ Service coordination | AAA |

[*] Newly added service(s)

through which the PHA identifies needs and arranges for the provision of appropriate care. (These services are not listed in column (1) of Table 4-2 because all HOPE IV participants receive them). This service coordination function is a key component of the HOPE IV program design. It is deemed essential for the success of the HOPE IV program, because unless services are combined and coordinated according to the particular needs of an individual participant, they may offer little benefit. Case management also involves an important supervision function to help ensure there is no imminent danger to the participants, given their level of frailty, living arrangements in scattered site housing, and the inherent risks associated with an elderly population with documented need for assistance in basic life activities. In many cases, case management services provided by the HOPE IV service coordinator link participants to services not funded by the HOPE IV program.

**Other linkage services** -- A second category of HOPE IV services are those that link participants to community programs. Beyond case management, these include information and referral, outreach, transportation, escort, and other assistance to help HOPE IV participants access services. As with case management, in many cases, HOPE IV links participants with services not funded by the HOPE IV program, including medical care, congregate meals, and recreational programs. Ten of the 16 grantee applications specifically noted one or more of these linkage services; transportation and escort services were by far the most frequently listed. In follow-up interviews, five grantees specifically mentioned having had an especially difficult time setting up transportation services for HOPE IV participants. As one service coordinator said: "Transportation, that was a hard one. It took time and several tries before we got it all worked out."

**Personal care** --The third service category consists of help with personal care in the home. Care of the person, as distinct from care of the home, also includes home health aide services and home nursing provided by agencies licensed by the states or localities to offer non-medical but health-related care. One PHA distinguishes among three such services: personal care, home health aide, and home nursing, all provided by the same community agency under contract with the HOPE IV program. All of the grantees listed personal care types of services in their application.

**Homemaker and chore services** that focus on care of the home, as opposed to the person, make up the fourth category. Together with personal care, they constitute a general category of in-home services designed to support participants in performing activities of daily living. Homemaker and chore services include light housekeeping, heavy house cleaning (chore services), meals preparation, laundry services, shopping for household items, and in some cases cutting food and helping the participant to eat.

The distinction between care of the person (personal care) and care of the home (homemaker) is usually clear, but some overlap does occur. All 16 of the applications included homemaker services.

Nutrition programs, especially home delivered meals, are another important group of services that fits into this general homemaker category. All 16 of the grantees offer in-home meals or meal preparation services. In some cases, hot meals are supplemented by a cold bag supper, frozen meals, or a liquid nutritional supplement for weekend consumption when home visits may not occur. As seen above, this is one area where grantees have made adaptations to their original service packages in recognition of special or unanticipated nutritional needs of HOPE IV participants at their sites.

**Social and behavioral support, advocacy, and socialization and recreation services** form a fifth "catchall" category of assorted types of services only a few grantees actually provide. Social and behavioral support services include counseling, mental health services, and other social support such as friendly visiting or telephoning. Only four of the grantees specifically listed counseling or mental health services in their applications. The greater cost of providing mental health services as compared to other types of allowable services such as homemaking may be one reason why the former are offered by far fewer grantees. One grantee not currently providing counseling (Site H) sees this as the greatest area of still unmet need among its HOPE IV participants. The service coordinator reported that many HOPE IV participants are "functionally depressed," often because of the death of a loved one, and need grief counseling. However, they do not have "valid" clinically diagnosed conditions for which they can receive reimbursement for psychiatric help under Medicaid rules. The grantee is struggling to arrange for provision of counseling at a reasonable cost.

Only two grantees listed advocacy services, including protective and legal services, as among the services they would provide. However, several other grantees indicated that HOPE IV participants have compelling, as yet unmet needs for legal and financial services to deal with issues such as guardianship, bankruptcy, and sale of homes and other assets. As with counseling, the relatively high cost of providing these specialized services probably figures as a reason why they are provided by so few grantees, even in the face of acknowledged unmet needs.

Socialization and recreation activities, usually conducted at a congregate site such as a senior center, are listed in only two grant applications. It may be that these activities are regarded as less essential than other types of services for a population as frail as the majority of HOPE IV participants.

### 4.4.1 Contracted and Non-Contracted Service Functions

The HUD NOFA governing the operation of the HOPE IV program permits grantees to design and operate their supportive services system in a manner appropriate to their particular environment. The PHA may directly conduct or subcontract the functions of the Professional Assessment Committee (PAC) and the Service Coordinator, as well as the actual delivery of supportive services.

Table 4-2 (column 2) shows that 15 of the 16 grantees contract for some or all of these functions through agreements with existing community agencies. For most of the grantees, supportive service delivery was unfamiliar terrain, and it made sense to connect with a community agency where one existed that was familiar with service delivery to the frail elderly population. Moreover, most PHAs had already involved these agencies in the process of writing the application and designing the service plan.

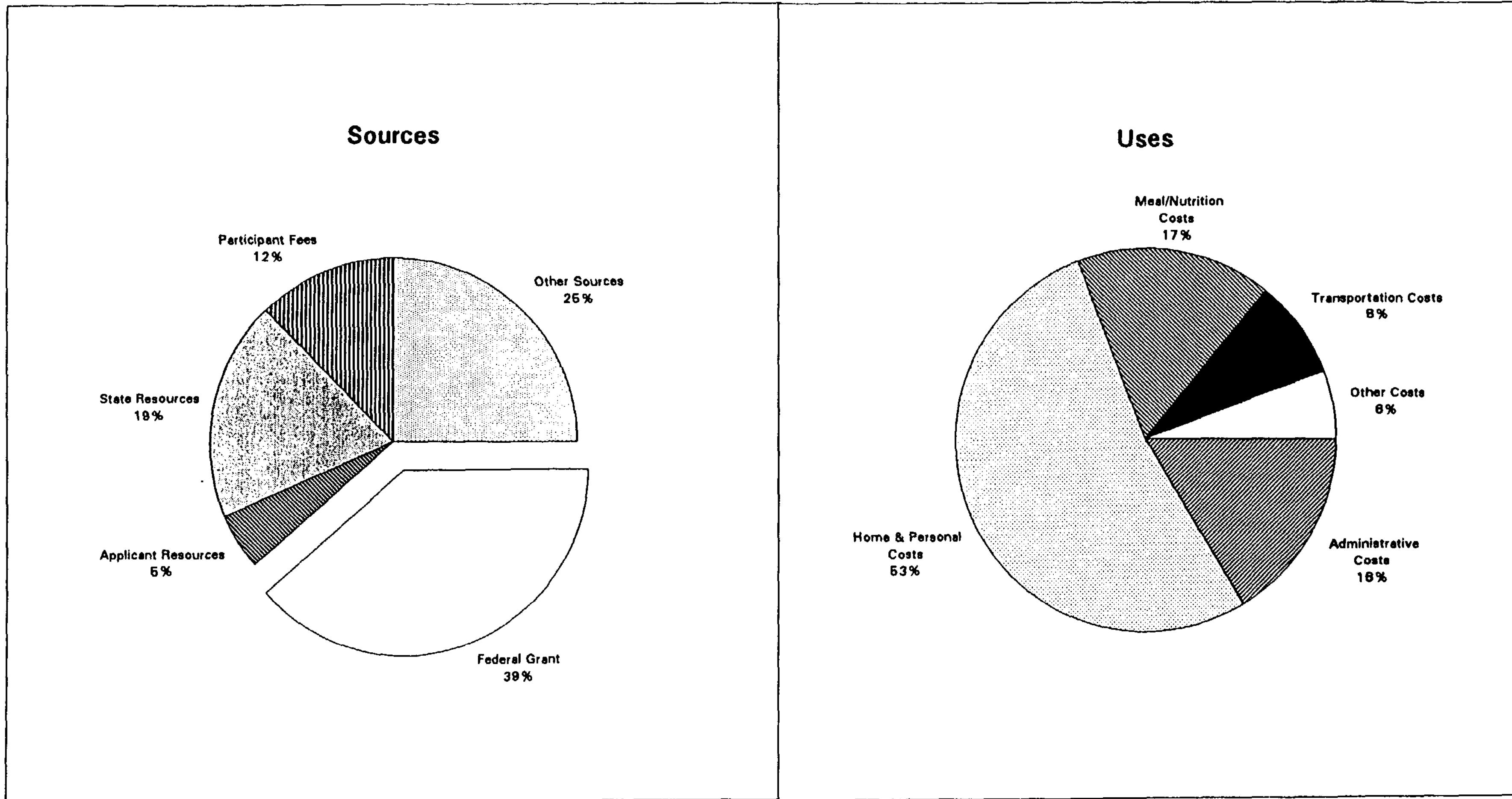
Table 4-2 (column 3) shows that 15 grantees contract for at least some of their supportive services. Eight grantees retain service coordination functions in the PHA, and eight subcontract for service coordination. Just two grantees contract for PAC functions, as well. Table 4-2 (column 4) indicates that for seven of the 16 grantees, the PHA keeps service records on individual HOPE IV participants, and for the remaining nine grantees this is the responsibility of the AAA or other subcontractor agencies.

Only one grantee (Site E) directly performs all functions of professional assessment, service coordination, provision of supportive services and keeping individual service records. This occurs under a long-standing, anomalous arrangement in which the PHA is contracted by the Area Agency to provide supportive services to all frail elderly in the county, regardless of whether or not they are residents of PHA-assisted housing.

### 4.4.2 Sources and Uses of Services Funding

As documented in their applications to HUD, HOPE IV grantees anticipated employing a number of different financial resources to support their projects and fund their service packages. Figure 4-1 presents a summary of the sources and uses of the approximately $4.6 million in total funds in first-year project budgets. As the highlighted section of the first chart shows, the largest single source of funding is the HUD grant itself. However, state resources, participant fees, applicant (grantee) resources, and other sources (including other federal sources, such as Medicare) together account for over 60 percent

**Figure 4-1**
**Budgeted Sources and Uses of Funds**
**$ 4.6 Million in Year One Funds**




Source: Grant Applications

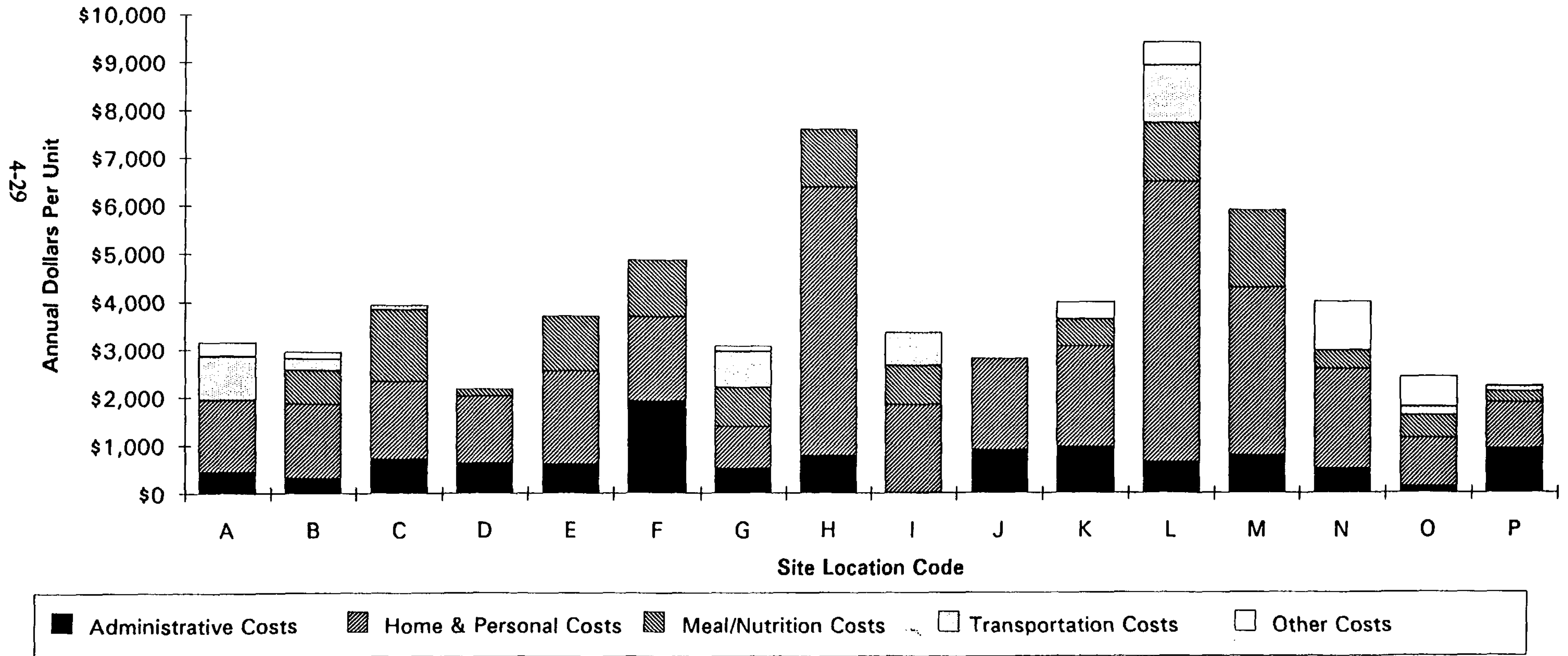
of the total. These figures indicate that grantees succeeded, on average, in assembling matching funds in excess of 150 percent of HOPE IV grant funding.

Overall, across all 16 grantees, about 70 percent of all funds are budgeted for services related to care of the person and the home, and for meal and nutrition services, treated here as a separate category to parallel the service groupings used in the application budgets. Services involving care of the person and the home, which include housekeeping, bathing, laundry, shopping and other services, account for about half of total costs. Meals and nutrition services represented the next largest proportion of the budget (17 percent). Administration and case management accounted for 16 percent, transportation eight percent, and other costs six percent.

Figure 4-2 shows considerable variation in the total amount budgeted for supportive service per person across the 16 grantee sites. This variation partly reflects different strategies employed by grantees in claiming matching funds. For example, some grantees claimed services provided through Medicare and Medicaid as match, while others did not. Another factor contributing to the variation in per person costs across grantees is the wide range in the amount received from HUD for HOPE IV services when this is figured on a per participant basis. This amount varies among grantees from $961 to $2,549 per participant, with an average of $1,574.

Figure 4-2 also shows the components of the total per person service cost, using the same five categories of services as in Figure 4-1: home and personal care, meals and nutrition, administration and case management, transportation, and other services. Although there are some basic similarities, a number of interesting differences are also apparent in the relative distribution of costs to different service categories. All 16 grantees budgeted a relatively large share of funds for personal and home care services, which is consistent with the large share of all HOPE IV services this category represents. Similarly, 15 grantee applications budgeted some amount, although a more variable percentage of the total, for meals and nutrition services. However, only seven grantees budgeted for transportation. In addition, the per person amount and relative Figure 4-1 proportion of funds devoted to administration and case management varied widely across grantees. This may reflect the degree to which administration is centralized in the PHA through direct service provision or shared with subcontractors.

**Figure 4-2**
**Budgeted Service Costs Per Person for the 16 Sites**
**(Based on Grantee Applications)**




Source: Grant Applications

### 4.4.3 Recordkeeping and Reporting

While all grantees are collecting extensive data on provision of supportive services to HOPE IV participants, each grantee is following its own system using different service names, definitions, and unit measures. Fortunately, there are basic similarities in broad major service classifications across the 16 grantees. However, this means that creating a data set for analytical purposes will require combining and translating detailed service information from each grantee into these broad common categories. In some cases, it will also necessitate abstracting data from hard copy grantee records.

Although HOPE IV grantees do not have to meet specified recordkeeping and reporting requirements, during reconnaissance the grantees expressed a need for standardizing recordkeeping forms. In response, the evaluation study team, together with HUD officials, identified several general categories of records the grantees should keep. The categories of records are:

- Pre-screening instruments, to quickly identify, often by telephone, if a person meets the Section 8 and ADL limitation requirements;
- Assessment instruments, covering detailed aspects of the participant's well-being and services as a basis for development of the service plans;
- Service plans, specifying the types, amounts, frequency, and duration of supportive services the Elderly Independence program will provide to each participant;
- Data extracts from HUD form 50058, providing a consistent source of Section 8, income, and other participant data;
- Service logs, maintained by provider agencies, recording service episodes such as hours of personal care delivered to a participant on a particular day of the month;
- Invoices from supportive services providers to the PHA, showing the costs of services and usually containing documentation on how much of each service each participant received; and
- PHA invoices to participants, itemizing the services, total costs, and the participant's share.

Grantees raised other issues related to their recordkeeping and cost accounting practices that may have implications for the accuracy and consistency of records available to the evaluation team. Some grantees expressed distress at the idea of having to charge the HOPE IV participants anything for services. There were two primary reasons for this. First, they felt the participants are too poor to pay at all. Second, problems may arise when the AAA is the supportive services provider, because AAAs are not

permitted to directly charge a fee for the services they provide under the Older Americans Act. A conflict develops when a HOPE IV participant is receiving both HOPE IV and Older Americans Act services from the same provider. According to the grantees, this may also be confusing for HOPE IV participants, who may be charged for some portion of their services, but not others. To avoid this confusion, some grantees said they would not charge a fee where providers were using a combination of Older Americans Act and HOPE IV funds. A few grantees admitted they will not press the payment issue with the participants, and will simply absorb the cost. This variation in how PHAs compute and collect fees indicates that grantee records may not be a reliable source of information on participants' share of service costs.

Another issue bearing on consistency of grantee record-keeping practices is the extent of computerization of HOPE IV records. Most PHAs have an automated capability for their HUD form 50058 data. At the time of reconnaissance, approximately half of the grantees envisioned that they would also have computer storage and retrieval capabilities for HOPE IV data on participants, services, and costs. Thus, some manual abstracting of these data will be necessary to support the evaluation's data requirements.

## 4.5 Service Coordinators

The role of the service coordinator is pivotal in the HOPE IV program. One of the crucial elements of program design differentiating HOPE IV from many other service programs for the frail elderly is its emphasis upon provision of an individual-centered, case-managed package of supportive services. It is the service coordinator who oversees the key assessment and linkage functions that give the HOPE IV program one of its distinctive features.

### Variations in the Service Coordinator Role

Across the 16 HOPE IV sites the service coordinator role varies according to the particular qualifications, training and personality of the individual; the number of HOPE IV participants in the caseload; the way in which the duties and functions of other HOPE IV personnel are defined (e.g., the PHA Section 8 coordinator or community services director); the extent and nature of the division of labor within the grantee agency; and various characteristics of the community setting (e.g., housing market) and participant population (e.g., health conditions, relative poverty). Grantees have shaped different overall

conceptions of the service coordinator role. At some sites, the service coordinator role is seen as very "hands-on," with a great deal of client contact and minimal administrative responsibilities. At others, the service coordinator is viewed largely as a coordinator among service agencies. Moreover, many service coordinators do more than link frail elderly HOPE IV participants to services. They also often serve as a bridge between the PHA and the AAA or other service delivery agency, promoting communication, interaction, and understanding across the two agencies.

