

# HOW HOUSING MATTERS

The *How Housing Matters Conference* is a project of the National Building Museum in partnership with the John D. and Catherine T. MacArthur Foundation and the Office of Policy Development & Research, U.S. Department of Housing and Urban Development.

**November 2, 2011**

## Meeting the Health Care Needs of Aging Residents of Affordable Multifamily Housing

**CASE STUDY Cathedral Square, Vermont**

Prepared by the Center for Housing Policy



## Type of housing

Supportive housing for the elderly and individuals with special needs

## Funding sources

Medicare, Medicaid, private sources (Cathedral Square Corporation, Vermont Health Foundation, and other foundations)

## Number of residents served

By July 1, 2014: 6,120 participants at 61 service hubs serving 112 supportive housing sites

## Budget

\$74,800 annually for each 100-resident service hub

As a Vermont nonprofit provider of affordable housing for seniors and individuals with special needs, Cathedral Square Corporation has a natural platform for coordinating the healthcare, housing, and social service needs of its residents. Seeing this opportunity and the need for a more comprehensive and coordinated approach to healthcare and housing, Executive Director Nancy Eldridge worked with state legislators, housing providers, healthcare groups, and community service partners to launch Vermont's Support and Services at Home (SASH) program.

SASH uses affordable multifamily housing developments as a platform for providing integrated healthcare. Although participation is voluntary and open to all residents, the program can be tailored to meet the needs of high-risk participants, including those with frequent emergency room and physician visits, cognitive deficits, a history of falls, and/or chronic health conditions. A proposal to the Centers on Medicare and Medicaid Services (CMS) being prepared by the state would increase support for individuals who are dually eligible for Medicare and Medicaid and live near SASH service hubs.

Each SASH service hub supports 100 program participants, referred to as a panel. This simplifies the Medicare reimbursement process that funds each hub's core team, which consists of a full-time SASH coordinator and a quarter-time wellness nurse. The core team is usually employed by the housing facility, although the nurse can be subcontracted from a home health agency.

In addition to the core team, SASH brings together a home health acute care nurse and an Area Agency on Aging case manager. The state uses Medicaid funding to pay for the acute care nurse and case manager to attend SASH team meetings. Other local community agencies, such as the Program of All Inclusive Care for the Elderly (PACE) and community mental health agencies, may also be represented in the SASH team.

The full SASH team meets twice a month to discuss resident and community care plans for the whole panel. Primarily, the SASH team's interactions with participants take place in the participant's apartment, and no additional facilities are needed to operate the model.



CATHEDRAL SQUARE CORPORATION  
WELLNESS NURSE LYNETTE SHEPARD  
WITH SASH PARTICIPANT. COURTESY OF  
CATHEDRAL SQUARE CORPORATION.

When a resident enrolls in the program, the SASH team completes a functional and cognitive assessment and collaborates with the participant to create a Healthy Aging Plan, which includes goals related to physical activity, nutrition, social contact, medication and chronic disease management, and fall prevention.

In addition to these individual plans, the SASH team creates a Community Healthy Aging Plan (CHAP) to address residents' common needs. The CHAP is updated every six months and includes descriptions of programs and interventions that can help meet the community's health and wellness needs. An Evidence-Based Practices Directory is maintained that cites recent research on programs with proven results for improving wellness. The directory also provides guidance on how the programs, such as "Eat Better Move More" and Tai Chi, can be implemented by SASH teams.

SASH is different from other supportive housing programs because it works across the traditional silos that divide housing, healthcare, and social services. "We are not talking about a model," Eldridge says, "we are talking about a system. We were looking at ...long-term care ... in this country, and there are a lot of really great programs and agencies. But you can't point to a long-term care system the way you can point to an educational system." SASH seeks to change this by building a system of integrated long-term care.

## History

The SASH program launched in August 2009 with a pilot effort at one of Cathedral Square Corporation's housing developments in Burlington. Over the course of the one-year pilot, hospital admissions were reduced 19 percent, none of the residents moved to a nursing home, and the share of residents that experienced a fall was reduced by half. Physical activity levels and nutrition also improved.

