Opening Doors to Services in Housing...

Maine State Housing Authority Program Guide to Service Coordination

Maine State Housing Authority

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> *American Association of Service Coordinators Program Manual, Recommended Standards of Practice (2002)*
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> *New Hampshire Housing Finance Authority RSC Manual (2003)*
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> *Pennsylvania Housing Finance Agency Supportive Services Programs Operating Manuals (Family and Senior) (May 2003)*

INTRODUCTION

The profession of service coordination has grown substantially since its initiation in the late 1980's. Since that time, Resident Service Coordinators (RSCs) have proven to be an invaluable component of the housing management team. The Resident Service Coordinator's role in housing is multi-faceted and ever changing as they strive to meet the needs and expectations of residents, Owners/Management Agents and regulatory agencies.

Resident Service Coordinators are a "link" for residents to existing services and resources within their communities, advocates for residents, community builders with the property and the community, informal counselors regarding resident issues, a liaison between residents and housing management, a resource to management in addressing "life issues" of residents, etc. Their networking skills enhance the marketing of the property to potential referral sources in the broader community. RSC interventions facilitate enhanced quality of life for the residents and help provide a positive financial impact on the property operations by helping to address lease compliance issues and reduce turnover, property damage, and legal liabilities for the property's Owner/Management Agent.

This manual is created as a resource for Resident Service Coordinators and Property Owners and Managers of both family and elderly housing. It is intended to serve as a guide in implementing and monitoring service coordination as well as an aid in addressing service issues as they arise. The entire manual and appendices are available on-line at www.mainehousing.org.

Program Philosophy

Service-enhanced housing involves integrating the social service network within and outside of communities into the ongoing operation and management of low-income housing. These services can enhance the quality of life of residents, increase self-sufficiency and empower them to remain independent.

This supportive environment contributes to a stable resident population and decreased management costs. Additional benefits may include improved maintenance within apartments, improved relations between management and residents, increased marketability of the property and increased resident satisfaction.

MSHA encourages resident-driven service coordination. Properties should tailor services to the specific needs and interests of the resident population. These services may vary considerably from property to property and over time. Though needs and interests may vary, most fall into the following broad categories:

Properties Housing Elderly/Disabled:
- Service Coordination
- Transportation
- Housekeeping and errands
- Personal Care
- Health Services and Screening
- Nutrition
- Educational and recreational activities
- Conflict Resolution/Mediation/Family Dynamics
- Information and Referral

Properties Housing Families:
- Service Coordination
- Substance Abuse Intervention
- Conflict Resolution/Mediation/Family Dynamics
- Financial Planning
- Child Care
- Healthcare
- Job Training
- Education
- Recreational activities

Training and Technical Assistance

A primary function of MSHA's Manager of Resident Services is to act as a catalyst for information exchange. On a quarterly basis, MSHA's *Service Matters* newsletter provides a vehicle through which information and resources regarding services and service coordination are shared. MSHA also coordinates quarterly statewide meetings that feature educational and networking opportunities for Resident Service Coordinators and other housing professionals in MSHA, HUD and Rural Development properties throughout Maine. MSHA's Manager of Resident Services is also available to provide technical assistance regarding service coordination to Resident Service Coordinators, Property Owners/Management Agents and Developers.

MSHA encourages the development of mentoring relationships to assist RSCs in their role. MSHA is also available to provide information and help to link new Resident Service Coordinators with experienced professionals in their geographic region.

MAINE STATE HOUSING AUTHORITY'S ROLE IN SERVICES

Maine State Housing Authority (MSHA) plays an active role in the advocacy for and promotion of services in housing properties throughout Maine. While MSHA, itself, does not provide any direct services or financing for services, it does, however, act as a leader and catalyst for researching creative and new funding and resources to support service coordination. The Maine State Housing Authority's role is as follows:

- **A Catalyst** for the creation of effective service programs and the access to existing services for housing projects.

- **An Advocate** for the addition of service coordination to property owners and managers. MSHA's Manager of Resident Services also serves as a representative and advocate regarding the profession of service coordination to regional and national service coordinator organizations.

- **An Educator** of Resident Service Coordinators and Property Owner/Managers regarding service options, benefit of services to residents and the way in which programs can be implemented, operated and financed.

- **A Liaison/Connection** between the service provider community, federal/state funding and regulatory entities and Resident Service Coordinators in housing.

By encouraging a housing environment that includes service coordination, project operating costs can be reduced through lower property damage, reduced turnover, fewer vacancies and evictions, etc. Service coordination also provides property management and residents with tools for a successful tenancy and a living environment that promotes quality of life and independence. Experience has proven that the addition of service coordination in housing provides significant benefits to residents and Owners/Management Agents alike.

THE HISTORY OF SERVICE COORDINATION

Since its initiation through the Robert Wood Johnson Foundation Demonstration Program in the mid 1980s, service coordination has proven to be a valuable program in government-assisted housing. The timeline outlined below gives an historical perspective of the profession's growth over the years.

Historical Timeline of Service Coordination (Nationally)

1985   Demonstration Program: Robert Wood Johnson Foundation

1989   Living at Home Program: Supportive Services in Senior Housing Program

1990   Some local HUD offices allow Service Coordination in the property operating budgets

1990   HUD promotes Service Coordination throughout Assisted Housing inventory

1990   Congress authorizes limited authority for service coordinators in Section 202 projects in the National Affordable Housing Act

1991   HUD has statutory authority to provide service coordinators in Section 202 projects

1991   Congress broadens service coordinator authorization to all multifamily assisted housing projects and public housing through the Housing and Community Development Act of 1992; HUD funds service coordinators in Section 202 projects.

1993   Congress funds and HUD extends subsidy awards to Section 8, 221(d)(3) below-market interest rate (BMIR) and 236 projects

1995   HUD awards service coordinator grants for public housing

1997   HUD issues Management Agent Handbook guidance on Service Coordinator Program in multifamily housing. Provides explicit authority for projects to include service coordinator expenses funding in operating budgets and through residual receipts.

1998   HUD publishes Notice of Funding Availability (NOFA) and establishes lottery process for application selection for new grants. HUD begins one-year extensions of expiring service coordinator grants and subsidy awards, (both in Housing and Public Housing)

2000   Fiscal Year 2000, Congress appropriates a separate budget line item in the amount of $50 million for service coordinators in multifamily housing (In 1999, the amount received by the Office of Multifamily Housing was $15 million.)

As of January 2002, approximately 1500 HUD Service Coordinators Grants were made in Public and Assisted Housing with an additional 500 coordinators funded in HUD developments through operating budgets or third parties funding sources.

[1]*Timeline Source: American Association of Service Coordinators Program Manual*

Historical Timeline of Service Coordination (Maine)

1986   Then MSHA Deputy Director, John Bohm is instrumental in lobbying Robert Wood Johnson Foundation to establish the Supportive Services in Senior Housing (SSHP) grant program, utilizing ten HFAs (Housing Finance Authorities) as experimental laboratories to find effective ways to bring services to existing subsidized housing.