At all sites, the working conception of the service coordinator role has changed and developed over time in relation to the shifting exigencies of program operations. The service coordinator role, weighted down with many disparate, competing functions and responsibilities, rapidly became overloaded in most HOPE IV grantee sites. It has taken time, shifts in the division of HOPE IV program responsibilities among individuals and agencies, and, often, additional infusions or rearrangements of funds, for the grantees to develop ways of or plans for coping with this largely unanticipated situation.

### 4.5.1 Basic Characteristics of HOPE IV Service Coordinators

Table 4-3 presents basic information about the service coordinators at the 16 grantee sites.

#### Length of Time on the Job

HOPE IV service coordinators have been on the job for widely varying lengths of time. As of December 1994, nine service coordinators had been working at their jobs for at least one year, two of them for closer to two years (see column (2)). However, four service coordinators had been hired only in the past six months, one just a month before. In addition, one grantee state agency had yet to hire local service coordinators for the participating counties. The two remaining grantees did not hire a service coordinator specifically for the HOPE IV program, but have relied on the services of case managers already employed by the existing community long-term care agency. While there is no one-to-one correlation, overall there is a positive relationship between the length of time the service coordinator has been working for the HOPE IV program and the percentage of participants recruited to date.

Table 4-3. Characteristics of Service Coordinators at HOPE IV Sites

| (1)<br>Site | (2)<br>Date Service Coordi-nator Hired | (3)<br>New for HOPE IV or Part of an Existing Network? | (4)<br>Percentage of Time Devoted to HOPE IV | (5)<br>Employee of... | (6)<br>Primary Functions | (7)<br>Added or Unexpected Service Coordinator Functions |
|---|---|---|---|---|---|---|
| A | 9/93 | New | 100% | AAA[a] | ■ Program development<br>■ Recruitment/outreach<br>■ Prescreening<br>■ ADL assessment<br>■ Case documentation | ■ None noted |
| B | 4/93 | New | 100% | PHA | ■ Prescreening<br>■ ADL assessment<br>■ Presentation to PAC<br>■ Case planning and management<br>■ Locating housing and help with moving | ■ Arranging for and locating housing<br>■ PHA greater role than planned |
| C | 3/93 | Existing network | Variable (is also CHSP service coordinator) | PHA | ■ Recruitment/outreach<br>■ Housing search<br>■ Prescreening<br>■ ADL assessment<br>■ Service plan and management<br>■ Home visits<br>■ Maintenance of client records | ■ More paperwork, administrative and recordkeeping functions than expected |
| D | None hired specifically for HOPE IV | Existing network | Variable | AAA | ■ Case management | ■ More management and administrative functions than expected |
| E | None hired specifically for HOPE IV | Existing network | Variable | PHA | ■ Prescreening<br>■ ADL assessment<br>■ Case documentation | ■ None noted |
| F | 12/93 | New | 100% until 10/94 perhaps 90% since | AAA | ■ ADL assessment<br>■ Presentation to PAC<br>■ Case plan<br>■ Monitoring services and service costs | ■ More paperwork than expected |
| G | 11/93 | New | 100% | PHA | ■ Recruitment and outreach<br>■ Prescreening<br>■ ADL assessment<br>■ Presentation to PAC<br>■ Service plan and management<br>■ Documentation (all case paperwork) | ■ None noted |
| H | 8/93 | Existing network | 100% | AAA | ■ Case finding/ identification<br>■ Housing search<br>■ Prescreening<br>■ ADL assessment<br>■ Service plan and case management<br>■ Documentation (service records) | ■ More time than expected on start-up issues (moving, transportation), housing, and managing PAC |

Table 4-3 (cont'd)

| (1)<br><br>Site | (2)<br><br>Date Service Coordi-nator Hired | (3)<br><br>New for HOPE IV or Part of an Existing Network? | (4)<br><br>Percentage of Time Devoted to HOPE IV | (5)<br><br>Employee of... | (6)<br><br>Primary Functions | (7)<br><br>Added or Unexpected Service Coordinator Functions |
|---|---|---|---|---|---|---|
| I | Local coordinators not hired as of 12/94 | New | As yet unknown | PHA | ■ Qualifying for Section 8 (including housing search)<br>■ Unit inspection<br>■ Monthly progress reports | ■ None as yet |
| J | 11/93 (replaced 7/94) | Existing network | 100% | AAA | ■ ADL assessment/ reassessments<br>■ Case plan and management<br>■ Documentation (service records)<br>■ (SC will be aided by case management assistant) | ■ Aggressive recruitment |
| K | 11/93 | Existing network | 100% | Community service system (contract) | ■ Assistance in locating and moving to housing<br>■ Review and update ADL assessment<br>■ Presentation to PAC<br>■ Service plan and monitoring | ■ More time on moving, mental illness issues, housing, transportation, "oddball issues"<br>■ All activities much more intensive than expected |
| L | 12/93 | Existing network | 50% | PHA | ■ Recruitment and outreach<br>■ Service planning | ■ Tension between up-front and ongoing functions |
| M | 5/94 | New | 100% | PHA | ■ Outreach<br>■ Preliminary Section 8 eligibility<br>■ ADL assessments<br>■ Presentations to PAC<br>■ Case management<br>■ Monitor service delivery and costs | ■ None noted |
| N | 11/94 | New | 100% | Elder services (contract) | ■ Outreach, processing and screening<br>■ PAC coordination<br>■ ADL assessments<br>■ Service plan and case management<br>■ Documentation | ■ Overall management of HOPE IV program |

Table 4-3 (cont'd)

| (1)<br><br>Site | (2)<br><br>Date Service Coordi-nator Hired | (3)<br><br>New for HOPE IV or Part of an Existing Network? | (4)<br><br>Percentage of Time Devoted to HOPE IV | (5)<br><br>Employee of... | (6)<br><br>Primary Functions | (7)<br><br>Added or Unexpected Service Coordinator Functions |
|---|---|---|---|---|---|---|
| O | 2/94 and 7/94 | Existing and new | Multiple service coordinators at variable percentages | PHA and other agencies | Central:<br>■ Oversight<br>■ Presentation to PAC<br><br>Local:<br>■ Prescreening<br>■ ADL assessments<br>■ Service plan and monitoring<br>■ Monthly reports on participants | ■ More marketing than expected |
| P | 7/94 | New | 100% | AAA | ■ Prescreening<br>■ ADL assessments<br>■ Case plan<br>■ Referrals for service (Secretary to assist) SC with reporting requirements | ■ Tracking service utilization |

[a] AAA = Area Agency on Aging.

### Reliance on Existing Service Networks and Proportion of Time Devoted to HOPE IV

Table 4-3 (column 3) shows that grantees are about evenly divided between those who hired a new person for the service coordinator position and those who hired someone already part of an existing service delivery network. There is some relationship, in turn, between grantees relying on an existing network (column 3) and the service coordinator spending only a portion rather than all of his or her time on HOPE IV (column 4). There may be program start-up benefits, as well as cost savings, in hiring service coordinators who are part of an existing network and thus are already familiar with the case management system. But as the HOPE IV caseload expands, service coordinators who must divide their time between HOPE IV and other activities are pulled in both directions and usually forced to spread themselves too thin. In fact, the two grantees (Sites C and D) that did not hire a service coordinator especially for HOPE IV and relied entirely on the services of a case manager from other community agencies, have progressed very little in recruiting participants into the program. At Site L, where the service coordinator devotes only 50 percent of her time to HOPE IV, and at Site C, where the service coordinator has been dividing her time between HOPE IV and the Congregate Housing Services Program (CHSP), the grantee agencies have requested additional funds to support full-time service coordinators for the HOPE IV program. (See Table 4-4.)

### Organizational Placement of the Service Coordinator

HUD guidelines give the HOPE IV grantees considerable flexibility in the organizational placement of the service coordinator. In communities with an existing agency capacity to conduct functional assessments and develop service plans, it usually made sense for the PHA to contract with an agency such as the Area Agency on Aging to perform the service coordinator activities. PHAs with limited experience delivering services to frail, older populations, felt that service coordination functions were best handled by community agencies with a proven track record. Another motivation for having the service coordinator be an employee of the AAA was that the PHA lacked personnel who could provide appropriate supervision in case management. Column 5 of Table 4-3 shows that about half of the grantees directly employ the service coordinator, with the remainder subcontracting with the Area Agency on Aging or others for the performance of this function. As previously shown in Table 4-2, in many cases in which the service coordinator is a AAA employee, his or her services are part of a total package contracted by the PHA for the HOPE IV participants.

**Table 4-4. HOPE IV Grantees and New Service Coordinator Funds**

| Site | Familiar with NOFA? | Did They Apply?/ Reason(s) for Not Applying | Were Funds Granted/ | Planned Use(s) for Funds |
|---|---|---|---|---|
| A | Yes | Yes | Yes | Contribute 50% toward hiring an additional service coordinator |
| B | Yes/No[1] | No/thought they would be "doubledipping" | -- | -- |
| C | Yes | Yes | Yes | Supplement service coordinator time to 100% |
| D | Yes | Yes | Yes | Increased service coordination |
| E | Yes | No/not sure they will remain in HOPE IV for more than few slots | -- | -- |
| F | Yes | Yes | Yes | Unsure |
| G | Yes | No/had already hired a coordinator | -- | -- |
| H | Yes | Yes | Pending | Unsure |
| I | Yes | Yes | Yes | Unsure |
| J | Yes | No/misunderstood and thought would need an additional match | -- | -- |
| K | Yes | Yes | Yes | Spread over existing services |
| L | Yes | Yes | Yes | Additional case management |
| M | Yes | No/already had sufficient funds | -- | -- |
| N | Yes | No/unsure of use | -- | -- |
| O | Yes | Yes | Yes | Enhance services |
| P | Y | No/AAA performs service coordination functions | -- | -- |

[1] Although PHA staff said they "thought they might have seen" the NOFA, their comments suggested they had not read it.

Several HOPE IV grantees that subcontract service coordinator functions emphasized that even though the service coordinator is technically an employee of the AAA, this is a somewhat artificial distinction, since that person is still considered to be working for the HOPE IV Program. HOPE IV funds are still paying all or part of his or her salary. At one grantee site, the AAA offices are located in a different town than the community being served by HOPE IV. The PHA made it a condition of their agreement with the AAA that the service coordinator be stationed directly in the HOPE IV community. Although it took time and effort on both sides to work out the situation to everyone's satisfaction, the "outstationing" of the service coordinator in the HOPE IV community has greatly enhanced communication between the PHA and the AAA. As the grantee PHA community services representative said, "Lori (service coordinator) and I are in and out of each other's offices almost every day." At the same time, both PHA and AAA staff agree it is important that the service coordinator is supervised by area agency personnel who really know the workings of the county case management system.

Several HOPE IV grantees regard the increased frequency of interaction and greater ease of communication between the PHA and AAA, brought about largely through the service coordinator, as one of the largest "side benefits" of participation in the HOPE IV program. Few grantees had anticipated how important service coordinators would become in mediating the physical, cultural and organizational distance between grantee PHAs and social service agencies. Grantees emphasized that day-to-day interaction at the individual level between the HOPE IV service coordinator and PHA staff has been the single most important factor in paving the way to better and more comfortable working relations. One grantee said "We (the PHA and AAA) speak the same language now, thanks to Mary (the service coordinator)." Another grantee indicated that the service coordinator has become the "human link" between the two organizations, helping the flow of information in both directions. Without "a real live person" performing this role, this grantee suggested, this connection would never have been sustained. Bridging the inter-agency relationship is just one of several "unanticipated" functions that HOPE IV service coordinators have assumed in the course of defining their roles.

### 4.5.2 The Overloading of the Service Coordinator Role

There are a number of reasons why the service coordinator role became overloaded for most of the 16 HOPE IV grantees. In the broadest sense, this overloading occurred because service coordinators have stepped in to fill a vacuum by absorbing a variety of unanticipated functions into the role. In addition, over time, many service coordinators experienced conflicting demands between spending time on "front-

end" activities associated with recruitment, and providing responsive, ongoing case management to HOPE IV participants.

- *It was almost always the service coordinator who stepped into the breach by assuming a whole host of unanticipated responsibilities and functions related to program start-up and recruitment issues.*

In responding to these unanticipated needs, service coordinators have had to be inventive and, as one service coordinator put it, to "learn to fly by the seat of my pants." They have had to spend a great deal of time and energy marketing the HOPE IV program to different audiences and making sure that "word got out" to the right people in the right ways. At one site, the original service coordinator was replaced for not being aggressive enough about marketing. Service coordinators have also taken on a wide range of functions associated with helping prospective participants move, locate new housing, and deal with landlords. This has encompassed a range of activities, from assisting prospective participants with selling their homes, to organizing volunteers to help with moves, to negotiating with landlords and managers of housing complexes.

Also, because many HOPE IV participants have been much poorer and needier than expected, the sometimes desperate circumstances of these very low income frail elderly have impelled many service coordinators to extend their role well beyond even the most expansive job description. Grantees in both rural and urban communities report that at the time of application to the HOPE IV program, some participants lacked such basic necessities as food, money to pay for moving or for utility deposits, furniture, clothing, and household furnishings. One service coordinator conducted several functional assessments of HOPE IV applicants living in their cars. Another reported elderly persons were discharged from nursing homes with "nothing but the clothes on their back." In response to these pressing needs, service coordinators have taken on such unanticipated functions as helping participants obtain Supplemental Security Income (SSI) or food stamps; finding sources of emergency funds, food or medical care; and "begging from Goodwill" to get furniture or household items with which the participant can create the rudiments of a household. None of these additional activities fit within even the broadest interpretation of "case management" as envisioned under the HOPE IV program guidelines. But, humanitarian reasons aside, they had to be done if participants were to be enrolled in the program.

Table 4-3 (column 6) shows that all service coordinators perform common "core functions" that include prescreening participants; conducting ADL assessments and presenting the results to the PAC; case planning and case management; and documentation and reporting. However, most grantees have

broadened this list substantially to include at least some additional activities such as recruitment, outreach, help with housing, additional program management responsibilities, and tracking of services and service costs.

When asked which elements of the service coordinator role were least expected, five grantees commented (see Column (7) of Table 4-3) that service coordinators have assumed greater managerial and administrative duties than expected, thus spending more time on paperwork and less time on client contact than they had hoped. Several other grantees pointed to the unexpectedly high level of effort that has gone into "front-end" activities such as marketing, recruitment, and moving. Another grantee identified a major, in some cases still only emergent issue for many HOPE IV grantees when they reported a conflict between "up front" and "ongoing" functions in the service coordinator role.

- *Since recruitment has been continuous, as program implementation has proceeded, a conflict has often developed for service coordinators between focusing energy and attention on "front end" activities such as marketing, recruitment and assessment, and paying closer ongoing attention to the ever-shifting and often extensive needs of the already enrolled HOPE IV participants.*

Several service coordinators indicated they feel pulled in several directions at once. On the one hand, with all it entails, managing the ongoing recruitment and assessment activities needed to continue to enroll as many as 150 participants in the HOPE IV program is a full-time job in itself. Moreover, since there is always some turnover among participants due to death, hospitalization, institutionalization and moving away, even grantees who achieve their target number of participants have to continue to recruit participants, albeit less actively. The one grantee that has been fully enrolled since September 1994 reports: "We were at 75 (participants), but now we are down to 71 because two died and two moved away." She acknowledged that they never reach a "steady state" for long. This grantee maintains a HOPE IV waiting list with names of people who have been prescreened for the program.

But there are also countervailing demands on service coordinators to be more responsive to the constantly changing and often very intense needs of the HOPE IV participants already in place. Grantees have discovered that the notion of performing a functional assessment, developing a service plan, and expecting it to remain unchanged for some fixed interval, however short, is unrealistic for many participants. "The participants are so needy," said one service coordinator, "it's like a bottomless pit. And their needs change, but not according to any set schedule. They get sick, they get better. They're up and down." Another service coordinator reevaluated service plans for several participants after they moved

into their new HOPE IV apartments. "One lady needed help with laundry in her old place because she could not walk the stairs. Now that she lives on one level, she no longer needs it."

For those service coordinators who strive to be maximally responsive to their HOPE IV clientele, the service coordinator role is not only functionally overburdened, but also very emotionally and physically demanding. Several grantees expressed concerns about service coordinator burnout. Said one service coordinator: "This is just so much more intense than any other case management I've ever done." Her colleague from the county long-term care agency concurred: "This is a whole different type of case management than we're used to. Sarah (pseudonym) is always running here and there to put services together for her HOPE IV clients." This added level of intensity may be what makes the difference between HOPE IV and other case managed community-based long-term care programs. However, the grantees were largely unprepared for what this would mean in real terms, and once again it has mostly been the service coordinators who have shouldered the added burdens.

In one way or another, most grantees have begun to adapt to the conflicting pressures between "front-end" and ongoing service coordinator activities, as well as the general overloading of the role. A few have decided to take the process slowly, dividing their service coordinator's time about equally between recruitment and ongoing case management activities. Others have hired additional personnel to relieve the service coordinator from some of the burden for specific activities, such as help with locating housing. Some service coordinators admit they have had to give less attention than they would like to certain duties, such as conducting monthly home visits to HOPE IV participants. As one service coordinator reported: "At the start, I could visit them all. Now I only stop in to see the ones who make the most noise. The rest get a telephone call." Perhaps the most interesting adaptation at several sites is a planned bifurcation of the service coordinator position into two functionally distinct roles. One person (the PHA service coordinator) will assume administrative, management and linkage functions, and oversee recruitment. The other (a subcontractor) will handle the day-to-day case management and service monitoring functions for the participants.

HUD's July 6, 1994 NOFA offering HOPE IV grantees the opportunity to apply for supplemental funds for service coordination supplied one important vehicle for making changes to the service coordinator role at the HOPE IV sites. The NOFA clearly responded to what was a very real and recognized need to provide further support to essential service coordination functions and activities. Table 4-4 shows that all but one of the 16 grantees were familiar with the NOFA. Nine of the 16 applied for these funds, often at the urging of their respective regional offices. Several of the grantees will apply the

to supplement service coordinator time or functions or contribute toward hiring an additional service coordinator; fewer plan to use it to enhance existing services.