The pilot program was funded by the John D. and Catherine T. MacArthur Foundation, the Vermont Health Foundation, the Vermont legislature, and Cathedral Square Corporation. Eldridge had been educating the legislature about the housing and healthcare connection for several years, and credits leaders on the appropriations committees for the legislature's receptiveness to the SASH concept. State appropriations of \$200,000 over two years, with a requirement for matching funds from private sources, were key to obtaining support from the Vermont Health Foundation and other sources.

## Opportunities

Based on the pilot's success, the SASH program has been fully integrated into Vermont's statewide healthcare reform plan, *Blueprint for Health*. The plan is to expand SASH across the state with funding from two demonstration projects sponsored by the Centers for Medicare & Medicaid Services: the three-year Multi-Payer Advanced Primary Care Practice (MAPCP) Medicare Demonstration and the Integrated Care for the Dually Eligible Demonstration.

Currently, Cathedral Square Corporation is helping expand SASH to a statewide audience. By October 1, 2011, seven additional SASH service hubs serving 700 participants should be operating, and by the end of the three-year MAPCP Medicare Demonstration, Vermont expects to serve residents of 112 nonprofit residential communities—and their surrounding neighbors—through 61 service hubs in or adjacent to each housing development. Eventually, Eldridge hopes to make SASH available to the entire Vermont population that is dually eligible for Medicare and Medicaid—an estimated 21,379 individuals that includes both seniors and people with special needs.



Expanding SASH throughout the state would both improve the coordination of participants' health care and save an estimated \$40 million in Medicare costs as part of *Blueprint for Health* by the fifth year of operation. The savings stem from improved access to preventative care as well as reduced hospitalizations due to a combination of three proven strategies: (1) transitional care to support seniors as they move back home from a hospital or rehab facility, (2) self-management education and coaching for chronic conditions like diabetes and arthritis, and (3) care coordination between primary care physicians and health professionals with differing specialties to streamline treatment plans.

**SASH is different from other supportive housing programs because it works across the traditional silos that divide housing, healthcare, and social services.**

PARTICIPANTS IN THE EAT BETTER MOVE MORE PROGRAM, ONE OF THE SASH EVIDENCE-BASED PRACTICE PROGRAMS. COURTESY OF CATHEDRAL SQUARE CORPORATION.

## SASH seeks to build a system of integrated long-term care.

## Challenges

The program faces two main challenges: communicating the operating protocols and benefits of the new approach to multiple partners and ensuring that all of the program costs are covered.

As Cathedral Square Corporation has begun to deploy more SASH service hubs, Eldridge has found that there is a constant need for communication with partner organizations. With the planned expansion, more organizations will need to be involved in coordinating operations at service hubs—a major change from most groups' standard practices. This requires outreach and education to ensure consistent administration of services and care.

Another communications challenge that Eldridge notes is a perception that involving housing providers in their residents' health care could violate residents' privacy. This problem is more one of perception than reality. SASH providers have privacy agreements with residents and enforce the privacy rules specified in the federal Health Insurance Portability and Accountability Act (HIPAA). Program participants generally welcome the intervention. "We tell residents that we will be there if they have a crisis," Eldridge says, "and they say great—what do you need to know?"



RESIDENTS AT SASH SITE WITH MOLLY DUGAN (SASH PROJECT MANAGER). COURTESY OF CATHEDRAL SQUARE CORPORATION.

With respect to funding challenges, the state's willingness to make Medicare and Medicaid funding available has helped greatly, but these funding sources are not sufficient in and of themselves to cover all of the expenses of a robust SASH program. Some costs have been reduced by accessing volunteer networks, including volunteers working with the Retired Senior Volunteer Program (RSVP) and Care Banks. Financial support to cover wellness programs, personal care attendants, and technology expenses has been more difficult to secure.

Eldridge is undeterred by these challenges. "There is always someone doing what you need, you just have to find them and work with them," she says.

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## Using Public Housing to Strengthen Children's Education

**CASE STUDY** The Bridge Project, Denver, Colorado

Prepared by the Center for Housing Policy



## Type of housing

Public housing

## Funding sources

Private foundations and individuals

## Number of residents served

577 children in 2010

## Budget

\$1.6 million annually

The Bridge Project provides on-site educational supports to public housing residents in Denver, Colorado, through a partnership with the Denver Housing Authority, University of Denver, and hundreds of volunteers from the community. The key to Bridge's success has been its location in public housing developments, which has increased participation and allowed staff to identify more comprehensive issues that present barriers to achievement, such as low self-esteem and exposure to violence.