1987   RWJ develops SSHP grant program.

1988   MSHA applies and is awarded a RWJ Supportive Services in Senior Housing three-year grant.
Note: Every HFA had a different approach. What made Maine's application unique was:
(1) Focus on program sustainability.
To ensure ongoing program funding after the RWJ money was gone, MSHA planned to spend the grant money for MSHA staff and very little on direct services. The hope was that by the end of the three year grant period, MSHA's Director would recognize the value of RSC as a MSHA function and make the position permanent and that is what indeed happened. As the program evolved, MSHA's philosophy and focus of their role changed from that of direct service provider to that of a catalyst and innovator of services, a focus that remains in place today.
(2) Focus on low cost-no cost services, affordable to residents, while building RSC into development operating budgets.
The reasoning here was that if RSCs became part of the management of the development, the cost-benefit of the RSC role to the owner or management agent would be self-evident.
(3) Service would be resident-driven rather than needs-driven.

1989   MSHA issues an initial invitation to owner and management agents to participate in SSHP.

First round: **33** Applications are submitted, **nine** projects are chosen for a "Pilot"; Properties chosen where a mix of; for-profit and non-profit develoments and local housing authority properties, large and small properties, urban and rural projects, etc.

1990   Second Round: **Seven** more projects are chosen, later **Four** more projects are chosen

1991   By now there were **20** demonstration sites and **13** sister developments, related to the demonstation sites with **18** RSCs on the job.

MSHA hires part-time Resource Coordinator.

1992   MSHA makes Resource Coordinator a full-time position and includes the SSHP program as a permanent part of their Management Division.

22 MSHA properties and **16** sister developments with part-time RSCs.

1996   First RSC program manual published, *Consumer-Driven Services in Senior Housing.*

1999   Maine hosts first ever New England Resident Service Coordinators Training and Networking Conference (NERSC).

2000   MSHA Manager of Resident Services develops comprehensive statewide RSC database.

2002   MSHA initiates first-of-its-kind RSC retreat to develop strategic plan for growth and development of RSC profession in Maine.

2003   Revised RSC program manual, *Opening Doors to Services in Housing*, published.

Maine State RSC Association Founding Committee established.

According to data in the MSHA statewide RSC database, as of September 2003, **117** individuals (**91 RSCs and 16 RSC Supervisors**) provide service coordination in government-assisted housing in Maine. These RSCs provide service coordination to a combined total of **270 family and senior properties** made up of **12,239 housing units** throughout Maine. These properties are funded through one or more of the following sources: MSHA, HUD or Rural Development.

SERVICE COORDINATION BENEFITS

The benefits of on-site service coordination are felt not only by residents, but also by owners, managers, and the service community. Benefits include but are not limited to:

Residents:

- Keeps seniors living "independently" by providing links to supportive services. Decreases premature institutionalization by increasing the availability of services.

- Enhances self-esteem and self-sufficiency by promoting involvement and participation in the "life" of the development and in the community.

- Increases safety as needs for assistance are more quickly recognized and addressed.

- Supports a healthy and positive social environment that promotes a sense of fellowship and community, and a greater connection to the surrounding community through a mutual exchange of resources and activities.

- Increases the ability to meet basic needs and financial obligations through utilization of job training programs, entitlement programs and other community resources.

- Increases respect for residents' choices due to the service coordinator's support, advocacy, and role as a liaison with management and the community, family, and service providers.

- Relieves tensions associated with mixed populations, diversity, and alcohol and substance abuse.

- Improves the quality of services that residents receive through regular contact with outside agencies and an onsite presence.

Owner/managers:

- Enhances the development's standing in the local community and improves marketability. Gives the development a competitive edge within the local housing market.

- Protects investment by reducing turnover, damages, vacancy loss and evictions as residents have increased access to appropriate services in order to maintain their independence and quality of life. In addition, residents have increased sense of "ownership" and belonging.

- Reduces resident phone calls, interruptions, complaints, and minor repair requests related to residents' loneliness, inactivity, unmet service needs, personal problems, conflicts and 'community' dysfunction.
- Reduces crisis management through early intervention.
- Increases knowledge of services provided in the area and improves working relationships with community service providers.
- Increases residents' knowledge of the obligations of tenancy.

Service Providers:

- Creates the potential for more efficient service delivery due to economies of scale, the availability of on-site service coordinators, and the possibility of resource and/or cost sharing.
- Results in a better understanding of housing programs and a more cooperative relationship with housing management staff.
- Increases housing plus services options in the community, thus increasing housing for special populations who may need some assistance to live independently.

MAINE STATE HOUSING AUTHORITY
SERVICE COORDINATION

Mission Statement

The mission of service coordination is to ensure a successful tenancy for all residents by providing assistance and/or access to services and resources, which enhance the quality of their lives, helping them maintain and enhance their independence and improve their self-esteem and self-determination, both as individuals and as a community.

Primary Objectives

- Develop a comprehensive array of programs and services that address the present and future needs of the resident population.

- Address "aging in place" issues of increasing frailties and the associated physical, emotional and social consequences for residents.

- Assist families in overcoming the barriers to self-sufficiency through linkages with community resources related to education, financial planning, childcare, etc.

- Target activities that enhance the living environment, increase socialization and interaction among residents and promote independence and self-sufficiency.

- Ensure residents are meaningfully involved in the planning, development, implementation and evaluation of programs and services intended for their benefit.

Service Coordination vs. Case Management

Service coordination assists residents in obtaining the services they need and want. Service coordination is the first line of supportive services assistance: Resident Service Coordinators are the LINK. Service coordination should not be confused with case management. In the housing model of service coordination, equal treatment of residents is the expectation. "What you do for one, you do for all."

- Unlike case managers, Resident Service Coordinators do not do *needs assessments* or create *care plans* in the social work or medical model. Rather, the RSC's role is to be sensitive to "red flags" that indicate there may be a problem and to refer residents to the appropriate organization for assessment and possibly case management.

- Service coordination is based on a *resident-driven* rather than a *needs-driven* model of service provision. As numbers and demands increase, a system that is based on "needs assessment" may become more and more focused until it is finally only for people if they **really** need it. Prevention goes by the board, as does the focus on community.

- Given the "*do or die"* attitude toward independence, especially among elderly residents, service coordination would fail miserably if it were only for people who *need* it. If people feel that you must **need** the services (as opposed to merely desiring them), they may feel labeled as "no longer independent" and will therefore be reluctant to sign on.

- If the RSC becomes identified as only for the "sick", "frail" or "problem" residents, s/he will have trouble relating to people who don't view themselves that way. **The RSC must be perceived as being there for everyone.**

A Resident Service Coordinator **markets** rather than **prescribes** services. That is, they make service information available to, rather than make the decision for, the resident. This approach is based on the belief that residents know best what will improve the quality of their lives, and that most residents do not want or need to be "case managed." As one resident was quick to point out: "*I'm still the captain of my ship.*"

MAINE STATE HOUSING AUTHORITY
SERVICE COORDINATION

Code of Ethics

The MSHA Code of Ethics is a resource for RSCs and property managers to use as a guide in the development and implementation of their service coordination program as well as the RSC's work and role with residents, their employer and community service providers. Ethical standards are key components of the Resident Service Coordinator's role as they work with and respond to the confidential and sensitive nature of resident issues and concerns. Ethical standards for RSCs include:

1. **A commitment** to work to preserve the resident's civil rights, safety, least disruptive lifestyle, and least restrictive care alternative.