Only three of the six grantees who did not apply for these funds did not perceive a need for additional service coordination. The remaining three grantees failed to apply for a variety of miscellaneous and "extraneous" reasons: one grantee misunderstood the requirements of the NOFA; another grantee failed to read it very carefully (if at all); and the third grantee is disgruntled with all HUD programs and plans to return all but 10 or 15 of their 85 vouchers.

### 4.6 Conclusions on HOPE IV Program Implementation

Implementing the HOPE IV program has presented a number of distinctive, mostly unanticipated challenges to the 16 first round grantees. Since it took time for the grantees to recognize and respond to these challenges, some of which only emerged once the program was operational, implementation overall has proceeded somewhat more slowly and less smoothly than might first have been expected. Nonetheless, grantees have adapted to these unexpected pressures, albeit some more quickly than others.

Despite having faced many common obstacles, the 16 grantees vary considerably in where they fall on the continuum of program implementation. Various factors influenced these differences in level of implementation, including: when the grant agreement with HUD was signed; when the service coordinator was hired; whether the relationship between the PHA and the AAA or other partner agency developed as planned; the level of PHA support for HOPE IV and degree of flexibility of Section 8 staff in adapting to the needs of the frail elderly; and the creativity, stamina, and time commitment to the HOPE IV program of key staff, especially the service coordinator. Also important are local community conditions, such as the strength of the existing service delivery network for the elderly; the local housing market and housing conditions; and the economic, physical and mental health status of the low income, frail elderly populations.

Participation in the HOPE IV program has had multiple, mainly unanticipated effects on various aspects of the grantee PHAs, including their Section 8 programs. Participation in this pioneering venture in combined provision of Section 8 housing and supportive services has broadened the grantees' conceptions of their service populations to more fully encompass the frail elderly. In general, at the outset

grantee PHAs were not prepared, either organizationally or psychologically, for the demands of running a program like HOPE IV. Typical Section 8 recruitment techniques, such as reopening waiting lists, were only minimally effective in drawing new participants into the program. Thus, the PHAs were forced to turn to new outreach approaches, such as distributing flyers, making presentations to community groups, or sponsoring radio spots.

Many grantees came to rely heavily on the resources of their "partner" AAA and other community service agencies for names of potential recruits, and, in some cases, also for doing much of the leg work necessary to screen, assess, and enroll participants in the HOPE IV Program. Where the PHA and AAA were able to develop an effective working relationship, this strategy of reliance on the AAA helped to expedite the recruitment process. However, for the grantees where a good PHA/AAA relationship unexpectedly failed to develop, the PHA was left in a difficult position, and recruitment suffered as a result.

Just as reopening Section 8 waiting lists had proved relatively unproductive as a basic recruitment device, depending on normal Section 8 operating procedures for enrolling participants was also mostly ineffective. Some type of organizational adaptation has been required at nearly all the grantee sites. Frail elderly applicants to the HOPE IV program almost always require help filling out the necessary forms, and may be unable to come into the Section 8 office to take care of their paperwork. Thus, service coordinators, Section 8 personnel, or both, have had to learn to be flexible enough to accommodate these special needs of frail elderly clients.

HOPE IV participant recruitment has taken considerably more time, effort, and ingenuity than expected, although most grantees indicate the pace has accelerated over time. Grantees assert that, given the constraints of the situation, there is little they could have done differently in recruiting and enrolling participants into the HOPE IV program. Several largely unanticipated factors combined with the need to adapt typical Section 8 waiting list and recruitment procedures to produce slower than expected recruitment into the HOPE IV program for all but one of the 16 grantees. First, an unexpectedly high percentage of HOPE IV participants required assistance locating and moving into their Section 8 housing. The need to facilitate these moves placed a considerable additional, largely unexpected burden on the grantees. Second, some prospective HOPE IV participants in both rural and urban localities were very poor, lacking even the basic necessities of life. This also meant that HOPE IV staff had to broaden their recruitment and enrollment to encompass a range of unanticipated activities. Third, many grantees adapted the pace of recruitment to the high level of physical frailty and emotional vulnerability of the HOPE IV

participants. These grantees decided that recruitment and assessment could not be rushed without jeopardizing the health and well-being of some HOPE IV participants. Beyond the need to develop measures for prescreening potential participants for frailty and income eligibility, frailty assessment and accompanying PAC review are also extremely labor-intensive and unexpectedly lengthy processes. Finally, HOPE IV program staff had to learn how to effectively and continuously market the program. It took time for "word" about the HOPE IV program to spread into the service provider networks and reach the elderly populations in the HOPE IV communities. Recruitment moved more quickly once HOPE IV began to acquire a favorable reputation in the community and staff could point to real life examples of people benefiting from the program.

Service coordinators play an important and more expansive role in the HOPE IV program than was envisioned in the original program design. Grantees have shaped different conceptions of the service coordinator role, which have changed and developed in response to changing demands of program implementation. Some grantees emphasize client contact and "hands on" case management, while others stress administrative duties and linkage among service delivery agencies. However, no matter what the relative emphasis, for all but a few grantees serving a small number of HOPE IV participants in small communities, the service coordinator role rapidly became overloaded with too many intense, competing demands. In addition to performing the core activities of frailty assessment, PAC review, and service planning and monitoring, service coordinators stepped into the vacuum to assume a variety of unanticipated functions associated with participant recruitment and program start-up. These included marketing, helping participants locate and move to new housing units, and assistance in obtaining essential non-HOPE services and basic necessities. Many service coordinators also came to play an important role in bridging the distance between the PHA and AAA or other service delivery agencies, and took on greater than expected management and administrative duties. As implementation progressed, service coordinators were further torn between devoting their energies to ongoing "front-end" activities of outreach, recruitment, and assessment, and responding to the often intense and changeable service needs of HOPE IV participants already in the program.

Although some grantees are still deciding how best to cope with mounting pressures on service coordinators, HUD's July 1994 NOFA offering additional service coordination funds answered a very real need for most of the HOPE IV grantees. Prior to the NOFA, HOPE IV grantees had responded to these pressures in various, ad hoc ways. A few grantees hired additional part-time or full-time staff to relieve some of the burden on the service coordinator. Other grantees slowed the pace of recruitment to allow the service coordinator to better balance competing demands. Some service coordinators were forced

to give short shrift to some part of their duties. Ten of the 16 grantees applied for funds under the NOFA, and most will use the money to increase the percentage of time service coordinators devote to the HOPE IV program or help fund new service coordinator positions. Two grantees plan to address the tension between front-end and ongoing functions by splitting the service coordinator role into two distinct roles performed by different individuals. One person will handle the administrative end and oversee linkages among service agencies, the other will perform the day-to-day "hands-on" case management for HOPE IV participants.

HUD purposely gave the HOPE IV grantees some latitude in designing their individual programs. The 16 grantees present variation in a number of program implementation areas, including:

- **Instruments used to assess frailty:** All but one grantee uses an "established" frailty assessment tool, and crosswalks its ADL categories with HUD's ADL definitions. One grantee uses an instrument specifically designed to measure ADLs as HUD defines them for HOPE IV Program purposes. Most instruments assess a range of factors beyond functional status, including social support, physical health, and mental health.

- **Types of Services:** Most grantees provide a common cluster of services that includes case management; linkage services; personal care; and homemaker and chore services. Other allowable categories of services (social and behavioral, socialization and recreation, and advocacy) are less prevalent, although grantees recognize unmet needs for counseling, legal, and financial services. Since service delivery began, a few new services have been added (emergency response button, medication monitoring, household adaptation), and meals services have been changed to accommodate special or unmet nutritional needs (diabetic meals, hot dinners, and a liquid supplement for weekends).

- **Sources and Uses of Supportive Services Funds**: The HUD grant is the single largest source of funding for HOPE IV supportive services. However, all other sources combined (state and grantee resources and participant fees) account for 60 percent of the total. Grantees assembled matching funds in excess of 150 percent of the HUD grant. Seventy percent of funds will be devoted to care of the person and the home and meal and nutrition services, with the remainder going to administration and case management (16 percent), transportation (8 percent), and other services (6 percent). The per person amount budgeted for services in grantee applications varies widely, from just over $2,000 to nearly $10,000. Some of this variation may be explained by differences in how matching funds were claimed and in the amount of the HUD grant figured on a per participant basis.

- **Contracted and Non-Contracted Services:** Only one grantee PHA directly delivers supportive services to HOPE IV participants. All others contract out the delivery of

services, half also contract for service coordination, and a few for PAC functions, as well.

- **Recordkeeping and cost accounting plans and procedures**: Grantees will maintain various types of records, including: pre-screening instruments and results; assessment instruments, reassessments and results; service plans; HUD form 50058 demographic data; service logs; (monthly) invoices for services from service providers; and (monthly) invoices to participants. However, only about half of the grantees expect to have participant-level service and cost data on-line. Differences across grantees in service categories and nomenclatures will require translation into a consistent set of data items.

The variety in program implementation presents an interesting range of program characteristics to explore, but also raises issues of consistency and comparability across sites, possibly complicating the ability to assess program effects. This diversity makes it all the more important to follow the evolution of program implementation over time across the HOPE IV grantees. This will happen during Phase 3 of the study, when he PAC and Service Coordinator Surveys are administered, and in Phase 4, with the follow-up surveys of the grantees.

# 5. PRELIMINARY PROFILE OF HOPE IV PARTICIPANTS

This chapter summarizes demographic data on the first 277 HOPE IV participants interviewed as of December 15, 1994, and offers a brief comparison of HOPE IV participants and other elderly Section 8 households.[1] Two caveats should be considered with respect to these data. First, they represent only the first 22 percent of HOPE IV participants. Over the coming months, the grantees expect to fill all the 1,255 available slots. Second, these 277 participants represent only the 13 PHAs which had enrolled frail elderly persons into their HOPE IV demonstrations as of November 1994. It is possible that the three PHAs which had not yet provided participant profile data will serve HOPE IV participants with demographic characteristics different from those at the 13 sites. The three PHAs are located in urban areas, account for over 200 available HOPE IV certificates, and may serve a higher proportion of minorities in their participant populations.

## 5.1 Profile of HOPE IV Participants

Table 5-1 presents five characteristics of HOPE IV participant households: gender, race, Hispanic origin, age, and disabled status.

- **Gender.** The vast majority of HOPE IV participants are women (79%).
- **Race.** Ninety-six percent of HOPE IV participants are white, and the remaining four percent is distributed among blacks, Asians/Pacific Islanders, Native Americans/Alaskan Natives, and other racial groups.
- **Hispanic origin.** Nine percent of the HOPE IV participants are of Hispanic origin.
- **Age.** About 49 percent of the HOPE IV participants occupy the *younger* range of the eligible age spectrum (62 to 74 years). Thirty-five percent of HOPE IV participants are 75 to 84 years, and 15 percent are 85 years or older.

The average size of a HOPE IV household is 1.1 persons. Eighty-eight percent of the HOPE IV households consist of an unaccompanied person, and 12 percent of two or more persons. (See Figure 5-1.)

---

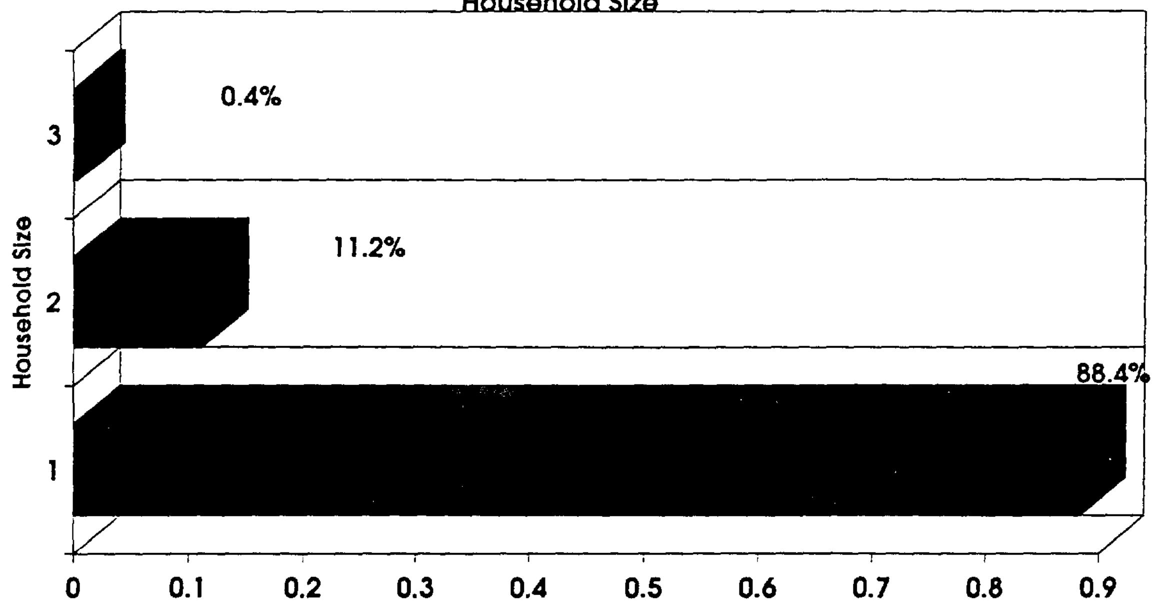
[1] Participant characteristics will be treated fully in the *Third Interim Report* to HUD on the HOPE IV evaluation. It is anticipated that a sociodemographic profile of a much larger proportion of the available 1,225 HOPE IV slots will be presented in this report.

Table 5-1. Demographic Characteristics* of HOPE Program Participants who Completed the Interview**

| Participant Characteristics | | Percent of Participants |
|---|---|---|
| Gender | | |
| | Female | 78.6 |
| | Male | 18.1 |
| | Not ascertained | 3.3 |
| Race | | |
| | Black | 2.2 |
| | White | 96.0 |
| | Asian/Pacific Islander | 0.4 |
| | American Indian/ Native Alaskan | 0.7 |
| | Other | 0.7 |
| Hispanic Origin*** | | 8.7 |
| Age | | |
| | 62-74 | 48.7 |
| | 75-84 | 35.0 |
| | 85+ | 15.2 |
| | Not ascertained | 1.1 |

*Demographic Information from Profile Form
**N=277 as of December 15, 1994
***Hispanics can be of any race

Figure 5-1. HOPE for Elderly Independence
Participant Characteristics*
Household Size




*N=277 participants who completed the interview as of December 15, 1994

The profile of a typical HOPE IV household also is typical of elderly households in the broader Section 8 Existing program.[2] For example, the majority of elderly Section 8 existing heads of household are white, and fully 78 percent of elderly Section 8 existing households consist of one person. Furthermore, the age distributions of HOPE IV and other Section 8 Existing elderly persons are similar. Among *elderly* Section 8 households, 42 percent are headed by a person under 75 years. To put HOPE IV in a general context, among *all* Section 8 certificate and voucher households, less than one-quarter of the households are headed by an elderly person.

Consistent with the demonstration program's eligibility requirements, HOPE IV households have very low incomes. For a HOPE IV participant, the average household gross annual income is $8,319, and the median gross income is $8,059. Over two-thirds (69%) of participant households have an annual gross income of $5,000 to $9,999; five percent have lower gross incomes, and 26 percent have higher incomes.

Figure 5-2 presents the distribution of adjusted income among the first 277 HOPE IV participants. Adjusted income excludes from total income amounts such as health care expenditures and credits for elderly households. Twenty-eight percent of HOPE IV participants have an income of less than $5,000; 63 percent an income between $5,000 and $9,999; and 9 percent an income of $10,000 or higher. The average adjusted annual income is $6,249.

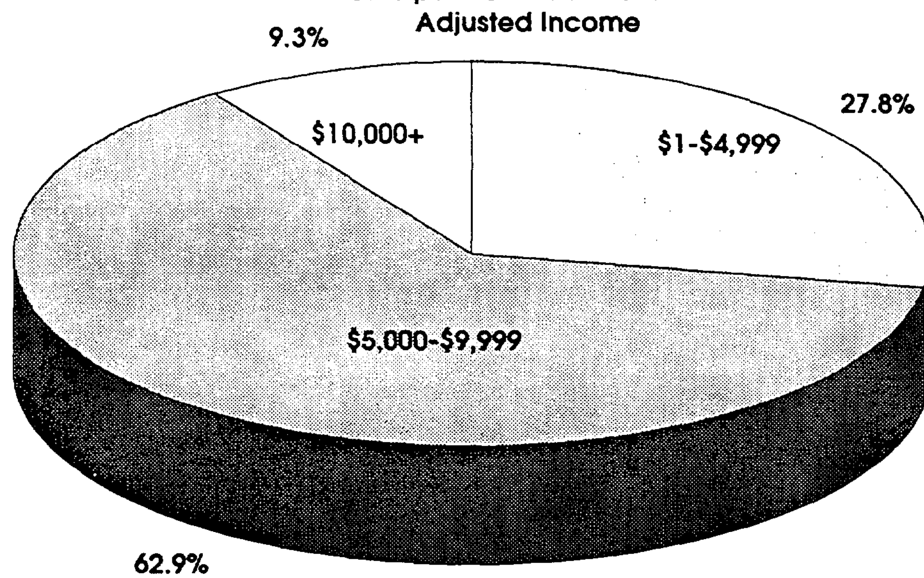
Figure 5-3 shows the distribution of HOPE IV participants among five rent ranges.[3] The mean rent paid by a HOPE IV participant is $200 per month, and the median rent is $186. About 14 percent of HOPE IV participants pay between $1 and $100 in rent; 39 percent between $101 and $200; 29 percent between $201 and $300; and 16 percent $300 or more. An additional two percent of households will pay zero dollars for rent, which is possible if adjusted income is zero or less.

---

[2] The source of comparison statistics is HUD's *Characteristics of HUD-Assisted Renters and Their Units in 19989* (HUD-1246-PDR, March 1992, also known as the HUD *Redbook*). The *Redbook* presents a detailed demographic and housing profile of the households served in HUD's housing assistance programs. The original source of data for the compendium is the American Housing Survey (AHS), administered by the Bureau of the Census for HUD.

