



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

PD&R

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# Evaluation of the Service Coordinator Program

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## Volume I: Study Findings



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

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

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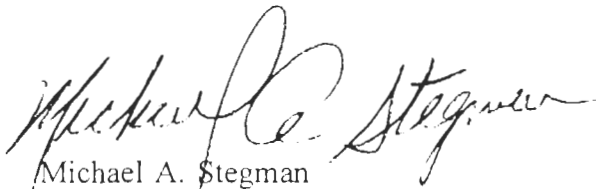
## Foreword

Older residents of federally assisted housing are among those with the fewest resources to age in place successfully. A large and growing number of frail elderly residents are at-risk of premature or unnecessary institutionalization because supportive services may not be available due to problems of coordination and delivery of available services. Supportive services also promote the option of independent living for nonelderly persons with disabilities in federally assisted housing. To enable residents to age in place and live independently, Congress established the Service Coordinator Program (SCP) in 1990.

Through the program, a service coordinator's primary role is to coordinate the provision of supportive services to the elderly and persons with disabilities living in HUD-assisted projects constructed with Section 202, Section 8, Section 221(d), and Section 236 support. This evaluation report describes early implementation experiences of SCPs; ongoing program operations; and resident satisfaction with the program.

Evaluation findings show the program is working effectively in meeting the supportive service needs of the elderly and persons with disabilities. Residents are very satisfied with the program and the service coordinators. Property managers and service coordinators believe that the program has prevented early institutionalization of some residents. The program reduced the involvement of property managers in service coordination, an activity for which they are not qualified and which they lack the resources to perform. Service coordinators who were more effective in coordinating services and bringing them to the housing developments tend to be located in urban areas where services are both plentiful and accessible. For those in more rural and isolated areas, the service coordinators' ability to perform their responsibilities were severely limited. Furthermore, their ability to obtain the required training was hampered by their geographic location.

Although future funding for the Service Coordinator program is uncertain, service coordination is an eligible activity under HUD's reinvented programs. The experiences and findings presented in this evaluation should greatly inform service coordinators, housing managers, and service providers in coordinating assistance for the frail, low-income elderly and persons with disabilities.



Michael A. Stegman  
Assistant Secretary for Policy  
Development and Research





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# Evaluation of the Service Coordinator Program

## Executive Summary

### 1. The Service Coordinator Program

#### 1.1 Background and Purpose

In 1992, Congress authorized the U.S. Department of Housing and Urban Development (HUD) to administer the Service Coordinator Program (SCP) under authority of the Cranston-Gonzalez National Affordable Housing Act (NAHA).<sup>1</sup> The program is intended to meet the increasing needs of elderly and nonelderly persons with disabilities living in HUD-assisted housing. It is estimated that approximately 365,000 persons living in federally-assisted housing experience some form of frailty, and that this number will increase as the general population ages.<sup>2</sup> A large and growing number of frail elderly residents are at risk of premature or unnecessary institutionalization because supportive services may not be available due to problems of coordination and delivery of available services. Supportive services would promote the invaluable option of independent living for nonelderly persons with disabilities in federally-assisted housing. Such services cannot always be provided directly by housing managers due to the lack of resources and experience in this area. Although Congress has tried to address residents' needs for supportive services in the past, under a variety of programs, the direct funding of service coordinators is the latest attempt to address the problems in HUD housing. The service coordinator's primary role is to coordinate the provision of supportive services to the elderly and persons with disabilities to prevent premature and inappropriate institutionalization, thereby improving their quality of life.

#### 1.2 Service Coordinator Program Funding

HUD awarded 5-year SCP grants to selected projects. The funding is intended for service coordinator salaries as well as administrative and training expenses. This study focuses on the first three rounds of SCP grantees<sup>3</sup>, and the following are funding levels allocated during the first 3 years of the program:

●	Round One	Fiscal Year 1992	\$15.5 million
●	Round Two	Fiscal Year 1993	\$17.1 million
●	Round Three	Fiscal Year 1994	\$47.0 million

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<sup>1</sup>Legislative authority for the SCP: Section 808 of the National Affordable Housing Act (42 USC 8012) amended Section 202 of the Housing Act of 1959 (12 USC 1701q(g)). The Housing and Community Development Act Amendments of 1992 amended Section 808 through Sections 671 and 677, and added Sections 675 and 676.

<sup>2</sup>These underlying assumptions of the SCP are contained in the Cranston-Gonzalez National Affordable Housing Act, 42 USC 8011, Sec. 802 (a)(1).

<sup>3</sup>This study includes projects funded during the first 3 years of the SCP. SCPs are referred to as Round One, Round Two, or Round Three projects. These terms refer to projects funded in fiscal years 1992, 1993, and 1994, respectively.

SCPs may also be funded with residual receipts from project operations or with residual receipts in combination with SCP funds. This study excluded SCP projects funded entirely with residual receipts.

### 1.3 Eligibility for Service Coordinator Funding

The multifamily project types eligible for service coordinator funding covered in this report are Section 202, Section 8, Section 221(d), and Section 236 projects. These project types are named for the section of the legislation that created funding for the construction or operation of such projects; they all house elderly and persons with disabilities. Section 811 projects, although they house persons with disabilities, were not eligible for SCP funding. SCP also required that projects contain a certain number of units and achieve a minimum occupancy level.

### 1.4 Selection of Projects for Service Coordinator Funding

Projects were selected for service coordinator funding through an application and lottery process. HUD Notice H 92-40<sup>4</sup> provided the application forms and requirements for Round One funding for Section 202 projects; HUD Notices H 93-71 (September 20, 1993) and H 94-20 (March 23, 1994), which provided for Section 8, Section 221(d) and Section 236 funding, provided the same information for Round Two and Round Three funding, respectively. All projects that met the eligibility requirements were included in a lottery for selection for funding.

### 1.5 Program Requirements

The authorizing legislation and HUD notices referenced above provide requirements and guidelines for operation of the SCP.

**Service Coordinator Role.** The service coordinator is charged with determining the service needs of eligible residents, identifying appropriate services available in the community, linking residents with the needed services, monitoring and evaluating the effectiveness of the supportive services, and performing other functions to enable frail elderly and residents with disabilities in federally-assisted housing to live with dignity and independence. In cases where assessment was not available in the community, HUD requested that service coordinators develop professional assessment committees (PACs),<sup>5</sup> subject to guidance under the Congregate Housing Services Program regulations, Section 24 CFR 700.225. Service coordinators were specifically prohibited from being assigned responsibility as the project's recreational or activities director, providing support services directly, or assisting with other project administrative work.

**Service Coordinator Qualifications Guidelines.** HUD issued guidelines for the qualifications for service coordinators that included the following:

- Bachelor's degree in a relevant discipline (work experience could be substituted for a college degree);
- Training in the aging process and relevant government entitlement programs;

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<sup>4</sup>A HUD notice is a policy document that sets program guidelines and requirements.

<sup>5</sup>A professional assessment committee consists of at least three individuals who are qualified medical and other health and social service professionals competent to assess the functional abilities of the frail elderly and persons with disabilities in relation to the performance of activities of daily living.



- Knowledge of local social services for the elderly and nonelderly persons with disabilities and 2 to 3 years of experience in delivery of such services; and
- A demonstrated ability to advocate, organize, and provide results for the elderly and persons with disabilities served.

*Service Coordinator Training Requirements.* HUD requires that service coordinators either have, or receive within 12 months of hiring, a minimum of 36 hours of training in nine areas,<sup>6</sup> seven of which are statutory. After meeting the statutory requirement, all service coordinators are required to have at least 12 hours of continuing education annually.

*Service Coordinator Working Arrangements.* HUD guidelines are flexible concerning service coordinators' working arrangements—they could be hired directly by the project or be contract employees from another organization, work either full- or part-time, and serve as coordinator for more than one SCP. HUD guidelines suggested that a full-time coordinator could serve about 60 residents.

*Annual Reporting.* HUD requires that programs report to HUD annually using a one-page form that calls for basic information about the SCP. This information includes items such as the number of hours the service coordinator (and aides) worked, the number of hours of services and number of residents served for various service categories, and the amount of funds dispersed and the amount of residual receipts used. Space is provided to note any successes or difficulties in getting access to services for the residents.

## **2. The Study**

### **2.1 Purpose of the Evaluation of the Service Coordinator Study**

The study had five primary objectives:

- To describe the projects and residents in the SCP;
- To describe the implementation and ongoing operations of individual SCPs;
- To assess resident satisfaction with the program;
- To identify roadblocks to program implementation; and
- To identify improvements to the SCP, including the annual reporting process to HUD.

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<sup>6</sup>The areas are: the aging process, elder services, disability services, Federal and applicable State entitlement programs, relevant legal liability issues, medication/substance abuse, mental health issues, strategies for communicating effectively in difficult situations, and strategies for dealing with cognitive impairments. The first seven areas are statutory requirements.

## 2.2 Study Design

The findings presented below are based on analysis of two groups of SCP projects:

- *Data from 645 projects receiving service coordinator funding in Rounds One, Two, and Three*—Information for these projects was obtained from SCP applications submitted by projects that received funding from HUD. Data for these SCPs are limited to project and resident characteristics, the *planned* employment status of service coordinators, and *estimated* administrative costs and service coordinator salaries and fringe benefit costs. Because of these limitations, application data are used only in the analysis of Objective 1.
- *Data from nine projects receiving funding in Round One (referred to as "established SCPs") and nine projects receiving funding in Round Two or Three in which the SCP had been in operation for at least 6 months (referred to as "new SCPs")*—Information for these projects was collected during site visits to 18 SCP projects during the summer of 1995. Site visitors conducted interviews with service coordinators and project managers and held focus groups with residents. Data were also abstracted from SCP resident case records.

Data from all Round One, Two, and Three projects provide information on 645 funded SCPs. These data are used in addressing the first study objective. Data from nine established SCPs provide information about ongoing program operations and resident satisfaction with the program because these programs were much further along in running the SCP than those projects funded in subsequent years. Data from nine new SCPs provide insight into activities conducted and problems encountered in the initial planning stages and implementation of SCPs. Data from the 18 projects that were visited are used to address all 5 objectives.

The samples of nine projects from each group were selected to represent the characteristics (e.g., HUD geographic area, project size, and service coordinator employment type) of SCPs nationwide. Although the samples are not nationally representative in a statistical sense, they reflect the variety of project and program characteristics found in the universe of SCPs. The experiences of these projects are instructive in understanding how the program operates and the problems that may be encountered in implementing and operating an SCP.

## 3. Study Findings

### 3.1 Objective 1: Describe Projects and Residents in the SCP

*Project Characteristics.* The SCP is intended to serve the elderly and nonelderly persons with disabilities living in federally-assisted multifamily housing designated for the elderly and persons with disabilities. All of the 645 projects receiving SCP funding housed elderly and nonelderly persons with disabilities. These SCPs are about evenly distributed among large, medium, and small projects (defined as 100 or more units, 50 to 99 units, and fewer than 50 units, respectively) that range in size from 10 to 420 units. The projects are located in Puerto Rico, the Virgin Islands, and all States but three. The characteristics of the sample of 18 projects closely matched the 645 funded SCPs, in terms of project size and project type.

***Resident Characteristics.*** Ninety-nine percent of the 645 funded projects met the HUD requirement that at least 25 percent of a project's residents be either frail or at-risk elderly or nonelderly persons with disabilities. No other resident information was available from the applications.

17 projects met the requirement that at least 25 percent of the residents be frail or at-risk elderly or nonelderly persons with disabilities and at one project, 24 percent met this requirement. The majority of residents at all projects were elderly, although 45 percent of the residents at one project were nonelderly persons with disabilities. Nearly 40 percent of all residents were age 76 or older. All but one project had a significantly higher proportion of females than males (two-thirds or more), reflecting the distribution of the general elderly population. 11 projects were occupied by 97 percent or more white residents and 2 projects were occupied by 98 and 100 percent African-Americans. Nearly all resident households had annual incomes of less than \$15,000; about 80 percent had incomes of less than \$10,000.

### **3.2 Objective 2: Describe Individual Service Coordinator Programs**

***Service Coordinator Working Arrangements.*** The 18 SCPs exhibited a variety of service coordinator working arrangements, reinforcing the need for flexibility that HUD allowed projects in determining the coordinator's working arrangement. Thirteen SCPs had a part-time service coordinator (i.e., less than 40 hours per week), and 11 service coordinators worked at more than one SCP. Three of the 18 SCPs contracted for their service coordinators from other agencies rather than hire them directly.

***Service Coordinator Qualifications.*** Service coordinators were extremely well-qualified for their position by both education and experience. Most had at least a bachelor's degree in social work, counseling, or other relevant disciplines; four had master's degrees. The three service coordinators that had not completed a 4-year college program had taken college courses. Likewise, for most, their experience prepared them well for the service coordinator role. Previous employment included nursing home administration and social work, working with the elderly and persons with disabilities in various community agencies as a social worker, caseworker, outreach worker, fitness coordinator, and service coordinator for programs other than the SCP.

***Service Coordinator Training.*** All but one service coordinator had received some form of training, ranging from 4-day workshops to seminars and conferences. Service coordinators employed by management companies had more regular, formal training provided by the company; others attended workshops and conferences sponsored by local aging agencies, HUD, or the State. Licensed social workers had the added incentive of the requirement of continuing education to maintain their license. Training topics included elderly abuse, the terminally ill and death, depression, Alzheimer's disease, living wills, and conflict resolution. Service coordinators expressed a desire for training in HUD program guidelines and reporting requirements, substance abuse, disabilities, difficult personalities, medical issues, and computers. Several service coordinators reported difficulty in finding appropriate training, and one stated that the HUD State or area office was not helpful when asked about available training. Difficulty in finding appropriate training was more of a problem in smaller, more isolated communities.

***Service Coordinator and Property Manager Responsibilities.*** As HUD intended, the service coordinators had primary responsibility for the SCP. Generally, service coordinators functioned independently from the property managers and had a fairly high level of autonomy. However, service coordinators and property managers, to varying degrees, worked together in planning program activities and interacting with residents. Property managers at new SCPs had more involvement in the SCP than those at established SCPs, probably because they were more familiar with the residents than the

newly hired service coordinators. A few projects experienced initial problems between service coordinators and property managers; however, these problems were resolved prior to the site visits. Service coordinators reported that property managers were generally supportive of them and the SCP.

Most property managers who held their position prior to the SCP reported a decrease in the amount of time they spent on resident problems. They believed they were able to focus more time on management responsibilities, such as timely housing unit recertifications, after the SCP was in place.

***Service Coordinator Resident Caseload.*** More than half of the service coordinators had contacts with more than 90 percent of the residents. "Contact" can mean both casual and formal meetings with residents. The current service coordinator caseload (i.e., the number of residents with whom the coordinator was currently working) varied widely—from 7 to 112 residents, representing between 10 percent and 96 percent of the residents.

***Service Coordinator Costs.*** The average wage of the service coordinators in these 18 projects did not vary substantially. Most hourly wages are in the neighborhood of \$10 to \$11. There was, however, substantial variation in costs of the SCP on a labor cost and total program cost basis. There was even more variation in costs based on a per resident or at-risk resident basis. Some of the differences are the result of differential fringe benefit costs or variation in the proportion of at-risk individuals in the resident population. In addition, some projects had contract employees as service coordinators and others shared their coordinator with other projects. Finally, some projects provided funds for service coordinator activities from other than grant fund sources.

***Outreach to Residents.*** Service coordinators used a variety of methods to inform residents of the program, including letters, flyers, monthly newsletters, bulletin board notices, and resident meetings. Most coordinators provided continuing outreach using these same methods.

***Service Coordinator Activities.*** Service coordinators' primary responsibility was to identify and link residents to needed services. Service coordinators were particularly effective in bringing services into the project. The two services provided most frequently were transportation and housekeeping assistance. Other project-based services included dental services, eye examinations, health fairs that included blood pressure and cholesterol testing, mammograms, exercise programs, hair cutting, and budget assistance.

Several service coordinators felt it necessary to provide services themselves and conduct social activities, despite HUD policies that prohibit such activities. For example, if transportation was not available for a resident to get to a doctor or a social service office, the service coordinator drove the resident. One coordinator performed housekeeping chores (such as cleaning the oven) so that residents would meet the unit inspection standards. Social activities were believed to be especially important for residents who seldom left their apartments and who rarely participated in project activities.

The array of services that service coordinators brought to the projects, as well as the services that service coordinators themselves provided, indicated a strong commitment to meeting residents' needs.

***Needed Services.*** Only 4 of the 18 service coordinators stated that no additional services were needed. Transportation was identified by one-half of the service coordinators as the most needed service. Other needed services included housekeeping assistance, financial counseling, eye and dental services, and an errand service.

### 3.3 Objective 3: Assess Resident Satisfaction With the Program

Across all 18 projects, residents were very satisfied with the program and the service coordinator. Even residents believing that they did not currently need any help from the service coordinator indicated that they liked knowing that assistance was available should they need it. Resident satisfaction resulted from the following program benefits reported by the residents at virtually all SCPs:

- The service coordinator linked the residents to needed services, often bringing those services to the project.
- The service coordinator was someone the residents could talk to in confidence about their problems. (Some residents mentioned that they were more comfortable talking about problems with the service coordinator than the property manager because they worried about being evicted and having to go to a nursing home.)
- Residents felt more secure knowing there was someone who would listen to their problems and provide solutions.
- Residents were more aware of the available services and how to access them.

Supporting the residents' satisfaction with the program, project staff (managers and service coordinators) believed that the SCP had prevented early institutionalization of some residents. Staff estimates of the number of residents enabled to continue living independently as a result of the SCP ranged from 3 to 30 per project.

Project staff reported another benefit of the SCP—improving the project's image in the community and making the project more attractive as a residence for older people.

### 3.4 Objective 4: Identify Roadblocks to Program Operations

No serious roadblocks to program operations were noted by either property managers or service coordinators. Service providers in communities were generally cooperative, although some service coordinators reported that services were not provided in a timely manner. Property managers and service coordinators worked well together, despite a few instances of earlier problems. Only three problem areas were identified by a number of service coordinators and property managers. These problem areas are discussed below.

*Service Coordinator Office Space.* Projects were required to provide office space for service coordinators that afforded privacy for the coordinator and residents. Of the 18 projects visited, seven service coordinators did not have adequate office space. The ideal office location for a service coordinator appeared to be an office located near areas where residents tended to congregate, such as near the mailboxes, the dining area, a community room, or the resident lounge. Most projects met the basic requirement for a private office, or an office shared by part-time managers and coordinators. However, in one case, residents had to climb stairs to gain access to the office, which was a serious problem for the frail elderly or persons with disabilities.

Service coordinators at projects not having private office space felt this was a serious problem. A service coordinator, who shared space with a property manager, felt that residents tended to discuss

management rather than personal problems. One service coordinator did not have access to toilet facilities, unless she used facilities in a resident's apartment.