2. **A commitment** to protect the resident's right to freedom of choice. The resident is in charge of his/her decision-making until she/he delegates that right to another person or a court grants that right to another person or agency.

3. **A commitment** to promote understanding, acceptance, and the enhancement of the general welfare of residents in the community.

4. **A commitment** to respect the privacy of the resident and to hold in confidence information obtained in the course of providing services.

5. **A commitment** to seek and advocate for the assistance of other professionals, agencies and institutions for information and services that benefit the resident.

6. **A commitment** to the resident as the only person she/he is charged to serve when interests of family, other residents, management staff or the community compete.

7. **A commitment** to continually strive for improvement in their proficiency and the effectiveness and quality of their service.

8. **A commitment** to undertake only those services which she/he can reasonably expect to complete with professional competence.

9. **A commitment** to maintain the integrity of the position by upholding and advancing the values, ethics, knowledge, and mission of the profession.

10. **A commitment** to set clear, appropriate, and culturally sensitive boundaries.

Note: For further reference and guidance regarding Professional Ethical Standards for Resident Service Coordinators, see the AASC Standards of Practice and Code of Ethics on the American Association of Resident Service Coordinators web site at www.servicecoordinator.org.

Principles

Freedom over safety: The resident has a right to choose to live at risk of harm, providing s/he is capable of making that choice, harms no one, and commits no crime.

Self-determination: The resident has a right to personal choices and decisions until such time she/he delegates or the court grants the responsibility to someone else.

Decision-making: The resident has a right to receive all necessary information to enable her/him to make informed decisions and to actively participate in all decision-making affecting her/his circumstances, to the extent she/he is able.

Least restrictive alternatives: The resident has a right to service alternatives that maximize choice and minimize lifestyle disruption.

Primacy of the adult: The Resident Service Coordinator has a responsibility to serve the resident, not the community concerned about safety, the landlord concerned about crime or family concerned about finances.

Confidentiality: The resident has a right to privacy and personal dignity, and must be made aware of the limits of confidentiality before she/he discloses private information.

Benefit of doubt: If there is evidence that the client is making an informed choice, the Resident Service Coordinator has a responsibility to see that the benefit of doubt is in the resident's favor.

Do no harm: The Resident Service Coordinator has a responsibility to take no action that places the resident at greater risk of harm.

Avoidance of blame: The Resident Service Coordinator has a responsibility to understand the origins of any maltreatment and commit no action that will antagonize the perpetrator and so reduce the chances of terminating the maltreatment.

Maintenance of family: The Resident Service Coordinator has a responsibility to deal with the maltreatment as a family problem if the perpetrator is a family member, and give the family the necessary services to resolve the problem.

Standards of Conduct

1. Shall exercise honesty, objectivity and diligence in the performance of her/his duties and responsibilities.

2. Shall exhibit loyalty in all matters pertaining to the affairs of her/his organization or to whomever s/he may be rendering a service and shall not knowingly be a party to any illegal or improper activity.

3. Shall treat with respect the services, views and actions of colleagues and supervisory and administrative directives. The RSC shall use appropriate channels to express judgment on these matters when in conflict.

4. Shall not accept anything of value from an employee, resident, service provider or other business associates that would impair or be presumed or perceived to impair her/his professional judgment.

5. Shall conduct discussions pertaining to residents in a professional and respectful manner.

6. Shall outreach and work with community service providers in a manner that fosters mutual respect, courtesy, fairness and cooperation in good faith.

7. Shall be prudent in the use of information acquired in the course of her/his duties.

8. Shall identify service areas that require cooperative agreements and bring them to the attention of management for development.

SERVICE COORDINATION IMPLEMENTATION OPTIONS... MAKING IT WORK

An employee of the owner or management agent, or an individual or agency with whom the owner or management agent has contracted typically performs Service Coordination. Some owners/management agents hire their own part- or full-time Resident Service Coordinators; others share; still others assign service coordination functions to an existing employee. Regardless of the option employed, it is important to remember that RSCs operate within an independent housing (versus institutional) setting and ***services are resident-driven.***

The following descriptions provide some guidance on possible options to implementing a service coordination program:

On-site Service Coordination

On-site service coordination is the most common option among the housing developments where service coordination is employed. It is the preferred option, as well. Under this option, the owner/management agent either hires directly or subcontracts with another entity (e.g., local social service agency or management company) for a part- or full-time RSC. The owner/management agent "*customizes*" services by negotiating offerings based on resident survey results, the development's financial position, the cost of the desired services, and the program under which the development is funded. This option encourages a proactive, rather than reactive, approach to resident intervention and assistance. This model is used most often in developments with sufficient resources and in developments with little or no on-site management presence.

Regional Service Coordination

Regional Resident Service Coordinators are either based within a single management company and are responsive to the company's entire portfolio, or are employed by multiple management companies in a specific geographic region. As in the first option, regional RSCs develop "*customized*" service programs at the housing developments within their jurisdiction, but take regional, as well as individual, interests into account. This option helps to overcome geographic obstacles, brings service coordination to developments with too few resources to hire their own on-site Resident Service Coordinator, and can result in more affordable services since costs are shared.

Caution should be exercised when employing this option to avoid stretching the RSC too thin. Too often this option leaves little time for anything but "putting out fires" and the *proactive* tenet of service coordination falls by the wayside. A program that can be characterized as "reactive" leaves little or no time for community building or resident self-sufficiency. The success of the regional service coordination option depends on the RSC having an ongoing presence in the housing developments to which he/she is assigned. If the RSC simply shows up whenever time permits, or when there are pressing problems, the position will be limited in its effectiveness. Furthermore, if the RSC is assigned to too many housing developments, the role may become so watered down that residents perceive the RSC as a troubleshooter who shows up to "solve" management's problems.

Existing Management Staff as Resident Service Coordinators (non-HUD funded developments)

With this option, the owner/management agent assists in the development and implementation of services, and an existing staff member of the management team oversees the day-to-day operations such as marketing, price setting, and payments. The staff person must be willing to assimilate training about services, handle new responsibilities, and work additional hours. The combined Site Manager/RSC role may work best in smaller developments (fewer than 30 units) where residents may already view management in an advocacy role.

Please note, however, that the combination of management team member/RSC is the *least preferred* option for service coordination – especially the specific combination of Site Manager/RSC. **Further, this option is expressly prohibited by HUD.**

Several problems have been identified with this approach. Often Site Managers are not equipped to deal with the complex issues associated with service coordination. In addition, residents are often reluctant to accept the Site Manager in the role of RSC. Justified or not, it is common for residents to have negative perceptions of "management" and fear eviction due to frailty or other challenges. Furthermore, experience has shown that RSC activities tend to take a back seat to housing management activities due to time constraints and owner and regulatory agency priorities.