## History

Spurred on by a call to service by leadership at the University of Denver, a group of community members and faculty decided to begin a scholarship program for children in public housing developments; however, they quickly found out that almost 90 percent of children in public housing failed to finish high school. The group realized they would need to start working with children earlier, and in much more comprehensive ways. So the University's Graduate School of Social Work, together with partners at the Denver Housing Authority, launched its first out-of-school-time center in 1991 at a public housing development southwest of downtown Denver.



READING AT A BRIDGE PROJECT LITERACY PROGRAM. COURTESY OF THE BRIDGE PROJECT.

The program—known as the “Bridge Project”—was developed to increase graduation rates among children in public housing by focusing on the whole child and not just education. The approach is based, in part, on a risk and resilience framework that the partners at the University of Denver bring to the table.<sup>1</sup> The framework looks at risk factors, protective factors, and children's resilience. Risks include limited economic opportunities, family conflict, and substance use. Protective factors can include a caring family, social relationships with non-family adults, and a strong family commitment to education, while problem-solving skills and a positive attitude are traits associated with resilience. Bridge's housing-centered approach allows the program to work across all aspects of the framework and foster long-term educational success.

## Opportunities

Bridge's programs are now offered at four public housing developments in Denver and are open to all children starting in pre-school. Bridge specifically tailors the program to each child's needs. As a comprehensive out-of-school program, Bridge engages students year-round, preventing educational gains from being lost during the summer. The Housing Authority provides space for Bridge and, unlike most afterschool programs, the sites are open during the day and into the evening to increase accessibility for children and parents.

Executive Director Molly Calhoun says that what sets the Bridge Project apart is its holistic, neighborhood-based services and strong community relationships.

“We are located right in public housing,” she said. “It's been huge for us in that our families are more likely to walk across the street and ask a question about education than they would be to walk into a school. Being neighbors to our families has helped with the trust level.”

During the school year, more than 250 volunteer tutors meet with the students individually at least once each week. Group activities, such as technology workshops, literacy programs, art projects, and yoga classes, are also offered on a regular basis. In 2010, Bridge served 577

<sup>1</sup> Anthony, Elizabeth K., Catherine F. Alter, and Jeffrey M. Jenson. 2009. Development of a Risk and Resilience Based Out of School Time Program for Children and Youths. *Social Work* 54(1): 45-55.

children at four locations, all of which are at public housing developments—two are inside the residential buildings and two are in community centers or administrative buildings on site. Being so close to the families they serve has helped make the Bridge Project an integral part of the neighborhood.

Bridge also offers a scholarship program for participants to use for college or vocational training. Every high school graduate from the program is eligible.

In addition to direct educational supports, the program also engages children on other issues of well-being that can indirectly affect children's capacity to learn. Employees and tutors work to meet the needs of the "whole child": they work on social skills and connect families with supportive services – ensuring families have access to medical care and other benefits such as food stamps.

Many staff members have been with Bridge for years. In some cases, volunteer tutors and staff members have become the most consistent adults in kids' lives, and Bridge reports that those strong relationships play a critical role in the success of the program.

An evaluation<sup>2</sup> of outcomes for Bridge participants between 2004 and 2005 found that there were significant improvements in reading scores for students.<sup>3</sup> Seventy-five percent increased their reading scores by at least one grade level. The evaluation also found that summer programs helped students hold on to gains and even advance further during summer recess. Changes in students' risk and resiliency were more mixed, but generally showed improvements.

## Challenges

**Trust.** Trust was one of the initial stumbling blocks for Bridge. Phil Winn, founder and current chairman of the Emeritus Board, had many doors slammed in his face by skeptical residents. But Bridge demonstrated its commitment to the community by locating itself in the heart of each development, being accessible through its long hours of operation, and following through on its promises.

According to Calhoun, their neighborhood connections have strengthened and become part of Bridge's success. Students and parents are more likely to walk across the street to the Bridge office than approach administrators at the schools; the faces at Bridge are familiar and the setting less formal. Bridge staff and volunteers have become members of the community.