**Direct Provision of Services.** HUD policy precludes service coordinators from directly providing services to residents. However, the situation at several projects—particularly those located in rural areas—made it necessary (in the opinion of the service coordinators) to provide services themselves because such services were not available otherwise. Service coordinators typically provided needed services when they did not exist within the community or were difficult for residents to obtain.

**Social Activities.** HUD policies also preclude service coordinators from conducting social activities or acting as a social director. Some social activities reported by service coordinators and residents could be interpreted as related to furthering the objectives of the SCP. However, other social activities were clearly intended to serve primarily as social functions that would encourage resident interaction. Service coordinators believed these activities were essential in engaging residents—particularly those who tended to be isolated and did not participate in any social gatherings—in project activities, including those of the SCP.

Because service coordinators believed strongly that these services were needed, HUD may wish to review its current prohibition of these activities in projects with special needs.

### **3.5 Objective 5: Identify Improvements to the Service Coordinator Program**

Overall, SCPs were operating effectively as evidenced by responses from service coordinators and property managers and the overwhelming resident satisfaction with the program. Nonetheless, several areas were cited in which changes would improve the SCP.

**Office Space for the Service Coordinator.** In their applications for SCP funding, owners were required to certify that private office space was available for the service coordinator. The study findings suggest that HUD should ensure that the following office space criteria are met by projects participating in the SCP:

- The service coordinator's office should be accessible by the frail elderly and persons with disabilities.
- The service coordinator should not share an office with project management staff.
- The service coordinator's office must afford confidentiality for conversations between service coordinators and residents.
- Wherever possible, the service coordinator's office should be located in an area in the project in which residents tend to congregate, such as near the mailboxes, the dining area, a community room, or the resident lounge.

**Prohibition of Service Coordinators Providing Services to Residents.** HUD specifically prohibited service coordinators from providing services directly to residents to ensure that they focused on assessing resident needs and linking residents to available services. Acting as a social director was specifically prohibited. However, circumstances at some projects required (in the opinion of the service coordinator) that service coordinators provide some services themselves. The two primary areas in

which service coordinators felt it necessary to provide services that HUD explicitly prohibited are transportation and social activities.

- **Transportation**—Transportation was simply not available, particularly in more isolated, rural communities.
- **Social Activities**—Service coordinators planned social activities to coax residents from their apartments and to involve them in the surrounding community. These activities were viewed as opportunities to interact with the residents and to encourage interaction. Service coordinators believed this to be important in encouraging residents to use the services of the SCP.

It appears that more flexibility is needed regarding the types of services that service coordinators may provide. In areas where essential services (such as transportation) are not available, HUD might consider funding to provide such services through the SCP. Similarly, in areas where services have waiting lists, funding might be provided for the temporary provision of such services until they become available within the community.

*Access to Training.* Congress requires that service coordinators receive training in a number of specific areas. Service coordinators working in projects located in urban areas can usually identify sources for the training. However, in more isolated projects or smaller metropolitan areas, such training may not be available. HUD could assist service coordinators by identifying acceptable sources of the required training.

*HUD Program Guidelines.* Although service coordinators believed that more flexibility was needed in some SCP requirements, they also requested additional guidance from HUD in administration of the program. Service coordinators noted that they spent considerable time developing forms for assessing residents, tracking contacts with residents and service agencies, and monitoring service delivery.

*Annual Reporting to HUD.* HUD requires an annual report from all SCPs. Service coordinators provided the following comments and suggestions on the current reporting form:

- Define categories of services so there is no overlap in order to make it easier to determine in which category some services fall.
- Collect information about service coordinator activities (e.g., resident assessments and arranging services).
- Although difficult to quantify, report the estimated number of residents who were able to remain living independently in their apartments; this is an important outcome.
- Recognize that counts of the number of residents receiving services is difficult because service providers come to the project and they do not always maintain counts of residents served.
- Redefine "unit of service"; the current definition is problematic where one hour of service is equivalent to one unit of service.

These recommended changes to the SCP underscore the importance of keeping the program flexible so that it can be tailored to the specific project and community in which it operates. For some SCPs, these changes would have little effect on how the program functions; for others, they could make a difference in the ability of the program to meet the needs of the residents.

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Evaluation of the Service Coordinator Program Volume 2: Case Studies is available through the HUD USER Document Reproduction Program. Call 1-800-245-2691 for pricing information. This second volume contains site reports from the 18 properties the Contractor visited.



- To provide readily available and efficient supportive services that provide a choice in supported living arrangements by utilizing the services of an on-site coordinator, with emphasis on maintaining a continuum of care for the vulnerable elderly;
- To improve the quality of life of older Americans living in federally-assisted housing; and
- To preserve the viability of existing affordable housing projects for lower-income older residents who are aging in place by assisting managers of such housing with the difficulties and challenges created by serving older residents.

To meet these objectives, Congress authorized funding for a service coordinator position in eligible federally-assisted housing projects.

### 1.1.2 Funding

HUD awarded 5-year SCP grants to selected projects. The funding is intended for service coordinator salaries as well as administrative and training expenses. The study focuses on the grantees funded in the first three rounds.<sup>2</sup> The following amounts were allocated for SCP funding during each of these first 3 years of the program:

● Round One	Fiscal Year 1992	\$15.5 million
● Round Two	Fiscal Year 1993	\$17.1 million
● Round Three	Fiscal Year 1994	\$47.0 million

SCPs may also be funded with residual receipts from project operations or with residual receipts in combination with SCP funds. This study excluded projects funded entirely with residual receipts.

### 1.1.3 Eligibility for Service Coordinator Funding

The types of housing projects eligible for service coordinator funding, specified in the legislation, are those that house elderly and people with disabilities.<sup>3</sup> To be eligible for Round One funding, projects were required to have reached 97 percent occupancy and contain 75 or more units (or smaller projects that together contain at least 75 units). To ensure that funding went to those projects most in need, only owners that certified that at least 25 percent of the residents were "frail"

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<sup>2</sup>This study includes projects funded during the first 3 years of the SCP. SCPs are referred to as Round One, Round Two, or Round Three projects. These refer to funding provided in fiscal years 1992, 1993, and 1994, respectively.

<sup>3</sup>In Rounds One and Two, only Section 202 projects were eligible for funding. Section 8 and Sections 221(d) and 236 were also eligible for Round Three funding. These housing project types, named for the section of the legislation that provided funding for the construction or operation of these projects, are all projects that house elderly and/or persons with disabilities. Section 811 projects, which house people with disabilities, were not included as eligible entities for SCP funding. "Elderly" is defined as age 62 or older; "disabled" as nonelderly persons with disabilities as specified by HUD.

# Chapter 1

## The Service Coordinator Program and Study Overview

### 1.1 The Service Coordinator Program

#### 1.1.1 Background and Purpose

In 1992, Congress authorized the U.S. Department of Housing and Urban Development (HUD) to administer the Service Coordinator Program (SCP) under authority of the Cranston-Gonzalez National Affordable Housing Act (NAHA).<sup>1</sup> The Congressional findings that underlie the philosophy of the SCP include the following:

- Independent living with assistance is a preferable housing alternative to institutionalization for many frail older persons and persons with disabilities.
- There are 365,000 persons in federally-assisted housing who experience some form of frailty, and the number is expected to increase as the general population ages.
- An estimated 20 percent to 30 percent of older adults living in federally-assisted housing experience some form of frailty.
- A large and growing number of frail elderly residents face premature or unnecessary institutionalization because of the absence of or deficiencies in the availability, adequacy, coordination, or delivery of supportive services.
- The support service needs of frail residents of assisted housing are beyond the resources and experience that housing managers have for meeting such needs.
- Supportive services would promote the invaluable option of independent living for nonelderly persons with disabilities in federally-assisted housing.

To address the issues listed above, Congress specified the following purposes of the SCP:

- To improve the capacity of management to assess the service needs of eligible residents, coordinate the provision of supportive services that meet the needs of eligible residents, and ensure the long-term provision of such services;
- To provide services in federally-assisted housing to prevent premature and inappropriate institutionalization in a manner that respects the dignity of the elderly and persons with disabilities;

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<sup>1</sup>Authority for the SCP: Section 808 of the National Affordable Housing Act (NAHA) (42 USC 8012) amended Section 202 of the Housing Act of 1959 (12 USC 1701q(g)). The Housing and Community Development Act Amendments of 1992 amended Section 808 through Sections 671 and 677, and added Sections 675 and 676.

or "at risk"<sup>4</sup> were eligible for funding. Projects with 40 or more units were eligible for Round Two and Three funding.

#### **1.1.4 Selection of Projects for Service Coordinator Funding**

Projects were selected for service coordinator funding through an application and lottery procedure.<sup>5</sup> All project applications that met the eligibility requirements were included in a lottery for selection for funding. Available funding was apportioned among HUD geographic areas in proportion to the total number of units in the area. Any residual amounts remaining in any geographic areas were combined and reassigned to eligible projects that submitted applications.

#### **1.1.5 Program Requirements and Guidelines**

Requirements and guidelines for the SCP, which are specified by Congress and HUD, are contained in legislation as well as HUD notices.<sup>6</sup> Program areas, for which requirements or guidance is provided, are discussed below.

**Service Coordinator Role**—The service coordinators' primary responsibilities are assessing resident needs, identifying appropriate services, linking residents to such services, and monitoring the delivery of services. The authorizing legislation suggests the following responsibilities:

- Working with the professional assessment committee (PAC).<sup>7</sup> if appropriate, on an ongoing basis to assess the service needs of eligible residents;
- Working with service providers and the PAC to tailor the provision of services to the needs and characteristics of eligible residents;
- Mobilizing public and private resources to ensure the qualifying supportive services;
- Monitoring and evaluating the impact and effectiveness of any supportive service program receiving capital or operating assistance; and
- Performing such other duties and functions that the Secretary of HUD deems appropriate to enable frail elderly persons residing in federally-assisted housing to live with dignity and independence.

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<sup>4</sup>The residents' health status was estimated, usually by the property manager or owner. "Frail" is defined as deficient in at least three of six activities of daily living (ADLs), which include eating, dressing, bathing, grooming, transferring, and home management activities; "at risk" is defined as deficiencies in one or two ADLs.

<sup>5</sup>HUD Notice H 92-40 (April 29, 1992) provided the application forms and requirements for Round One funding; HUD Notices H 93-71 (September 20, 1993) and H 94-20 (March 23, 1994) provided the same information for Round Two and Three funding, respectively.

<sup>6</sup>A HUD notice is a policy document that sets program guidelines and requirements.

<sup>7</sup>A professional assessment committee consists of at least three individuals who are qualified medical and other health and social service professionals. They are competent to assess the functional abilities of the frail elderly and persons with disabilities in relation to the performance of ADLs.

HUD provided further specification of the service coordinator role, listing the following major functions:

- Provides general case management and referral services;
- Establishes linkages with all agencies and service providers in the community; determines the most economical service while assuring individualized, flexible, and creative services for residents;
- Develops a directory of providers for use by project staff and residents and refers and links residents to service providers in the community;
- Educates residents on service availability, applications procedures, client rights, and other relevant issues;
- Monitors the ongoing provision of services from community agencies and keeps the case management and provider agency current with the progress of the individual; and
- Helps the resident build informal support networks with other residents, family, and friends.

HUD also suggested the following service coordinator activities:

- May develop case plans in coordination with assessment services in the community or the PAC<sup>8</sup>;
- May set up volunteer support programs with service organizations; and
- May educate other staff on issues related to aging in place and service coordination to help them better work with and assist the residents.

HUD specifically prohibited service coordinators from directly providing services to residents. Service coordinators may not act as social directors (e.g., they cannot organize social activities.)

**Service Coordinator Qualifications Guidelines**—HUD guidelines<sup>9</sup> for the qualifications of service coordinators include the following:

- A bachelor's degree in social work, gerontology, psychology, or counseling is preferred. A college degree is fully acceptable; appropriate work experience can substitute for a college degree.
- Two to three years of experience in social service delivery with senior citizens and nonelderly persons with disabilities.

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<sup>8</sup>In cases where assessment was not available in the community, service coordinators were requested to develop PACs subject to 24CFR700.225.

<sup>9</sup>HUD guidelines for service coordinator qualifications are found in HUD Notice H 92-40 (April 29, 1992).

- Demonstrated working knowledge of supportive services and other resources for senior citizens and nonelderly persons with disabilities in the area served by the project.
- Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and persons with disabilities served.
- Appropriate professional staff experience and prior supervisory or management experience for those programs using a team approach.

**Service Coordinator Training Requirements**—HUD requires service coordinators either to have, or to receive within 12 months of hiring, a minimum of 36 hours of training in nine areas,<sup>10</sup> seven of which are statutory. After meeting the statutory requirement, all service coordinators are required to have at least 12 hours of continuing education annually. Project managers must document conformance to the training requirements by listing the subject matter, number of course hours, sponsoring organization, and cost.

**Service Coordinator Working Arrangements**—HUD guidelines are flexible concerning service coordinators' working arrangements—service coordinators can be hired directly by the project or be contract employees,<sup>11</sup> work either full- or part-time, and serve as service coordinator for more than one SCP.

**Annual Reporting**—HUD required that service coordinators report to HUD annually using a one-page form. This form calls for basic information, such as the number of hours the coordinator (and aides) worked; the number of hours of services and number of residents served for various service categories; and the amount of funds dispersed and amount of residual receipts used. Space is provided to note any successes or difficulties in getting access to services for the residents. A copy of this form is contained in Appendix A.

## 1.2 Evaluation of the Service Coordinator Program Study

### 1.2.1 Study Objectives

The Evaluation of the Service Coordinator Program study was conducted from October 1994 through February 1996. The study had the following objectives:

- To describe projects participating in the SCP and their residents;
- To describe implementation and ongoing operations of SCPs;

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<sup>10</sup>The areas are: the aging process, elder services, disability services, Federal and applicable State entitlement programs, relevant legal liability issues, medication/substance abuse, mental health issues, strategies for communicating effectively in difficult situations, and strategies for dealing with cognitive impairments. The first seven areas are statutory requirements. HUD training guidelines are found in Notice H-95-16 (March 20, 1995).

<sup>11</sup>"Contract employee" means an employee hired through another agency, such as a social service agency or a management company, rather than directly by the project. Contract service coordinators are typically supervised by staff from the service coordinator's employer.

- To assess resident satisfaction with the SCP;
- To identify roadblocks to SCP implementation and operations; and
- To identify improvements to the SCP, including the annual reporting process to HUD.

## 1.2.2 Study Design

The study examined 645 SCPs funded during the first 3 years of the program—1992 through 1994—for which applications were received by KRA Corporation (KRA) from HUD field offices. Two samples of nine SCP projects were selected for in-depth case studies. These samples represented SCPs that had been operating for 2 years and SCPs that were still in the implementation phase.

**Analytic Project Groups**—The findings presented in the following chapters are based on analyses of two datasets:

- *Data from 645 projects receiving service coordinator funding in Rounds One, Two, and Three for which applications for SCP funding were available*—Information for these projects was obtained from the SCP applications submitted by owners that received SCP funding from HUD.
- *Data from nine projects receiving funding in Round One (referred to as "established SCPs") and nine projects receiving funding in Round Two or Three in which the SCP had been in operation for at least six months (referred to as "new SCPs")*—Information for these projects was collected during site visits to the 18 projects during the summer of 1995. Site visitors conducted interviews with service coordinators and property managers and held focus groups with residents. Data were also abstracted from SCP resident case records.

Data from all Round One, Two, and Three projects provide information on 645 SCPs. These data are used to address the first study objective. Data from 9 established SCPs provide information about ongoing program operations and resident satisfaction with the program because these programs were much further along in running the SCP than those projects funded in subsequent years. Data from nine new SCPs provide insight into activities conducted and problems encountered in the initial planning and implementation of SCPs. Data from the 18 projects that were visited are used to address all 5 objectives.

**Project Selection**—Nine projects with established SCPs and nine with new SCPs were selected to represent the variety of Round One, Two, and Three SCPs. SCPs were classified by the following dimensions: geographic area, project size, project type, whether the service coordinator was shared with another project, and whether the project was affiliated with a national housing management organization (e.g., the National Council of Senior Citizens and the National Church Residences). SCPs were randomly selected so that the sample SCPs represented the characteristics listed above. Final inclusion in the study depended on the projects' willingness to cooperate and make their file data available. In addition, new SCPs had to have been in operation for at least 6 months. If the sampled SCPs did not meet the study criteria, replacement projects were selected using the same procedure outlined above. A more detailed discussion of the project selection process is presented in Appendix B.

**Data Sources**—Multiple data collection methodologies were used during the on-site data collection at the 18 SCPs, including the following:

- **Send-ahead questions**—These questions requested information on resident characteristics, such as age, race/ethnicity, income, and functional health status.
- **In-person interviews with service coordinators and property managers**—Information was obtained about the overall planning, implementation, and operation of the SCP.
- **Resident case record reviews**—Review of 10 randomly selected case records provided information on service coordinator activities with residents and also identified the information that is maintained by service coordinators and would be available for a full evaluation of the SCP.
- **Focus groups with nine to 12 residents**—Topics discussed included the residents' understanding of the service coordinator's role, satisfaction with the program, and services provided. Residents were randomly selected to participate in the focus groups. Several residents who could not attend the focus groups were interviewed in-person in their apartments.
- **Observation guide**—Information was recorded that described aspects of the project building and surroundings that could affect residents' activities (e.g., existence of a community room and proximity of a bus stop to the project.)

In addition, if service coordinators were not project employees working under the supervision of the property manager, the employer of the service coordinator was interviewed.

### 1.2.3 Study Limitations

**Representativeness of SCP Projects**—Although the nine projects from each group were selected to represent different areas of the country and projects of different sizes, the groups are not necessarily representative of all SCPs. In addition, the criteria that new SCPs must have been in operation for a minimum of six months excluded projects that either were less efficient in implementing their programs or encountered more problems because of the community in which they were operating. Nonetheless, experiences of the 18 projects are instructive in understanding how the program operates and the problems that may be encountered in implementing and operating an SCP.

**Focus Group Methodology**—Eliciting information from residents in focus groups was problematic. Some residents had difficulty distinguishing between services received prior to the SCP and those received through the SCP. Further, the focus group format did not allow for in-depth probing of individual responses. Several residents appeared reluctant to discuss personal matters in the presence of their neighbors, such as the services they had received or their need for additional services. Therefore, information on specific services received or needed was somewhat limited.

**Descriptive Study**—The study objectives provided parameters for a descriptive study. These objectives required a description of the characteristics, implementation, and operation of the SCP. Therefore, no control group of similar projects not conducting SCPs was included in the study. Resident satisfaction with services cannot be compared with resident satisfaction at projects not operating an SCP.