Whatever the staffing of the RSC role, the owner/management agent's supportive service staff should be available to provide training, technical assistance, and support. In some instances, service coordination may be provided by volunteer organizations, student internships, or resident initiatives. This approach is nearly always combined with one of the other options above. The pros and cons of each option and the desired level of service coordination should be examined before determining the option that will best meet your needs.

SAMPLE JOB DESCRIPTION
RESIDENT SERVICE COORDINATOR

This comprehensive job description was designed by Maine State Housing Authority as a guide for owners and management agents to develop a position description for their Resident Service Coordinator that is customized to their individual property(s), taking into account the individual needs of their resident population.

Overview

Service coordination is assisting residents in obtaining the services they need or want to maintain independence, self-sufficiency, and life satisfaction. Service coordination is the first line of supportive service assistance; it is not to be confused with case management. A Resident Service Coordinator markets rather than prescribes services; that is, she/he makes service information available to, rather than makes the decision for, the resident. Service coordination enables housing management to better integrate the human factors of property management.

Service coordination responsibilities fall into several categories: marketing, research, outreach, service planning and brokering, coordination, problem solving, intervention, advocacy, community building, evaluation, and record keeping.

Responsibilities

A. Service Development, Linkage and Coordination

- Assists residents in identifying the services and benefits needed to maintain independence, self-sufficiency, life satisfaction and well being (usually through face-to-face interviews, written questionnaires, community meetings, focus groups, etc.)

- Links residents with *existing* services by creating a network of contact persons within the community's social service agencies to facilitate residents' access to programs.

- Works with residents to develop and implement *new* on-site services that are specific to residents' preferences, as appropriate.

- Coordinates and oversees the delivery of supportive services developed for the housing complex as a whole, as well as individualized formal and informal supports.

- Markets the housing property through networking contacts in the community.

B. Community Building

- Works with residents to develop a sense of fellowship and community using organization and facilitation skills. This may involve the development of resident associations, project-based newsletters, welcoming committees, orientation packages, support groups, etc.

- Assists residents in securing and/or creating social programming opportunities, which meet the recreational, health, educational and spiritual needs of the housing community, and which enhance the quality-of-life at the development.

- Works with residents to resolve individual as well as group conflicts.

- Works with residents to develop community-oriented activities, which build bridges between people, promote active interest in the life of the property, and generate self-sufficiency.

C. Outreach and Advocacy

- Works with management staff, families, and community social service agencies to identify and address resident problems *before* they reach crisis proportions.

- Provides follow-up to referrals to ensure appropriate service delivery. Helps residents apply for fair hearings when there is reason to believe the resident is eligible for a denied service.

- Refers for *case management* any resident experiencing problems, that threaten health, safety and continued independence, while supporting the resident in remaining at *home*.

- Assists housing management staff, family members, and the community in understanding the changing needs of residents.

D. Record Keeping and Other Considerations

- Keeps appropriate resident files.

- Documents conversations with or about residents, referrals made on behalf of residents, problems identified and residents' refusal or acceptance of services.

- Maintains reports regarding service provision and resident satisfaction as required.

- Develops a working knowledge of housing rules and issues such as reasonable accommodations, the lease and lease violations, etc.

- Assists owner and management agents in completing annual budget proposals

- Prepares reports for owner and management agent, funding sources and regulatory agencies, as appropriate.

- Assumes additional responsibilities as requested.

Skills and Experience

- Knowledge of community support services available to residents of senior and family developments as well as the eligibility requirements for accessing those services.

- Knowledge of elderly life cycle issues, as well as physical or mental impairments common to the aging process.

- Experience working with older persons and/or families in a direct service capacity, especially in the areas of advocacy, self-sufficiency, service negotiation and community building.

- Ability to establish trusting relationships with residents; individually, and as a group.

- Ability to listen to and assist residents in defining their problems; to help identify possible solutions and resources.

- Ability to seek input from residents, to research possible service vendors, to evaluate services delivered and make adjustments, if needed.

- Ability to counsel or advocate in non-judgmental ways to empower residents to make personal decisions and enhance their self-esteem and independence.

- Ability to develop community-oriented activities that build bridges between people, promote active interest in the life of the property, and generate resident self-sufficiency.

- Ability to understand the needs and resources of both the senior and family housing community and the service provider network, facilitating cooperation between those two groups for the benefit of residents.

- Skill in basic word processing, data management and internet usage.

Education

College degree with a major in social work, sociology, psychology, or other appropriate field preferred. Any equivalent combination of work experience and training in aging, human/social services or related field may be acceptable.

TRAINING GUIDELINES FOR RESIDENT SERVICE COORDINATORS

One of the questions most frequently asked by Resident Service Coordinators is, "What type of training is required for this role?" HUD requires RSCs working in HUD-funded elderly properties to adhere to the training requirements of Chapter 8, Section 8.9 of the Management Handbook, HUD Handbook 4381.5, REV-2 (available at www.hudclips.org). Although HUD does not mandate training for RSCs serving families, MSHA does. The training requirements specified below incorporate and expand upon HUD's guidelines.

Basic Training

Resident Service Coordinators are required to complete 36 hours of training upon hire or within the first year of employment. The 36-hour requirement may be met through education received prior to becoming an RSC, provided it is sufficiently documented. The 36 hours must cover all of the following required subject areas.

Required Subject Areas for Elderly:
- The Aging Process
- Elderly Services
- Strategies for Dealing with Cognitive Impairments

Required Subject Areas for Family:
- Economic Development and Employment Opportunities
- Domestic Violence, including Child Abuse
- Building Safe Communities

Required Subject Areas for Both Populations:
- Services for Persons with Disabilities
- Applicable Federal and State Entitlement Programs
- Legal Liability Related to Providing Service Coordination
- Medication/Substance Abuse
- Mental Health Issues
- Strategies for Communicating Effectively in Difficult Situations

Continuing Education

After the first year, 12 hours of continuing education are required annually. The12 hours of training must be in one or more of the following topics. MSHA-facilitated quarterly RSC meetings are also intended to help RSCs meet the 12-hour annual training requirement.

Certificates of attendance will be provided by MSHA for each of the quarterly meetings attended.

Possible training subjects may include:

- Supportive Services for the Aging/ Elder Services
- Issues for the Single Head of Household
- Supportive Service Needs of Non-elderly People with Disabilities
- The Role of the RSC
- Youth Services
- Motivation
- Educational Opportunities
- Outreach Strategies
- Cultural Diversity
- Networking
- Creative Strategies in Service Provision
- Ethics/Confidentiality
- Record Keeping and Reporting
- Housing 101 (Housing Rules and Regulations)
- Fair Housing Law
- Federal Programs and Requirements
- State Administered Programs & Requirements/Entitlement Programs
- Legal Liability
- HUD's Service Coordinator Program
- Locally Administered Programs & Requirements

- Working with Resident Organizations
- Support Networks for Residents
- Peer Networks
- Working with Volunteers
- Working with Aides
- Working with Management Agents
- Communicating Effectively with Difficult Situations
- Negotiation and Brokering
- Counseling
- Advocacy
- Teamwork/Consensus Building
- An Aging Population/Aging Process
- Medication/Substance Abuse
- Mixed Populations
- The Disabled Population
- Other Health Problems Among the Aging
- Crime and Self-Protection
- Identifying Service Needs and Availability
- Technology and Service Coordination
- Neighborhood Violence
- Monitoring and Evaluating Services' Effectiveness, Adequacy and Need for Change

Documentation Requirements

It is critical for the RSC to document training activities. College transcripts, certificates from trainings and registration receipts, can be used as documentation. Documentation for both basic training and continuing education needs to include: topic, date, number of hours, name of presenter, and sponsoring organization.