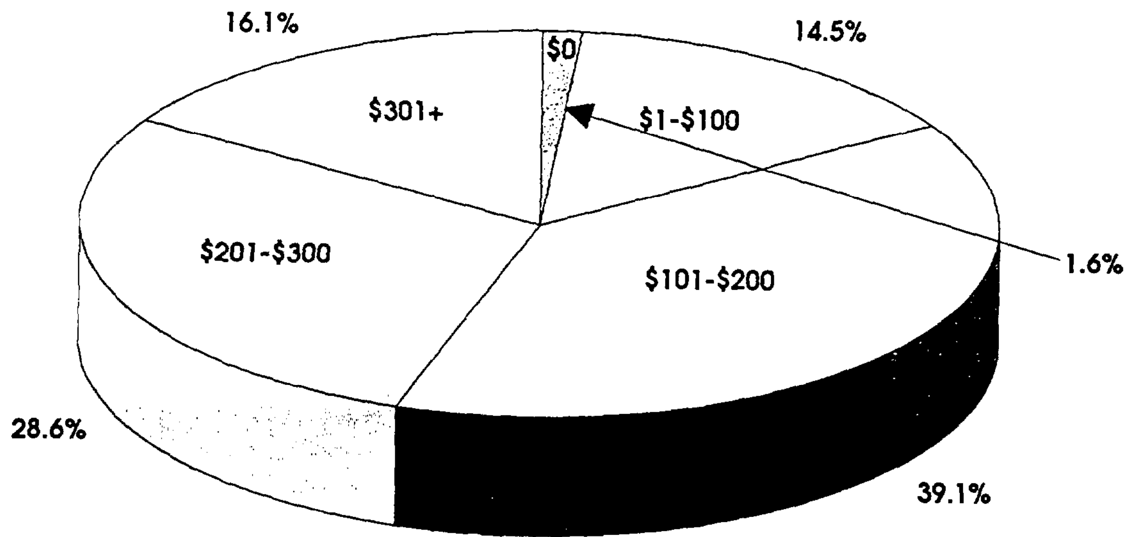
[3] Rent is defined as *TTP*, total tenant payment for rental and tenant-paid utilities.

Figure 5-2. HOPE for Elderly Independence
Participant Characteristics*
Adjusted Income




*N=277 participants who completed the interview as of December 15, 1994

Figure 5-3. HOPE for Elderly Independence
Participant Characteristics*
Rent Payment (TTP)




*N=277 participants who completed the interview as of December 15, 1994

## 5.2 Moving and Reasons for Moving

According to data from the participant profile forms, about one-third of all the participants enrolled as of December 1994, had moved in order to participate in the HOPE IV program. Grantees reported three main reasons why it was necessary for HOPE IV applicants to move. First and most important, many of the applicant's residences were physically substandard and could not meet HUD's Housing Quality Standards. Although some of these HOPE IV applicants would have preferred to remain where they were, landlords were often unwilling to make the necessary repairs to qualify the units for Section 8. Grantees described HOPE IV applicants living in tarpaper shacks, condemned housing, or roominghouses with no heat or indoor plumbing. A second, less common reason for having to move was that applicants in outlying jurisdictions were required to move to the participating jurisdiction. Third, applicants might move from an owner-occupied to a rental unit. Making arrangements to sell their homes or trailers often greatly complicated the HOPE IV enrollment process both for the participants and the program staff.

At first glance, an overall proportion of one-third movers might not seem very high, and might appear to contradict the grantees' perceptions that moving has been a major reason for the slowed pace of HOPE IV program implementation. However, much of this apparent discrepancy can be resolved in noting that the percentage of movers varies widely across grantees. A few grantees, where half or more of the HOPE IV participants have had to move, have thus borne proportionately more of the attendant burden. By contrast, very few participants had to move at the one fully enrolled grantee site, which accounts for more than one-quarter of all HOPE IV participants enrolled to date. Moreover, it is understandable that grantees should rank moving as one of the primary factors influencing program implementation, given moving's unanticipated added burden to program staff, its sometimes traumatic effects on the physical health and emotional well-being of the participants, and its salience in provoking last minute drop-outs from the program.

# 6. CONCLUSIONS

This chapter briefly highlights the major findings of the first phase of the HOPE IV evaluation.

## 6.1 Characteristics of HOPE IV Grantee Communities

The first 16 PHAs selected for the HOPE IV Program are a diverse group.

- **Geographic Location**: The grantee sites are located in the West, Midwest, Southwest, Mid-Atlantic, East, and New England. They are situated in large urban areas, small cities, suburbs, predominantly rural areas, and areas with a rural and urban mix.

- **Community Contexts**: HOPE IV grantees have had to adapt the basic program model to a variety of contexts in implementing the program at the individual sites. Some grantee communities are retirement centers with rising rents and limited affordable housing; others are rural communities that lack good transportation. One border-community site has almost all non-English speaking, Hispanic participants facing linguistic and cultural barriers.

- **Other community programs for the frail elderly**: In all 16 communities, HOPE IV provides an opportunity to extend the service base and incorporate a much-needed housing component. Most HOPE IV communities have no real alternative to nursing homes for those who can no longer maintain themselves at home. Programs that provide in-home supportive services to the frail elderly can address only a portion of the demand. Three grantee communities have Medicaid or Medicaid/Medicare waiver programs that allow frail, medically needy elderly who would otherwise qualify for nursing home placement to remain in a community setting. However, these programs are directed at persons who are frailer than those in the HOPE IV program.

## 6.2 Grantee Characteristics

The HOPE IV Program represents a unique opportunity for the PHA and community agencies, often for the first time, to work together to systematically link provision of Section 8 housing and delivery of a coordinated, case-managed and individually tailored package of

supportive services to frail elderly. The grantees and their "partners" are excited by the possibilities this program offers.

The HOPE grantee agencies vary in their governance, prior experience serving frail elderly, and relationships with existing community service delivery systems.

**Governance**

- Four of the PHAs are part of city government. Ten are independent legal entities, although often closely attached to city or county governments. Two grantees are state agencies that distribute HOPE IV funds to selected localities in their states.
- All 16 PHA Executive Directors or their direct designees will provide oversight to HOPE IV program operations. However, Executive Directors play a day-to-day role in HOPE IV only at three or four small PHAs. Elsewhere, routine management functions are delegated to a variety of PHA personnel.
- Design and implementation of HOPE IV required often substantial structural changes within PHA to establish new staff roles for the service coordinator and supportive services components of the program.

**Prior PHA experience with programs on aging**

- Most grantee PHAs had little or no previous involvement in ventures linking housing and supportive services to a frail elderly population. Prior efforts had almost all been small scale and directed at elderly residents of public housing or other congregate facilities. Four grantee PHAs had considerable experience in provision of supportive services to the elderly before HOPE IV.
- Despite limited experience, grantees successfully created linkages with Area Agencies on Aging and other community service providers in assembling their HOPE IV applications and designing their service packages.

## 6.3 Applying for HOPE IV Funding

Grantees decided to expend the time and effort to apply for the HOPE IV Program for two primary reasons.

- They recognized the growing needs of the elderly populations in their communities and saw HOPE IV as a way to address these needs. This

recognition often came about through interaction with service providers or advocates for the elderly.

- HOPE IV represented a continuation of past efforts to combine housing and supportive services to the elderly.

Most often, a PHA staff member took the initiative to coordinate the production of the HOPE IV application, with significant help from representatives of AAAs and other community service organizations. Prior efforts to establish coalitions of agencies serving the elderly facilitated the application process. Grantees indicated that limited time to prepare the application presented an obstacle which under other circumstances might have deterred them from applying. The 50 percent matching funds requirement did not present a serious barrier to application.

## 6.4 Reasons PHAs Did Not Apply for HOPE IV Funding

Non-applicant PHAs gave three primary clusters of reasons for not applying for HOPE IV funding:

(1) They perceived the program was not needed in the community or was of low priority relative to other needs;

(2) PHA staff felt they would have had difficulty coordinating with other agencies for service delivery and/or obtaining and sustaining the matching funds commitment;

(3) Time and personnel were insufficient to prepare the application or implement the HOPE IV program if funded.

## 6.5 Variations in Program Implementation

HUD allowed HOPE IV grantees some latitude in designing their programs. The 16 grantees vary in a number of program design and implementation areas, the most important of which are briefly described below.

- **Instruments used to assess frailty**: All but one grantee uses an established frailty assessment tool and crosswalks its ADL categories with HUD's ADL definitions.

- **Types of Services**: Grantees deliver a common cluster of services that includes case management; linkage services; personal care; and homemaker and chore services. Other services (advocacy, social and behavioral support, and recreation and socialization), although recognized as needed by some grantees, are much less commonly offered.

- **Organization of Service Delivery**: Only one grantee directly delivers supportive services to HOPE IV participants. The others contract out the actual delivery of services. Several also contract for service coordination, and a few for PAC functions, as well.

- **Record keeping and cost accounting plans and procedures**: Grantees will maintain various types of records, but use of different service classifications and forms will necessitate combining this information into a common format and common categories for the evaluation's analytic purposes.

## 6.6 Factors Affecting Program Implementation

HOPE IV implementation, facing several challenges, has in all but one site proceeded more slowly than originally projected. Nevertheless, most grantees believe that, under the circumstances, there is little they could have done differently. Grantees agree they have been learning as they go along, addressing issues "in real time." Recognizing and responding to the combination of mostly unanticipated pressures affecting HOPE IV program implementation has been and remains an ongoing process. Grantee PHAs had to respond to organizational pressures to adapt their Section 8 programs to the special needs of the frail elderly. They had to define and regularize their relationship to their partner service delivery agencies. HOPE IV participants' needs have also been more intense and far-reaching than expected. While the demands of HOPE IV have exceeded PHA expectations, the grantees regard this as an indication of the program's importance for frail elderly in their communities.

Seen in this light, enrolling approximately 40 percent of all HOPE IV participants by mid-December 1994 is a respectable accomplishment. The major factors affecting HOPE IV program implementation to date are summarized below.

- Many grantee PHAs were initially unprepared to run a program like HOPE IV. Typical Section 8 waiting list and recruitment procedures yielded very few participants for the program. Existing Section 8 staff and new supportive services personnel came under pressure to adapt their activities to the needs of a frail elderly tenant population. Responding to these pressures sometimes

required organizational adaptations in the PHA or rearrangements in the relationship between the PHA and service agencies.

- A greater than expected number of HOPE IV participants were very poor and had access to fewer resources than program staff had expected. More participants than anticipated also had to move to qualify for the HOPE IV program. Responding to these needs required ingenuity, time, and patience from program staff. It also added a number of unanticipated and often time-consuming tasks to their recruitment and enrollment activities. Attrition from the program just prior to or soon after lease-up also absorbed staff resources.

- Frail elderly were physically and emotionally vulnerable to the traumatic effects of moving. Even those who could lease in place often found it difficult to learn to accept formal supportive services. Program staff had to adapt the pace of enrollment to minimize stress to the frail participants and lower the risk of post-enrollment hospitalization. Pre-screening applicants for frailty and income eligibility, as well as conducting frailty assessments and accompanying Professional Assessment Committee (PAC) reviews, is also extremely labor-intensive and unexpectedly lengthy.

- Grantees dealt with intensified demands on staff time and creativity by expanding the service coordinator role well beyond its original job description. Service coordinators took on a variety of unanticipated tasks like marketing; helping participants locate, lease up, and move into their housing units; and handling growing paperwork and administrative responsibilities. To this was added the responsibility for overseeing and monitoring service provision to participants with a shifting and large array of needs for personal care, home management, and linkage with other community services such as medical care.

- Grantees adapted in various, ad hoc ways to the overloading of the service coordinator role by hiring additional personnel, slowing the pace of enrollment, or emphasizing certain functions (administration) over others (personalized case management). Ten of the 16 grantees took advantage of the HUD July 1994 NOFA to obtain additional funds they will use to enhance and supplement service coordinator activities. At least two grantees plan to divide the service coordinator role into two distinct roles performed by two people: one will handle administrative, management, and agency linkage activities, the other will concentrate on providing ongoing case management to HOPE IV participants.

## 6.7 Grantee Recommendations for the HOPE IV Program

The 16 grantees offered several recommendations to HUD for improving the HOPE IV Program based on their experiences to date.

*HUD Should Supply Technical Assistance* -- While recognizing that HOPE IV is a demonstration program, given its newness and the special challenges it presents, eight grantees expressed a desire for guidance or technical assistance from HUD in program design and implementation. Several mentioned a particular need for help with start-up issues and the mechanics of handling the matching fund requirement. Various suggestions were offered, including: building time into the grant for program start-up; allowing grantees to send questions to HUD and distributing the answers to all grantees; convening a conference at which grantees can share experiences and solutions to common problems. One grantee plans to hold a meeting of the HOPE IV grantees in their region in the spring of 1995.

Five grantees also indicated that delays in signing the grant agreement with HUD had contributed to delays in program start-up, and in some cases, had complicated their relationships with their partner agencies.

*HUD Should Change the Participant Fee Structure* -- Five grantees suggested that the 10 percent participant fee either be charged on a sliding scale or eliminated altogether. They feel that most HOPE IV participants are too poor to have to pay for their services and the requirement causes more problems than it is worth.

*HUD Should Allow Qualified Existing Section 8 Tenants to Participate in HOPE IV* -- Four grantees recommended that frail elderly existing Section 8 tenants who qualify be allowed to participate in the HOPE IV Program. They believe these persons should not be deprived of the program's benefits; also, since they are already leased up, allowing them to participate would help speed enrollment.

*HUD Should Fund Additional Unexpected Costs* -- Three grantees suggested that HUD should provide funds to pay for time service coordinators and others have spent recruiting, marketing, and helping participants locate and move into housing.

*Other Recommendations*: The remaining grantee recommendations fall into several different categories.

> *Find Better Ways of Accommodating Nursing Home Short Stays and Other "Chronic Flareups"* -- HOPE IV participants may experience short-term, chronic flareups which temporarily require them to receive more assistance than HOPE IV can provide. Afterwards, participants are again "eligible" for HOPE IV. Handling these situations, which are relatively common in the lives of frail elderly, creates problems for the grantees. Three grantees specifically cited difficulties with Section 8 rules that do not permit tenants to be out of their units for more than 60 days. HOPE IV participants admitted to nursing homes after hospitalization rarely return home within the 60 day limit.

*PACS*: Two grantees recommended restricting the PAC's responsibilities and reducing the number of full PAC meetings.

*Frailty Requirements*: Two grantees said requiring 3 ADLs "was too many." They believe many participants are already too far into a pattern of decline to benefit from the program. In addition, remarked one service coordinator: "I find myself having to ask people who could clearly benefit from the (HOPE IV) program to give me a call when they get worse."

# 7. METHODOLOGY

This chapter presents Westat's methodology for Phase 1 of the evaluation of the HOPE IV Program. Sections 7.1 - 7.8 describe the sequence of activities carried out during the first year of this evaluation.

## 7.1 Abstraction of Grant Applications

Once of the first steps in collecting data for the evaluation was to abstract information from the applications grantees submitted to HUD prior to their selection for the demonstration. While following the same basic organization and application requirements, the applications packages from the 16 grantees nevertheless differed in both form and content. As a result, abstraction of information had to be based on a limited number of general categories applicable across sites. The following quantitative information was abstracted from the applications:

- Requested grant amount;
- Number of Section 8 rental vouchers;
- Average household income;
- Sources and amounts of funding including match (federal, state, local, applicant, and program income);
- Uses of funding (personnel, contractors, supplies, and other); and
- Budgeted amounts for administration and case management, home and personal care, food and nutrition, transportation, and other services.

This information was obtained largely from the Application Summary Sheet, HUD Form 2880, HUD Form 424 and 424A, and the applicants' proposed budgets. Data items were entered into a spreadsheet. Each cost item in the spreadsheet is expressed both as a total budgeted amount and as an annualized amount.

In addition to this spreadsheet analysis, Westat performed a careful review of the narrative sections of these applications prior to a series of reconnaissance site visits and telephone calls. The lead

investigator for each grantee then compiled observations gathered from the reconnaissance with information provided in the grant applications to prepare a written description summarizing the key elements and features of each project and its operating environment.

## 7.2 Development of the Participant and Comparison Group Survey Instruments

To develop these instruments, Westat worked from our research design crosswalk linking all study questions with their associated data items, data sources and analysis plans. (A copy of this matrix was submitted as part of our Research Design and Data Collection and Analysis Plan in November 1993.) Proceeding from an outline of topical sections to be covered in the instruments, we identified all the pertinent data items needed to answer each of the associated study questions we intended to address in the evaluation. These data items then served as a basis for constructing particular survey questions.

In selecting items and creating the wording of each question, wherever viable, Westat drew on questions from already validated instruments used to survey the elderly, especially those employing telephone interviewing techniques. Among the sources consulted were the:

- National Long Term Care Survey
- National Health Interview Survey, Supplement on Aging
- National Health Interview Survey, Supplement on Disability
- Longitudinal Study on Aging
- National Health and Nutrition Examination Survey, Epidemiological Follow-up Survey
- National Medical Expenditure Survey
- Short Form-36 Health Survey
- Survey of Income and Program participation (disability waves)
- National Long Term Care Demonstration Evaluation Baseline and Follow-Up Instruments (community version)
- Norwood-Montefiore Aging Study Questionnaire

HUD staff from PD&R, Office of Public and Indian Housing, and the Office of Housing reviewed several drafts of the instruments and provided recommendations. The instruments were also

critically reviewed by the members of an Expert Panel, as described below, prior to OMB submission. OMB approval was received without difficulty or delay in May 1994. Minor cosmetic and skip pattern changes were then made to the instruments as a result of pretests conducted with eight participants at two HOPE IV sites during May. In addition, to ensure compatibility with the companion evaluation of the Congregate Housing Services Program, Westat compared the CHSP and HOPE IV participant questionnaires, highlighted differences, and reconciled the two instruments through the HUD GTR.

## 7.3 Development and Administration of the Reconnaissance Protocols

In November of 1993, after examining the information contained in the applications from the 16 HOPE IV grantee sites and the data provided by the application abstracts, Westat developed a protocol to be used in carrying out reconnaissance site visits of four of the HOPE IV sites. An abbreviated version was used for conference calls with the remaining 11 grantees. Dr. Berkowitz, as Task Leader for the Reconnaissance phase, had primary responsibility for developing the protocol.

The protocol follows a discussion guide format, including a series of open-ended questions about:

- the background and prior experience in provision of housing and supportive services of the PHA, PHA director and any other PHA staff central to the HOPE for Elderly Independence Program;
- salient characteristics of the community;
- the HOPE IV application process, including the impetus strength and nature of prior and current PHA relationships to community agencies providing supportive services to the elderly;
- the strategy for obtaining matching fund commitments, the design of the service package, and any changes made since the time of the HOPE IV application in either or both of these;
- PHA staffing issues, including the hiring, recruitment and envisioned role of the service coordinators;
- recruitment and selection of HOPE IV Program participants; and
- plans for recordkeeping and monitoring of service provision.