## 1.2.4 Organization of the Report

The remainder of this report presents the study findings, organized around study objectives, in the following chapters:

*Chapter 2—Description of the Service Coordinator Program* presents an overview of the characteristics of 645 projects, and residents of those projects, receiving SCP funding in Rounds One, Two, and Three. It also presents similar, but more detailed information, on the 18 projects selected for case studies.

*Chapter 3—Implementation of the Service Coordinator Program* discusses service coordinator characteristics, the roles of the service coordinator and other project staff, and activities conducted in the implementation phase of the program.

*Chapter 4—Operation of the Service Coordinator Program* discusses the ongoing role of the service coordinator, SCP activities, services provided by the SCP, and SCP costs.

*Chapter 5—Satisfaction With the Service Coordinator Program and SCP Benefits* presents the residents', service coordinators', and property managers' opinions of the SCP.

*Chapter 6—Roadblocks to Operating Successful Service Coordinator Programs* discusses problems perceived by staff and residents in the operation of the SCP.

*Chapter 7—Recommended Changes to the SCP* presents recommendations for modifications to SCP guidelines and annual reporting requirements.

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## Chapter 2

### Description of the Service Coordinator Program

This study focuses primarily on 18 Service Coordinator Programs (SCPs) that were selected to represent the characteristics (e.g., HUD geographic area, project size, and service coordinator employment type) of SCPs nationwide. Although the samples are not nationally representative in a statistical sense, they reflect the variety of project and program characteristics found in the universe of SCPs. The study also includes an examination of 645 projects that received funding in the first three years of the program—1992, 1993, and 1994. All project owners requesting funding for service coordinators must submit applications to HUD that describe the project, the need for the funds, and the projected use of funds. These application data are estimates of SCP operations and are limited in scope. Nonetheless, they provide an overview of the characteristics of projects receiving SCP funding in the first three years of the program.

This chapter presents a national profile of the projects receiving SCP funding in 1992, 1993, and 1994, based on the information contained in project applications for SCP funding. It also presents more detailed parallel information about 18 SCP projects that were examined in depth.

#### 2.1 Distribution of the Funded Service Coordinator Programs

HUD began funding SCPs in 1992. During the first three years of the program (1992, 1993, and 1994), 645<sup>1,2</sup> assisted housing projects received HUD funding to hire service coordinators. In the first year of the program, 123 projects (19 percent of the total) were funded. An additional 227 projects (35 percent) were funded in the second year, and 295 projects (the remaining 46 percent) were funded in the third year. Applicants who met basic application criteria were awarded funding through a lottery system.

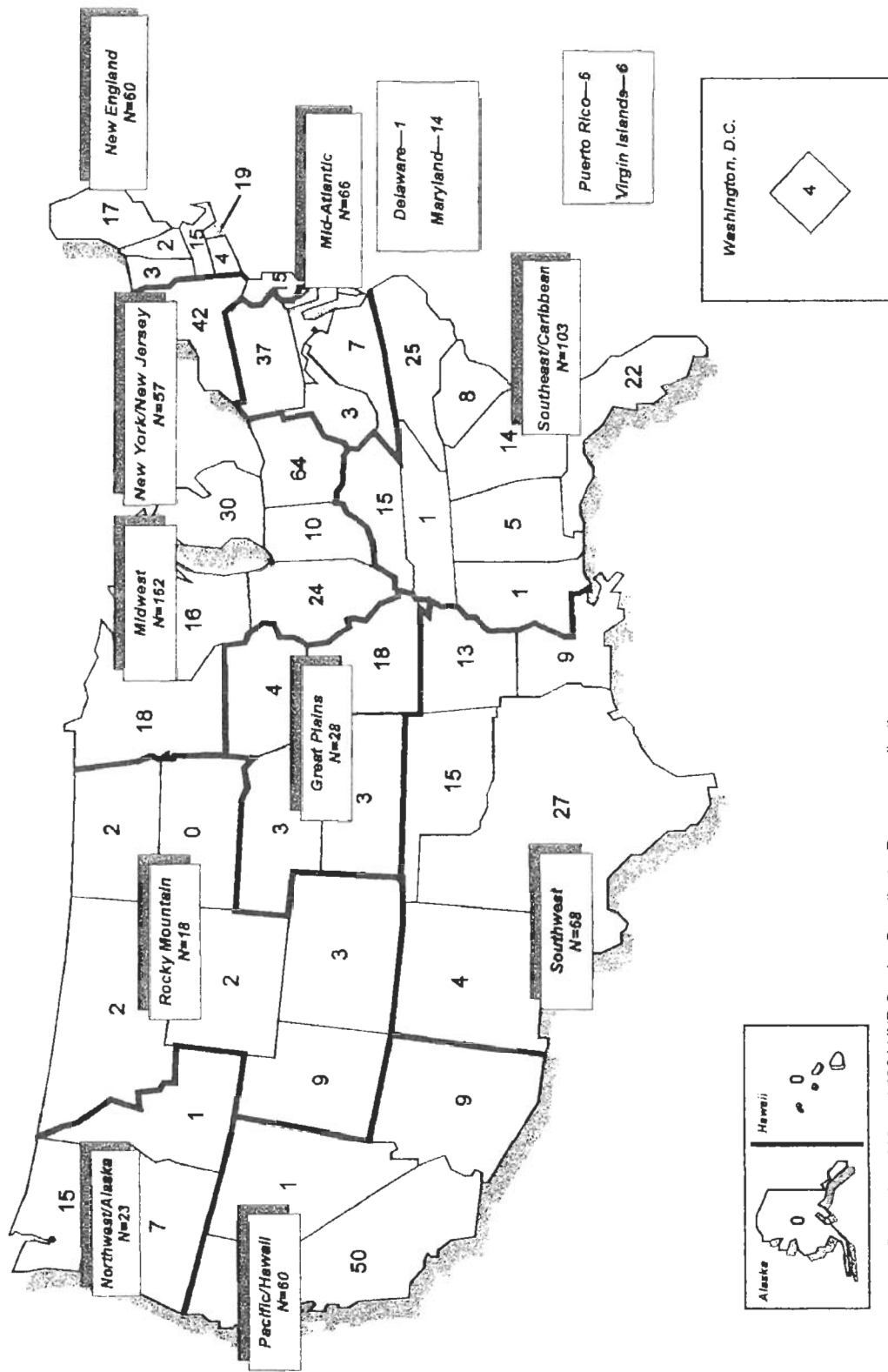
All but three States (Alaska, Hawaii, and South Dakota) received funding for SCPs. Five States and the Virgin Islands received funding for one SCP each. Ohio received funding for the largest number of SCPs, with 64 programs (10 percent of the total). California had the second largest number of funded SCPs (50), representing 8 percent of funded programs. Exhibit 2-1 presents the number of projects funded in the first three years of the program by State and HUD geographic area.

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<sup>1</sup> A total of 645 applications for funded SCPs were analyzed. This total represents 97% of grantees funded during the first 3 years of the program. KRA was unable to obtain the remaining 20 applications from HUD area offices.

<sup>2</sup> Although 645 applications were analyzed, some applications were missing data items. Appendix B presents the data items analyzed and lists the number of applications that contained information for each data element. The results presented in this report are based on the number of responses for each data element.

Exhibit 2-1. Number of Funded Service Coordinator Programs (Total=645)



Source: The 1992, 1993, and 1994 HUD Services Coordinator Program applications.

On a geographic basis, for two of the three funding years, the Midwest area received the largest proportion of funds and had the largest number of funded projects—25 percent of the total projects. The Rocky Mountain area had the fewest number of funded projects (18 projects or 3 percent of the total). To some extent, this finding correlates with the proportion of funds allocated by HUD headquarters to each geographic area. The Northwest/Alaska area received less funding than the Rocky Mountain area,<sup>3</sup> yet a larger number of service coordinator projects were funded in this geographic area than in the Rocky Mountain area.

All projects receiving SCP funds during the first 2 years of SCP funding are Section 202 projects. In 1994, Sections 8, 221(d), and 236 projects also became eligible to receive SCP funds. Section 8 projects represent 12 percent (81 projects), and Section 221(d)/236 projects represent 6 percent (36) of the 295 SCPs funded in 1994.

Projects were classified into three HUD-defined size categories: small projects with less than 50 units, medium projects with 50 to 99 units, and large projects with 100 or more units. Projects funded during the first three years are relatively evenly distributed by size. Of the funded programs, small projects comprised 29 percent; medium projects made up 36 percent; and large projects consisted of 35 percent. This distribution was consistent across the three funding years. On average, projects that received funds had 93 residential units. The largest funded project had 420 units and the smallest had 10 units.

## **2.2 Resident Household Characteristics**

Approximately 57,400 residents have access to a service coordinator through the 645 funded programs. Because of the variations in the number of residents at each project, resident-to-service coordinator ratios across all projects ranged from 10:1 to 461:1, with an average ratio of 95:1.

HUD application procedures required owners to certify that an estimated 25 percent or more of their residents were frail or at-risk elderly or nonelderly persons with disabilities. "Frail" is defined as having difficulty with at least three of the five activities of daily living (ADLs) specified by HUD (e.g., eating, bathing, or grooming); "at risk" is defined as having difficulty with one or two ADLs. Forty-five percent of all funded programs reported that more than half of their residents were either frail or at risk. Eight funded programs (1 percent) estimated that less than 25 percent of their residents were frail, at risk elderly or nonelderly persons with disabilities, therefore, not meeting HUD's requirement. However, of these eight projects, four nearly met the requirement, having 24 percent frail/at-risk elderly and nonelderly disabled residents. The remaining four projects had significantly less than 25 percent.<sup>4</sup>

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<sup>3</sup> They had an equal allocation of funds in the first year of the program.

<sup>4</sup> The only data examined for the 645 funded SCPs were those contained in the applications. There may be other HUD documentation, not available to the study team, that explains why these projects received SCP funding.

Approximately half of all residents (28,100) at the 645 funded projects were estimated as frail, at-risk elderly, or persons with disabilities. The average number of frail/disabled residents per project was 24. This is 25 percent of project residents (based on an average project size of 95 residents). The number of at-risk residents averaged 24 per project.

### **2.3 Characteristics of the 645 Service Coordinators**

Most projects planned to use a service coordinator part-time or share a portion of the service coordinator's time with another project. Less than half of the funded projects reported that service coordinators would work full-time (30 or more hours per week). On average, service coordinators were projected to work 25 hours per week at a project, ranging from 5 hours to 40 hours per week. More than one-half of the funded SCPs reported that the service coordinator would be shared with another project. Only two projects received funds for more than one service coordinator. One of these projects planned to hire two full-time service coordinators, and the other planned to use two service coordinators for a total of 66 hours per week. Each of these projects served more than 120 residents.

Some projects planned to obtain a service coordinator through a contract mechanism (e.g., hire the service coordinator through another agency, such as the area agency on aging). Approximately one-fourth of the owners of funded projects reported in their applications that they would hire a service coordinator as a contract employee.

If we consider the number of persons with disabilities, frail, and at-risk residents per project (48) and assume that these residents are the target of the SCP,<sup>5</sup> we can determine an average caseload size for service coordinators. Across projects, the average size of a service coordinator's caseload would be 48 residents. Given that most service coordinators work part time, a caseload size of 48 residents would seem to be in keeping with HUD's guideline of 60 residents for a full-time coordinator. Looked at another way, half of all residents at any given project could be expected to be part of the service coordinator's caseload.

Because many service coordinators were part-time employees, shared with another project, or a contract employee, the hourly wage rate is a better indicator of remuneration than the annual salary. About 18 percent of the projects planned to pay service coordinators \$13 per hour or more; 30 percent between \$12 and \$13 per hour; 28 percent between \$10 and \$11 per hour; and 24 percent \$9 per hour or less. On an annual basis, the average expected first-year salary for full-time service coordinators was \$18,600. When both full- and part-time service coordinators were included, the average expected first-year salary decreased to \$14,342.

### **2.4 Characteristics of the 18 Sample Projects**

The resulting sample of 18 projects included an equal distribution of small, medium, and large projects and an equal distribution of projects across three of the four geographic

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<sup>5</sup> This is based on the authorizing legislation and HUD guidelines for the SCP.

areas.<sup>6</sup> None of the 18 SCPs met HUD's definition of a "rural" project (e.g., in towns with populations of less than 2,500). However, considering location and population size, seven projects appeared to be "rural" in character. Two established and five new SCP project communities had populations of less than 9,000 (their average population was 5,300). On average, these projects were 50 minutes from the nearest major city. Three of the 18 study projects did not have public transportation available in the community.

Fourteen projects are Section 202/8 housing and four are Section 8 new construction projects. These projects housed lower-income elderly and nonelderly persons with disabilities.

Some SCP projects are owned and operated by a national housing management organization. These organizations obtained funding to operate SCPs in multiple communities throughout the country. The study sought to determine whether there were any differences in SCPs implemented at projects that were affiliated with a national housing organization compared with those at nonaffiliated projects. Our sample included three affiliated projects, all of which were part of the National Council of Senior Citizens (NCSC) and had established SCPs.

Projects were primarily composed of buildings with three or more floors; two projects were low-rise (one or two floors in a single building), and three were single-story scattered buildings.

## **2.5 Service Coordinator Characteristics**

Thirteen of the 18 service coordinators work part-time (less than 30 hours per week); the remaining five work full-time. Eleven service coordinators work at more than one project. Three service coordinators are contract employees, employed by community agencies.

## **2.6 Resident Characteristics**

### **2.6.1 Resident Age Distributions**

Thirty-eight percent of the sample project residents were age 76 or older, ranging from 1 percent to 73 percent across projects. At seven of these projects, more than 50 percent of the residents were 76 years of age or older. One project (project A-5 in Exhibit 2-2a) had a large population (45 percent) of residents ages 18 to 61 years old. This project also had a higher-than-average proportion of nonelderly persons with disabilities (42 percent) and a very low proportion (1 percent) of residents age 76 or older. Exhibits 2-2a and 2-2b present the age distribution of

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<sup>6</sup> Five SCPs were in the northeast, southern, and midwestern geographic areas respectively. Three SCPs were in the western geographic area. See Appendix B for further discussion of the geographic areas used to select the sample projects.

**Exhibit 2-2a. Established SCP Project Resident Characteristics (Percentages)**

	Number of Residents	Residents' Gender		Residents' Age				Elderly Residents				% Nonelderly Disabled
		% Male	% Female	% <62	% 62-70	% 71-75	% 76+	% Well	% At-Risk	% Frail		
A-1	157	31	69	<i>Age breakdowns not available.</i>				41	44	13	3	
A-2	117	24	76	<i>Age breakdowns not available.</i>				66	17	15	2	
A-3	146	8	92	3	19	21	57	55	40	5	0	
A-4	337	24	76	0	20	20	59	26	39	35	0	
A-5	102	30	70	45	38	17	1	22	1	35	42	
A-6	55	9	91	2	58	0	40	69	27	2	2	
A-7	40	25	75	5	13	30	53	53	25	18	5	
A-8	58	17	83	17	14	33	36	60	5	17	17	
A-9	45	33	67	13	25	24	38	39	30	17	13	
<b>Avg.</b>	<b>117</b>	<b>22</b>	<b>78</b>	<b>12</b>	<b>27</b>	<b>21</b>	<b>41</b>	<b>48</b>	<b>25</b>	<b>17</b>	<b>9</b>	

Exhibit 2-2b. New SCP Project Resident Characteristics (Percentages)

	Number of Residents	Residents' Gender		Residents' Age				Elderly Residents				% Nonelderly Disabled
		% Male	% Female	% <62	% 62-70	% 71-75	% 76+	% Well	% At-Risk	% Frail		
B-1	149	33	67	9	12	13	66	62	24	7	7	
B-2	71	14	86	1	20	26	53	73	25	0	1	
B-3	129	23	77	3	49	31	17	50	23	19	7	
B-4	64	48	52	11	58	16	16	69	9	17	5	
B-5	42	12	88	0	60	24	17	29	38	33	0	
B-6	80	28	73	2	42	47	9	61	21	16	2	
B-7	119	24	76	0	15	13	73	29	41	29	0	
B-8	20	20	80	10	65	5	20	76	10	5	10	
B-9	20	30	70	10	15	20	55	65	10	15	10	
Avg	77	26	74	12	37	22	36	57	22	16	5	

residents and the percentage of elderly residents within the three functional health classifications, as well as the percentage of male and female residents for all 18 projects.

## **2.6.2 Resident Physical Abilities**

Across all 18 projects visited, more than half (53 percent) of the elderly residents were categorized as having no ADL deficiencies and were considered “well elderly”. There was considerable variation across projects—the percentage of well-elderly ranged from 22 percent to 76 percent. Projects that were in the early stages of implementation had higher percentages of well elderly than projects funded during the first year of the SCP.<sup>7</sup> At-risk and frail elderly comprised the next largest groups of residents (24 and 17 percent, respectively). Three of the sample projects had relatively large frail elderly populations—a third or more of their residents. Approximately 7 percent of the residents across projects were nonelderly persons with disabilities.

## **2.6.3 Resident Gender Classifications**

SCP project residents were predominantly female, consistent with the distribution of elderly men and women in the general population. More than three-quarters of the residents of the 18 projects were female (76 percent), ranging from a low of 52 percent to a high of 92 percent. One project (project B-4), at which the resident population was relatively younger, had a nearly equal distribution of men and women (48 percent and 52 percent, respectively). Males represented only a third or less of the resident population at other projects.

## **2.6.4 Household Racial Characteristics**

Eleven of the SCP projects have 97 percent or more white households. Two visited projects housed African-American households (98 percent and 100 percent).

Eighty-one percent of study households were classified as white. African-American households were the next largest group, representing 17 percent of all households. Less than 2 percent of the households were classified as “other” (i.e., American Indian/Native American and Asian/Pacific Islander). These households were primarily concentrated in two projects, one of which had 15 percent Native American households and the other 6 percent Asian-American households. Few households were classified as Hispanic households. Exhibit 2-3 presents household race and ethnicity characteristics by project.

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<sup>7</sup> The sample of 18 projects is not necessarily representative nor was the sample selected on the basis of some measure of ADL deficiencies.



**Exhibit 2-3. Household Race and Ethnicity Characteristics  
Established SCPs**

Projects	% White	% African-American	% Other	% Hispanic	% Non-Hispanic
A-1	97	3	0	1	99
A-2	89	10	1	8	92
A-3	97	3	0	4	96
A-4	100	0	0	0	100
A-5	22	78	0	0	100
A-6	94	0	6	0	100
A-7	98	0	3	2	98
A-8	98	2	0	0	100
A-9	2	98	0	0	100
<b>Average</b>	<b>77</b>	<b>22</b>	<b>1</b>	<b>2</b>	<b>98</b>
New SCPs					
Projects	% White	% African-American	% Other	% Hispanic	% Non-Hispanic
B-1	98	0	2	0	100
B-2	97	3	0	*	*
B-3	99	0	1	2	98
B-4	0	100	0	*	*
B-5	88	12	0	*	*
B-6	100	0	0	0	100
B-7	99	0	1	0	100
B-8	85	0	15	0	100
B-9	100	0	0	*	*
<b>Average</b>	<b>85</b>	<b>13</b>	<b>2</b>	<b>0</b>	<b>100</b>

\*These projects did not provide data for this category.