The Resident Service Coordinator, management agent, or contractor must maintain documentation that the training meets MSHA's basic training requirements.

Training Resources

Beyond training offered through the MSHA Statewide Quarterly RSC Meetings, training may be accessed: through national or regional conferences, locally arranged workshops, and participation in pertinent training sessions organized for other professionals. Groups of RSCs may get together for information exchange and mutual support and invite local experts to speak at these informal gatherings to help them meet their training requirements.

Possible resources for training or training information include:

- HUD Field Offices.
- National, State or regional service coordination association conferences such as the New England Resident Service Coordinator (NERSC) Annual Conference or the American Association of Service Coordinators (AASC) Annual Networking and Training Conference.
- State or regional affiliates of the American Association of Homes and Service for the Aging (AAHSA). For States of Maine, New Hampshire and Vermont the regional affiliate is Northern New England Association of Homes and Services for the Aging (NNEAHSA).
- State housing finance agencies, the State affiliates of the National Association of Housing and Redevelopment Officials (NAHRO), the National Affordable Housing Managers Association (NAHMA), and State housing managers' associations (e.g. Maine Real Estate Managers Association).
- State Offices on Aging
- Area Agencies on Aging (AAAs), Councils on Aging (COAs), senior centers, and local service providers (such as nursing homes, hospices, or home health providers). Check these sources for trainers and ask whether their training sessions for workers and volunteers are relevant and open to you.
- Public programs providing health insurance information to older people (these often have useful information for RSCs).
- State training programs for caseworkers in aging or disability areas.
- Gerontology associations and colleges and universities (for example, that have gerontology or health programs). They may offer pertinent conferences, seminars, and workshops and may be a source of speakers.
- State long-term care groups such as assisted living and nursing facilities.
- Hospitals and other health care providers.
- State and local organizations addressing alcohol abuse, substance abuse, AIDS, Alzheimer's disease, and other specialized topics.

- Continuing education programs for various professionals. These programs may have much to offer RSCs. Check with State social workers', nurses', housing managers', and other associations for information.

- Experienced Resident Service Coordinators. "Shadow" these RSCs. If there are none in your area, consider staff from Area Agencies on Aging, Centers of Aging, senior centers, or government aging or disability departments.

- National organizations such as National Church Residences, the National Benevolent Association, and the National Center for Housing Management.

MSHA strongly encourages RSCs to network with local service providers in order to develop positive collaborative relationships and get on newsletter mailing lists, etc. to help facilitate access to information regarding training opportunities offered in their area.

FINANCING AND BUDGETING FOR SERVICE COORDINATION

The number of hours a Resident Service Coordinator works and the salary/wages the coordinator receives depends on several variables, including:

- The operating funds available to support the position.
- The educational background and experience of the Resident Service Coordinator.
- The location, number of developments and number of units the Resident Service Coordinator is assigned to serve.
- The level of resident functioning and the prevailing social climate of the developments involved.
- Whether the owner hires directly or subcontracts with an agency or individual for services.
- The philosophy of the Owner/Management Agent.
- The owner's/manager's understanding of service coordination.
- The extent to which the Resident Service Coordinator will be involved with the direct or indirect provision of other on-site services, such as meals, housekeeping, programming (intensity level), and so on.
- The policy, if any, of the regulatory agency governing the program.
- The prevailing market for like positions.

The Maine State Housing Authority maintains a current database of Resident Service Coordinator wage/salary/contractor, which can be used for budgeting purposes. When determining the level of service coordination to employ, it is important to recognize that each site presents a unique blend of physical environment, resident characteristics, culture, history, service resources, and program resources. Notwithstanding those differences, several different formulas have emerged over the past several years.

For Independent Senior Housing:

- The number of service coordination hours in some properties is dependent on the number of units in the development(s) under consideration, and the intensity of service coordination desired or warranted. Generally, for developments with 30 units or fewer, a minimum of 4-6 hours a week, with on-site presence at least twice weekly, is recommended. Anything less makes the service difficult to market and has minimal impact. The basic formula for

service coordination in larger developments is based on a 10 -15 minute per resident weekly ratio depending upon the intensity level of service coordination. The average ratio is 12 minutes per resident per week. A quick method to determine the number of hours of service coordination you need weekly is to multiply the number of residents in the developments under consideration by 0.2 hours (12 minutes = 0.2 hours). This is a good starting place. As appropriate, you can go up or down, depending on the variables discussed at the beginning of this section.

- One management company, which prefers subcontracting through existing local community agencies for service coordination, uses the following formula: the total number of units multiplied by 0.2 hours per resident per week. This means that a 75-unit project would support approximately 15 hours of service coordination weekly (with a recommended on-site presence three times weekly). At a per hour cost of $20.00, the annual contract amount for staffing totals $15,600. Other expenses related to the service coordination program may be included in the contract or paid directly by the Owner/Management Agent. In contract situations, care should be taken that *all* costs associated with service coordination are identified and either included in the contract and/or in the operating budget.

- Under HUD's guidelines, and under normal circumstances, a full-time Resident Services Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities. However, the population of most developments will contain a significant number of residents who are not frail, at-risk, or disabled. Thus, the determination of whether or not an RSC is full time should be related to the number of people in the development who are frail, at-risk, or disabled, with secondary consideration given to the number of other residents of the development for these calculation purposes. The requirement that at least 25% of the residents be frail or at-risk elderly, and/or non-elderly people with disabilities means, for example, that in a 50-unit development, at least 13 residents must be frail, at-risk, or disabled.

   Example 1: In a 50-unit development, 13 residents are frail and 15-20 others are at-risk. The development could justify a half-time RSC.

   Example 2: In a 75-unit, 20 residents are frail and 15-20 others are at risk. This development could justify at least a 3/4 time RSC.

   Example 3: Three developments of 20, 24, and 50 units (94 units total) join forces. Among them, they have 10 frail residents and 15 others that are at risk. These developments could justify a 3/4 time RSC (after making allowances for travel time between sites).

All above examples are guidelines that you should adapt to local situations. Non-elderly people with disabilities would be considered the same in the above examples as either frail or at-risk elderly.