The protocol also contained a section explaining the proposed plan for use of existing Section 8 certificate and voucher holders as comparison group members and soliciting PHA grantee reactions to the viability of this approach in their individual sites.

The sites for the initial round of four visits were chosen on the basis of several overlapping characteristics, including: region of the country; rural/urban/suburban location; administrative arrangement; number of HOPE IV slots granted to the PHA; and probable racial/ethnic composition of the participants.

El Paso, Texas was originally selected for a site visit by Dr. Susan Berkowitz. However, when initial contacts were made with the PHA, it was learned that the PHA community relations specialist who had been instrumental in putting together the HOPE IV application and setting up the infrastructure for the program was about to leave the agency. To be able to benefit from her perspective, a conference call rather than a site visit was arranged with El Paso, and another site was substituted to receive an in-person visit.

The El Paso conference call occurred before any of the site visits, and thus served as an opportunity to test the draft protocol, clarify certain program-related issues, and identify additional unforeseen issues or concerns that should be addressed in the reconnaissance phase. In fact, several such issues (especially, grantee quandaries about whether to assess prospective participants first for Section 8 or for HOPE IV ADL eligibility, as well as concerns about the unanticipated need to help participants locate suitable housing) did surface on the basis of this call. Where relevant, these were incorporated into our subsequent site visits and telephone discussions.

The four grantee sites receiving one-day in-person visits and their respective site visitors were:

Mesa, Arizona -- Susan Berkowitz

Uniontown, Pennsylvania -- Rob Ficke

Waterloo, Iowa -- Mark Matulef

New Jersey--Cynthia Thomas

Immediately after their respective visits, a debriefing was held among the four site visitors to discuss commonalties and differences in what they had found at their sites and to consider whether the protocol needed to be revised. Minor changes were made to the original protocol as a result, and it was decided to use the same basic set of questions for the telephone interviews, but to cover the topics in less depth than face-to-face discussions allowed.

Site visitors then wrote up site visit reports for their sites and also made arrangements to conduct conference calls with four additional sites. These grantees were selected to have characteristics that "complemented" the four site visit sites (and one conference call site) in such a way as to give a good overall representation of the 16 grantees. The grantee sites selected for these calls and the interviewer for each were:

Richland, Washington -- Susan Berkowitz

Jefferson County (Louisville) Kentucky -- Rob Ficke

Somerville, Massachusetts -- Mark Matulef

Oklahoma City, Oklahoma -- Cynthia Thomas

All but the last of these calls was conducted in early-mid December, 1993. The Oklahoma City conference call was completed in February, 1994. Calls lasted between 1 1/2 to 2 hours and basically followed the pattern established for El Paso. Westat senior interviewers first phoned the PHA directors at their sites and informed them of the planned interviews and the issues that would be addressed. At that time, we requested that the PHA directors or their designee arrange to bring together for the call a small group of persons who could most meaningfully contribute to the interview for that location. The exact composition of the group varied by site, but typically included relevant PHA staff (e.g., the PHA director or designee, the Section 8 coordinator, a community services specialist or anyone else charged with major responsibilities for HOPE IV); the service coordinator (if already selected); and representatives of other community agencies, such as Area Agencies on Aging, who had played an important role in the application process and/or in developing the service plan for prospective participants. Immediately after this initial call, a confirmatory letter was sent to the PHA representative summarizing the content of the upcoming phone call; providing additional descriptive material on the study; requesting that specific data be gathered in preparation for the call, if possible; and indicating the agreed upon date and time for the conference call.

Site visit reports were written for the three calls completed in December. Westat's proposal and original work plan had called for carrying out a total of nine reconnaissance calls and visits. This was based on the premise that by selecting the nine sites according to the criteria outlined above, we would have captured all the relevant dimensions of variation among all 16 HOPE IV grantee sites. In fact, examination of the findings from the four visits and three calls conducted as of late December indicated that each site was so "individualistic" it would have been tendentious to make any assumptions about the remaining sites based on what we had learned about the first eight of them. At the same time, the reconnaissance calls and visits had proved such an informative and rich source of needed information on program operations and the comparison group issue that to fail to touch base with the remaining seven sites at least on certain key points before proceeding, seemed ill-advised.

HUD concurred with this assessment of the situation and agreed that Westat should make phone contact with the remaining sites. However, these calls were not to be as lengthy or to cover the topics in as great depth as in the prior round. Consequently, the site visit protocol was streamlined for this second round of calls, and a few questions were added to clarify specific points. These calls took less time, on average, than those in the first phase. The interviewers and sites for this round of calls were:

Tucson, Arizona -- Susan Berkowitz

Redding, California and Westbrook, Maine -- Rob Ficke

Miami, Oklahoma and Fayette, Ohio -- Mark Matulef

Manchester, New Hampshire; Jefferson County (Lakewood), Colorado, and Oklahoma City, Oklahoma -- Cynthia Thomas

All but one of these calls was conducted in early-mid January; the final call occurred in early February. Each senior staff person thus conducted one site visit and three telephone interviews, to yield the total of 16 completed contacts in the first and second phases of our reconnaissance effort.

### 7.4 Procedures Used to Organize and Convene the Expert Panels

Two meetings of expert panelists were convened for the HOPE IV evaluation during the first phase of the project. The first meeting dealt primarily with issues related to the development of the Participant and Comparison Group Surveys, and was held at Westat's offices in Rockville, Maryland on

October 21, 1993. Copies of drafts of the participant and comparison group instruments, as well as the grantee mail survey, were sent to panelists before the meeting, along with copies of the study questions and associated data elements they were designed to address. Panelists were asked to be prepared to:

- Discuss, for each instrument, whether any items should be added, and which, if any, could be deleted;
- Give recommendations for phrasing questions, based on information needed for analysis, or the expected ability of respondents to provide information.

Four panelists were invited to attend the meeting; three were available on the chosen date. Two panelists were from Federal agencies and had extensive experience with questionnaires directed toward older populations. Robert Clark, a policy analyst from the Office of the Assistant Secretary for Policy and Evaluation in the Department of Health and Human Services, was selected because he had participated in the evaluation of the Long Term Care Channeling Demonstrations and knew of relevant variables and measures for such studies. Joan Van Nostrand, from the National Center for Health Statistics, also in DHHS, has extensive experience with numerous questionnaires for elderly populations, including the National Nursing Home Survey. The third member, Pamela Shea, from New Communities Services in Boston, Massachusetts, has considerable practical experience in service delivery to low income elderly people. Monte Franke, from OKM Associates, has particular expertise with housing programs for elderly people. While unable to attend the meeting, he conducted his review from Boston, Massachusetts. Chaired by Cynthia Thomas at Westat, the meeting was also attended by representatives from HUD, The Research Triangle Institute's CHSP evaluation staff, and Westat project personnel. A list of attendees is in Exhibit 7-1.

The meeting first focused on the Participant and Comparison Group Questionnaires, and then on the Grantee Survey, and covered each instrument topic by topic. Panelists commented on all sections of the instruments, and on many of the individual questions. A copy of the meeting agenda is in Exhibit 7-2. Minutes of the meeting were circulated to participants for additional comments. Many of the ideas presented by the panelists were useful in designing the next versions of the questionnaires.

A second panel meeting, chaired by Cynthia Thomas at Westat, was held at the Department of Housing and Urban Development on February 9, 1994, to review alternatives for selecting a comparison group for participants in the HOPE IV Program. Four panelists with diverse analytic backgrounds related to the underlying issues were invited to participate in the session. John Morris, Co-Director of the Hebrew

Rehabilitation Center for the Aged in Boston, has extensive experience with long-term care research and with evaluation studies both with and without randomized control groups. Hence, he has a practical knowledge of the difficulties and advantages of establishing suitable comparison groups. Dr. Morris participated in the meeting from Boston by conference call. Dr. Sandra Newman, Acting Director of the Institute for Policy Studies at Johns Hopkins University, specializes in housing policy research and was aware of the implications of the selection of a particular type of comparison group for answering policy-relevant questions. Michael Shea from PADCO had worked with a broad variety of housing programs in many locations and was aware of the practical limitations of implementing any particular comparison group design. Graham Kalton from Westat is an internationally known survey sampling statistician with extensive experience in the design of all types of samples.

In addition to the panelists, representatives from HUD, including PD&R's Margery Turner, Deputy Assistant Secretary, Office of Research, Evaluation and Monitoring, and project staff from Westat attended the meeting.

Prior to the meeting, panelists were asked to review a memo introducing four possible sources for a comparison group, together with the advantages and disadvantages of each. At the start of the meeting, panelists were asked to present an overview of their perspectives on the issue of selecting a comparison group and then comment specifically on each of the proposed alternatives. Minutes of the meeting were prepared to summarize the various recommendations and opinions, and inform HUD and Westat in making a final decision on the selection of the comparison group.

## 7.5 Important Issues Related to the Quasi-Experimental Design Decided in Phase 1

Using input from these expert panel meetings, several issues critical to the design of the quasi-experimental component of the study were deliberated upon and decided during this first phase of the evaluation. In the larger framework of the study, it is thus important to summarize the major points at issue and the reasons for making these key decisions. The following two subsections of the report, 7.5.1 and 7.5.2, serve this function, by summarizing the major content areas discussed during the two expert panels convened by Westat, and explaining the process we developed for calibrating a comparison group screener to ensure comparability in level of frailty between participants and comparison group members.

### 7.5.1 Expert Panels

As summarized above, expert panels were convened at two key stages in the design of the HOPE IV evaluation to assist in the design of the study. The first expert panel met to review and comment on drafts of the Participant and Comparison Group Surveys and the Grantee Instrument. The second panel met to consider alternative sources for a comparison group to the HOPE IV Program participants.

#### Panel 1: Participant and Comparison Surveys

The content of participant and comparison group questionnaires focused on addressing the HUD research questions concerning characteristics of the HOPE IV participants and comparison group members. The draft questionnaires contained questions on demographic and health characteristics, functional limitations, social support and receipt of services. The wording of many questions came from existing, validated survey instruments. Members of the first expert panel made useful comments on the participant and comparison group surveys by suggesting question topics that might be deleted because they had not proven useful in other studies, refinements to the structure of certain questions, and ways to clarify and shorten questions. At least in part due to panel recommendations, nutrition questions, questions on reasons for hospitalizations, and questions on amounts paid for certain services before participation in the HOPE IV Program were deleted from the instruments.

There was extensive discussion during the meeting of the advantages and disadvantages of alternative formulations of the measures of Activities of Daily Living (ADLs) and of Instrumental Activities of Daily Living (IADLs). In particular, panelists noted the need to measure both high and low levels of functioning so that individual differences over time and across groups can be detected. Panelists noted that it would be useful to be able to link types of disabilities with the services received in the program to determine whether needs were appropriately met. Panelists discussed whether or not to use phrases such as "by yourself" or "without using additional equipment" with ADL measures, whether to specify a minimum time period of three months in defining the presence of an ADL, and whether to differentiate whether a respondent received active assistance or only the presence of someone else in the room when performing a function. Although panelists did not necessarily agree on solutions, their diverse opinions were helpful in focusing the issues.

Panelists and HUD staff also reviewed the draft grantee instrument which was modified extensively as a result of the meeting. Panelists and HUD representatives identified a long series of questions to eliminate because the information could be obtained from such secondary sources as the Health Resources and Services Administration's Area Resource File, the City County Data Book, and certain HUD forms.

### Panel 2: Comparison Group Selection

The selection of an appropriate comparison group is crucial to the success of an evaluation of the HOPE IV Program, since the program's achievements can only be assessed in relation to outcomes that would be attained without the program. Ideally, one would randomly assign serious HOPE IV Program applicants meeting the eligibility criteria either to: (a) Section 8 housing assistance with service coordination and supportive services or (b) Section 8 assistance **without** any coordinated supportive services. Both participants and comparison group members would be new enrollees in the Section 8 housing program. In practice, however, it is difficult to implement such a design, given that administrators often are reluctant to arbitrarily exclude eligible people from participating in a potentially beneficial program by making random assignments. The design of the HOPE IV demonstration program precluded the possibility of such random assignment, for HUD required that all frail elderly selected by the PHA for the program receive needed services. Recruiting a frail elderly group for independent living in scattered site rental housing without such services would place the tenants at considerable risk.

The second expert panel was convened to evaluate possible alternatives for selecting a comparison group for participants in the HOPE IV Program, and to consider any other relevant design issues that might improve the process of selecting group members. Before sites were chosen and the program was underway, it was anticipated that HOPE IV participants would be selected primarily from Section 8 waiting lists, and only secondarily, from the community at large. HOPE IV enrollees, therefore, would mainly be candidates for housing assistance who were unexpectedly offered an opportunity to receive a package of supportive social services.

Comparison group members were to be randomly sampled from among elderly people who had recently joined a Section 8 housing program in each of the 16 PHAs and, if necessary, from adjacent, similar PHAs. Potential members of the comparison group would be screened for frailty, applying the same standards used to identify eligibles for the HOPE IV Program. A comparison group member would

then have the perspective of a new HOPE IV Program enrollee -- frailty and a desire to receive housing assistance, and as yet little experience with program operations and management under Section 8 -- but would not receive services through a formal service delivery program under the supervision of a service coordinator.

During reconnaissance phone calls and visits to HOPE IV grantee agencies, we learned that HOPE IV participants were likely to be recruited from the community-at-large, from Area Agency on Aging (AAA) waiting lists, or from other sources, such as landlords for low income housing units, at least as often as, or more often than from Section 8 waiting lists. Most PHA administrators suspected that there were not many new Section 8 enrollees within their jurisdictions with a level of frailty comparable to that of the HOPE IV participants.

### Choice of the Comparison Group

In the process of evaluating comparison group alternatives, panelists, Westat and HUD reconsidered the underlying policy questions to be addressed by the study that would inform any decision to institute a national program. The two central questions are:

- What is the impact on frail participants in a stable housing program -- Section 8 -- of supplying social services and a coordinator?
- What is the impact of supplying stable housing, as well as social services and a service coordinator, to frail elderly people living in the community (perhaps on community agency waiting lists for services)?

Representatives from HUD believed that the first question most closely represented the likely situation should a HOPE IV Program be implemented. That is, any new program would seek to provide coordinated supportive services to frail elderly people at the same time that they were accepted for Section 8 housing assistance. Consequently, newly enrolled Section 8 recipients who were also frail and matched other characteristics of HOPE IV enrollees, were deemed to be the most suitable comparisons for HOPE IV participants. It was recognized that the definition of recent entry into Section 8 might have to vary across sites, given the limited number of such persons who could be expected to be on Section 8 lists at most of the 16 PHAs. It was also recognized that there would be a need to move beyond the 16 original PHAs to obtain a comparison group large enough for evaluation purposes. The comparison group was to be

recruited from Section 8 enrollees, enrolled as recently as possible, screened for frailty, and drawn from both HOPE IV sites and other similar PHAs.

**Other Design Issues Raised by the Panel**

Panelists raised several additional issues concerning the design. Since program participants will be recruited on a staggered basis, it was important to consider (in the context of costs as well as design) the timing of the selection of comparison group members and of the baseline interview. Some panelists believed that outcomes might differ depending on whether people moved to new housing to qualify for Section 8 assistance or whether they remained in place, and urged that the evaluation pay attention to this characteristic. Westat was also cautioned to measure the extent to which participants (and members of the comparison group) were in need of housing versus social services. Fortunately, Westat had envisioned the need for determining whether participants had moved or remained in place, and the extent to which respondents needed housing versus services, and provisions to obtain this information had already been incorporated in the data collection plan and survey instruments.

### 7.5.2 Methods for Comparison Group Identification

Having decided on the composition of the evaluation study's comparison group, the challenge was to actually locate sufficient numbers of elderly Section 8 tenants who were frail and not participating in the HOPE IV Program. During the reconnaissance visits and telephone calls, however, it was clear that most elderly holding Section 8 Vouchers or Certificates were not as frail as HOPE IV participants. It was necessary, then, to devise a method for selecting those relatively few from among this elderly Section 8 tenant population who had a level of frailty comparable to HOPE IV participants. This required beginning with a relatively large pool, far more than the HOPE IV grantees could provide from their list of non-HOPE IV elderly Voucher and Certificate holders. For this purpose, it was necessary to identify additional PHAs that had characteristics similar to the HOPE IV grantee agencies, in terms of location, demographics, and availability of services other than HOPE IV.

As a new program with only a few participants, HOPE IV had no data for identifying the actual level of frailty as a basis for selecting a similar comparison group. While the HUD NOFA set minimum requirements, the actual levels of frailty of HOPE IV participants were unknown. Delaying the

comparison group interviews until participant questionnaire responses could be analyzed would result in surveying these two groups at different times, introducing temporal contamination. For this reason, it was necessary to devise a screening tool to first select potential comparison group candidates, using ADL-related criteria, interview both participants and comparison group members, and then compare their reported ADL limitations from the baseline survey. If the two groups had similar levels of ADL limitations, the screener would be an appropriate selection device.

The screener appears in Exhibit 7-10 and includes a short list of activities and a numeric score depending on the amount of limitation a person reported. Potential comparison group members scoring above a certain threshold, in this case 100, were selected for completing the full baseline survey. This threshold was based on the study team's expectations of HOPE IV participant frailty, using the reconnaissance findings and the HUD NOFA. If the comparison group members reported ADL limitations different from HOPE IV participants, the selection score would have to be changed, up or down, accordingly.

In the absence of data on actual levels of frailty among HOPE IV participants, the evaluation team turned to other national studies of the elderly to estimate the prevalence of ADL limitations among current Section 8 tenants. For example, the 1987 National Medical Expenditure Survey identified the percentage of elderly in the general population who experienced difficulty in walking, self care (bathing, dressing, etc.), and home management (household chores, shopping, etc.). This closely fits the definition of frailty HUD uses for the HOPE IV Program. According to this study, 20.1 percent of non-institutionalized persons 65 and over have disabilities in basic life activities. This figure includes 11.8 percent for those 65-74, 26.5 percent for persons 75-84, and 57.6 percent for those 85 and over. This suggested that the study would have to screen as many as five current elderly Section 8 tenants to find one who had an appropriate level of frailty. In addition to other national survey findings, the study team collected important information from HUD's *Redbook* on the number of Section 8 tenants who were 62 years of age or over. According to this source, approximately one-quarter of all those holding Section 8 Vouchers and Certificates were in this age group.