### 2.6.5 Household Annual Incomes

Overall, residents of the SCP projects had low annual incomes, indicating a need for assistance in obtaining medical assistance and other necessities, such as food and transportation. Nearly all households had an annual income of less than \$15,000; about 80 percent had an income of less than \$10,000.<sup>8</sup> At one established SCP project, 30 percent of the households had annual incomes of less than \$5,000. Only one project (project B-7) had more than 5 percent of its households with annual incomes of \$15,000 or more; at this project, 8 percent of the households had incomes of \$15,000 or more. This project also had a large percentage of households with annual incomes of \$25,000 or more. This may be because the project received very little subsidy for low-income households. Exhibit 2-4 presents the percentage of households across annual income categories for 16 of the 18 projects.

<sup>8</sup> Only 16 projects maintained household income data in these categories.

Exhibit 2-4. Household Annual Income

Established SCPs					
Project	Percentage of Households With Annual Incomes of:				
	< \$5,000	\$5,000 to \$9,999	\$10,000 to \$14,999	\$15,000 to \$24,999	\$25,000+
A-1	3	77	18	1	0
A-2	6	66	25	4	0
A-3	30	62	7	1	0
A-4	*	*	*	*	*
A-5	1	84	14	1	0
A-6	2	50	46	2	0
A-7	15	80	5	0	0
A-8	6	63	30	2	0
A-9	0	84	16	0	0
<b>Average</b>	<b>8</b>	<b>71</b>	<b>20</b>	<b>1</b>	<b>0</b>
New SCPs					
Project	Percentage of Households With Annual Incomes of:				
	< \$5,000	\$5,000 to \$9,999	\$10,000 to \$14,999	\$15,000 to \$24,999	\$25,000+
B-1	*	*	*	*	*
B-2	0	76	24	0	0
B-3	0	57	38	5	0
B-4	2	85	10	3	0
B-5	10	86	5	0	0
B-6	8	79	14	0	0
B-7	2	36	35	8	20
B-8	10	85	5	0	0
B-9	15	75	10	0	0
<b>Average</b>	<b>6</b>	<b>72</b>	<b>18</b>	<b>2</b>	<b>3</b>
<b>Overall</b>	<b>7</b>	<b>72</b>	<b>19</b>	<b>2</b>	<b>1</b>

\* Projects did not have household income figures in these categories.

Note: Because of rounding, figures may not total 100 percent.

## 2.7 Usefulness of Application Data as a Predictor of SCP Operations

When application data from the 18 sample projects were compared with the data collected during the site visits, differences across all key application data elements were found. For example, applications for four new SCP projects stated that the service coordinator would be hired as a contract employee, but only one project actually used a contract service coordinator. Similarly, two project applications did not state that the service coordinator would be shared with another project, yet the information obtained during site visits indicated that the two service coordinators were working at more than one project.

Other application data varied from the SCP's actual experience. Established SCP projects typically had more residents than the number listed in their HUD application, but new SCP projects usually had fewer. The number of residents can fluctuate because of move-outs, move-ins, and deaths.

In terms of the physical status of residents, application data from at least half of the projects visited underestimated the number of frail and/or at-risk elderly residents. We assume this is because after service coordinators were hired, they met with and informally assessed a large number of residents and discovered previously unidentified ADL deficiencies.

Few of the SCPs visited provided service coordinator cost information that matched the cost data reported in the HUD funding applications. New SCPs were more likely to have accurate cost data than established SCPs; however, only four projects had actual costs that matched their application information.

These findings suggest that although the 645 funded applications provide some general information about the SCP as a whole, the information is not an accurate predictor of actual program operations at SCP projects. Similarly, the experiences of the 18 projects visited cannot be generalized across all funded programs. However, together, the application data and the information collected at the 18 sample programs offer a snapshot of the general trends, experiences, and issues associated with the funding, implementation, and operation of HUD's SCP.

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## Chapter 3

### Service Coordinator Program Implementation

Program implementation experiences discussed in this chapter include the services that were available before the SCPs were established; the service coordinators' qualifications and training; service coordinator working arrangements; SCP planning; informing residents of the program; initial SCP activities, including determining ADLs; and other project staff involvement in the program.

#### 3.1 Services Provided Prior to the Service Coordinator Program

Services available to residents prior to SCP implementation varied considerably, depending on both the project's facilities and the community in which the project was located. For example, one SCP project building is located within a retirement "village" that includes two nursing homes, a theater, a library, a health center, an exercise center, a beauty parlor, a snack shop, and a senior center. Another building that is linked to a nursing home has an on-site beauty parlor as well as a cafeteria-style dining room with three meals per day. However, several projects are isolated and did not have access to supportive services needed by residents to live independently, such as transportation, in-home meal delivery, and home health care.

In general, the property manager and other building staff (e.g., the secretary) referred residents to service providers in the community before the SCP was established. Many property managers said they were not qualified to provide counseling or make the referrals needed by residents. In addition, performing these functions took a considerable amount of time and detracted from the property managers' ability to carry out necessary management functions.

Many residents said they relied on their families, hospitals, and other organizations in the community to help them access the services they needed to live independently prior to the SCP. In four communities, residents relied on the local aging agency as their primary source of information about available services. In general, residents and staff said that although services were often available, most residents were not aware of them or did not access them until they were in a crisis situation.

Residents at six projects indicated that they were able to receive few, if any, services prior to the SCP; however, residents at several projects received both home-based services (those provided directly in residents' apartments), project-based services (those provided within the building or complex), and community-based services (those provided at a location in the surrounding community). Home-based services that residents at some projects received prior to the SCP included home-delivered meals, home health care, visiting nurses, and housekeeping; project-based services included meals and social activities; and community-based services included counseling, transportation, and public assistance.

#### 3.2 Rationale for Starting Service Coordinator Programs

Property managers and owners applied for SCP funding because residents were requiring increasingly more supportive services as they aged-in-place and because project staff needed help in dealing with residents' problems. Four property managers at new SCPs indicated that SCP funds were sought because resident supportive service needs were great. Residents were frail, and an SCP was viewed as a way in which residents could stay in their homes longer. At one project, addressing resident

needs consumed much of the property manager's time; at another project, residents did not leave their apartments, making it difficult to determine when they needed help. Staff at one project applied for funds because HUD staff encouraged them to do so.

### **3.3 The Service Coordinator**

HUD policy and the authorizing legislation provide flexibility in operating SCPs and in the use of service coordinators. Service coordinators can be full- or part-time employees, be hired directly by the project or be contracted from other agencies, and can be shared across projects. Although HUD provided guidelines for the qualifications expected of service coordinators, these were not requirements.

#### **3.3.1 Service Coordinator Hiring**

The implementation phase for all SCPs began with hiring the service coordinator to administer the program. The process for identifying and hiring a service coordinator varied across SCPs. In most instances, the position was advertised, and the service coordinator went through an interview and screening process. There were, however, a few exceptions. In one situation, the service coordinator was actively involved in the grant-writing and application process. In two situations, the service coordinators were already employed by the grantee—one was working part-time as a service coordinator in a State-funded program and the other was a social worker. At one project, the parent organization for the grantee assisted by specifying the salary requirement range and advertising for the position. The local State housing agency assisted in the hiring process at another project.

#### **3.3.2 Service Coordinator Qualifications**

HUD guidelines recommended a college degree in a relevant discipline and experience in serving elderly and persons with disabilities. The guidelines also recommended that service coordinators have knowledge of and experience in working with community agencies that served the elderly and persons with disabilities. Nearly all 18 service coordinators met all these criteria. In addition, they had significant experience in working with the elderly and persons with disabilities. A majority of the 18 service coordinators (14) had undergraduate or master's-level degrees. Eleven had degrees in social work, psychology, or gerontology, and one had an associate degree in social work. Further, most had many years of prior experience working as social workers, case managers, or counselors. Sixteen of the service coordinators previously worked with the elderly, either in nursing homes, in a senior citizen building, or in settings where they provided services to the elderly.

Overall, service coordinators had extensive experience working in the area of human services delivery. Most had worked in agencies that provided social and supportive services. Only one service coordinator was a recent college graduate with relatively little experience; however, she had completed an internship at a nursing home. There were only two service coordinators who had not previously worked in direct service settings or with the elderly. Overall, the service coordinators' backgrounds and experiences were useful in planning and establishing the SCP.

Property managers at both established and new SCPs identified many strengths exhibited by the service coordinators. The most frequently mentioned strengths of the service coordinators included possessing good "people" skills, knowing what services were available and how to access them, working well with the elderly, being a good communicator, and caring about the residents.

Although property managers held their service coordinators in high regard, they suggested several areas that would further enhance the service coordinators' abilities. The need for more formal training was noted by eight property managers. Two other managers indicated that better organizational skills would improve performance. Other suggested areas for improvement included being more aggressive in contacting outside agencies and doing more to get the residents out of their apartments and out of the building. One property manager thought the service coordinator should have had more experience.

### **3.3.3 Training**

In 1995, HUD began requiring that service coordinators obtain (or have received through formal training or education) 36 hours of training in 9 subject areas, 7 of which are statutory. All but one service coordinator had received some type of training since they started working as service coordinators. Sponsors of the training included HUD, property management companies, aging agencies, local and State service coordinator or social work networks, and hospitals. Training topics included mental health topics (depression, dementia, relationships, paranoia, and Alzheimer's disease); social work networking; geriatrics (including quality geriatric care); the Older Americans Act (including Titles III and V); domestic violence; the Americans with Disabilities Act; parking for persons with disabilities; dealing with death; deafness; conflict resolution; medication; and legal matters for the elderly, including living wills.

### **3.3.4 Service Coordinator Working Arrangements**

The flexibility afforded the SCP has resulted in various service coordinator working arrangements across the 18 SCPs. The majority (13) of the service coordinators are part time employees (working fewer than 30 hours per week); the remaining 5 work between 32 and 40 hours. On average, part-time service coordinators worked 16 hours per week. Eleven service coordinators work at more than one project. According to those service coordinators that work part-time or at more than one project, their working arrangement has not adversely affected operation of the SCP. The major drawbacks with working at more than one project are the time required to travel between projects, which reduces the time available to work with residents, and being needed at one project while working at another.

Service coordinator employers also varied across projects, with the majority of service coordinators hired directly by the project. Three of the 18 service coordinators were contract employees, employed by community agencies that provide services to the elderly.

## **3.4 Planning the Service Coordinator Program**

Service coordinators generally assumed primary responsibility for planning the SCP and ensuring that it achieved its objectives. At most new SCPs, property managers (or the management agent) were involved in the planning phase. Others involved in SCP planning included the board of directors for the property and the local aging agency.

The involvement of a national housing management organization expedited the start-up phase by providing guidance and direction to the service coordinators, including a schedule of activities and administrative forms. Even with this involvement, one service coordinator found that during the first year it was very difficult to evaluate what needed to be accomplished and how to get it done.

Service coordinators who were not affiliated with a national organization did not have a prescribed timetable or schedule for initiating or completing activities. Some service coordinators developed their own schedule for accomplishing tasks. Many found that they had to be self-directed in planning and carrying out their responsibilities, with little direction from supervisors. Because no sample administrative forms were provided, several service coordinators reported spending considerable time developing forms for resident case records. Despite these problems, the majority of service coordinators believed they were successful in carrying out their SCP responsibilities and in implementing the program in a timely manner because of their earlier experience.

Two established SCPs experienced some difficulty getting started. At one SCP, the service coordinator felt she received little guidance and found it difficult getting to know the residents, which caused problems in determining their initial needs. At the time of the visit, however, she had overcome many of the initial problems and felt the program was working well. The SCP activities were not initiated as quickly as expected at the other program. In part, the delays were due to the turnover in the service coordinator position (there had been three service coordinators), increasing the time for residents to become comfortable with the service coordinator and accept the SCP.

### **3.5 Outreach to Residents**

Informing the residents of the SCP and the role of the service coordinator was the first activity of most SCPs. The strategy for introducing the service coordinator and the program was usually planned with the assistance of the property manager, who, having been at the project, knew the residents and could provide guidance in the best way to approach them. The methods used to introduce the service coordinator varied by project and included one or more of the following:

- Introductory letters informing residents of the availability of the service coordinators;
- An article in the resident newsletter;
- Personal visits to residents' homes, including visits to inform residents about building changes and new project initiatives;
- Attendance at monthly resident meetings and other types of gatherings; and
- A social event planned especially to introduce the service coordinator.

Projects used more than one form of outreach, so it is difficult to say that one method was more successful than others in helping the service coordinator to meet residents and establish rapport.

An introductory letter notifying the residents of the availability of the service coordinator was the most frequently used method of introducing the service coordinator to residents. Also, monthly tenant meetings were used often to introduce the service coordinator. At one building, the property manager planned a tea at which the service coordinator was introduced. This made the occasion special and memorable to residents.

These relatively formal contacts were often followed up by service coordinators visiting residents in their apartments and using the visits as an opportunity to observe residents more closely. During these visits, some service coordinators conducted an informal review of the residents' ability to perform ADLs. Several service coordinators piggy-backed their visits to residents' apartments on other activities. For example, one service coordinator participated in a building-wide effort to inform



the residents that their units were being converted to a new form of heating. The service coordinator hand-delivered an informational letter describing the changeover to residents. She used this opportunity to introduce herself and establish rapport with the residents. This proved to be an effective way of informally visiting many residents in their apartments. Another service coordinator used the distribution of the Vial of Life (a vial that contains information on the medications the resident is taking and contact information that can be used in emergencies) as an opportunity to visit residents in their apartments and observe their living arrangements and their functional abilities.

Most service coordinators continued outreach activities after their initial contacts. In addition to typical outreach activities, such as newsletters and notices on bulletin boards, service coordinators used informal contacts to become better acquainted with residents and their needs. These activities included conversations in the lobby, impromptu visits to the residents' apartments, and attendance at building social activities.

### **3.6 Service Coordinator Start-up Activities**

#### **3.6.1 Range of Service Coordinator Activities**

Service coordinators conducted various tasks during the first months of the SCP, including the following:

- Becoming known among residents;
- Establishing a presence and acceptance within the service provider community;
- Compiling a directory of available services;
- Establishing linkages with service providers;
- Learning from the property manager who the frail and at-risk elderly were and determining their service needs first;
- Talking with the property manager to determine the order in which to see residents; and
- Completing resident profile/client information forms for residents and then concentrating on the services needed.

#### **3.6.2 Determination of Residents' Activities of Daily Living**

Service coordinators reported using a variety of procedures for reviewing and recording resident ADL functioning. Informal observation by service coordinators of residents' functioning, structured observation during which a checklist was used to guide the assessment,<sup>1</sup> and outside assessments by professionals were the procedures used most often to assess ADLs. Thirteen service coordinators used some type of form or checklist; these varied in the amount and type of information they contained. Some program forms were a simple yes/no checklist; others had space for the service

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<sup>1</sup> An assessment can be either a formal ADL assessment or an informal determination of ADLs through casual observation. Service coordinators were more likely to use informal procedures.

coordinator to indicate whether the resident needed assistance with an activity or currently received assistance with the activity. Some forms listed activities in addition to the six HUD-specified ADLs. One service coordinator used a standardized State assessment tool.

Fourteen service coordinators referred residents to outside agencies or professionals for assessments. Referral sources included nursing organizations, home health agencies, physicians, hospitals, mental health organizations, and aging agencies. Three service coordinators reported using a professional assessment committee (PAC) for resident assessments—one formed a PAC specifically for SCP resident assessments. One service coordinator was able to refer residents for Alzheimer's disease assessments. Service coordinators may or may not inform residents that their ADLs are being reviewed. A few service coordinators requested permission from the resident before determining the resident's ADL functional status.

### **3.7 Property Managers' Role in the Service Coordinator Program**

Property managers are responsible for the day-to-day management of the project. Management activities include ensuring that apartment vacancies are filled and that units are well maintained, conducting annual recertifications to determine residents' rents, and determining that residents are able to continue living independently. Given their administrative duties, property managers generally do not have the time or skills to provide case management to residents or to link residents to needed services. However, before the SCP was established at their projects, most property managers were involved to some extent in helping residents obtain needed services. Property managers estimated that they spent an average of 11 hours per week helping residents obtain services and equipment prior to the SCP. Property managers devoted less time to helping residents obtain needed services and spent more time on building management activities once service coordinators were hired.

Property managers at new SCPs tended to be more involved in planning SCP services and activities than their counterparts at established SCPs. This involvement included having more frequent meetings with the service coordinator to discuss some aspect of the SCP. Property managers at these SCPs were likely to monitor service coordinator activities or suggest activities and priorities to their service coordinators. Because most service coordinators had not worked at their projects previously, the property managers' knowledge of the residents and their needs was useful in the planning stages of the program. As service coordinators became more familiar with the residents, property managers' involvement decreased.

Overall, service coordinators and property managers enjoyed good working relationships. Only two service coordinators reported any tensions in their relationship with the property manager, and these situations were remedied prior to the study team's visit. Two service coordinators at established SCPs experienced problems between themselves and the property managers during the initial stages of the SCP. In one case, the property manager did not want the service coordinator in the building and discouraged residents from seeking assistance. This property manager was dismissed by the parent organization that managed the complex. The new property manager was very supportive of the SCP and the service coordinator. At another project, the service coordinator had two supervisors—one a contract employer, the other the property manager. Early in the SCP, there were no clear lines of authority, and the service coordinator received conflicting direction. The problem was remedied by dividing supervisory responsibilities between the two individuals, with the property manager performing day-to-day supervisory functions and the contract employer handling the clinical supervision. This arrangement has worked well.

All of the service coordinators interviewed said that the property managers supported their roles and the activities and services associated with implementing the SCP.

### **3.8 Other Project Staff Involvement in the Service Coordinator Program**

Although not designated as SCP staff, other project staff at nearly all projects had some involvement with the SCP. Staff, such as security, clerical, bookkeepers, and counselors, were mentioned by several service coordinators as having had some involvement, but maintenance staff were mentioned the most frequently. Because maintenance staff conduct many of their duties inside residents' apartments, they are in a good position to observe residents and notice when a resident may need help. Maintenance staff were helpful in alerting service coordinators to a change in a resident's circumstance that might require the service coordinator's intervention.