For Family Housing:

- The number of service coordination hours in some properties has been dependent on the number of units in the development(s) under consideration, and the intensity of service coordination desired or warranted. Generally, for developments with 30 units or fewer, a minimum of 4-6 hours a week, with on-site presence at least twice weekly, is recommended. Anything less makes the service difficult to market and has minimal impact. The basic formula for service coordination in larger family developments is based on a minimum of a 30 minutes per household weekly ratio depending upon the intensity level of service coordination. A quick method to determine the level of service coordination you need weekly is to multiply the number of resident's households in the developments under consideration by 0.5 hours. This is a good starting place from which you can go up or down, depending on the variables discussed at the beginning of this section

- Another method is to use a ratio of 1:5 ratio of hours per week to residents for both elderly and family properties. This method works well because the number of residents is used rather than the number of apartments and, therefore, "self-adjusts" for family size.

Service coordination program costs existing in some government-assisted housing are recognized as a project operating expense.

Chapter 8 of the HUD Management Agent Handbook 4381.5 REV-2, CHG-2, provides guidance on budgeting for the Resident Service Coordinator. This information can be accessed on-line at www.hudclips.org. HUD Notice H 94-98 also provides guidance on funding Resident Service Coordinators in eligible developments, using residual receipts, budget-based rent increases, or special adjustments (See Appendix A- HUD Notice H 94-98). For guidance in submitting a request to HUD to fund a Resident Service Coordinator, see Appendix C – HUD Service Coordinator Funding Request Form.

In Maine, USDA Rural Development reviews and approves requests for the use of operating funds for service coordination programs on a case-by-case basis.

The RSC's salary is only one component of the budget for Service Coordination. If you are initiating a service coordination program, reasonable start-up costs should be included in the initial budget.

Start-up costs include:
- Modification (or construction) of private office space
- Office furniture and equipment
- Computer(s), software and internet access
- Initial training and orientation

The items listed above are normally one-time costs. Recurring expenses, in addition to salary and fringe benefits, normally include:
- Training
- Travel, including per diem reimbursement

- Office supplies and materials
- Telephone and Internet subscription
- Indirect costs (administrative and overhead)
- Quality Assurance

MSHA Budgeting Expectations

When budgeting for service coordination in MSHA properties, expenses related to the RSC position, as stated above, should be reflected as a line item on Line #37 – Service Expenses on Schedule A of the development's operating budget. In addition, MSHA requires the submission of a Resident Services Addendum, which provides further detail regarding the specifics of the service allocation in the operating budget (See Appendix D- MSHA RSC Budget Addendum). A narrative description of the expenses allocated for services may also be requested by MSHA.

Note: The MSHA RSC Budget Addendum is available as a fillable electronic file by contacting Kathy Poulin, MSHA's Manager of Resident Services at 207-626-4610 or via email at kpoulin@mainehousing.org

FUNDING SERVICE COORDINATION: HELPFUL HINTS

When considering the initiation of Service Coordination, the Property Owner/Management Agent will surely ask, "How can I fund this position?" The following outline will help guide the owner and management agent through the maze of funding sources that support Service Coordination and the expectations attached to these sources. (See Appendix B- HUD RSC Funding Sources Grid)

NOTE: In order to maintain consistent funding, HUD prefers that RSCs, to the extent possible, be funded from either Operations or Residual Receipts.

HUD Section 202 & 202/8 Properties:

Operations
- Include RSC expense in application for Sec 202 Capital Advance!
- For existing Sec 202 developments, obtain HUD approval
- Rent increase requests must be applied for, and approved, *separately*
- Must exhaust all Residual Receipts funds above minimum before requesting a rent increase
- Can use a combination of operating and Residual Receipts
- A special adjustment may be made for Automatic Annual Adjustment rents

Residual Receipts
- Obtain HUD approval
- Retain a minimum of $500 per unit
- Residual Receipts account must be segregated from Replacement Reserve

Resident Service Coordinator Grant
- Annual SuperNOFA competition; $50 million available nationally
- Three-year funding
- At least 25% of the population must be considered frail or at-risk elderly or non-elderly disabled
- Must be current in mortgage payments, or under an approved HUD mortgage payment plan
- Must have a REAC score of 60 or above or under an approved workout plan
- Must be in compliance with Regulatory Agreement
- Can apply for one RSC to provide service to multiple developments

HUD Section 202/PRAC Properties:

Operations
- Include RSC expense in application for Sec 202 capital advance! **If you didn't;**
  - apply to HUD for an amendment to the PRAC Regulatory Agreement to include a Resident Service Coordinator EXCEPT FOR
  - sponsors who receive housing services assistance under 802 of the National Affordable Housing Act
- Applicant may also include up to $15 per unit per month for services to frail and "at risk" resident, including:
  - Meal service adequate to meet nutritional needs (meals can not be mandatory);
  - Housekeeping aid;
  - Personal assistance;
  - Transportation services;
  - Health-related services;
  - Other services the Field Office deems essential for maintaining independent living.
- The "frail" and "at risk" analysis is relevant only with regard to determining a person's eligibility to receive supportive services paid for by HUD and is not a determination of eligibility for occupancy.
- Reference Handbook 4381.5 REV-2 CHG-2 Chapters 8 and 9

HUD Traditional Public Housing Properties:

Operations
- No HUD approval needed; must be able to meet budgetary requirements

Capital funds
- Must address Management Improvements

HUD Resident Opportunity and Self-Sufficiency Grant (ROSS): Service Coordinators:
- Annual SuperNOFA Competition (due dates are by category)

- For the last three years, HUD has allowed renewals only

- 25% match (cash; in-kind; contributions or administrative costs provided to you; funds from Federal sources - but not ROSS, DSS, TOP or SC funds; funds from any State or local government sources; funds from private contributions)

- Elderly and persons with disabilities only (a combined total of 25% in elderly/family developments)

HUD Resident Opportunity and Self-Sufficiency Grant (ROSS): Other Categories
- Resident Service Delivery Models (RSDM)

  · *Family only:* Program Coordinator

  · Supportive services, resident training/education programs, IDAs, etc.

  · *Elderly and Disabled only:* Program Coordinator

  · Supportive services, personal emergency response, etc.

- Neighborhood Networks (NN)

  · Program Coordinator

  · Physical improvements, hardware and software, security, etc.

- Homeownership Supportive Services (HSS)

  · Program Coordinator

  · Homeownership counseling, credit repair, credit and financial management, physical improvements, etc.

HUD Neighborhood Networks
- Must comply with Handbook 4381.5 REV-2 CHG-2 Chapters 8 and 9

Other Resources:
- Americorps*VISTA

  · http://www.americorps.org/

- Public and Private Grants (where available)

- College Student Interns

- Green Thumb/Senior Companion Program

  · http://www.experienceworks.org/scsep.html

Note: For more information regarding HUD funding of Resident Service Coordinators, go to www.hudclips.org.

THE BUILDING BLOCKS FOR SUCCESSFUL SERVICE COORDINATION

Introduction

Linking housing and services offers enhanced community living for residents whose needs may be significant, but whose options to meet those needs are limited. Although the needs of the elderly and families are different, successful service coordination programs, implemented to help meet each population's individual needs, requires advance planning and forethought. The following information is intended to guide Owners and Management Agents through the important planning process as they develop service coordination within their properties.