All this information helped identify the total number of Section 8 tenants and PHAs the study team would have to contact to build a viable comparison group list. Using directories of PHAs showing the size of the Section 8 tenant population, the study team identified approximately 70 PHAs in relatively close proximity to the 16 HOPE IV grantees and with similar demographic characteristics (e.g., within the same Area Agency on Aging service area and with a similar population size and density) (see Table 7-1). The

Table 7-1. Participant and Comparison Group Profile Forms

| Grantee PHA Name | Number of Comparison Group Sites (Including grantee) | Number of Participant Forms Received as of 1/9/95 | Number of Comparison Forms Received as of 1/9/95 |
|---|---|---|---|
| City of Mesa Housing Authority, AZ | 5 | 110 | 398 |
| City of Tucson Community Services Department, AZ | 1 | 37 | 383 |
| Housing Authority of the City of Redding, CA | 6 | 52 | 700 |
| Jefferson County Housing Authority, CO | 17 | 43 | 282 |
| Waterloo Housing Authority, IA | 8 | 14 | 412 |
| Housing Authority of Jefferson County, KY | 1 | 5 | 208 |
| Somerville Housing Authority, MA | 7 | 0 | 748 |
| Housing Authority of the City of Westbrook, ME | 4 | 23 | 473 |
| New Hampshire Housing Finance Authority, NH | 10 | 89 | 633 |
| New Jersey Department of Community Affairs, NJ | 1 | 0 | 297 |
| Fayette Metropolitan Housing Authority, OH | 5 | 22 | 163 |
| Oklahoma City Housing Authority, OK | 4 | 0 | 759 |
| Miami Housing Authority, OK | 6 | 9 | 1286 |
| Fayette County Housing Authority, PA | 4 | 6 | 204 |
| Housing Authority of the City of El Paso, TX | 8 | 29 | 740 |
| Housing Authority of the City of Richland, WA | 5 | 32 | 34 |
| **TOTAL** | 70 | 471 | 7,720 |

study team then solicited comment from the 16 grantee PHAs as to the similarity of these potential comparison group sites and requested additional PHA names if appropriate. Under a cover letter from the HUD Deputy Assistant Secretary for Research, Evaluation, and Monitoring, the study team requested the names, demographic characteristics, and telephone numbers of all elderly Section 8 tenants, including non-HOPE IV tenants from the 16 grantees.

As the grantee PHAs recruited and placed participants in the HOPE IV Program, they sent a profile form to the study team listing demographic and contact information (see Exhibit 7-3). This information was used to call these individuals for conducting the baseline interviews. The information also served as a basis for selecting comparison group members whose numbers and characteristics were in balance with those of participants, for screening and interviewing purposes.

After completing approximately 100 interviews each of HOPE IV participants and comparison group members, the study team compared the responses of both groups in terms of ADL limitations reported in the full baseline interviews. Table 7-2 shows the number and percent of each group reporting three or more ADL limitations. Because age is highly correlated with ADL limitations, these comparisons appear for each of three age cohorts.

As the table shows, there is considerable similarity between the participant and comparison groups in terms of this measure of frailty. For the 62 to 74 age group, those reporting three or more ADL limitations constitute 78 percent and 82 percent, respectively, for the participant and comparison groups. The respective rates for the 75 to 84 age group are 75 percent and 78 percent, and for the 85 and over group they are 77 and 82 percent.

The third column of the table shows the impact of applying a more stringent comparison group screening criterion, using a threshold of 140 instead of 100. As the rates show, tightening the screener would select a comparison group considerably more frail than the participants. For this reason, the screening threshold of 100 was maintained, and it will be monitored periodically during the course of participant recruitment to ensure a continued balance between the two groups.

**Table 7-2. Three or more ADL limitations by age: comparison group versus HOPE IV participants**

| Percent of Persons reporting 3 or more ADL Limitations on full baseline survey: | | | |
|---|---|---|---|
| Age (n) | Comparison Group HOPE IV Participants (n) | Comparison Group with Screener Threshold of 100 (n) | Comparison Group with Screener Threshold of 140 (n) |
| 62-74 | 78% (39) | 82% (51) | 90% (39) |
| 75-84 | 75% (52) | 78% (23) | 84% (19) |
| 85+ | 78% (18) | 83% (18) | 100% (15) |
| Total | 77% (109) | 82% (92) | 87% (73) |

### 7.6 Telephone Interviewer Training for Participant and Comparison Group Surveys

Interviewer training was conducted over the course of two days, August 3 and 4, 1994. Interviewing began August 5, 1994. The available sample at the time interviewing began was about 270 participants from 13 HOPE sites and 510 randomly selected comparison group members. The comparison group sample was selected from a total of 4,361 names provided by 38 sites (11 of the HOPE sites and 27 comparison sites).

Westat trained 10 telephone interviewers to administer two kinds of extended interviews: the Participant Questionnaire for HOPE IV Program participants and the Comparison Group Questionnaire for selected (comparable level of frailty) elderly Section 8 rental assistance recipients from appropriate comparison sites. The main Westat personnel involved in the training were Dr. Susan Berkowitz, Deputy Project Director and Task Leader on this task, Ms. Rotraut Bockstahler, survey operations manager, and Ms. Sherry Sanborne, a Westat training specialist. All three also participated actively in creating the training manual for interviewer use and other training materials.

Besides recruiting new interviewers for the HOPE IV project, Westat's Telephone Research Center (TRC) made available experienced interviewers with specialized skills. These skills included experience in interviewing the elderly; refusal avoidance/refusal conversion techniques; obtaining current telephone numbers for respondents who could not be reached at the telephone number provided by the

Housing Authority; and fluency in Spanish for administering the Spanish version of each instrument to respondents speaking Spanish only or preferring to be interviewed in Spanish. Four of the ten interviewers had bilingual capabilities.

Westat's TRC interviewer training follows a structured process based on decades of experience in preparing interviewers to conduct interviews in a professional, controlled and consistent manner. Besides being trained in general interviewing techniques, Westat emphasizes the importance of extensive study-specific training. For this purpose, the 16 hours of study-specific training included background information about HUD's HOPE IV Program, demographic characteristics of program participants and comparison group members, and eligibility criteria for participation in the survey. An agenda for the 2-day training session is given in Exhibit 7-5.

The main purpose of the training was to provide the opportunity for all interviewers to familiarize themselves with all interview-related terms, every question on the surveys and related screeners, and all answer categories and answer-dependent skip patterns. This phase of the training included the interactive administration of two survey screening instruments (Participant and Comparison Group), two extended survey instruments (Participant and Comparison Group), and proxy screeners for both groups. After the interviewers felt comfortable about all questions, intensive training using roleplays followed. The roleplays also included practice in following administrative procedures for this paper and pencil telephone survey.

As a matter of reinforcing exercises and oral presentations during the training, Westat provided each interviewer with a training manual. Exhibit 7-6 gives the Table of Contents for the manual. The manual was carefully developed to function as a study-specific reference guide for the interviewers to use throughout the study for answering questions by respondents during the course of an interview. Administrative procedures, such as assigning result codes, editing the completed interview, documenting the history of calls for each case, are documented and presented in a user-friendly approach in the manual. By far, the largest part of the interviewer training manual consists of specifications for each survey question, which include definitions of terms and acceptable answers, and explanations of answer categories and skip instructions.

## 7.7 Procedures for Administering the Participant and Comparison Group Surveys

As names and profile information of HOPE IV Program participants and Section 8 comparison group members become available (see Exhibits 7-3 and 7-4), Westat processes the data and assigns ID numbers to each case maintaining a site and sample specific identifier. For each case, interviewers initially work with a Call Record (Exhibit 7-7) for the documentation of calls and a Respondent Information Sheet (RIS) (Exhibit 7-8) containing demographic information about the respondent. Most calls to the elderly respondents are scheduled during daytime hours (9 a.m. to 5 p.m. local time) according to geographic location.

Once the interviewers have successfully contacted the named respondent, introduced themselves and explained the purpose of the call, a screening instrument is administered both to HOPE participants and to comparison group members. The Participant Screener (Exhibit 7-9 ) is designed to ensure that we interview only those program participants whose HOPE IV services have already begun. The screener administered to potential comparison group members (Exhibit 7-10) is more complex and is designed to assure rough comparability in levels of frailty between program participants and comparison group members. Potential comparison group members are asked questions about their ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs); as described in 7.5 above, only those who achieve a certain total score according to a Westat-developed scoring system of difficulty in performing these activities are eligible for the extended interview.

To administer the extended interview requires on average 55 minutes. The interviewers are instructed to be sensitive to signs of fatigue on the respondent's part, and interview completions are rescheduled accordingly. Each interviewer takes responsibility for keeping call back appointments.

For cases when the elderly person is not able to respond to the interviewer, a proxy is interviewed on behalf of the sampled person. Interviewers follow explicit rules contained in the question-by-question specifications in their manuals in deciding whether to request to speak to a proxy. (See Exhibit 7-11.) A proxy interview also requires the administration of a proxy screener to determine how well the proxy can answer questions on behalf of the elderly respondent. This is shown in Exhibit 7-12.

Throughout the interviewing process interviewers are monitored by TRC supervisors and staff personnel in order to assure data quality and consistency.

In general, interviewing the elderly over the telephone has been a rewarding experience for our interviewers. The response rate is exceptionally high; as of September 13, 1994 it was 92 percent. While we have run across a few complaints from grantee staff about the length of the interview and its deleterious effects on the most frail participants, when we investigated the specifics we discovered that in most cases the respondents had not signaled to the interviewer any need to continue the interview at another time. To reinforce the training, we created rules requiring the interviewers to stop at the end of each section of the questionnaire and ask if the respondent wishes to continue at another time. We also made the rule that no interview was to continue beyond 70 minutes at one sitting. This appears to have successfully resolved any difficulties.

The interviewing process and survey completion is monitored with the help of a Sample Management System that distinguishes result codes and interviewer labels. On a weekly basis study progress reports are produced that enable project staff to schedule interviewer hours effectively.

### 7.8 Grantee Baseline Survey

Westat conducted a census of HOPE for Elderly Independence grantees (PHAs) in the first year after the PHAs had signed a grant agreement with HUD. The Grantee Baseline Survey was conducted in two stages. In the first stage, Westat administered a short mail-out/mail-back questionnaire to the 16 PHAs. The 31-question instrument addressed the following topics:

- Staffing;
- Housing units and rental assistance under PHA management;
- Recent grant awards;
- Section 8 waiting lists;
- Outreach and recruiting;
- Allocation of program costs;
- Record keeping;
- Professional Assessment Committee (PAC) membership;
- Program funding and other resources.

The questionnaire was mailed out in July 1994. To obtain a high response rate, a reminder mailing was sent during August and follow-up calls made during early September. Responses from the mail questionnaire will be reviewed and coded, then key entered into an automated database with the aid of a data entry and machine editing application prepared with Westat's propriety COED software. COED provides for 100 percent verification and consistency and range checks.

After reviewing the mail responses, Westat conducted a brief supplemental interview over the telephone with principal HOPE IV staff members among the participating PHAs. Westat senior project staff used a semi-structured interview guide to conduct the discussions. The interviews focused on rounding out the picture of program implementation, and asked about any new factors affecting the PHA's progress in recruiting and processing applicants, additional or unanticipated problems encountered in program start-up, and aspects of successful implementation. PHA respondents were asked to make a preliminary assessment of the HOPE IV Program and identify any changes in their programs instituted during the first year of their grants.

Westat carried out the interviews during November and December 1994. Findings from these interviews contributed to the assessment of grantee implementation progress provided in the this report. In two years, findings from this Grantee Baseline Survey will be compared with findings from a Grantee Follow-up Survey to be conducted during Phase III of the HOPE IV evaluation. The principal purpose of this comparison will be to identify any changes in program operations and staffing, participant recruiting and services, and funding in the intervening period.

Exhibit 7-1. Attendees of First Expert Panel Meeting

## MEETING OF THE EXPERT PANEL

*Cynthia Thomas, Chair*

Robert Clark
Policy Analyst
DHHS/ASPE
200 Independence Avenue, S.W.
Room 424 E
Washington, DC 20201
(202) 690-6172

Pamela Shea
New Communities Services
116 Norfolk Street
Cambridge, MA 20139
(617) 547-3543

Joan Van Nostrand
6525 Bellcrest Road
Room 1120
NCHS
Hyattsville, MD 20782
(301) 436-7107

Monte Franke
OKM Associates
164 Canal Street
Boston, MA 02114
(202) 690-6172
(617) 742-8616

**Other Attendees:**

**HUD Participants:**

Priscila Prunella
Jerry Nachison
William Murphy
Deborah Greenstein

**Westat:**

Susan Berkowitz
Steve Dietz
Robert Ficke
David Judkins
Janice Machado
Mark Matulef
Gregg Van Ryzin
Paul Zador

**RTI:**

Janet Griffith

Exhibit 7-2. Agenda of First Hope Expert Panel Meeting

**EXPERT PANEL MEETING**
**October 21, 1993**
**AGENDA**

**10:00-10:05** Welcome and Introductions: Cynthia Thomas, Steve Dietz, Rob Ficke

**10:05-10:15** Introduction to the Participant/Comparison Group Questionnaire: Susan Berkowitz

**10:15-12:30** Participant/Comparison Group Questionnaire:

Topics: Demographic information; screening for cognitive impairment; housing and neighborhood characteristics; measures of frailty, or problems in daily living and activities of daily living; instrumental activities of daily living; mental health; physical health; informal assistance/social support; participation in the elderly independence program.

**12:30-1:00** Box Lunch

**1:00-2:00** Participation/Comparison Group Questionnaires, Continued

**2:00-2:10** Introduction to the Grantee Questionnaire: Rob Ficke

**2:10-4:00** Grantee Questionnaires:

Topics: Characteristics of the PHA; agency staffing and funding sources; reasons for participation in the HOPE program and experience with other service delivery programs; the HOPE program; application development process; recruitment of participants; matching funds requirements; existing service system; program design and implementation.

Exhibit 7-3

## HOPE FOR ELDERLY INDEPENDENCE DEMONSTRATION PROGRAM EVALUATION
### Participant Profile Form

**PHA NAME:** ______________________________

**Today's Date (mm/dd/yy):** ____/____/____

**Participant Information**

1. Name: ______________________________
2. Street Address: ______________________________
   ______________________________
3. City: ______________________________
4. State: __________ 5. Zip Code: __________
6. Telephone (w/ area code): (    ) ______ - ________
7. Social Security Number: _____ - _____ - _____
8. Birth Date (mm/dd/yy): ____/____/____
9. Gender (circle one): Male Female

10. Race/Ethnic Group (circle one):
    a. American Indian or Alaskan Native
    b. Asian or Pacific Islander
    c. White
    d. Black
    e. Other (specify) __________
11. Is the participant ...
    (circle one)
    a. of Hispanic origin?
    b. not of Hispanic origin?

---

12. Section 8 disabled person status: YES NO
13. Number of persons in household: __________
14. Gross annual household income: $__________
15. Adjusted annual household income: $__________
16. Rent Payment (TTP): $__________
17. Date of PAC meeting/appraisal (mm/dd/yy): ____/____/____
18. Date of lease up (mm/dd/yy): ____/____/____
19. Did (will) the household move to qualify his/her residence? YES NO

**ADL LIMITATIONS (circle all that apply)**

20. Eating: YES NO
21. Bathing: YES NO
22. Grooming: YES NO
23. Dressing: YES NO
24. Household management: YES NO
25. Other (specify): YES NO

______________________________
______________________________

**Supportive Services Plan (circle all that apply)**

26. Case Management: YES NO
27. Home Delivered Meals: YES NO
28. Personal Care: YES NO
29. Housekeeping: YES NO
30. Transportation: YES NO
31. Other Services (specify): YES NO

______________________________
______________________________
______________________________

32. Date supportive services began (mm/dd/yy):
    ____/____/____

Exhibit 7-4

## Section 8 Voucher and Certificate Holder Profile Form

**HOPE FOR ELDERLY INDEPENDENCE DEMONSTRATION PROGRAM EVALUATION**

**PHA NAME:** ______________________________

**Today's Date (mm/dd/yy):** ____/____/____

**Section 8 Voucher and Certificate Holder Information**

1. Name (household head): ______________________
2. Street Address: ______________________
   ______________________
3. City: ______________________
4. State: __________ 5. Zip Code: ______________
6. Telephone (w/ area code): ( ) ______ - ________
7. Social Security Number: _____ - _____ - _____
8. Birth Date (mm/dd/yy): ____/____/____
9. Gender (circle one): MALE FEMALE
10. Race/Ethnic Group (circle one):
    a. White
    b. Black
    c. American Indian/Alaskan Native
    d. Asian/Pacific Islander
    e. Other (specify) ______________
11. Which of the following best describes the participants ethnicity? (circle one)
    a. Hispanic origin
    b. Not of Hispanic origin
12. Disabled person status: YES NO
13. Number of persons in household: ____________
14. Total annual household income: $____________
15. Adjusted annual household income: $____________
16. Rent payment (TTP): $____________
17. Date of first lease up (mm/dd/yy): ____/____/____

*Instructions on other side*

Exhibit 7-5. Interviewer Training Agenda

## AGENDA

## TELEPHONE INTERVIEWER TRAINING
## HOPE FOR ELDERLY INDEPENDENCE EVALUATION

**WESTAT**
**Telephone Research Center**
**August 3-4, 1994**

Wednesday, August 3

| | | |
|---|---|---|
| 9:00-9:05 | Introduction | Susan Berkowitz, Deputy Project Director |
| 9:05-9:25 | Overview of HOPE Evaluation | Rob Ficke, Project Director |
| 9:25-9:30 | Overview of Training Agenda | Susan Berkowitz |
| 9:30-10:30 | Introduction to the Participant and Comparison Group Surveys | Susan Berkowitz |
| 10:30-10:40 | Break | |
| 10:40-12:00 | Introduction to All Forms and Instruments | Susan Berkowitz |
| 12:00-1:00 | Lunch | |
| 1:00-1:15 | Using the Call Record and RIS Forms | Rotraut Bockstahler |
| 1:15-3:45 | Participant Group Screener and Survey: Interactive | Susan Berkowitz<br>Sherry Sanborne |
| 3:45-4:00 | Break | |
| 4:00-4:45 | Comparison Group Screener and Survey | Rotraut Bockstahler |
| 4:45-5:15 | Summing Up, Questions and Answers | |

Exhibit 7-5. Interviewer Training Agenda (continued)

**Thursday, August 4**

| | | |
|---|---|---|
| **9:00-10:15** | **Contact Procedures** | Shirley Parker |
| **10:15-10:25** | **Break** | |
| **10:25-11:00** | **Practice Exercises** | Sherry Sanborne |
| **11:00-12:00** | **Interviewing the Frail Elderly** | Susan Berkowitz |
| **12:00-1:00** | **Lunch** | |
| **1:00-3:00** | **Community Role Plays** (Comparison Group Survey) | |
| **3:00-3:15** | **Break** | |
| **3:15-5:15** | **Dyad Role Plays** (Participant Survey) | |
| **5:15-5:30** | **Summing Up** | |