Three service coordinators were able to use staff to help directly with the SCP. At one project, two part-time nurses were available to the service coordinator and worked as part of the SCP team. One service coordinator was able to use staff from the on-site senior activities center, and another had assistance from a service coordinator who was also employed by the property management company.

### **3.9 Volunteers**

Six service coordinators—four at established SCPs and two at new SCPs—had help from volunteers. The volunteers provided meals and housekeeping services, conducted an exercise class, and developed a newsletter for the residents.

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## Chapter 4

### Operation of the Service Coordinator Program

This chapter summarizes how Service Coordinator Programs (SCPs) operate in the 18 projects that were visited. It presents information about program objectives; service coordinators' resident contacts and caseloads, responsibilities, and agency interactions; and the diversity of methods used by service coordinators to meet resident needs. The chapter also addresses problem areas, such as the lack of services in certain communities and services provided directly by the service coordinator. It compares SCP activities conducted at the 18 projects to HUD-suggested activities and presents the information found in resident case records. The chapter concludes with a discussion of service coordinator costs.

#### 4.1 Meeting Program Objectives

Program objectives set the framework for operating an SCP. Service coordinators concurred that original program objectives had not changed since the grants were first awarded. The most frequently mentioned SCP objectives were as follows:

- Improving the quality of life for the residents;
- Linking residents with the services they need to continue living independently; and
- Assessing and monitoring residents' needs for and use of services.

These objectives are in keeping with the original intent of the SCP, as contained in the legislation and HUD notices.

One service coordinator suggested that although the original program objectives had not changed, they had become more focused. For example, she had become more proactive in efforts to provide education for the residents and had developed a system of policies and procedures. She believed that the objectives of the SCP needed to be tailored to the individual facility and the population being served.

#### 4.2 Service Coordinator Resident Contacts and Caseloads

Service coordinators at the 18 sample projects were serving a total of 1,778 residents—1,059 residents at established SCP projects and 719 at new SCP projects. Overall, service coordinators had contacted more than half (62 percent) of the residents. Service coordinators at established SCPs had contacted more residents (71 percent) than service coordinators at new SCPs (49 percent), reflecting the longer time that established SCPs had been operating. It should be noted, however, that service coordinators defined "contact" with residents differently. Some defined a contact as a formal meeting to provide a service, whereas others included casual conversations in the hallway as a contact.

Service coordinator caseload sizes<sup>1</sup> across the 18 SCPs varied greatly. Service coordinators at established SCPs reported caseloads ranging from 12 to 112 residents, with an average of 42 residents. Caseloads at new SCPs were smaller, probably reflecting the smaller number of residents at new SCP projects. The average caseload was 32 residents, with a range of 7 to 52 residents. Across all projects, service coordinator caseloads averaged 37 residents. HUD guidelines suggest that a full-time service coordinator can serve about 60 residents.<sup>2</sup> Given that service coordinators in our sample worked an average of 22 hours per week, an average caseload size of 37 residents is consistent with HUD guidelines.

### 4.3 The Service Coordinator's Role

#### 4.3.1 Service Coordinator Primary Responsibilities

Service coordinators at established SCPs and new SCPs tend to view their primary responsibilities somewhat differently, most likely due to the different stages of program development. As expected, service coordinators at new SCPs are involved with multiple activities, including arranging, referring, or linking residents to services; developing linkages with service providers; performing monitoring activities; and determining ADL status and resident needs. Exhibit 4-1 lists the most frequently reported responsibilities of service coordinators at new SCPs by number of projects.

**Exhibit 4-1. Service Coordinator Responsibilities—New SCPs**

Responsibility	Number of Projects
Arranging, referring, or linking residents to services	5
Developing linkages with service providers	4
Monitoring activities	3
Determining ADL status and resident needs	3

Service coordinators at new SCPs also indicated they met general resident needs, helped with benefits assistance and forms, performed administrative tasks associated with developing or running the SCP, visited residents, educated residents about services, and talked with residents' families.

Service coordinators at established SCPs, who are typically further along in their program development activities, perceived their primary responsibility as providing services to residents. As shown in Exhibit 4-2, helping with benefits assistance, forms, and explaining mail was the most frequently mentioned responsibility. Service coordinators also reported that they provided counseling and support, arranged services, met with residents, and advised residents. Other responsibilities

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<sup>1</sup>We defined "caseload" as the number of residents with whom service coordinators were working (as reported during interviews with service coordinators). Service coordinators had difficulty providing this number and defined "working with" differently. For example, one service coordinator worked closely with several residents, but did not include these residents when estimating her caseload. Another service coordinator only counted formal contacts (formal meetings or referrals) with residents and did not include the residents she helped with a simple request.

<sup>2</sup>HUD Notice H 92-40 (April 29, 1992), page 12.

mentioned by more than one service coordinator at established SCPs included monitoring services, determining ADL status and resident needs, and developing linkages with service providers.

**Exhibit 4-2. Service Coordinator Responsibilities—Established SCPs**

Responsibility	Number of Projects
Helping with benefits assistance, forms, and explaining mail	7
Providing counseling and support	5
Arranging services	5
Meeting with residents	4
Advising residents	3

As a group, established service coordinators were more likely to view their responsibilities similarly than new service coordinators. New service coordinators were still exploring their roles and responsibilities; therefore, they were not as likely to perform only a few core activities.

#### **4.3.2 Residents' Perception of the Service Coordinator's Role**

Generally, residents understood that the service coordinator's role was distinct from that of property management and that the service coordinator was there to help them. The largest number of residents mentioned that the service coordinator was someone who would listen to and help solve their problems. One resident commented, "If I have a problem, I go to her," while another said, "She is someone to talk to." They believed the service coordinator could help them with their problems. In some cases, they saw this assistance as traditional types of social worker activities, such as linking them to needed services, completing paperwork, and establishing benefit eligibility.

Some residents mentioned that the service coordinator provided information and answered their questions. In particular, they noted the help the service coordinator provided with mail and forms they received about benefits.

A smaller number of residents saw the service coordinator as a social activities director. This occurred at projects where the service coordinators, to some extent, were involved in planning social activities for residents, despite HUD guidelines that prohibit this type of activity.

A small number of residents were not familiar with the service coordinator's role. A few indicated they would like a description of the service coordinator's responsibilities. Because residents were randomly selected for focus groups, some residents in the groups had little to no interaction with the service coordinator, which may explain why they were unfamiliar with the service coordinator's role. Residents who had more frequent contact with the service coordinator understood the service coordinator's role and found the service coordinator and related services invaluable.

#### **4.4 Service Coordinator/Agency Interaction**

Service coordinators at both established and new SCPs have interacted with many social service agencies to obtain services for residents. The service providers are the bloodline for service delivery to residents; therefore, participation among these organizations was typical. The extent to which

service coordinators worked with other agencies depended largely upon the number of resources available in their community and the service coordinators' knowledge and understanding of existing resources. Agencies that were commonly used included the local aging agency, hospitals, transportation providers, home health agencies, housekeeping providers, and social services agencies. Many of these agencies provide needed public benefits for residents, such as Social Security, food stamps, Medicaid, and Medicare. Two service coordinators who worked at more than one project in different rural communities commented that it was a considerable undertaking to learn the service delivery systems in all areas they served.

Interaction with service providers ranged from having or establishing a close working relationship with a key contact person within a particular agency to simply using the agency as a referral source. Some service coordinators were already part of an existing network of service providers through their prior work experiences. They were knowledgeable about the services available, eligibility requirements, and the contact person within those agencies. One service coordinator reported that when she was first hired, she contacted the social worker at the local home health agency to find out which residents received services through that agency. Another service coordinator had established a relationship with the discharge planner at the local hospital to ensure that when a resident was discharged, she knew when the discharge occurred and what services were specified in the discharge plan.

Approximately 75 percent of all service coordinators had interacted with the local area agency on aging (AAA), the local agency through which State funds for services to the elderly flow. AAAs plan, develop, coordinate, and arrange for services in their designated service areas; therefore, they are valuable resources for obtaining information on what services are available locally. The extent of AAA involvement with the SCPs ranged from referrals only to having a close working relationship with the service coordinator. Nearly half of the service coordinators at established SCPs stated that involvement of the AAA was either very important or important to their program.

#### **4.5 Services Available Through the Service Coordinator Program**

In keeping with HUD guidelines, the majority of SCPs focus on the improvement of residents' access to services rather than on the creation of new services. Service coordinators have worked to increase the availability of services within residents' homes, the project, and the community. Service coordinators facilitate residents' access to services by educating residents through newsletters, calendars, and bulletin boards. Service coordinators provide services in two ways—they organize or provide services directly and they refer residents to existing services in the community.<sup>3</sup> Exhibit 4-3 shows the type of services available to residents through the SCP and the number of SCPs that offer each service, either directly or through referrals.

The new services available at established SCP projects are more diverse than those at new SCP projects. This may be due in part to the length of time the SCP and service coordinator have been in place, or because new SCP projects are located in more rural areas than established SCP projects and, therefore, have fewer services available.

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<sup>3</sup>This section discusses services that service coordinators have provided in a manner that meets HUD requirements; Section 4.8 below discusses services that service coordinators have provided even though HUD requirements prohibit them.



#### **4.5.1 Services Provided or Organized By the Service Coordinator**

Service coordinators at nearly all established and new SCP projects devoted a considerable amount of time to helping residents understand and apply for public benefits, such as Medicaid/Medicare, food stamps, and energy assistance. Service coordinators at more than half of established and new SCPs provided counseling and arranged support groups to deal with problems of loneliness, grief, and other problems of the elderly. Other services arranged by about half of the service coordinators at established SCPs included health screenings, insurance counseling, assistance with bills and mail, exercise classes, and speakers on a range of topics. One service coordinator encouraged residents to participate in the Elder Hostel, a national program offered at the local college that provides educational opportunities to the elderly.

#### **4.5.2 Services Provided Through Referral to Community Agencies**

Service coordinators at all established SCPs and a third of the new SCPs brought transportation services to the project through referrals to existing community services. The majority of service coordinators had also arranged for housekeeping services and meals brought to the residents' homes through referrals. More than half of the established SCPs provide health care assistance, such as screenings and health aides and nurses. The other most frequently provided services at new SCPs, through referrals, are resident assessments and social services.

**Exhibit 4-3. Services Provided Through SCPs**

Services	9 Established SCPs (Number of Programs)		9 New SCPs (Number of Programs)	
	Directly Provide or Organize	Referral	Directly Provide or Organize	Referral
<b>Home Based</b>				
Housekeeping		6	1	5
Laundry		1		
Meals		6		4
Health care/aides/nurses		6	1	1
Aftercare/discharge planning		1	2	
Lifeline/Vial of Life	1	1		1
Assistance with HUD recertification			1	
<b>Project Based</b>				
Counseling/support groups	5		5	
Speakers	4		2	
Insurance counseling	4			
Assistance with public benefits	8		7	
Assistance with bills and mail	4		1	
Budgeting assistance	2			
Medication review/assistance	1		1	
Health screenings	6		2	
Medical equipment and devices	2			
Nutrition program	1			
Exercise class	4			
Social services	3	1		
On-site postal service			1	
On-site grocer			1	
Commodities distribution	1		2	
Hairdresser	1			
Social activities	1		3	

Services	9 Established SCPs (Number of Programs)		9 New SCPs (Number of Programs)	
	Directly Provide or Organize	Referral	Directly Provide or Organize	Referral
<b>Community Based</b>				
Transportation	1	9	1	3
Shopping trips	2			
Assistance with shopping	2	2	1	
Assessments		3		4
Medical equipment and devices		3		2
Medical care		1		2
Public benefits		3		
Social services		1		4
Counseling		1		1
Social outings	4	1	2	1
Commodities/food pantry		1		1

#### 4.6 Diversity of Methods Used To Meet Resident Needs

Service coordinators have used a variety of methods to make needed services available to residents. These methods include working directly with local health care providers, sponsoring project-based activities of interest to residents, and bringing community-based services to the residents. The extent to which service coordinators have used these methods varies by their location, resource availability, ingenuity and creativity. Listed below are examples of service delivery activities used by service coordinators.

- **Working directly with local health care providers**
  - Bringing in health care providers to conduct blood pressure readings, cholesterol screenings, and nutrition counseling sessions.
  - Arranging with the hospital discharge planner to be informed when a resident is ready for release to discuss the date and time of discharge as well as what the discharge plans include. This step has enabled the service coordinator to know in advance when a hospitalized resident will return to his or her apartment and what the resident's needs are.

- **Sponsoring project-based activities of interest to residents**
  - Bringing in speakers on various topics of importance to the elderly and persons with disabilities, including food stamp representatives to discuss the application process and how to use the Electronic Benefit Transfer (EBT) card, a lawyer to talk about property heirs, insurance company representatives to discuss burial insurance, and consumer counselors to speak about money management.
  - Cosponsoring health fairs. Residents who had not been to activities in years participated in the fairs that provided health screening and other health services.
  - Organizing an “armchair travelers” program where videos and other educational materials on a new travel destination are featured each month.
- **Bringing community-based services to residents**
  - Arranging to have fresh produce and other grocery items for sale at the project so that residents can purchase reasonably priced items without having to leave the project.
  - Selling stamps and mailing supplies once a week at the project.
  - Picking up commodity food distributions for all project residents. This has enabled residents to pick up commodities at their project rather than having to arrange transportation to get to and from the distribution site.

#### **4.7 Communities Lacking Adequate Resources**

An underlying assumption of the SCP is that community services are available for the frail and at-risk elderly and nonelderly persons with disabilities; the service coordinator’s role is to identify and link residents to these services. However, this assumption was not supported by service coordinators at some of the 18 projects, particularly those in more rural, isolated areas. Some communities had limited resources available for residents—service providers had a long waiting list or providers were few (or nonexistent). Some communities were not able to serve clients adequately if they could not pay for, or at least partially offset, the cost of services. At least one service coordinator commented that supplemental funds were needed to purchase supportive services needed by residents. Unlike other HUD programs, such as the HOPE for the Elderly Independence Demonstration in which funds for purchasing supportive services are provided, service coordinators do not have access to such funds. In communities that lack adequate resources, service coordinators’ attempts to link residents to existing services are often unsuccessful.

Ten service coordinators and several residents in many projects reported that transportation was the primary service needed by residents. Three projects had no public transportation or taxis available; transportation was too expensive or inconvenient in the other seven communities. Residents wanted additional access to transportation for medical appointments and shopping trips; residents at one project suggested that a project-based bus and driver be made available for their use. Service coordinators at established SCPs indicated that housekeeping services and more social activities were

needed. Service coordinators at new SCPs mentioned financial counseling, food commodities, a community center, eye and dental services, and an errand service as needed services.

Service coordinators who do not have access to needed resources have been challenged to find ways to provide these services. Some service coordinators, who work in communities where there is a dearth of needed services, have expanded their role to ensure that residents' needs are met. Such activities are described in Section 4.8, below. Not all service coordinators have chosen to deal with the problem of limited resources in this way, but, for the few who have, it has meant that residents receive services otherwise not available.

#### **4.8 Service Coordinator Activities Compared to HUD-Suggested Activities**

HUD guidelines<sup>4</sup> suggest that service coordinators be responsible for conducting the following nine activities:

- Providing general case management and referral services;
- Establishing linkages with all agencies and service providers in the community;
- Developing a directory of providers for use by project staff and residents and referring and linking residents to service providers in the community;
- Educating residents on service availability, applications procedures, client rights, and other relevant issues;
- Developing case plans in coordination with assessment services;
- Monitoring the ongoing provision of services from community agencies;
- Setting up volunteer support programs with service organizations;
- Helping the resident build informal support networks with other residents, family, and friends; and
- Educating other staff on issues related to aging in place and service coordination.

Service coordinators are also charged with ensuring that residents' functional abilities are assessed so that appropriate case plans can be developed. Assessments can be completed by the service coordinator or by a local PAC in those communities where PACs are available. Other agencies may be used for assessment purposes.

Given the operational experiences of the two groups of SCPs visited (some had been in operation for 2 years, others for only 6 months), it was likely that not all of the HUD-specified activities would be conducted by all service coordinators. We expected to find that all service coordinators had completed, or had in progress, the following activities:

- Completing frailty determinations and evaluating resident needs;

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<sup>4</sup>As described in HUD Notice H 92-40 (April 29, 1992).

- Establishing linkages with providers;
- Developing a directory of services; and
- Educating residents on service availability, application procedures, and client rights.

Almost all service coordinators had performed or were performing these activities; however, the manner in which they performed (and documented) them varied. For example, service coordinators evaluated resident needs and determined frailty status using both formal and informal procedures. Frailty determinations sometimes were not documented. Five service coordinators did not record assessment information in any of the resident case records. Although service coordinators reported that they referred residents to outside agencies and professionals for assessment, few documented these referrals or the results of the assessment in the case records.

Developing linkages with service providers, another suggested HUD activity, also varied across SCPs. Some SCPs had established strong collaborative working relationships with aging and other key agencies, whereas others had a more informal relationship with them. In the case of new SCPs, some service coordinators were actively developing relationships with local service providers while others focused on individual resident needs by counseling and helping with day-to-day problems.

Some service coordinators developed a directory of services; however, these directories typically were for their own use rather than for resident use. Service coordinators did not provide us with copies of these directories, so we do not know how comprehensive they were.

Educating residents on service availability and application procedures was generally performed by service coordinators. However, service coordinators were more likely to complete applications for residents than instruct residents on how to complete the forms themselves. Although residents appreciated this service, working with residents individually is considerably more time-consuming than working with residents as a group. Perhaps a selected group of more capable residents could be instructed; they could then help other residents with their applications and forms.

Other HUD-suggested activities were performed less frequently than anticipated. Service coordinators did not always develop case plans, and few educated other project staff about aging issues and service coordination.

Most service coordinators reported (and residents confirmed) that they acted as a counselor with residents. Serving as a counselor is not one of the core HUD service coordinator activities. Depending on the type and extent of counseling, it may be contrary to appropriate service coordinator responsibilities because service coordinators should not provide support services directly. Service coordinators found this role to be important in meeting resident needs, and some service coordinators did not view the provision of counseling as contradictory to HUD's guidelines.

#### **4.9 Service Coordinator Activities Beyond HUD Requirements**

The situations described below are just a few examples of the ways that service coordinators have been proactive in providing services that improve the lives of the residents they serve. Although some of the interventions are beyond the scope and guidelines of the SCP, service coordinators believe these types of activities are necessary for residents to receive the services they need.

Several service coordinators have themselves provided services to residents because of the lack of services in some communities. The service most frequently provided by service coordinators has been transportation—providing rides to residents or collecting food and other materials, using their own vehicles. For example, three service coordinators involved residents in a food commodities program by picking up the commodities and distributing them at the project. At a very poor urban site, most residents were not participating in the program because they were either unable to get to the food pickup site or too proud to ask for help. When the service coordinator started working with the program, only a few residents agreed to participate. She helped register the residents and picked up the food herself so it could be distributed at the project. Within 6 months, the resident participation rate more than doubled. Apparently, as people realized others were in the same position they were in—just as poor and in need, they came forward and asked for the service coordinator's help with the program. Similar situations occurred at two other projects—one urban, the other rural. The service coordinator at the urban project estimated that 75 percent of the residents now participate in the program.