"It's an amazing thing. When there's a shooting in the neighborhood, we know about it. And when there are domestic issues at home, we know about it. It is just a totally different atmosphere. We have access to information without being the social worker knocking on the door and asking, 'What's going on?' But that has taken time."



PUBLIC HOUSING RESIDENT PARTICIPATING IN A TECHNOLOGY WORKSHOP. COURTESY OF THE BRIDGE PROJECT.

**The key to Bridge's success has been its location in public housing developments.**

<sup>2</sup> Assessments are made using a variety of instruments, including self-report surveys, standardized assessments of academic achievement, student efficacy, self-esteem and personal conduct, and a database of program participation. For more detail, see Anthony, et al. 2009.

<sup>3</sup> Anthony, et al. 2009.

**Changing Population.** The largest struggle for the organization now is adapting to a changing population. Denver has become a destination for Somali refugees and tailoring the program to their needs has been a challenge. The refugees are not only working to overcome trauma and learn a new language, but often struggle to adapt to aspects of life many Americans of all income levels take for granted, such as having home appliances or shopping at grocery stores.



AFTERSCHOOL HOMEWORK TIME AT THE BRIDGE PROJECT. COURTESY OF THE BRIDGE PROJECT.

**Sustained Funding.** The economic downturn has not yet posed a substantial problem, but the staff of Bridge is concerned that financial difficulties may be on the horizon. Many members of the community assume its relationship to the University of Denver means Bridge does not have to worry about fundraising, but that is not the case. To meet its \$1.6 million annual budget, Bridge relies primarily on individual donors (40 percent) and private foundations (40 percent), almost all of whom are local. Corporate donations account for another 15 percent, while state and federal money makes up the rest. Charitable contributions may start

to decline since a popular state tax credit program for donations to childcare programs was discontinued in 2011. Although Bridge is working to build a sustainable endowment, it remains reliant on donations to support its day-to-day operations.

For now, Bridge is focused on continuing its programming and has no immediate plans to expand. However, Calhoun views the work as unfinished until Bridge is present in every public housing development in Denver.

**Employees and tutors work to meet the needs of the ‘whole child.’**

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COVER IMAGE: VOLUNTEER AND CHILDREN READING TOGETHER. COURTESY OF THE BRIDGE PROJECT.

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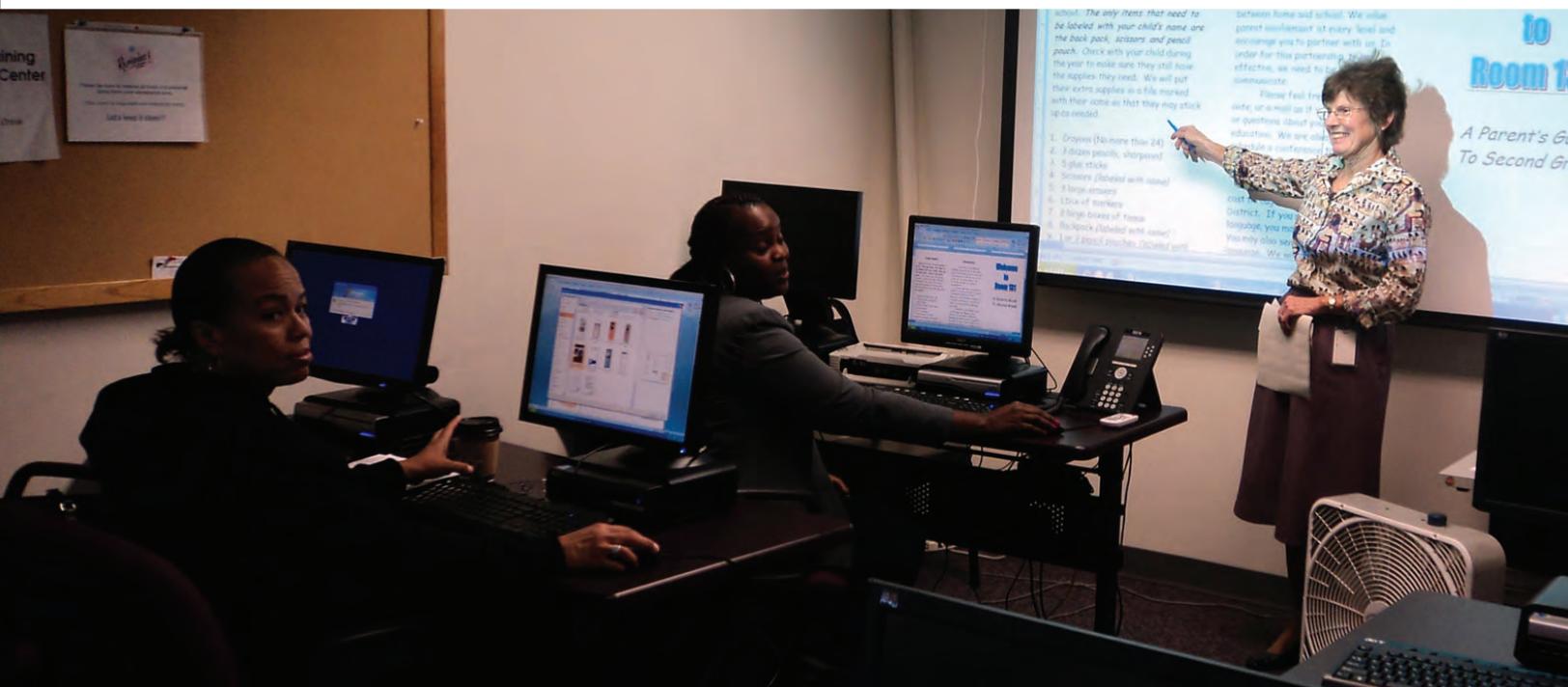
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November 2, 2011