Exhibit 7-6. HOPE Interviewer Training Manual

**TABLE OF CONTENTS**


Chapter | Page

1. INTRODUCTION ..... 1-1
   - 1.1 The HOPE for Elderly Independence Demonstration Program ..... 1-1
   - 1.2 The Evaluation of the HOPE for Elderly Independence Program ..... 1-2
   - 1.3 The Participant and Comparison Group Surveys ..... 1-3
     - 1.3.1 The Participant Survey ..... 1-3
     - 1.3.2 The Comparison Group Survey ..... 1-4
   - 1.4 Key Issues ..... 1-5

2. INTERVIEWER TASKS AND STUDY MATERIALS ..... 2-1
   - 2.1 Overview of Interviewer Tasks ..... 2-1
   - 2.2 Survey Materials ..... 2-2

3. MAKING CONTACT ..... 3-1
   - 3.1 The Respondent Information Sheet ..... 3-1
   - 3.2 Interviewer Introduction ..... 3-4
     - 3.2.1 Suggested Script for Telephone Contact with Respondents ..... 3-5
   - 3.3 Answering the Respondent's Questions ..... 3-6

4. CONTACT PROCEDURES ..... 4-1
   - 4.1 Interviewing Hours ..... 4-1
   - 4.2 Regular Assignments ..... 4-1
   - 4.3 Special Assignments ..... 4-3
   - 4.4 Making Appointments ..... 4-3
   - 4.5 Call Record ..... 4-4
     - 4.5.1 Pre-printed Entries on the Call Record ..... 4-4
     - 4.5.2 Interviewer Entries on the Call Record ..... 4-6
   - 4.6 Result Codes ..... 4-8
     - 4.6.1 Interim Result Codes ..... 4-8
     - 4.6.2 Final Result Codes ..... 4-10
   - 4.7 Non-Interview Report Form (NIRF) ..... 4-12
   - 4.8 Returning Work ..... 4-16

5. QUALITY CONTROL ..... 5-1
   - 5.1 Interviewer Edit ..... 5-1
   - 5.2 Review of Completed Questionnaires ..... 5-1
   - 5.3 Accounting for Files Materials ..... 5-2
   - 5.4 Updating Procedures and Specifications ..... 5-3

**TABLE OF CONTENTS (continued)**

Chapter | Page

6. CONTACT AND INTERVIEWING PROBLEMS ........ 6-1

6.1 Problems in Attempting to Contact a Number ........ 6-1
6.1.1 The Telephone Number You Reach is an Answering Service ........ 6-1
6.1.2 Telephone Company Recording Says the Number has Been Changed ........ 6-1
6.1.3 Dialed Number Results in a Mixed Digit ........ 6-2
6.2 Issues and Problems in Interviewing the Frail Elderly ........ 6-2
6.2.1 Hearing Impaired ........ 6-3
6.2.2 Physical Impairments ........ 6-5
6.2.3 Cognitive Impairments ........ 6-6
6.2.4 Getting Past Gatekeepers ........ 6-6
6.3 Problems in Conducting the Interview ........ 6-7
6.3.1 Respondent Avoids Questionnaire ........ 6-7
6.3.2 Respondent Refuses a Portion of the Questionnaire ........ 6-8
6.3.3 Respondent Terminates Interview Prior to Completion ........ 6-8
6.3.4 Respondent Cannot Do Entire Questionnaire at One Sitting ........ 6-8
6.3.5 Respondent Has Trouble Selecting Response Choices ........ 6-9
6.3.6 Respondent Knows You Personally ........ 6-9
6.3.7 Respondent Appears Suspicious ........ 6-9
6.4 How to Handle Refusals ........ 6-10

7. DETERMINING ELIGIBILITY AND USING PROXIES ........ 7-1

7.1 Determining Eligibility ........ 7-1
7.1.1 Participant Screener ........ 7-1
7.1.2 Comparison Group Screener ........ 7-5
7.2 Use of Proxies ........ 7-10
7.2.1 Most Common Situations Requiring Proxies ........ 7-10
7.2.2 Other Situations that May Involve Proxies ........ 7-11
7.2.3 Conducting Interviews with Proxies ........ 7-11
7.2.4 Consideration in Conducting Proxy Interviews ........ 7-12

8. QUESTION-BY-QUESTION SPECIFICATIONS ........ 8-1

## LIST OF EXHIBITS

Exhibit | Page

3-1 PARTICIPANT Respondent Information Sheet (RIS) ........ 3-2

3-2 COMPARISON GROUP Respondent Information Sheet (RIS) ........ 3-3

4-1 Call Record ........ 4-5

4-2 Non-Interview Report Form (NIRF) ........ 4-14

7-1 Participant Screener ........ 7-2

7-2 Comparison Group Screener ........ 7-4

7-3 Proxy Script for HOPE Participants ........ 7-14

7-4 Proxy Script for Comparison Group Members ........ 7-16

**Appendices**

A Participant Survey

B Comparison Group Survey

C List of Contact Names for Public Housing Authorities, HOPE Sites and Comparison Group Sites

Exhibit 7-7

CALL RECORD

FILE KEY:
PREVIOUS DISPOSITION:
TOTAL CALLS:

FILE NAME:
TELEPHONE:
APP DATE/TIME:

| | INTERVIEWER INITIALS | DATE | TIME BEGUN | TIME ENDED | RESULTS | COMMENTS | CALL BACK INFO. DATE TIME | D/E/W |
|---|---|---|---|---|---|---|---|---|
| +0001.8 | | | | | | | | |
| +0002.6 | | | | | | | | |
| +0003.4 | | | | | | | | |
| +0004.2 | | | | | | | | |
| +0005.9 | | | | | | | | |
| +0006.7 | | | | | | | | |
| +0007.5 | | | | | | | | |
| +0008.3 | | | | | | | | |
| +0009.1 | | | | | | | | |
| +0010.9 | | | | | | | | |

+49320 (1) RING NO ANSWER
+50328 (2) FIRST REFUSAL/BREAKOFF
+51326 (3) BUSY
+52324 (4) CALLBACK – NO APPT.
+53322 (5) CALLBACK – APPT.
+54320 (6) INITIAL LANG. PROB.
+55327 (7) PROJECT SPECIFIC CODE
+56325 (8) PROBLEM (Specify)
+57323 (9) MAILOUT NEEDED
+49486 (10) TRACING NEEDED
+49494 (11) PROJECT SPECIFIC CODE
+49502 (12) PROJECT SPECIFIC CODE
+49510 (13) PROJECT SPECIFIC CODE
+49528 (14) PROJECT SPECIFIC CODE

+67322 (C) COMPLETE
+80671 (PC) PARTIAL COMPLETE
+73320 (I) INELIGIBLE
+79657 (OA) OUT OF AREA
+82669 (RB) FINAL REFUSAL/BREAKOFF
+76802 (LP) FINAL LANGUAGE PROBLEM
+79327 (O) OTHER
+78824 (NR) NONRESIDENTIAL
+78659 (NA) NO ANSWER
+78873 (NW) NON WORKING
+78766 (NL) NOT LOCATABLE
+83493 (S1) SPECIFIC 1
+83501 (S2) SPECIFIC 2
+77677 (MC) MAXIMUM CONTACT

+67496 (C1) COMPLETE 1
+67504 (C2) COMPLETE 2
+67512 (C3) COMPLETE 3
+83519 (S3) SPECIFIC 3
+83527 (S4) SPECIFIC 4
+83824 (SR) SPECIAL REFUSAL CODE
+78493 (N1) B.O. CHECK (Residential)
+78501 (N2) B.O. CHECK (Nonresidential)
+78519 (N3) B.O. CHECK (Working only)
+78527 (N4) B.O. CHECK (Undetermined)

CASE ID

INT. CODE

Exhibit 7-8

COMPARISON GROUP Respondent Information Sheet (RIS)

HOPE for Elderly Independence Demonstration Program Evaluation

Westat ID: C020000638 Selection Priority 3

Respondent Telephone Number: (602) 999-9999

Respondent Name: ROSALIE (FIRST) CRATTY (LAST) Gender F

(Date of Birth: 10/07/1908)

Address:

Street, Apt#: 3200 E SOUTH STREET

City, State, ZIP: LONG BEACH, CA 90805

County: LOS ANGELES COUNTY, CA

Number of Persons in Household: 01

Name of Public Housing Authority:
CITY OF TUCSON, COMMUNITY SERVICES DEPT.

Name of Section 8 Contact Person: ______________________________

(09/09/94) (Printout Date)

914106 (Westat Project Number)

ROTRAUT C:\WORD\B\HOPE\SCRNPART.DOC August 8, 1994

**HOPE for Elderly Independence Demonstration Program Evaluation**

RESPONDENT NAME: ______________________ WESTAT ID: ______________

## PARTICIPANT SCREENER

**(AFTER READING THE FIRST PARAGRAPH OF QUESTION S1, ASK: May I please speak with Mr./Mrs.{FULL NAME OF PERSON ON RIS}?)**

S1. Hello, my name is {INTERVIEWER NAME} and I'm calling from Westat, in Rockville, Maryland on behalf of the U.S. Department of Housing and Urban Development (HUD).

Our information indicates that you are currently participating in the HOPE for Elderly Independence Program in {CITY ON RIS}. This is a program that combines rental assistance with services to help you remain independent. We would like to ask you some questions about the program and how it is helping you. (Westat is conducting this study for HUD, to find out more about how the HOPE program is working and whether it is helping people.)

Your name was provided to us by {NAME OF SERVICE COORDINATOR/PUBLIC HOUSING AGENCY}, your service coordinator. While your participation is voluntary, we would very much appreciate your participation. Your answers will be kept strictly confidential. With the exception of our own research staff, no one will be able to identify your individual answers to our questions. Your cooperation is very important to the outcome and usefulness of this study.

Are you currently receiving services from the HOPE program?

YES .................................... 1 (S6)

NO .................................... 2 (S2)

REFUSED ............................ 7 (S5)

DON'T KNOW ...................... 8 (S5)

S2. Could you please tell me the reason why you are not receiving HOPE program services? (CIRCLE ONE ONLY)

1 SERVICES HAVE NOT YET BEGUN (S3)

2 PERSON TEMPORARILY IN NURSING HOME OR HOSPITAL (S4)

3 PERSON NEVER ENTERED PROGRAM (S5)

4 PERSON WAS DETERMINED TO BE INELIGIBLE (S5)

5 PERSON DROPPED OUT OF HOPE PROGRAM (S5)

6 PERSON DIED (S5)

7 OTHER (SPECIFY) ______________________________(S5)

S3. Could you tell me when your services are scheduled to begin?

DATE ____/____/______/ **(INTERVIEWER INSTRUCTION 1)**

REFUSED ............................. 7 **(S5)**

DON'T KNOW ....................... 8 **(INTERV. INSTRUCTION 2)**

S4. Could you tell me when {PARTICIPANT NAME} is expected to return home from the hospital/nursing home?

DATE ____/____/______/ **(INTERVIEWER INSTRUCTION 3)**

REFUSED ............................. 7 **(S5)**

DON'T KNOW ....................... 8 **(INTERV. INSTRUCTION 4)**

S5. END THE INTERVIEW: Thank you very much, these are all the questions we have for now. **(CODE "8" PROBLEM FOR SUPERVISOR REVIEW)**

**INTERVIEWER INSTRUCTION:**

1. **IF THE HOPE SERVICES ARE TO BEGIN AT A LATER DATE, SCHEDULE A CALLBACK FOR ABOUT FOUR WEEKS AFTER THE EXPECTED BEGINNING DATE OF SERVICES.**
2. **IF THE RESPONDENT DOES NOT KNOW WHEN SERVICES WILL BEGIN, CODE THE CASE "8" (PROBLEM) FOR SUPERVISOR REVIEW.**
3. **IF THE HOPE PARTICIPANT IS TEMPORARILY IN A HOSPITAL OR NURSING HOME, SCHEDULE A CALLBACK FOR ABOUT THREE WEEKS AFTER THE EXPECTED RETURN DATE TO HIS/HER HOME.**
4. **IF THE RESPONDENT DOES NOT KNOW WHEN THE HOPE PARTICIPANT WILL BE OUT OF THE HOSPITAL/NURSING HOME, CODE THE CASE "8" (PROBLEM) FOR SUPERVISOR REVIEW.**

S6. <u>INTRODUCTION TO EXTENDED INTERVIEW:</u>

START THE **PARTICIPANT QUESTIONNAIRE** (*LAVENDER*) AND MODIFY QUESTION **A1**: Let me just verify your name please.

VERIFY NAME AND THEN READ: I'd like to begin by asking a few questions about your background. CONTINUE WITH A2.

Exhibit 7-10

**HOPE for Elderly Independence Demonstration Program Evaluation**

RESPONDENT NAME: ______________________ WESTAT ID: ______________

## COMPARISON GROUP SCREENER

**(AFTER READING THE FIRST PARAGRAPH OF QUESTION S1, ASK: May I please speak with Mr./Mrs. {FULL NAME OF PERSON ON RIS}?)**

S1. Hello, my name is {INTERVIEWER NAME} and I'm calling from Westat, in Rockville, Maryland on behalf of the U.S. Department of Housing and Urban Development (HUD).

Westat is conducting a study of elderly persons and their ability to manage living in their homes or apartments (either by themselves or with their families).

Your name was provided to us by the {PHA NAME}. While your participation is voluntary, we would very much appreciate if you could answer a few questions. Your answers will be kept strictly confidential. With the exception of our own research staff, no one will be able to identify your individual answers to our questions. Your cooperation is very important to the outcome and usefulness of this study.

Are you currently receiving a voucher or certificate for Section 8 housing assistance (rental assistance)?

YES .................................... 1 (S2)

NO ..................................... 2 (Thank you very much, we need to interview persons who receive Section 8 housing assistance. These are all the questions I have for now. **CODE AS INELIGIBLE 'I'**)

S2. Are you 62 years of age or older?

YES .................................... 1 (S3)

NO ..................................... 2 (S4 IF MORE THAN 1 PERSON IN HH. OTHERWISE: Thank you very much, we need to interview only individuals 62 or older. These are all the questions I have for now. **CODE AS INELIGIBLE 'I'**)

Exhibit 7-10 (continued)

S3. By yourself and without using special equipment, do you usually have difficulty performing any of the following activities? (DO NOT INCLUDE OCCASIONAL DIFFICULTIES WHICH ARE A RESULT OF A TEMPORARY CONDITION)

| | YES | NO | IF YES → | RELATIVE SCORE |
|---|---|---|---|---|
| a. Feeding yourself | 1 | 2 | ______ | 60 |
| b. Cooking, preparing or serving meals | 1 | 2 | ______ | 40 |
| c. Washing your hair | 1 | 2 | ______ | 40 |
| d. Washing yourself | 1 | 2 | ______ | 40 |
| e. Getting in and out of the shower or tub | 1 | 2 | ______ | 40 |
| f. Personal grooming (e.g., brushing teeth) | 1 | 2 | ______ | 40 |
| g. Dressing yourself | 1 | 2 | ______ | 40 |
| h. Doing light housework (laundry, dishes) | 1 | 2 | ______ | 40 |
| i. Going shopping, to the doctor, etc | 1 | 2 | ______ | 40 |
| j. Getting in and out of bed or chair | 1 | 2 | ______ | 60 |
| k. Paying bills/handling personal finances | 1 | 2 | ______ | 40 |
| | | TOTAL SCORE: | ______ | |

SELECTION RULES:

1. IF THE RESPONDENT ANSWERED YES TO 2 OR MORE ACTIVITIES, AND THE TOTAL SCORE IS AT LEAST 100, IMMEDIATELY (ONCE YOU HAVE REACHED A TOTAL SCORE OF AT LEAST 100, DO NOT ASK THE REMAINING ITEMS) CONTINUE WITH THE EXTENDED INTERVIEW AND READ THE INTRODUCTION S9.

2. IF THE RESPONDENT'S TOTAL SCORE IS LESS THAN 100 OR THE ANSWERS TO S3a-k ARE ALL NOs, AND THE NUMBER OF PEOPLE IN THE HOUSEHOLD IS MORE THAN ONE, ASK QUESTION S4.

3. IF THE RESPONDENT'S TOTAL SCORE IS LESS THAN 100 OR THE ANSWERS TO S3a-k ARE ALL NOs, AND THE RESPONDENT IS THE ONLY PERSON IN THE HOUSEHOLD, END THE INTERVIEW: **Thank you very much, we are trying to find people 62 or older who have more difficulty than you with these types of activities. These are all the questions we have for now. CODE AS INELIGIBLE "I"**

S4. Is there anyone else who is a member of your household, and is 62 years of age or older?

YES ................................... 1 (S5)

NO ..................................... 2 (Thank you very much, we need to interview only persons 62 or older. These are all the questions I have for now. **CODE AS INELIGIBLE 'T'**)

S5. Could I please have the name and age of the person?

NAME OF OTHER HOUSEHOLD MEMBER:

____________________ ________________________________

FIRST NAME LAST NAME

AGE ____ SEX ____

S6. Could I please speak with her/him?

YES ................................... 1 (S7)

NO ..................................... 2 (MAKE CALLBACK APPOINTMENT. WHEN CALLING BACK START AT S7)

S7. Hello, my name is {INTERVIEWER NAME} and I'm calling from Westat, in Rockville, Maryland on behalf of the U.S. Department of Housing and Urban Development (HUD).

Westat is conducting a study of elderly persons and their ability to manage living in their homes or apartments (either by themselves or with their families).

Your name was provided to us by the {PHA NAME}. While your participation is voluntary, we would very much appreciate if you could answer a few questions. Your answers will be kept strictly confidential. With the exception of our own research staff, no one will be able to identify your individual answers to our questions. Your cooperation is very important to the outcome and usefulness of this study.

Are you a member of this household and 62 years of age or older?