At a rural project where there were no transportation resources, the service coordinator routinely drove residents to their medical appointments. She also transported residents to the grocery store and to other appointments because, without her assistance, they had no other way to obtain needed services and food. The same service coordinator also scrubbed the floor for a resident so that her apartment would pass inspection because no other resource was available.

HUD specifically prohibits service coordinators from acting as social directors. However, several service coordinators believed that social activities were the only way to coax some residents from their apartments and get them involved in project and community activities. Because some projects had no staff to organize such activities, this task was undertaken by the service coordinators. They viewed social events as a way to meet with residents informally and gain their trust. Activities organized by service coordinators included shopping and dinner excursions, potluck dinners, and activities at local schools and churches.

Even when services are available, the service coordinator's personal involvement can make a difference. At one program where transportation services were available, the service coordinator drove a resident to the doctor because, without her accompanying him, it was unlikely that he would see a doctor. The resident had refused to go despite urging from the service coordinator and other residents. Finally, the service coordinator talked him into going to the doctor if she went with him. He was immediately placed in the hospital and treated. He returned to the housing complex and was in good health.

#### **4.10 Resident Case Records**

In applying for SCP funding, project owners certified that they would maintain certain records specified by HUD.<sup>5</sup> Despite this requirement, service coordinators did not keep case records on all residents. For example, one project (with 20 residents) had records for only 8 residents. Generally, records are kept only for residents with whom service coordinators are working, considered by some

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<sup>5</sup>HUD specified that the following client information be maintained: intake form, including information on referrals to community agencies; case management plan, if appropriate; quarterly monitoring plan and follow-up, as appropriate; information relating to reports of human or civil rights abuse, adult abuse of any type, violations of personal property or dignity, and follow-up, case resolution, or status; results of all monitoring and agency follow-up; notes on all meetings with client/family members; and disposition/termination of case (HUD Notice H 94-20, Appendix 3).

service coordinators as “active” cases. Many of the services that service coordinators reported they had arranged for residents were not documented in resident case records.

The quality and level of detail in the service coordinator records varied greatly across projects. Information ranged from extremely detailed case notes of all contacts with residents, family members, and outside providers, including documentation of attempts to contact residents, to minimal information recorded on index cards.

The level of sophistication of forms used in the records also varies by project. Six service coordinators used forms provided by their parent or management corporation. A few SCPs had computerized the resident information. Only service coordinators at the three projects affiliated with a national housing management corporation used forms for three major areas—resident assessment, resident refusal, and release of information. Others had records for one or two of these elements, but not all three. Service coordinators trained in the social sciences were more likely to have detailed, sophisticated forms than service coordinators without such training.

Established SCPs were more likely to have monitoring plans in resident case records than new projects, perhaps because new SCPs were still in the implementation phase of initially linking residents to services. Two service coordinators maintained monitoring plans separate from the case record files. One used a large calendar to mark key monitoring dates; another used a separate binder. Established SCPs were also more likely to have case management plans and ADL assessment information in each resident case record than new projects.

These findings suggest that program affiliation, service coordinator education, and program maturity may affect the quality of resident case records. However, this conclusion must be viewed with caution because the sample size is small, and all affiliated projects were established SCPs.

#### **4.11 Service Coordinator Program Costs**

The major elements of the cost of the SCP are the wage and fringe benefit costs of the service coordinator and administrative cost of the SCP which includes the costs of office equipment, copying, and supplies. In some SCPs, small amounts of funds were made available to the service coordinator from sources other than the SCP grant.

Cost may be expressed in several ways—as the cost of wages, wages and fringe benefits, and total cost, either on a per-project or per-hour basis. Costs can also be presented on a per-resident and an at-risk/frail-resident basis to reflect differences in the scale of the programs. Costs are discussed below along a number of these dimensions.

Factors likely to affect service coordinator costs are the location of the project (i.e., urban or rural), whether the service coordinator receives fringe benefits, the number and functional health status of residents served by the service coordinator, and the qualifications of the service coordinator.

##### **4.11.1 Service Coordinator Average Hourly Wage**

There is little variation in the average wage of the service coordinator. Most hourly wages are around \$10 per hour, with a range of \$8.52 to \$11.96 per hour. The average hourly wage of the service coordinators was calculated by dividing the annual salary of the service coordinator by the total number of hours worked per year (i.e., multiply the number of hours worked per week by 52). The figures presented do not include six cases in which the fringe benefits (health and disability



insurance, Social Security, Unemployment Insurance and any contribution to retirement benefits) were included in the salary figure. The average hourly wage and all other cost breakdowns discussed in this section are presented in Exhibits 4-4 and 4-5.

#### **4.11.2 Service Coordinator Hourly Cost—Wage and Fringe Benefit Cost**

The costs of fringe benefits as a proportion of the average hourly wage were generally in the range of one-fourth to one-third of the wage. However, there was more variation in the cost of fringe benefits than in the hourly wage. This variation was considerably greater for service coordinators who worked less than 40 hours per week. Therefore, the salary-plus-fringe cost per hour for service coordinators who worked less than 40 hours but received fringe benefits was quite high. Alternately, the cost per hour was quite low for part-time service coordinators not eligible for fringe benefits.

Across all projects, the service coordinator average hourly cost (i.e., wage plus fringe benefit cost) was \$13.37, ranging from a low of \$10.26 to a high of \$20.11. The service coordinator with the highest hourly cost worked in a metropolitan area and was responsible for a large number of residents. She was a contract employee and had many years of experience as a community social worker providing similar services to the elderly population. At the other end of the spectrum, the service coordinator with the lowest hourly cost was responsible for a relatively small number of residents and worked in a small community. Together, these factors—location, number of residents served, and experience—probably account for the variation in the cost of the service coordinator hourly cost.

There was only a small difference in the hourly cost of service coordinators at established and new SCPs. Service coordinators at established SCPs had an average hourly labor cost of \$13.82 compared with \$12.91 for service coordinators at new SCPs (a difference of \$.91 an hour). This difference could be attributed to the larger average number of residents at projects with established SCPs and more urban or large community projects in the established SCP project sample than in the new SCP project sample.

The hourly cost calculation included the service coordinator's annual salary and annual fringe benefits. Annualized hours worked were calculated by multiplying the number of hours worked at a project per week by the number of weeks in a year (52). The annual salary and fringe benefits were then divided by the annualized number of hours worked to determine the hourly cost. For the reasons noted above, there is more variation in the average hourly labor cost than there is in the hourly wage paid to the service coordinators.

**Exhibit 4-4. Established Service Coordinator Program Costs**

Project	Salary	Fringe Benefits	Salary and Fringe	SCP Admin. Costs	Total SCP Cost	Contract Employee	Work at Other Projects	Hours Worked per Week at Project	Total Number of Residents	Number of At-risk, Frail, and Disabled Residents	Average Cost per Resident	Cost per At-risk, Frail, and Disabled Resident	Service Coord. Hourly Wage	Hourly Wage and Fringe Cost	Total SCP Cost per Hour
A-1	\$21,228	\$7,920	\$29,148	\$17,389	\$46,537	N	N	40	157	91	\$296.42	\$511.40	\$10.21	\$14.01	\$22.37
A-2	\$15,780	\$6,025	\$21,805	\$8,300	\$30,105	N	N	28	117	37	\$257.31	\$813.65	\$10.84	\$14.98	\$20.68
A-3	\$19,573	\$4,400	\$23,973	\$3,200	\$27,173	N	N	32	146	66	\$186.12	\$411.71	\$11.76	\$14.41	\$16.33
A-4*	\$41,832	—	\$41,832	\$600	\$42,432	Y	N	40	337	134	\$125.91	\$316.66	—	\$20.11	\$20.40
A-5	\$19,448	\$3,799	\$23,247	\$2,800	\$26,047	N	N	40	102	83	\$255.36	\$313.82	\$9.35	\$11.18	\$12.52
A-6	\$2,641	\$242	\$2,883	\$12	\$2,895	N	Y	5	55	17	\$52.64	\$170.29	\$10.16	\$11.09	\$11.13
A-7	\$6,877	\$593	\$7,471	\$972	\$8,443	N	Y	14	40	19	\$211.06	\$444.35	\$9.45	\$10.26	\$11.60
A-8**	\$8,353	\$2,930	\$11,283	1,400	\$12,683	Y	Y	16	58	23	\$218.67	\$551.44	\$10.04	\$13.56	\$15.24
A-9*	\$15,414	—	\$15,414	\$0	\$15,414	N	Y	20	45	28	\$342.53	\$550.50	—	\$14.82	\$14.82
<b>Averages</b>								<b>26</b>	<b>117</b>	<b>55</b>	<b>\$216.22</b>	<b>\$453.76</b>	<b>\$10.26</b>	<b>\$13.82</b>	<b>\$16.12</b>

\* For these projects, fringe benefits were included in the service coordinator's salary. Therefore, average hourly wages could not be calculated.

\*\* For these projects, salary and cost figures were given for shared service coordinators as a total of all the programs where the service coordinator worked. Project-specific cost data were calculated by multiplying the total costs by the percentage of the total hours worked at this project.

**Exhibit 4-5. New Service Coordinator Program Costs**

Project	Salary	Fringe Benefits	Salary and Fringe	SCP and Admin. Costs	Total SCP Cost	Contract Employee	Work at Other Projects	Hours Worked per Week at Project	Total Number of Residents	Number of At-risk, Frail, and Disabled Residents	Average Cost per Resident	Cost per At-risk, Frail, and Disabled Resident	Service Coord. Hourly Wage	Hourly Wage and Fringe Cost	Total SCP Cost per Hour
B-1	\$20,800	\$4,160	\$24,960	\$4,955	\$29,915	N	N	40	149	57	\$200.77	\$524.82	\$10.00	\$12.00	\$14.38
B-2*	\$11,750	—	\$11,750	\$1,633	\$13,383	N	Y	18.9	71	19	\$188.50	\$704.38	—	\$11.96	\$13.62
B-3**	\$14,446	\$5,999	\$20,445	\$6,844	\$27,289	N	Y	25	129	70	\$211.54	\$389.84	\$11.11	\$15.73	\$20.99
B-4*	\$11,640	—	\$11,640	\$3,600	\$15,240	Y	Y	17.5	64	20	\$238.13	\$762.00	—	\$12.79	\$16.75
B-5*	\$15,000	—	\$15,000	\$7,000	\$22,000	N	N	20	42	30	\$523.81	\$733.33	—	\$14.42	\$21.15
B-6	\$4,369	\$1,530	\$5,899	\$500	\$6,399	N	Y	8	80	37	\$79.99	\$172.95	\$10.50	\$14.18	\$15.38
B-7*	\$9,360	—	\$9,360	\$1,000	\$10,360	N	N	15	119	84	\$87.06	\$123.33	—	\$12.00	\$13.28
B-8**	\$5,228	\$1,307	\$6,535	\$2,039	\$8,574	N	Y	11.8	20	5	\$428.68	\$1,714.73	\$8.52	\$10.65	\$13.97
B-9	\$3,120	\$780	\$3,900	\$360	\$4,260	N	Y	6	20	7	\$213.00	\$608.57	\$10.00	\$12.50	\$13.65
<b>Averages</b>								<b>18</b>	<b>77</b>	<b>37</b>	<b>\$241.27</b>	<b>\$637.11</b>	<b>\$10.42</b>	<b>\$12.91</b>	<b>\$15.91</b>

\* For these projects, fringe benefits were included in the service coordinator's salary. Therefore, average hourly wages could not be calculated.

\*\* For these projects, salary and cost figures were given for shared service coordinators as a total of all the programs where the service coordinator worked. Project-specific cost data were calculated by multiplying the total costs by the percentage of the total hours worked at this project.

### 4.11.3 Service Coordinator Program Average Costs Per Resident and Costs Per Hour

The average annual cost per resident across all projects was \$228.75.<sup>6</sup> Average costs per resident ranged from \$52.64 to \$523.81. Factors affecting the average cost per resident include the service coordinator hourly cost, the administrative costs, and the number of residents.

The project with the highest average cost per resident had higher administrative costs, one of the higher service coordinator wage rates, and only 40 residents. Factors contributing to the lowest average cost per resident include the low number of hours worked per week at this project combined with the relatively large number of residents. In addition, administrative costs at this project are low. Together, these low salary and administrative costs, when divided by a relatively large number of residents, account for the low average annual cost per resident.

To obtain a cost figure that represents the cost of the SCP relative to the residents most likely to use the service coordinator, a cost per at-risk resident figure was calculated. Included in the at-risk resident group are the estimated number of residents categorized as at-risk or frail elderly and nonelderly persons with disabilities. The average cost per at-risk resident across all projects was \$545.43. Costs per at-risk resident ranged from \$123.33 to \$1,714.73. Some of the variation in cost is due to the urban or rural location of the project and differences in the total number of residents and at-risk residents. For example, the project having the highest at-risk resident cost of \$1,714.73 had only five at-risk residents.

Administrative costs tended to vary greatly across all projects and this, in part, accounts for the wide range in the average cost per resident figures. The average administrative cost across all projects was \$3,478 with annual administrative costs ranging from \$0 (in the case of one contract employee) to \$17,389. Contributing factors to the unusually high administrative cost of \$17,389 included the extensive training that one service coordinator received throughout the year, travel expenses incurred in support of the training, and higher office supply costs.

With the exception of the established SCP that had high administrative costs, average administrative costs for the remaining established SCPs were lower than similar costs for the new projects (averaging \$2,160 and \$3,103, respectively). This difference is due, at least in part, to the inclusion of start-up costs for new SCPs. In addition, two of the established SCPs had extremely low administrative cost figures because their service coordinators were contract employees with little or no administrative costs. The small costs these programs incurred were paid for from the property's administrative budget and were only budgeted for the initial year of funding.

Across all projects, the average hourly cost of the SCP was \$16.02.<sup>7</sup> These costs ranged from \$11.13 to \$22.37. One project's service coordinator had a higher-than-average hourly wage rate (\$14.01) that, when combined with high administrative costs (\$17,389), caused it to have the highest total cost per hour (\$22.37).

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<sup>6</sup>Total SCP costs were calculated by adding the annual salary and fringe costs to the annual administrative costs. Total costs were then divided by the total number of residents to determine an average cost per resident figure.

<sup>7</sup>The total SCP costs per hour were calculated by dividing the total costs at each project by the annualized number of hours worked at the project.

#### **4.11.4 Salary Comparisons Between Contract and Non-contract Employees**

The average hourly wage rate for non-contract service coordinators (those hired directly by the project) was \$12.95 and ranged from a low of \$10.26 to a high of \$15.73. Contracted service coordinators had a higher mean hourly rate of \$15.49; hourly rates ranged from \$12.79 to \$20.11. However, only three of the projects in our sample had service coordinators who were contract employees. Therefore, one should be careful interpreting these results.

#### **4.11.5 Discretionary Fund Costs**

Fourteen of the projects had additional discretionary funds available to cover costs incurred by the service coordinator for program supplies or activities; the remaining four worked within their SCP grant budget. At about half of the projects, the service coordinators did not indicate the amount they could use without authorization because they had not accessed these funds previously. However, of the service coordinators who specified amounts, three had a maximum limit of \$50, and the fourth project's limit was \$300 per occasion. At 10 of the projects, the property manager also had the authority to allocate these funds; at one project, the property management company had authority. At five projects, the service coordinators indicated that they could access the project's petty cash funds for SCP activities.

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## Chapter 5

### Satisfaction with the Service Coordinator Program and Service Coordinator Program Benefits

#### 5.1 Resident Satisfaction With Services

Overall, residents reported that they were very satisfied with the services they received from the service coordinator or other service providers. From the residents' perspective, the SCP is synonymous with the service coordinator. When discussing their satisfaction with services, residents almost always referenced the availability of the service coordinator. They perceived the service coordinator's role as being very important and viewed the SCP as valuable to them.

During the focus groups, residents expressed their satisfaction with the service coordinator with the following comments:

- "She has made things much better."
- "She has a great personality, is very caring, and does a great job."
- "I am very satisfied."
- "Puts lots of programs into existence."
- "Gives a feeling of security."

Many residents reported that it would be difficult to become linked to needed services without the aid of the service coordinator. All residents stated that they would use the service coordinator in the future if they needed assistance.

#### 5.2 Service Coordinator Program Benefits

Residents, service coordinators, and property managers cited multiple benefits of the SCP. The benefits most frequently listed included the following:

- Increased resident well-being;
- Increased ability to understand and access needed services;
- Improved living environment;
- Increased social interactions among the residents;
- Decreased number of residents requiring nursing home placements;
- Better distinction between building management and resident assistance; and
- Improved project image in the community.

## 5.2.1 Increased Resident Well-Being

Property managers and service coordinators at one-half of SCPs visited indicated that improved resident well-being was one of the primary benefits of the SCP. By improved well-being, they meant that residents shared a greater peace of mind, had increased independence, had a more positive attitude, appeared happier and more secure, and were in better physical condition. In addition, residents felt they were cared about. In particular, service coordinators believed that the SCP gave residents the security of knowing that there was someone they could go to when they needed help. Residents backed up the service coordinators' perceptions as many stated that they had an increased sense of security knowing that, if needed, the service coordinator was there to help them. The availability of the service coordinator had eliminated the need for them to rely on others (e.g., their children or attorney) for assistance.

Selected examples help to illustrate how the service coordinator improved resident well-being. These situations include the following:

- *An elderly resident received a hospital bill totaling over \$1,000 that he knew was an error but had decided to pay because he didn't know what else to do.*
- *An elderly resident was using a shopping cart for support as she walked around the building complex.*
- *An elderly resident's husband died and funeral arrangements needed to be made.*

These are examples of everyday situations faced by residents that could have left them feeling helpless and alone, or without needed equipment, had it not been for the support and assistance provided by the service coordinator. In each of the situations cited above, having a service coordinator resulted in the residents' needs being met and in improving the residents' well-being. For the resident with the billing error, the service coordinator spent a year telephoning and writing letters to the billing office before resolving the matter. The resident commented, "I was grateful for her persistence" in solving this problem. The resident who used a shopping cart contacted her physician on the advice of the service coordinator, and now has a walker. The resident, whose husband died, planned a funeral and memorial service for her husband and completed all the related legal transactions with assistance and support from the service coordinator.

Residents appreciated that the service coordinator is available if they need her and find her presence within the building reassuring. As stated by one resident, she "makes it sound as if it's going to be okay."