Establish a Resident-driven vs. Need-Driven Model of Service Provision

In a resident-driven model of service provision, services are offered to all residents and each resident determines which services they will use. This means the RSC does not determine what service the resident needs or how often s/he needs it. In a need-driven model, the assessment of resident needs may increase the likelihood of being found liable for an injury because the resident or their family could claim the assessment was not adequately performed and that breach of duty caused an injury. You are likely to assume a smaller risk if you properly operate a resident-driven service delivery model that emphasizes the resident's independent decision making ability.

Identify Issues and Minimize Risks

It is important to understand the potential risks involved with adding support services within a non-institutional housing environment. With proper due diligence, the risks can be managed. The following *guidelines* have been included in the manual in order to sensitize Owners/Management Agents to some issues surrounding service provision and to provide some insight to help minimize potential risks. For assistance in implementing your program, it is strongly recommended that you check with your legal counsel and your insurance agent regarding liability concerns.

Although it is important to understand the potential risks involved with adding support services to housing developments, the risks are manageable but only if you enter the supportive housing arena with your eyes open. There is a great demand for services that residents want and need. Don't become frozen in your actions because of undue concerns for liability. While there is no way to entirely avoid liability, there are many things you can do to limit your exposure to it.

Suggested guidelines:

1. Comply with Fair Housing and 504 Issues when Implementing All Services.

The State and Federal Fair Housing Law and Section 504 of the Rehabilitation Act of 1973, and, where applicable, the Americans with Disabilities Act of 1990, must be considered when deciding to offer supportive services. If services are offered, the manner in which they are provided must be consistent with these non-discrimination laws. The following are some areas of normal housing business operations that are directly affected by these laws:

- *Targeting:* If services are offered, Management is required to make services available to **all** residents if they provide a service for **any** resident. If a resident is disabled, management must provide a reasonable accommodation to enable the resident to use the services that are provided (See Appendix O - Reasonable Accommodation Sample Protocol).

- *Assessments:* Neither housing management nor the RSC may assess the appropriateness of housing applicants or occupants for "independent living" or their need for services. Management staff may assist residents who volunteer information about their disability and who request assistance, but neither the management staff nor the RSC may use that information to treat the resident differently from any other residents in the provision of housing. Ideally, in a resident-driven model of service provision, Resident Service Coordinators **should not** be involved with assessments for services — even when "screening" for eligibility for existing community resources. Instead, they should advise residents of the eligibility criteria for a particular service or program and assist the resident, if needed, in the referral process. (See Appendix E- Referral Tracking Form and Appendix F- Referral Indicators).

- *Conditions:* Management Agents and Resident Service Coordinators **may not**:

  (1) Require applicants/occupants to participate in a services program or accept services as a condition of occupancy; (See Appendix G – Non Participation Form).

  (2) Require applicants/occupants to provide information about the severity of their disability as a condition of obtaining services paid by the resident or subsidized by the housing development;

  (3) Prohibit a resident from utilizing available services as part of the housing services program because the resident is also eligible for a similar service through an existing community agency;

  (4) Limit services to those assumed to be most in need because program resources are limited.

Please Note: Non-discrimination law considerations can actually help minimize liability concerns by ensuring a resident-driven approach to service delivery. Given that most of the risk of liability lies in making the needs assessment, resident-driven services may be less risky than need-driven services.

2. Maintain Confidentiality

- *Service Coordination Records:* It is important to understand that the RSC's files are the **property of the Owner**. Although files are generally shared only on a "need to know" basis, care should be taken to document appropriately so as

not to violate residents' rights to confidentiality regarding their medical conditions or history, ADL functioning, ability to live independently, and so on.

3. Understand the Elements of Negligence Liability.

Owners/Management Agents should have a general understanding of the principles of negligence law in order to minimize the possibility of being found responsible for injuries suffered by residents as a result of services provided. A comprehensive discussion of negligence law is beyond the scope of this guide. However, Owners/Management Agents are strongly encouraged to consult with their legal counsel.

4. Create A Well-Defined Job Description To Help Guide the Position.

It is imperative that the responsibilities of the RSC be spelled out, as well as what the Management Company is **not** assuming responsibility for by providing this service. Job descriptions need to be very specific and should state responsibilities in a way, which emphasizes a resident-driven model of service, provision. Should an employee assume too much responsibility, it can then be demonstrated that she/he acted outside the scope of her/his authority. Carve out duties and responsibilities that can be attained on a consistent basis, with exclusions noted. <u>A well-defined job description for your RSC is **vital** in structuring a resident-driven model</u>. (See Appendix H- Sample RSC Job Description. Also see MSHA comprehensive sample job description in this manual on pages 15-17.)

5. Hire the Right Person for the Position.

The person you hire should possess a combination of skills in the area of advocacy, communications, decision-making and problem-solving, group facilitation and mediation, and service brokerage. They must be committed to working with people in a way that is nonjudgmental, non-intrusive, confidential, and promotes resident empowerment and autonomy. Select a person who is comfortable with residents making their own decisions and who will not attempt to foster resident reliance(See Appendix I – Sample RSC Advertisement and Appendix J – RSC Interview Questions).

6. Keep Clear And Regular Business Records Of Service Coordination Activities.

Clear and factual documentation is the best defense should a legal action occur. Good business records can establish the facts concerning a disputed incident. Non-existent or careless business records can be damaging (See Appendix K- Documentation).

Documentation recommendations include:
- Be concise and factual. Entries should be pertinent, clear and concise. Specific notations should be objective, factual descriptions.

- Carefully document all conversations with residents concerning services. It is as important to document conversations regarding the risks being taken by residents when they refuse services as when they receive services.

- Entries should be made within a reasonable amount of time following the conversation. Avoid gaps in notes. This can be construed as a lack of follow up or continuity regarding a resident's situation (See Appendix L- Individual Tracking Form).

- Avoid changing documentation once written by recopying, erasure or white out. Label what needs to be changed as an error, and put a line through the notation and initial it.

- All agreements with the residents should be in writing. Give the resident a copy of all written agreements and keep a copy in their file.

- Information should only be released to a third party with a signed written release from the resident. The release by the resident should detail whom the information can be released to. Information may also be released by subpoena, to report abuse, or to report a person who is in danger to her/himself or in the case of a medical emergency. (See Appendix N- Release of Confidential Information)

7. Inform residents of all aspects of the services provided.

Residents should be informed about the nature of services, the amount and type of services they can expect, and the conditions under which the services could change. Informing residents and their families and significant others of all aspects of the services provided at the development may diminish legal risks as well as help residents take advantage of the services offered.

Owners who offer services may reduce liability concerns by leaving service and choice of service provider to residents; clarifying management and resident responsibilities and limitations; and avoiding the appearance of having a duty to monitor the status of residents and their needs.

CREATING A SUCCESSFUL HOUSING TEAM

It is critical that Resident Service Coordinators be an active and full member of the management team. The management team should meet on a regular basis to jointly discuss issues that arise, and all team members should receive relevant written materials, memos, move-in and move-outs, lease violations and eviction notices, and updates on a periodic basis.