## Leveraging Housing Assistance to Strengthen Family Economic Security

**CASE STUDY** Family Self-Sufficiency Program,  
Montgomery County, Maryland

Prepared by the Center for Housing Policy



## Type of housing

Public housing and voucher-assisted housing

## Funding sources

HUD plus supplemental funding from Montgomery County government

## Number of residents served

450 households currently enrolled or in the application process

## Budget

\$690,518 annually for nine staff salaries, client support services, and administrative costs

The Housing Opportunities Commission (HOC) in Montgomery County, Maryland, operates one of the oldest and most established Family Self-Sufficiency (FSS) programs in the country. One of the keys to the program's success is the partnerships HOC has developed to increase its capacity for case management and provide additional resources to help families achieve their educational and employment goals.

## History

The Family Self-Sufficiency program is a HUD initiative designed to help families using housing vouchers and in public housing build assets and make progress toward economic security. FSS works by combining three elements to help families achieve their goals: (1) stable affordable housing; (2) case management to help participating families overcome the barriers to increased earnings by connecting them to needed services, such as child care, financial counseling, or transportation; and (3) a financial incentive for families to increase their earnings in the form of an escrow account that grows as families' earnings rise.

Like other families in HUD-assisted housing, families participating in FSS pay 30 percent of their adjusted income for housing. When their incomes rise, families in HUD-assisted housing pay more in rent. However, for those enrolled in FSS, an amount roughly equal to the increase in rent due to increased earnings goes into an escrow account for the family. The residents receive these funds upon successfully graduating from the FSS program. Graduation requires that families no longer receive assistance from Temporary Assistance for Needy Families (TANF), that the head of household is employed, and that families achieve other goals included in the contract at the outset of the program, such as completion of an educational program. Families have five years in which to achieve their goals, with two additional years available at the discretion of their case managers.

Montgomery County, located immediately north of Washington, D.C., is one of the largest jurisdictions in the metropolitan area, with an estimated population of nearly one million. It is also one of the most affluent counties in the nation, with fair market rents of more than \$1,400 for a two-bedroom apartment and a median home price of close to \$1 million for a new single-family home and \$405,398 for an existing single-family home or townhouse. The high cost of living in the county means it is particularly difficult for lower-income residents to build assets, become economically secure, and achieve homeownership. FSS provides participants with a unique opportunity to get ahead and make progress toward economic security.

HOC started its FSS program in 1993 and over time has graduated 731 families. HOC currently has 380 families enrolled in FSS, and approximately 70 families are in the application process but have not yet executed their FSS contract.