## 5.2.2 Increased Ability To Understand and Access Needed Services

Residents believed that the service coordinator helped them access needed services. They also articulated that service coordinators helped them to better understand services and service delivery systems. For example, residents frequently mentioned that service coordinators helped them to read and understand their important letters and bills—Medicare documents, in particular. Service coordinators felt they were able to reduce the stress and pressure of Medicare bills and other mail because residents had someone who could serve as an advocate for them. Service coordinators also helped residents obtain and understand prescribed medications, often working with other community agencies and staff, such as nurses, to review and discuss medications and medication interactions.

Residents also mentioned other ways that service coordinators helped them to access needed services. These included the following:

- Providing information on programs and services for which they were eligible but were unaware of or that they did not know how to access;
- Linking them to service providers for needed services (e.g., housekeeping, home delivered meals) and equipment (e.g., walkers, wheelchairs, and hearing aids);
- Providing assistance with applications for food stamps, rent rebates, and other public benefits including Supplemental Security Income (SSI), Medicare, prescription assistance, and energy assistance;
- Bringing speakers to the building to discuss the food stamp application process, changes in the various health benefits, and other important issues; and
- Having doctors, nurses, and other health practitioners come on site to speak or to provide health-related services, including blood pressure and cholesterol screening, mammograms, and podiatry services.

One service coordinator mentioned that having one person in frequent contact with the outside service providers increases the quality of services the residents receive. The more contact the outside service agencies have with the service coordinator, the more familiar they become with her and the population she serves.

## 5.2.3 Improved Living Environment

The majority of the residents found that having the service coordinator at the project had improved their living environment and had increased their access to services at the property and in the community. For example, many residents stated that they now had services such as housecleaning and home-delivered meals that previously were difficult to obtain and too expensive. They reported that the service coordinator filled the gap in linking them to services that were previously available, but which they did not know existed.

Property managers also perceived that the SCP improved the residents' living environment. Service coordinators have helped residents to obtain the housekeeping and other supportive services necessary to keep their apartments in shape. This has helped the property manager with the annual inspection process because resident units are better cared for, thereby allowing them to pass inspection on time.

#### **5.2.4 Increased Social Interactions Among Residents**

Property managers and service coordinators stated that the SCP has increased social interactions among residents and decreased social isolation. Several staff noted that more residents participated in project activities and mingled with other residents. In a few instances, staff felt that the building had more of a social dimension than existed previously.

Resident counseling groups organized by the service coordinators that address problems of grief and loneliness have increased resident interaction. Service coordinators have also promoted social activities for residents. These activities serve both to promote resident interaction and to provide an opportunity for the service coordinator to meet informally with residents. Social activities, although prohibited by HUD guidelines, have been one way to alleviate loneliness among residents who otherwise would not venture out of their apartments.

#### **5.2.5 Decreased Number of Residents Requiring Nursing Home Placements**

Property managers at established SCPs were unanimous in their opinion that the SCP had decreased the number of residents who required nursing home placements. These property managers believed that the SCP enabled some residents to remain living independently and prevented early institutionalization. They cited housekeeping services, which helped residents to keep their apartments clean, as a service necessary to maintaining residents' independence. Six property managers provided estimates of the number of residents who were able to continue living independently as a direct result of the SCP. The number per project ranged from 3 to 30, with a total of 93 residents at the 6 projects (12 percent) who were able to continue living independently because of SCP-provided services.

The majority of residents believed that the SCP helped them to live more independently. Even residents who had not received services at the time of the study team's visit knew of other building residents who had received services, such as in-home health care and housekeeping, that had enabled them to live more independently.

#### **5.2.6 Better Distinction Between Building Management and Resident Assistance**

Property managers are usually busy carrying out their day-to-day management responsibilities and are not always available to meet individually with residents, assess their ability to function independently, link them to services, or monitor their service delivery. Even when property managers are available, many residents are reluctant to, and in some cases will not, discuss their problems and concerns with them. These residents fear their problems may make them appear to be unable to live independently. Other residents simply did not want management to become involved in their problems. Service coordinators were able to form trusting relationships with residents because they can work with residents confidentially. Residents do not feel their problems will be shared with management staff when working with the service coordinator.

Residents and service coordinators believed that having someone available within the building whose primary function was to assist residents with their problems was a significant benefit of the SCP. Prior to the SCP, there was no one to advocate for service delivery on their behalf or link them to needed services. Since implementation of the SCP, residents have benefitted from having an identifiable person, separate from the building's administration, whose designated role is to assist them with their problems and needs. Even residents who had not needed assistance from the service coordinator felt a sense of security in knowing that the service coordinator was available to them

should they need her. As one resident stated, "The Senior Center provides resource information, but it is not the same as having somebody in the building who can assist you."

Property managers reported that they spent a lot of time dealing with the service needs of residents and listening to their concerns and/or problems prior to the SCP. Many of the resident issues were not related to property management responsibilities. Property managers reported that the SCP allowed them to function more effectively because they had more time to devote to management issues. They also noted the benefit of having someone qualified and comfortable handling residents' problems.

### **5.2.7 Improved Project Image**

Property managers stated that having an SCP gave the complex a better image in the community because the service coordinator was there to provide supportive services that were not available at other buildings. Particularly for older buildings, property managers thought the presence of the service coordinator helped to minimize the disadvantages of complexes that had newer facilities but that did not have a program similar to the SCP.

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## Chapter 6

### Roadblocks to Operating Successful Service Coordinator Programs

#### 6.1 Overview

Although all SCPs visited were relatively successful in their ability to implement and operate an SCP, some programs experienced obstacles that may have reduced the overall effectiveness of their program or made program operations more difficult. Obstacles reported by property managers and service coordinators include the following:

- Adequate, private office space for the service coordinator was not available.
- Services needed by residents were not available.
- HUD SCP guidelines are too limiting regarding SCP services but too general in suggesting administrative procedures.
- Appropriate training for the service coordinator is difficult to locate.
- The voluntary nature of the program—residents cannot be forced to receive needed services—sometimes frustrates service coordinator efforts to help residents who need assistance.
- At some projects, there were no community rooms in which to hold resident meetings or social activities.

No one project experienced all of these roadblocks and the degree to which projects experienced these roadblocks also varied. These obstacles are described in more detail below.

#### 6.2 Lack of Private Office Space

Seven of the eighteen service coordinators did not have adequate office space. Office space was shared with other project staff, lacked privacy, was not fully accessible to all residents or, in one instance, did not have toilet facilities for the service coordinator. This was an unexpected finding because projects were funded based on application certifications that indicated private office space would be available for the service coordinator.

In four programs, the service coordinator shared office space with other project staff. Of these, two service coordinators shared an office and a telephone with the property manager. Two other service coordinators had their own offices, but they were not private because the space was partitioned or the office served as an entry into other offices. One service coordinator had the use of an office while she was at the building, but found that residents perceived her as management when she used the office and that her effectiveness was compromised. She opted not to continue using the office. Another service coordinator's office was up a flight of stairs, which limited some resident's access to the service coordinator because many residents could not negotiate the stairs (and an elevator was

not available). One service coordinator had an office but no toilet facilities, and had to use the facilities in a resident's apartment.

Service coordinators viewed the lack of private office space as a problem; residents also noted that the service coordinator needed office space or better office space. Service coordinators expressed concern that the lack of office space affected their ability to interact with residents privately and maintain confidentiality. The lack of private office space also meant that a few service coordinators had to carry their resident files with them because there was no space to store the files. Property managers viewed the lack of office space as a problem, but to a much lesser extent than the service coordinators or residents.

Service coordinators developed creative responses to overcome the lack of private office space. They used dining rooms for resident meetings, met with residents in their apartments or in common areas, and made arrangements with a resident to use her bathroom while on site. Although service coordinators developed responses that enabled them to carry out SCP activities, they viewed adequate, private office space as important to the overall success of their program.

### **6.3 Needed Services**

Most service coordinators felt that, despite their efforts, certain resident services were still lacking. In some instances, the service did not exist or providers were few; in others, services had been cut and demand exceeded availability, resulting in waiting lists for certain types of services.

One-half of the service coordinators stated that transportation was the service most needed by residents. Service coordinators also mentioned housekeeping, additional social activities, financial counseling, food commodities, a community center, eye and dental services, and an errand service as services needed by residents. Only three service coordinators felt that all resident service needs were being met.

A few service coordinators provided the "missing" or "needed" service themselves, such as transporting a resident to a doctor's office, cleaning a resident's apartment, or leading resident social activities. HUD guidelines expressly prohibit service coordinators from directly providing services. When services were not available in the community, service coordinators tried to fill the gap. They were dedicated to meeting a resident's needs, whether it was in their job description or not.

### **6.4 HUD Service Coordinator Program Guidelines**

The HUD guidelines are designed to serve as parameters for SCP program development. They provide basic information about "typical" activities and suggest the framework for the program, rather than detailed operational information. Some service coordinators and property managers viewed HUD's SCP guidelines as somewhat limiting in terms of the activities they could conduct. Others felt the guidelines did not provide them enough direction.

Service coordinators who viewed the guidelines as limiting were generally those who felt that social activities were an important, and needed, service for residents. Because of limited staff within their building, the service coordinators believed this function fell to them. They were aware of HUD guidelines prohibiting service coordinators from being assigned responsibilities as the project's recreational or activities director. However, they viewed these activities as vehicles for accomplishing the objectives of the SCP. They believed that socialization of the residents through activities was an

important component of their SCP because it allowed them to develop good rapport with the residents (and a needed level of trust) and alleviated resident social isolation.

Some service coordinators and property managers said they wanted *more* guidance from HUD and believed some guidelines should be more specific. Areas in which service coordinators wanted more guidance included developing policies and procedures, developing forms to assess residents and track contacts and services, and specifying in more detail the types of training HUD requires. Sample forms and the development of a start-up packet were suggested as ways in which service coordinators could receive this information. Some were confused by the Federal guidelines and needed help determining how the guidelines affected the development and operation of their SCP. Staff at one SCP suggested that a hypothetical "model" program be developed for new SCPs to consult. Generally, service coordinators who were located in more isolated locations and had less experience than other service coordinators wanted more assistance from HUD.

More detailed guidelines would enable less experienced service coordinators (particularly those at projects located in communities that lack appropriate training resources) to develop SCP procedures and record-keeping systems more quickly. If HUD-provided guidelines are just that—guidelines but not requirements—program flexibility can be maintained. Given the diverse communities in which SCPs operate, it is important that program flexibility not be sacrificed for rigidity in program procedures.

## **6.5 Service Coordinator Training**

Since March 1995, HUD has required that service coordinators either must have had, or receive within 12 months of hiring, a minimum of 36 hours of training in 9 areas, 7 of which are statutory.<sup>1</sup> A few service coordinators were concerned that they would not be able to fulfill these requirements because appropriate training was not available within their community. In a few instances, service coordinators were unaware of where they might find training opportunities within their communities, particularly if they were new in the position or had little prior experience in a social service position.

Project location had some bearing on the ability of service coordinators to attend training. Service coordinators at geographically isolated projects had more difficulty accessing training, and had to look for training within a broader geographic area than their local community. Service coordinators at projects that were affiliated with a national or parent housing or service organization were better able to access training as were service coordinators who maintained a professional license, such as social work. Parent organizations of SCPs and professional associations provided greater opportunities for training. Communities and States with established networks of social workers or service providers for the elderly also afforded service coordinators more training opportunities.

## **6.6 Voluntary Nature of the Program**

The SCP is voluntary in nature. Residents are not required to meet with the service coordinator. They may decline services that the service coordinator might suggest. Service coordinators and property managers indicated that some residents have resisted meeting with the service coordinator or accepting services suggested by the service coordinator. Service coordinators at 12 projects reported that a total of about 60 residents (or 4 percent of the residents at those projects) have declined a service offered to them.

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<sup>1</sup>See footnote 12 on page 1-5 for a listing of these training areas.

Residents do not accept services for many reasons. Property managers and service coordinators believed residents decline services because they are in denial about their need for the service; wish to remain independent; have concerns that if they accept a service they may be at risk of losing their independent status and their apartment; wish to keep their lives and situation private; have different living standards, so they do not perceive their situation as a problem; or may not be able to pay for a service. A few residents have mental health problems or are resentful that they were moved against their will into a "senior" apartment.

Service coordinators primarily use persuasive, reinforcing approaches in working with residents to encourage their use of a service. The most common strategy used was to talk about the benefits of the service with the resident, particularly over a period of time. Service coordinators reported that they worked over a long period of time to "bring the resident" around, when they believed the service was important to the resident. Other approaches used by service coordinators included describing the service as part of a program offered to all residents, involving the family or appropriate agencies, suggesting an alternative service, using humor and social contacts, or letting the resident know that the service coordinator was available to help.

If a service coordinator has a strong opinion that a resident must receive a service, she will involve the property manager or the local Adult Protective Services agency. Depending on the situation, such as a need for housekeeping services, the property manager may take a more direct and authoritative approach than the service coordinator, particularly where lease compliance is involved. In some instances, the property manager had to tell a resident that refusal of a particular service would mean he or she could no longer live in the building; however, this was used as a last resort. Using Adult Protective Services was also viewed as a last resort. Half of the projects visited involved the property manager in interactions with residents who had declined services.

## **6.7 Lack of Community Rooms**

Service coordinators and property managers noted that a lack of community or common areas in which to hold resident activities made it more difficult to encourage resident participation in the SCP and project activities. At projects where such space was available, service coordinators noted the effectiveness of activities, such as social events or speakers, that encouraged residents to leave their apartments and mingle with other residents.

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## Chapter 7

### Recommendations for Changes in Service Coordinator Program Requirements

Overall, SCPs were operating effectively as evidenced by responses from service coordinators and property managers and the overwhelming resident satisfaction with the program. Nonetheless, several areas were cited in which changes would improve the SCP. These have been noted in the preceding chapters and are summarized below.

#### 7.1 Office Space for the Service Coordinator

In their applications for SCP funding, HUD required project owners to indicate that private office space was available for the service coordinator. All but one of the 18 service coordinators interviewed had some office space, although in some cases the location or multi-use of the office posed problems in operating the SCP. The study findings suggest that HUD ensure that the following office space criteria are met by projects participating in the SCP:

- *The service coordinator's office should be accessible to the frail elderly and persons with disabilities. An office requiring residents to climb stairs will discourage or prohibit some residents from access to the service coordinator.*
- *The service coordinator should not share an office with property management staff. A management staff office appeared to lead residents to discuss housing management issues rather than their own problems or service needs.*
- *The service coordinator's office must afford confidentiality to conversation between the service coordinator and resident. An office adjacent to management staff (perhaps separated by a partial room divider) discourages residents from discussing personal problems. Some residents feared that, if management was aware of their problems, they would be forced to enter a nursing home.*
- *Wherever possible, the service coordinator's office should be located near an area in the project in which residents tend to congregate, such as the mail boxes, the dining area, a community room, or a resident lounge. This location encourages residents to "drop in" to see the service coordinator on a more casual basis and encourages interaction between residents and the service coordinator.*

It might be useful to explain in the SCP funding application the reasons for the need for separate office space so that this requirement is not viewed as just another bureaucratic requirement.

## 7.2 Direct Service Provision

According to HUD guidelines, SCs cannot directly provide services to residents so as to ensure that they focused on determining resident needs and linking residents to available services. This prohibition was based on the assumption that the needed services were available in the community and that the service coordinator could link residents to these services. Acting as a social director was specifically mentioned as a prohibited function.

Although this assumption of service availability proved to be true at some projects, this was not the case at all projects. Resident circumstances required (in the opinion of service coordinators) that the service coordinators provide some services themselves. Several examples were provided in chapter 4. The three primary areas in which service coordinators felt it necessary to provide services that HUD explicitly prohibited are: transportation, housekeeping, and social activities.

- **Transportation**—Particularly in more isolated, rural sites, transportation was simply not available. Several service coordinators used their own cars to drive residents to doctors or other services because there was no other alternative.
- **Housekeeping**—Elderly residents, particularly the frail elderly, have difficulty in performing everyday housekeeping tasks. Several service coordinators scrubbed floors, cleaned ovens, and performed other activities needed to keep residents' apartments clean in order to meet inspection standards.
- **Social Activities**—Service coordinators planned social activities to coax residents from their apartments and to involve them in the surrounding community. They viewed these activities as opportunities to interact with the residents and to encourage interaction among residents. Service coordinators believed social activities to be important in encouraging residents to use the services of the SCP. Smaller projects do not have social directors, so the service coordinator was the only staff person to initiate such activities.

It appears that more flexibility is needed regarding the types of services that service coordinators may provide. In areas where essential services (such as transportation) are not available, HUD might consider funding such a service through the SCP. Similarly, in areas where services have waiting lists, funding might be provided for the temporary provision of such services until they become available within the community.

## 7.3 Access to Training

Congress requires that service coordinators receive training in a number of specific areas. Service coordinators working in projects located in urban areas can usually identify sources for the training. However, in more isolated projects or smaller metropolitan areas, such training may not be available. HUD area offices could help service coordinators, especially those in rural areas, to identify agencies and organizations that can provide the required training.

## 7.4 HUD Program Guidelines

Although service coordinators believed that more flexibility was needed in some SCP requirements, they also requested additional guidance from HUD in administration of the program. Service coordinators noted that they spent considerable time developing forms for assessing residents, tracking

contacts with residents and service agencies, and monitoring service delivery. A service coordinator at a new SCP suggested that HUD provide a "start-up packet" that includes sample policies and procedures. To maintain the flexibility that is needed to operate the SCP effectively, these procedures should be suggested rather than required. HUD is currently working with the Multifamily Clearinghouse to develop a database of service coordinator projects and to provide examples of good record-keeping systems and other information that a service coordinator might need.

## 7.5 Annual Reporting to HUD

HUD requires an annual report from all SCPs. A standardized form is provided for submitting the information requested by HUD. Service coordinators provided feedback on the form currently used for SCP reporting. Comments included the following:

- Information about services to residents is difficult to obtain because outside providers come to the project to deliver services and do not (or cannot) provide counts of the residents served.
- Categories listed on the form overlap, and some services provided do not fit into any of the categories.
- Information about what the service coordinator is doing, rather than what services are provided, should be recorded. Suggested activities included assessing, arranging services, reassessing, and similar activities. For example, it might be useful to know the number of hours a service coordinator spent lining up a service (or identifying resources in the community).
- The definition of a unit of service is problematic (i.e., 1 hour = 1 unit of service).

Service coordinators suggested the following for improving the information requested by the form:

- More space is needed to provide details about the SCP. Space for a narrative summary is also needed.
- A focus on successes and difficulties associated with operating the SCP might be useful.
- There is a need to distinguish between the number of residents actively participating in the SCP and the number receiving services.
- An important program outcome which needs to be documented is how many residents were able to stay in their apartments, not requiring nursing home placement, as a result of the SCP. However, this measure may be difficult to quantify.