YES ................................... 1 (S8)

NO ..................................... 2 (Thank you very much, we need to interview only persons 62 or over. These are all the questions I have for now. **CODE AS INELIGIBLE 'T'**)

**S8. By yourself and without using special equipment, do you have difficulty performing any of the following activities? (DO NOT INCLUDE OCCASIONAL DIFFICULTIES WHICH ARE A RESULT OF A TEMPORARY CONDITION)**

| | YES | NO | IF YES → | RELATIVE SCORE |
|---|---|---|---|---|
| a. Feeding yourself | 1 | 2 | _______ | 60 |
| b. Cooking, preparing or serving meals | 1 | 2 | _______ | 40 |
| c. Washing your hair | 1 | 2 | _______ | 40 |
| d. Washing yourself | 1 | 2 | _______ | 40 |
| e. Getting in and out of the shower or tub | 1 | 2 | _______ | 40 |
| f. Personal grooming (e.g., brushing teeth) | 1 | 2 | _______ | 40 |
| g. Dressing yourself | 1 | 2 | _______ | 40 |
| h. Doing light housework (laundry, dishes) | 1 | 2 | _______ | 40 |
| i. Going shopping, to the doctor, etc | 1 | 2 | _______ | 40 |
| j. Getting in and out of bed or chair | 1 | 2 | _______ | 60 |
| k. Paying bills/handling personal finances | 1 | 2 | _______ | 40 |
| | | TOTAL SCORE: | _______ | |

SELECTION RULES:

1. IF THE RESPONDENT ANSWERED YES TO 2 OR MORE ACTIVITIES, AND THE TOTAL SCORE IS AT LEAST 100, IMMEDIATELY (ONCE YOU HAVE REACHED A TOTAL SCORE OF AT LEAST 100, DO NOT ASK THE REMAINING ITEMS) CONTINUE WITH THE EXTENDED INTERVIEW. READ THE INTRODUCTION S9.

2. IF THE RESPONDENT'S TOTAL SCORE IS LESS THAN 100 OR THE ANSWERS TO S8a-k ARE ALL NOs, END THE INTERVIEW:

**Thank you very much, we are trying to find people 62 or older who have more difficulty than you with these types of activities. These are all the questions we have for now. CODE AS INELIGIBLE "I"**

Exhibit 7-10 (continued)

**S9. INTRODUCTION TO EXTENDED INTERVIEW:**

**Based on your answers, we would like to conduct the basic interview with you.**

**As I said earlier, my name is {INTERVIEWER NAME} and I'm calling from Westat in Rockville, Maryland. The U.S. Department of Housing and Urban Development is sponsoring our study to determine the needs of persons like yourself. We would like to know what kind of services persons like you would need that would help them to continue living in their own homes or apartments.**

START THE COMPARISON GROUP QUESTIONNAIRE (*YELLOW*) AND MODIFY QUESTION A1: Let me just verify your name please.

VERIFY NAME AND THEN READ: I'd like to begin by asking a few questions about your background. CONTINUE WITH A2.

Exhibit 7-11. Rules for Proxy Determination

**AT THIS POINT, YOU WILL NEED TO DETERMINE WHETHER OR NOT TO PROCEED WITH THE INTERVIEW OR TO REQUEST A PROXY INTERVIEW. IF A PROXY IS NEEDED, COMPLETE THE INFORMATION WITHIN THE CHECKPOINT BOX. IT IS IMPORTANT TO OBTAIN COMPLETE AND ACCURATE INFORMATION.**

**HOPE for Elderly Independence PROXY DETERMINATION FORM**

After completing section A of the surveys, before proceeding to Section B, you will ALWAYS need to take a small break to determine whether to ask for someone else, preferably in the same household, who can serve as a proxy for the respondent in completing the remainder of the interview. However, you may need to interrupt the interview sooner than this in cases in which it quickly becomes apparent that the respondent is unable to continue. The types of situations which might require use of proxies are described in detail Section 6.3. This form provides the rules to apply and procedures to follow in making the determination of whether to request to speak with a proxy.

**FOR RESPONDENTS WITH PHYSICAL HEALTH PROBLEMS, SUCH AS:**

- **SEVERE HEARING DIFFICULTIES**
- **CONTINUOUS OR NEARLY CONTINUOUS NEED TO BE ON AN OXYGEN MACHINE**
- **GREAT DIFFICULTY IN SPEAKING CAUSED BY AFTER EFFECTS OF A STROKE**
- **ANY OTHER PHYSICAL CONDITION WHICH MAKES IT EXTREMELY DIFFICULT TO CONDUCT AND/OR SUSTAIN THE INTERVIEW**

Exhibit 7-11 (continued)

X1. If it becomes evident, even before completing Section A, that the respondent has major hearing difficulties which cannot be overcome by using the techniques suggested on p.x-xx of your manual OR if the respondent has serious health problems (e.g., a constant need to be on oxygen) which make it extremely difficult or impossible to go on with the interview, then you should say the following:

*"It looks like it will be difficult for us to complete the interview today. Is there someone (preferably in your household) who knows you well and would be able to answer the remaining questions for you?"*

X2. If the respondent indicates that a proxy is present in the household, ask to speak to him/her if available, OR, if the proxy is not available, ascertain a time for you to call back when the proxy will be available. Record the scheduled time for the callback, and the fact that it is with a proxy (P), on the comments section of the call record.

X3. If the proxy does not live in the same household as the respondent, record the proxy's first and last name, telephone number, and relationship to the respondent and briefly note the reason for using a proxy in the Checkpoint box provided on p. 4 of the participant (lavender) questionnaire or p. 5 of the comparison group (yellow) questionnaire . Thank the respondent for his/her time and end the interview, indicating that you will now be contacting the proxy. "Thank you very much for your time. These are all the questions I have for you. We will be calling (NAME OF PROXY) very soon."

X4. If the respondent initially indicates there is no one who can serve as a proxy, probe further. *"Are you sure there isn't anyone who could help us out by answering some questions about you?"* If you have already asked and received answers to questions A 12, A 13, and A14, use the information provided to suggest possibilities. Record the proxy information as described above.

X5. If the respondent STILL will not provide the name of a proxy, code the case as a problem, "8," and refer it to your supervisor.

Exhibit 7-11 (continued)

**FOR RESPONDENTS WHO MAY HAVE COGNITIVE OR RECALL DIFFICULTIES, AS MANIFESTED BY:**

- **EVIDENCE OF REPEATED DIFFICULTY WITH RECALL OR SERIOUS MEMORY LOSS**
- **EXHIBITING SIGNS OF CONFUSION OR DISORIENTATION**
- **BECOMING AGITATED OR UPSET AFTER BEING ASKED RELATIVELY STRAIGHTFORWARD QUESTIONS**
- **INCONSISTENT, UNBELIEVABLE OR CLEARLY INCORRECT RESPONSES (e.g., giving age as 75 and birthdate in 1967, unable to recall children's names, giving "moon" as place of birth)**

X6. If the respondent seems alert and coherent and has given clear, logical responses to 16 or more of the questions in Section A of the instrument, even if that has required some additional explanation or clarification on your part, then proceed with the interview.

X7. If the respondent has faltered or hesitated noticeably in answering 2-4 of the questions in Section A of the instrument AND/OR has given 2-4 illogical or inconsistent responses to these questions, then gently reprobe on those responses. If you get satisfactory responses, then proceed with the interview.

X8. If, after reprobing, you are still not sure about the respondent's ability to respond accurately, you should then ask:

*"Is there someone else (PREFERABLY IN THE SAME HOUSEHOLD) who knows you well and can help answer these questions?"*

X8a. If there is such a person in the household, and an extension phone is available, ask if that person can join you and the respondent on the extension for the remainder of the interview. When that person comes on the line, record his/her first and last name, phone number (if different) and relationship to the respondent, as well as the reason for using a proxy, in the Checkpoint box on page 4 of the participant (lavender) questionnaire or p. 5 of the comparison group (yellow) questionnaire. Please also write "PP" TO INDICATE PARTIAL PROXY.

X8b. If the respondent indicates there is a proxy in the household who is currently unavailable, you should ask for a time to reschedule the remainder of the interview when the proxy can be present.

Exhibit 7-11 (continued)

X8c. If the respondent indicates there is a proxy who does NOT live in the same household, record the proxy's first and last name, phone number, and relationship to the respondent , as well as the reason for deciding to use a proxy, in the Checkpoint box on p. 4 of the participant (lavender) questionnaire or p.5 of the comparison group (yellow) instrument. Thank the respondent and inform him/her that you will be contacting the proxy to reschedule the rest of the interview for another time. Indicate that, IF POSSIBLE, you will try to arrange for the proxy to be at the respondent's home so that both the proxy and the respondent can continue the interview together.

X9. If, after completing Section A, the respondent seems extremely disoriented, confused or anxious AND/OR gives 5 or more inconsistent or illogical responses, then ask the following question: *"Is there someone else (PREFERABLY IN THE SAME HOUSEHOLD) who knows you well and can answer the remaining questions ?"*

X9a. Record the proxy's first and last name, telephone number (if different) and relationship to the respondent of the named proxy, as well as the reasons for using a proxy, in the Checkpoint box on p.4 of the participant (lavender) or p. 5 of the comparison group (yellow) instrument.

X9b. If the proxy resides in the same household, thank the respondent for her/his time and ask if you can speak with (NAME OF THE PROXY). If the proxy is available and willing, begin the interview. (See Section x.x. for a discussion of initiating interviews with proxies).

X9c. If the co-resident proxy is not available to come to the phone at this time, ascertain a time to call back when the proxy can be reached. Indicate that time, and the fact that the respondent to be recontacted is a proxy (P), on the comments section of the call record.

X9D. If the named proxy does not reside in the same household, thank the respondent and say: *"Thank you very much. You have been very helpful. These are all the questions I have for you. I will be getting in touch with {NAME OF PROXY} very soon.*

Exhibit 7-12

**RESPONDENT NAME:** ______________________ **WESTAT ID:** ______________

PROXY SCRIPT FOR HOPE PARTICIPANTS:

"Hello, can I speak to {NAME OF PROXY AS GIVEN BY RESPONDENT}. My name is {INTERVIEWER NAME} and I'm calling from Westat, in Rockville, Maryland on behalf of the U.S. Department of Housing and Urban Development. We are conducting a study for HUD, to find out more about how the HOPE for Elderly Independence Program is working and whether it is helping the participants.

Our information indicates that {NAME OF RESPONDENT ON RIS} is currently participating in the HOPE for Elderly Independence Program in {CITY ON RIS}. We spoke with {NAME OF RESPONDENT ON RIS} briefly and decided that it would be better to complete the interview with someone else who could answer the remaining questions. He/she indicated that you would be a good person to complete the interview for him/her. It is very important that we be able to speak with all the HOPE participants or their proxies in order to get as accurate as possible a picture of the program.

First, I would like to ask a few preliminary questions.

1. I would like to verify the spelling of your first and last name. Is it {FIRST AND LAST NAME OF PROXY AS GIVEN BY RESPONDENT}?

| | | |
|---|---|---|
| YES .................................... | 1 | (2) |
| NO ..................................... | 2 | (MAKE THE NECESSARY CORRECTIONS AND RE-VERIFY. THEN CONTINUE WITH QUESTION 2) |

2. How well do you know {NAME OF RESPONDENT ON RIS}? Would you say ..

| | | |
|---|---|---|
| Very well ............................. | 1 | (4) |
| Fairly well ............................ | 2 | (4) |
| Not very well......................... | 3 | (3) |
| Not at all .............................. | 4 | (3) |

3. **Can you provide us with the first and last name and telephone number of someone who does know {NAME OF RESPONDENT ON RIS} well?**

____________________ ____________________

**FIRST NAME** **LAST NAME**

TELEPHONE NUMBER ( |__|__|__| ) ( |__|__|__| - |__|__|__|__| )

**(CALL NEW TELEPHONE NUMBER AND START AT THE BEGINNING OF THE PROXY SCRIPT)**

4. Recognizing that no one will be able to answer every question exactly as someone else would, how able do you feel you are to answer questions concerning {NAME OF RESPONDENT ON RIS} health, activities of daily living, and use of services? Would you say you are...

| | | |
|---|---|---|
| Very able to answer these types of questions for the HOPE participant.................... | 1 | (6) |
| Fairly well able to answer these types of questions for the HOPE participant............... | 2 | (6) |
| Not very well able to answer these types of questions for the HOPE participant............... | 3 | (5) |
| Unable to answer these types of questions for the HOPE participant.................... | 4 | (5) |

5. Can you provide us with the first and last name and telephone number of someone else who you believe to be better able than yourself to answer these questions on {NAME OF RESPONDENT'S} behalf?

____________________ ____________________

FIRST NAME LAST NAME

TELEPHONE NUMBER ( |__|__|__| ) ( |__|__|__| - |__|__|__|__| )

**(CALL NEW TELEPHONE NUMBER AND START AT THE BEGINNING OF THE PROXY SCRIPT)**

6. We would very much appreciate if you would try to answer as many as possible of our questions on {NAME OF RESPONDENT'S) behalf.

Exhibit 7-12 (continued)

**RESPONDENT NAME:** ______________________________ **WESTAT ID:** ________________

---

PROXY SCRIPT FOR COMPARISON GROUP MEMBERS:

"Hello, can I speak to {NAME OF PROXY AS GIVEN BY RESPONDENT}. My name is {INTERVIEWER NAME} and I'm calling from Westat, in Rockville, Maryland on behalf of the U.S. Department of Housing and Urban Development. We are conducting a study for HUD, to find out more about elderly persons and their ability to manage living in their homes or apartments (either by themselves or with their families).

Our information indicates that {NAME OF RESPONDENT ON RIS} is currently receiving housing assistance through the Section 8 Program in {CITY ON RIS} We spoke with {NAME OF RESPONDENT ON RIS} briefly and decided that it would be better to complete the interview with someone else who could answer the remaining questions. He/she indicated that you would be a good person to complete the interview for him/her. It is very important that we be able to speak with all persons who were selected for this study in order to get as accurate as possible a picture of their particular circumstances.

First, I would like to ask a few preliminary questions.

1. I would like to verify the spelling of your first and last name. Is it {FIRST AND LAST NAME OF PROXY AS GIVEN BY RESPONDENT}?

| | | |
|---|---|---|
| YES .................................... | 1 | (2) |
| NO ..................................... | 2 | (MAKE THE NECESSARY CORRECTIONS AND RE-VERIFY. THEN CONTINUE WITH QUESTION 2) |

2. How well do you know {NAME OF RESPONDENT ON RIS}? Would you say ..

| | | |
|---|---|---|
| Very well ........................... | 1 | (4) |
| Fairly well .......................... | 2 | (4) |
| Not very well....................... | 3 | (3) |
| Not at all ............................ | 4 | (3) |

Exhibit 7-12 (continued)

3. **Can you provide us with the first and last name and telephone number of someone who does know {NAME OF RESPONDENT ON RIS} well?**

______________________  ______________________________________

FIRST NAME  LAST NAME

TELEPHONE NUMBER ( |__|__|__| ) ( |__|__|__| - |__|__|__|__| )

**(CALL NEW TELEPHONE NUMBER AND START AT THE BEGINNING OF THE PROXY SCRIPT)**

4. Recognizing that no one will be able to answer every question exactly as someone else would, how able do you feel you are to answer questions concerning {NAME OF RESPONDENT ON RIS} health, activities of daily living, and use of services? Would you say you are...

| | | |
|---|---|---|
| Very able to answer these types of questions for {NAME OF RESPONDENT} ............................... | 1 | (6) |
| Fairly well able to answer these types of questions for {NAME OF RESPONDENT} ............................... | 2 | (6) |
| Not very well able to answer these types of questions for {NAME OF RESPONDENT} ......................... | 3 | (5) |
| Unable to answer these types of questions for {NAME OF RESPONDENT} ............................... | 4 | (5) |

5. Can you provide us with the first and last name and telephone number of someone else who you believe to be better able than yourself to answer these questions on {NAME OF RESPONDENT'S} behalf?

______________________  ______________________________________

FIRST NAME  LAST NAME

TELEPHONE NUMBER ( |__|__|__| ) ( |__|__|__| - |__|__|__|__| )

**(CALL NEW TELEPHONE NUMBER AND START AT THE BEGINNING OF THE PROXY SCRIPT)**

6. We would very much appreciate if you would try to answer as many as possible of our questions on {NAME OF RESPONDENT'S) behalf.

Exhibit 7-13. Example of Typical Functional Assessment Form Used by Grantee

## HOMECARE ASSESSMENT

### ACTIVITIES OF DAILY LIVING

**a. Physical Activities of Daily Living**

| | Can | | | Has Help | | | Additional Information: |
|---|---|---|---|---|---|---|---|
| | No | With Help | Independent | Adequate | Inadequate | No | |
| Feed Self | | | | | | | |
| Get in/Out of bed | | | | | | | |
| Dress/Undress | | | | | | | |
| Bathe/Shower | | | | | | | |
| Use Toilet (gets to bathroom) | | | | | | | |
| Shave | | | | | | | |

Incontinent _____No _____Yes ______________________________

______________________________________________________________

**b. Instrumental Activities of Daily Living**

| | Can | | | Has Help | | | Additional Information: |
|---|---|---|---|---|---|---|---|
| | No | With Help | Independent | Adequate | Inadequate | No | |
| Cook Meals | | | | | | | |
| Light Housekeeping | | | | | | | |
| Heavy Housework | | | | | | | |
| Laundry | | | | | | | |
| Shop | | | | | | | |
| Take Medicine | | | | | | | |
| Walk Inside | | | | | | | |
| Walk Outside | | | | | | | |
| Travel | | | | | | | |
| Handle Money | | | | | | | |
| Use Telephone | | | | | | | |

Bedbound Yes______No______

Exhibit 7-14. Functional Assessment Form Geared to HUD ADL Criteria

**Functional Assessment** **Name:**______________________________________

| ADL's | Functional Status | | |
|---|---|---|---|
| | Independent | Needs Assist | Unable to do |
| **Eating - Overall** | | | |
| Preparing food | | | |
| Cooking food | | | |
| Feeding self | | | |

Comments:

| | | | |
|---|---|---|---|
| **Bathing - Overall** | | | |
| Preparing bath | | | |
| Getting in and out of tub or shower | | | |
| Washing self | | | |

Comments:

| | | | |
|---|---|---|---|
| **Grooming - Overall** | | | |
| Washing hair | | | |
| Fixing hair on daily basis | | | |

Comments:

| | | | |
|---|---|---|---|
| **Dressing - Overall** | | | |
| Putting on clothes | | | |
| Managing fasteners (buttons, laces, etc.) | | | |

Comments:

Exhibit 7-14 (continued)

**Functional Assessment** Name:______________________________________

| | Functional Status | | |
|---|---|---|---|
| | Independent | Needs Assist | Unable to do |
| **Home Management Activities - Overall** | | | |
| Transportation | | | |
| Housework | | | |
| Shopping | | | |
| Laundry | | | |

Comments:

Narrative:

Completed by:____________________________________________ Date:__________