FSS PARTICIPANT MEETS WITH HER CASE MANAGER. COURTESY OF THE HOUSING OPPORTUNITIES COMMISSION.

## Opportunities

HOC's FSS program reports large increases in the earnings and assets of program graduates:

**Income Increases.** Historically, HOC's FSS graduates have more than doubled their average annual earned incomes during their participation in FSS, from \$12,067 at enrollment

to \$29,788 upon graduation. The most recent program graduates, in 2010, increased their average annual earned incomes from \$15,872 to \$32,401 over the course of their participation in the program.

**Asset Increases.** Historically, HOC's FSS program graduates have accumulated an average of \$8,780 in FSS escrow account savings. The 2010 graduating class reported an average escrow savings balance in excess of \$12,000.

**Graduation Rates.** As of July 2011, HOC's FSS program had an overall graduation rate of 45 percent. Of those participants who completed the program's full five-year term, almost 83 percent successfully graduated by becoming employed, independent of TANF assistance, and achieving the other goals in their initial contracts.

**Homeownership.** Some 131 of the program's graduates (18 percent) became homeowners when they graduated from FSS. In many cases, these new homeowners were assisted by HOC's First Time Homebuyer Program, which offers comprehensive homeownership education, credit counseling, and guidance on finding affordable homes for purchase. A quarter of HOC's FSS graduates who went on to become homeowners were unemployed or on TANF assistance when they first entered the FSS Program.

Despite the difficult economic times, HOC reports that 221 of the 380 current FSS participants have escrow savings and 60 percent are employed. Most of the remaining participants are engaged in employment-related education or similar activities. About 95 percent of participants are single parents, and they have an average of two children.

One FSS graduate notes the tremendous change in her life since leaving an abusive relationship nine years ago. "I am getting ready to buy my first house ...with the money I saved in escrow with FSS," she said. "My girls are healthy honor roll students."

## Challenges

**Funding.** One of the biggest challenges for all FSS programs is funding. Although HUD pays for the escrow accounts, there is only limited financial support for FSS coordinators and case management and no money available for direct services. HOC has not let this challenge prevent it from offering a strong FSS program. In order to manage the large caseload, HOC has instituted an innovative case management model, described below. It has also developed a volunteer network and built strong partnerships with service providers to leverage work-promoting services for program participants.

**Case Management.** To augment limited HUD funding for case management, HOC has developed a case management partnership with the Montgomery County Department of Health and Human Services (DHHS) and Crossway Community, Inc., a local non-profit provider of housing plus services for low-

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MONTGOMERY COUNTY'S FSS GRADUATION, 2010. COURTESY OF THE HOUSING OPPORTUNITIES COMMISSION.



COMPUTER TRAINING FOR FSS PARTICIPANTS. COURTESY OF THE HOUSING OPPORTUNITIES COMMISSION.

income single mothers. Case management duties are shared among the three FSS partners. HOC employs eight case managers (three of whom work part-time). DHHS provides three case managers to work with FSS participants who are also part of its TANF caseload. Crossway Community provides an additional case manager who handles the cases of about 30 FSS participants who live in Crossway's housing. The

partnership with DHHS and Crossway Community reduces the expense and time involved in case management by identifying organizations that are already providing similar case management services to the same clientele, avoiding duplicative work.

**Volunteers.** Early in the course of implementing its FSS program, HOC saw an additional opportunity to enhance the services and supports available to FSS participants by tapping into volunteer resources. This initially involved a partnership with Friends in Action, a local volunteer network, but staff turnover there led HOC to start its own volunteer program. In 1994, the Meyer Foundation provided the seed money for HOC's FSS Volunteer Mentoring Project. A HOC employee now supervises a team of 45 trained volunteer mentors. Volunteers are recruited from the broader community, as well as past FSS graduates and HOC staff. Each volunteer is usually assigned to one FSS family, providing dedicated one-on-one assistance for a minimum of one year. The volunteers provide regular encouragement as well as assistance with job search activities, such as preparing for interviews.

**Community Supports.** HOC also partners with a wide range of agencies and nonprofits, including a University of Maryland branch, to connect families with additional resources such as adult education programs, free or low-cost computers, and discounted used cars. More community supports are needed to help families access core services, such as childcare and training opportunities, that will allow them to make progress toward economic security.

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