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Appendix A

HUD Annual Reporting Form

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# Annual Project Report on Service Coordinators

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

OMB Approval No. 2502-0447 (exp. 1/31/95)

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0447), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Project Name:	Project Type: <input type="checkbox"/> Section 8 (project based) <input type="checkbox"/> Section 202 & 202/8 <input type="checkbox"/> Section 221(d) & 236 (w/o project based subsidy) <input type="checkbox"/> FmHA 515/8	Reporting Period: (mm/yr) from:                      to:
Field Office:		

Project Size:  
 Small Project (under 51 rental units)   
  Medium Project (51-100 rental units)   
  Large Project (over 100 rental units)

1. Number of Service Coordinators	
a. Number of Hours each Coordinator Works per week	
2. Number of Aides	
3. Total Number of Residents Served	
4. Number of residents assigned to each Coordinator	
a. Average Number of Hours Spent with Each Resident per month	
5. No. of Units of Service Provided during the reporting period	
a. Number of hours of Housekeeping: Number of residents served:	
b. Number of Meals on Wheels provided: Number of residents served:	
c. Transportation, number of round trips: Number of residents served:	
d. Number of hours of Counseling: Number of residents served:	
e. Number of hours of Personal Assistance: Number of residents served:	
f. Number of hours of _____ : Number of residents served:	
g. Number of hours of _____ : Number of residents served:	
h. Number of hours of _____ : Number of residents served:	
6. Total Amount of Section 8 Funds Used	
7. Total Amount of Residual Receipts Used	
8. Note any unusual successes or difficulties in getting access to services for resident needs:	

Signature, Printed Name, & Title of Person Preparing Report & Date :

X

Retain a copy of this form to photocopy additional supplies as needed.





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## Appendix B

### Sample Study Methodology

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## Appendix B

### Sample Study Methodology

#### 1.1 Selection of Sample Projects

The site visits were designed to generate comprehensive descriptive data from nine established Service Coordinator Programs (SCPs) and nine new SCPs. Resulting data allowed us to describe the projects, their implementation, and the perceptions of residents on the quality of service delivery. The established SCPs included Round One grantees, funded in fiscal year (FY) 1992. The new SCPs included Round Two and Round Three grantees, funded in FY 1993 and FY 1994.

We expected that the established SCPs would provide data on issues related to project administration and operation, service delivery, and reporting requirements, because these projects had been in operation between 1.5 and 2.5 years. New SCPs, in operation at least 6 months, were to provide information about program implementation issues.

##### 1.1.1 Site Selection Process

Two independent samples were drawn: one for the established SCPs and another for the new SCPs. Although the two samples were drawn independently, the site selection process was similar. This process, described below, points out where the selection criteria and the site selection process differ for the two samples.

For the site selection process, the unit of selection was an application form that represented an SCP at a specific HUD project. In this discussion, we refer to the unit of selection as a project, an application, or an SCP. Ideally, we would have received one hard-copy application for each HUD project served by an SCP. However, in some cases, a single application was used for an SCP with one service coordinator who served multiple HUD projects. As part of the site selection process, we created "applications" to be used as units of selection to represent the individual HUD projects served by the same service coordinator. In these cases, we assumed that the projects were the same size for the site selection process; that is, we divided the total number of units served by the number of projects sharing the service coordinator.

##### 1.1.1.1 Classification Process

The initial step in the selection process was to convert the final application database of SCPs into a statistical software dataset. The dataset enabled the projects to be classified by the following dimensions:

- **Size**—Small, medium, or large
- **Geographic Area**—Northeast, South, Midwest, or West

- **Affiliation**—Affiliation with a national housing management organization or no affiliation
- **Sharing Status**—Service coordinator serving more than one HUD project, or service coordinator serving only one HUD project
- **HUD Programs**—Section 202 or Section 8 (new SCPs only)

Each combination of size, geographic area, affiliation, and sharing status defined a selection cell for the established SCPs. For example, one selection cell for the established SCPs would consist of all applications from small Midwestern affiliated programs that do not share service coordinators. The total number of selection cells for established SCPs was 48. This number was calculated by multiplying the number of size criteria (3) times the number of geographic area criteria (4) times the number of affiliation criteria (2) times the sharing status criteria (2). The selection cells for new SCPs included the possible combinations for established SCPs plus those combinations with the HUD classification of Section 202 and Section 8. The number of possible selection cells for new SCPs was 96.

**Size Classifications.** We classified the projects by size according to the definitions provided by HUD. These definitions were small (50 units or less), medium (51 to 100 units), and large (more than 100 rental units).

**Geographic Classifications.** For the selection criteria and analysis, the projects were classified geographically as Northeast, South, Midwest, or West. These geographic areas are defined below:

- **Northeast**—HUD Geographic Areas I, II, and III
- **South**—HUD Geographic Areas IV and VI
- **Midwest**—HUD Geographic Areas V and VII
- **West**—HUD Geographic Areas VIII, IX, and X

Although these geographic definitions are arbitrary, we believe that they are consistent and logical.

**Classification by Affiliation.** A list of projects affiliated with a national housing management organization, supplied by HUD, was used to classify the projects in the dataset. The list of affiliated SCPs included the projects associated with the National Council of Senior Citizens and the National Church Residences.

**Sharing Status Classification.** Applications include data that indicate whether projects shared service coordinators with other projects. A service coordinator who works part time at one project and part time at another is considered "shared."

**HUD Project Type.** All established SCPs are at Section 202 projects. New SCPs may be at either Section 202 or Section 8 projects. New SCPs at Section 236 and 221(d) projects were excluded from the sample, following HUD’s recommendation.

### 1.1.2 Site Selection Criteria

HUD established the following selection criteria that applied to both analytical groups:

- Each sample will contain nine projects.
- The percentage of SCPs selected from each of the four geographic areas will reflect the distribution of SCPs across geographic areas.
- The percentage of SCPs selected from each of the size groups will reflect the size distribution of SCPs across size groups.
- Three SCPs will have national affiliation, and six will be nonaffiliated programs.<sup>1</sup>
- Four projects will represent Section 8 projects, and five will represent Section 202 projects (new SCPs only).
- Projects should include both those that share service coordinators and those that do not.
- New SCPs must have been in operation for at least 6 months.

More selection cells existed than projects to be selected. Therefore, the selection criteria were viewed as the number of projects that could not be exceeded for a specific classification. For example, for new SCPs, a maximum of three SCPs could have come from nationally affiliated programs and four from Section 8 projects.

## 1.2 Sampling Procedure

The site selection process was run separately for established SCPs and new SCPs. The logic of the site selection process, which was the same for both samples, is presented below. New SCPs differed from established SCPs in that they had an additional criterion for the number of Section 202 and Section 8 projects.

- **Step 1**—Establish the maximum number of projects that fulfilled each selection criterion.

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<sup>1</sup> New SCPs did not have enough affiliated programs to select the numbers originally proposed by HUD. Only one affiliated project was originally selected, and it was replaced by a nonaffiliated project.

- **Step 2**—Assign the individual projects to the selection cells. Each cell was described as meeting one of each of the five criteria described above; that is, each cell meets a geographic criterion, a size criterion, an affiliation criterion, a sharing status criterion, and a HUD classification criterion.
- **Step 3**—Remove any selection cells that did not have any projects described by the selection cell. For example, if no projects were affiliated and nonsharing at small Section 8 projects in the Midwest, then the cell representing that classification was deleted.
- **Step 4**—Randomly select a selection cell from among the remaining selection cells. Each remaining selection cell had an equal probability of being selected. This probability was equal to one divided by the total number of remaining selection cells.
- **Step 5**—Randomly select a project from within the selection cell picked in Step 4. Each project had an equal probability of being selected. The probability of being selected was equal to one divided by the total number of projects within the selection cell. After the project was selected, it was removed from the list of projects in the cell.
- **Step 6**—Subtract one from the maximum number of the selection criteria met by picking the selection cell.
- **Step 7**—Determine whether any criterion had been fulfilled. A criterion was defined as fulfilled if the maximum number remaining was zero. If a criterion was fulfilled, then the selection cell described by that criterion was deleted from the list of remaining cells.
- **Step 8**—Determine whether nine projects within this analytic group had been selected. If the number was less than nine, we returned to Step 3. If the number of projects selected was nine, the selection process was complete.

### 1.3 Replacement Selection

Replacement projects were selected on an as-needed basis for projects that were originally selected and either refused to participate or had not been operating their SCP for at least 6 months. Replacements were selected from the sample selection cell containing the original SCP. For some new SCPs, it was necessary to select several replacements because the programs had not been operating for at least 6 months. For some selection cells, all of the SCPs in the cell either refused or did not meet the 6-month limit. After consulting with HUD, we then selected replacements from selection cells that had as many as possible selection criteria in common with the original selection cell. In addition, an effort was made to ensure that replacement cells were similar to the originally selected SCP in an urban/rural context.

Exhibit A-1 presents the original selection criteria for established SCPs and new SCPs. The selection criteria originally established were met by the final sample of projects for established SCPs. No established SCPs refused to participate. Five new SCPs in the original sample were unable to participate in the study. The original selection criteria were met for project type and region but not for size, national affiliation, or sharing status.

**Exhibit B-1. Site Selection Criteria for Service Coordinator Programs**

Selection Criteria	Established SCPs		New SCPs	
	Original Sample	Projects Visited	Original Sample	Projects Visited
Project Type				
Section 202/8	9	9	5	5
Section 8	0	0	4	4
Region				
Northeast	3	3	2	2
South	2	2	3	3
Midwest	2	2	3	3
West	2	2	1	1
Size				
Small	2	2	2	4
Medium	3	3	3	3
Large	4	4	4	2
Affiliation				
Yes	3	3	1	0
No	6	6	8	9
Share				
Yes	4	4	4	6
No	5	5	5	3

#### 1.4 Comments on the Site Selection Process

Given the number of selection criteria used in the process and the number of projects selected, establishing a weighting procedure to reflect some "average" SCP was impossible. However, our selection process established an objective method of selecting projects.

We examined the possibility of collapsing the number of geographic areas to three in order to have nine basic selection cells—three geographic and three size classifications. When we examined this issue, it became apparent that any possible grouping of HUD geographic areas into other geographic configurations implied an unequal distribution of SCPs across the geographic areas. In addition, the geographic distribution of established SCPs and new SCPs differs. In order to have roughly an equal number of projects in each geographic area, the geographic areas would have to be defined differently for the two samples.

The sample selection process was completed with the assistance of the HUD study directors. A project's willingness to be visited and have records reviewed, as well as maintaining a diversity of projects, were key determinants to final sample selection.

## **1.5 Data Sources**

Multiple data sources were used during the on-site data collection at the established SCPs and new SCPs. Prior to the visits, data were obtained from project applications. During the visit, the following data sources were used:

- Send-ahead questions
- In-person interviews with program staff
- Resident case records
- Resident focus groups
- Project observation guide

At each project visited, data were collected during in-person interviews with the service coordinator, property manager, and, as appropriate, contract employee supervisors and service coordinator employers. At one of the three affiliated projects visited, we interviewed the administrator from the national office. This person had supervisory responsibility for service coordinators at the three affiliated projects visited.

Other sources of data included a sample of resident case records, focus groups or in-person discussions with project residents, and a project observation guide. The procedures for conducting the on-site data collection are described in the following section.

## **1.6 On-Site Data Collection Procedures**

The on-site data collection procedures were the same for both established SCPs and new SCPs. The procedures were pretested prior to their use in the full study.

The protocol for conducting the visits included the following steps:

- Mail letters from HUD to appropriate field offices and projects selected for visits.
- Conduct followup telephone calls to service coordinators to schedule visits.
- Mail confirmation letters to service coordinators.
- Obtain lists of residents and randomly select focus group participants.



- Randomly select case records for file review.
- Conduct interviews with the property manager, the service coordinator, and, if applicable, the service coordinator employer.
- Conduct focus groups.
- Complete case record abstractions.
- Mail thank-you letters to service coordinators, property managers, and residents.

The process used to schedule, arrange, and conduct these visits was the same for both established SCPs and new SCPs. A brief description of the process is given below.

**Mail Letters to Projects Selected for Visits.** HUD mailed letters to field offices and to each grantee at each of the projects selected to be visited. The purpose of the letter was to announce the study, describe its purpose, and inform projects that KRA Corporation (KRA) was conducting the study under contract with HUD. The letter also informed projects that they had been randomly selected as one of the nine projects to be visited, and that they should expect a telephone call from KRA with more information about the visit.

**Conduct Followup Telephone Calls to Service Coordinators.** One week after HUD mailed letters to the selected projects informing them that they were randomly selected to participate in this study, we telephoned the service coordinator to discuss the purpose of the visit and to schedule the visit. During this call, we discussed all the activities related to the visit and requested the service coordinator's assistance.

The following points were covered during the telephone call:

- Reviewed the purpose of the visit and the activities to be conducted during the visit
- Established tentative dates for the 2-day visit
- Discussed a preliminary agenda for the visit
- Scheduled time for the service coordinator and property manager interviews
- Obtained a list of residents
- Requested assistance in notifying residents selected for the focus group
- Obtained access to case records for review and abstraction
- Requested completion of the send-ahead questions

**Mail Confirmation Letters to Service Coordinators.** Immediately after the telephone call, we mailed a letter to each service coordinator confirming the scheduled visit. In addition to confirming the date of the visit, the letter outlined the activities to be completed by the service coordinator prior to the visit and described in detail the activities to be completed during the visit. The letters were tailored to project specifics. All letters were intended to accomplish the following functions:

- Thank the service coordinator for agreeing to participate in the evaluation.
- Confirm the dates, starting time, and initial meeting place for the visit.
- Name the site visitors and the person whom the service coordinator could contact if she had any questions.
- Provide a brief overview of the 2-day site visit schedule.
- Request that the service coordinator complete the send-ahead questions prior to the visit so that they could be picked up while visitors were on site.
- Request a list of residents from the service coordinator and include a tentative date that she would mail the list to KRA.
- Review case record procedures (e.g., how the records would be selected).
- Review the process for selecting residents for focus groups; we later called the service coordinator to review the list of residents and to determine those residents who were unable to participate in such a group.
- Request the service coordinator's assistance in providing information to the residents about the focus groups.

A sample 2-day site visit schedule and the data collection activities completed during the visit are shown in Exhibit A-2.

**Obtain Lists of Residents and Randomly Select Focus Group Participants.** The conduct of the focus groups required that preliminary activities be completed before the study team arrived on site. Each service coordinator was asked to send a list of all residents by the date mutually agreed upon during the confirmation telephone call. After we received this list, we randomly selected up to 24 residents for the focus groups.

A three-step random sampling method was used to select residents for participation in the focus groups. The first step was to randomly select a starting point on the list of residents. The second step was to select 24 residents at evenly spaced intervals from the starting point. The third step was to replace residents who were unable to participate in the focus groups.

We anticipated that 12 residents would participate in the focus groups. The other 12 residents were used as replacements for those who were unavailable or inappropriate for participation in a focus group. In all projects, we attempted to have at least nine focus group participants. If fewer than nine participants were suited for a group, we attempted to conduct individual in-person interviews.

**Exhibit B-2. Two-Day Site Visit Schedule**

	Senior Visitor	Midlevel Visitor
DAY 1: a.m.	Orientation to project (meet with property manager and service coordinator, discuss procedures, locate relevant files).	
	Interview property manager.	Review send-ahead questions for completion; pull 10 records for case record review; begin reviewing files.
DAY 1: p.m.	Complete review of resident case record data; finalize resident selection for focus groups.	
	Interview service coordinator.	Interview other related staff, such as employer.
DAY 2: a.m.	Two focus groups.	
DAY 2: p.m.	One focus group.	
	Brief meeting with property manager and service coordinator to thank them.	

After we selected the residents, we informed the service coordinator of those residents who had been selected as participants and of those residents who would serve as alternates. We conferred with the service coordinator to determine whether any of the selected residents was unable to participate in a focus group and needed to be interviewed in person.

Before going on site, we consulted with the service coordinator about the best time and place to hold the focus group. The site visit schedule was designed to be flexible enough to accommodate resident needs. Service coordinators were very helpful in arranging appropriate space for conducting interviews and focus groups. Service coordinators also distributed letters to both selected residents and alternates. Service coordinators were available to answer any immediate questions residents had about how they were selected.

**Randomly Select Case Records.** The list of residents provided by the service coordinator for the selection of the focus groups was also used to select records for abstraction. Standard random sampling techniques were used to select the records. The steps followed those used for selecting residents for focus groups. Records were selected after the study team arrived at the project. Replacements were made on site. If a resident's record was missing, we then took the first name on the replacement list to replace the missing record. If additional residents had missing records, we substituted residents listed on the replacement list.

**Review of Resident Case Records.** During the visit, the case records of 10 residents were reviewed using a data abstraction form developed for this study. The abstract form was used to obtain assessment information related to activities of daily living, service needs, and service referrals. The case records were randomly selected from the list of residents provided by service coordinators. The purpose of the case record review was to supplement interview data and to obtain additional information about how the SCP was operating.

**Conduct Focus Groups.** The focus group lasted no more than 1 hour. One study team member served as the group moderator. Another study team member served as the note taker. The moderator opened the group by making introductions and explaining the purpose of the group. If residents were confused about the terms used, site visitors referred to a list of SCP activities, services, and equipment that was developed for the study to clarify terms.

At the conclusion of the focus group, residents were thanked for their participation. Site visitors reviewed their notes and summarized findings and conclusions as soon as possible after the focus group.

**Conduct Interviews With the Property Manager, the Service Coordinator, and, If Applicable, the Service Coordinator Employer.** While at the project, site visitors interviewed the property manager and service coordinator. To ensure that interviewees understood all of the terms being used during the interviews, we referred to a list of service coordinator activities and/or services and equipment as needed.

If the service coordinator was a contract employee, we used the contract employer discussion guide to obtain information.

**Mail Thank-You Letters to Projects.** Immediately following the visits, thank-you letters were mailed to all site visit participants, including property managers, service coordinators, and residents.

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**Appendix C**

**Service Coordinator Program  
Application Data Elements**

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## Appendix C

### Service Coordinator Program Application Data Elements Total Number of Applications = 645

<b>Data Element</b>	<b>Number of Applications Containing Data Element</b>
Identification number (including HUD region)	645
Project type (Section 202, Section 8, etc.)	645
Year funded	645
Service coordinator is shared with one or more other projects	645
Estimated service coordinator salary (first year)	624
Number of hours service coordinator will work at the project	621
Estimated hourly rate the service coordinator is paid	621
Service coordinator is planned as contract employee	616
Number of residents	606
Estimated number of residents that are frail elderly or disabled	596
Estimated number of at-risk elderly	588
Number of units (not required for Round 2 applications)	369











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