The RSC must recognize that the successful fulfillment of her/his position necessitates maintaining a delicate balance between the needs of residents and the expectations as an employee of the Management Company.   However, since one of the RSC's major functions is advocacy on behalf of residents, management must understand and accept advocacy efforts, especially when such efforts may conflict with the immediate expectations of the Management Company.

The steps to ensuring successful service coordination and teamwork among management staff and Resident Service Coordinators include, but are not limited to:

- ***Review the job descriptions of all management staff and address areas of overlap.*** It is important to review the overall organization of the Management Company prior to hiring a RSC. Addressing potential overlap in the job description of the RSC and that of other staff can help to avoid problems and confusion on the part of both staff and residents.

  It is also important to hold discussions with relevant employees to discuss the need for service coordination, the role of the RSC, and the benefits of the program to residents, the Management Company, and individual employees. On-going staff discussions regarding service coordination helps to clarify the role and its benefits.

- ***Clearly define the Resident Service Coordinator position.*** Ensure that staff demands do not conflict or compete with the RSC's primary role as a resident advocate. Resident Service Coordinators should not be involved in property management or lease compliance functions, such as collecting rents, performing physical inspections, certifying housing eligibility, lease enforcement, supervising clerical or maintenance staff, and so on.

  Resident Service Coordinators are part of the management team and can be particularly helpful to management staff when resident lease violations occur, when a resident needs a reasonable accommodation (See Appendix O - Reasonable Accommodation Sample Protocol), and in educating residents about their housing rights and responsibilities. In addressing these issues, the manager and RSC may approach an issue from a different point of view, but their goal is the same: **successful tenancy**! They must work in tandem to achieve this result.

- ***Distinguish the role from that of others.*** An RSC is not a social worker, case manager or activities director. While Resident Service Coordinators often perform certain functions similar to those of other social service roles, it's important to clarify the distinctions between them when introducing the RSC to both management personnel and residents. Unlike social workers and case managers, Resident Service Coordinators do not "target" services to residents, conduct structured assessments to determine needs, or develop individualized care plans. Resident Service Coordinators do not assume responsibility for ensuring the support needs of residents will be met. Instead, Resident Service Coordinators supply information that increases residents' knowledge of available services and entitlement programs, and link residents to those services upon request. Simply put, Resident Service Coordinators function as advocates to help address both individual support needs and the broader collective community issues that affect residents' psychological and physical well being and their quality of life.

  The role of the RSC should also not be confused with that of an activities director. While RSCs often facilitate and support resident social activities or programs to create a more positive social environment, in most instances the day-to-day responsibilities associated with the role leave little room for direct involvement in activities. When the RSC becomes too closely associated with activities, her/his primary role as a resident advocate becomes blurred in the eyes of residents, management staff, and community service providers.

- ***Provide an adequate orientation to property management.*** As a team member, and because the RSC works with residents and advocacy groups, it is important that she/he knows and understands the policies and procedures with which residents are required to comply. The minimum documents that should be provided at orientation include:
  - The resident selection plan and application packet
  - The lease agreement and related addendum's
  - The resident handbook/house rules
  - The policies and procedures which govern the site

- Relevant regulatory requirements.
- The by-laws of the resident organization, if any.
- The RSC should also have an overall understanding of the property management policies and procedures and the individual roles of the team members.

- ***Establish clear and appropriate supervisory arrangements.*** The relationship between RSC and supervisor is an important one. The supervisor needs to provide support and encouragement to the RSC and ensure that the position is viewed as an integral part of the housing management team. She/he must be able to clearly and consistently define and communicate the RSC role to other staff.

- ***Accept changing roles.*** It is important for team members to transfer responsibility for supportive services to the RSC. The willingness to direct residents' inquiries and requests for assistance to the RSC establishes a clearly defined role for him/her.

- ***Have realistic expectations.*** Many residents' issues are complex and extremely difficult to resolve. Conflicts between individuals or groups of individuals are particularly challenging and time-consuming. Long-standing, chronic issues are unlikely to go away overnight. The RSC may be able to assist residents in keeping problems at manageable levels or help prevent problems from escalating to crisis proportions. However, while they can explain the consequences of a particular behavior, the RSC cannot act without the consent of individuals, nor can they force the individual to accept recommended services or solutions.

- ***Adhere to confidentiality guidelines/laws.*** Due to the nature of the housing business, employees have access to confidential information. As with other employees, the RSC is responsible for ensuring the confidentiality of the information entrusted to them. Resident information may be released only with appropriate authorization. It is advisable for Resident Service Coordinators to have a specific release signed by each resident which will allow the RSC to work with family, service providers, and others as specified.

- ***Provide the essential tools.*** The essentials for all Resident Service Coordinators include, at a minimum:
  - Private space to conduct day-to-day business
  - Convenient and private access to a telephone
  - A desk or file cabinet with locking drawer space for files containing privileged information
  - Computer/Internet access

- ***Encourage collaborative roles:***
  - ***Lease violations:*** (non-criminal)
    Resident lease violating behavior may be reported to the Property Manager by many sources: staff, other residents, family, friends, and neighbors. Since the goal is to avoid eviction, the Property Manager and RSC should work collaboratively to seek a resolution

    It is suggested that the Property Manager send a letter to the resident stating

the infraction and the specific section of the lease that was violated, along with an offer of possible interventions by the RSC (remember to provide a copy to the RSC!).

· *Reasonable accommodations*
All staff needs to understand Fair Housing laws including Reasonable Accommodation. Because Resident Service Coordinators work closely with residents, they are "naturals" to initiate the Reasonable Accommodation process.

Specific Reasonable Accommodation policies and procedures need to be written and included in all company handbooks and equally applied to all residents. (See Appendix O – Reasonable Accommodation Sample Protocol)

· *Recognize the importance of networking with peers.* The position of RSC is unique and varied. Over time, the RSC is likely to facilitate, coordinate, communicate, arbitrate, deliberate, advocate, empower, reach out and listen. It is important that Resident Service Coordinators have opportunities to meet and exchange information with others experiencing like responsibilities and challenges.

· *Create community collaboratives.* Facilitating residents' access to services, marketing the property and the management company/organization are key components of the RSC role. Resident Service Coordinators are usually the Management Company's main link to the larger community. Their relationships and ability to collaborate with community service providers will enhance good will, as well as visibility and position of the development as a positive addition to the community.

THE ETHICAL FRAMEWORK FOR SERVICE COORDINATION

Resident Service Coordinators cannot afford to be complacent about ethics. The evaluation of their professional competence will be based on their knowledge, skills and judgment. A good litmus test for RSCs is to ask themselves "*Can I justify my actions/decisions to a group of my peers?*" (See MSHA Service Coordination Code of Ethics on page 10)

The guiding ethical principles which govern Resident Service Coordinators' standards of conduct in relationship to others include:

- *Autonomy* - being in charge of one's own life (a great concern for the elderly, family and disabled).

- *Nonmaleficence* - above all, do no harm.

- *Beneficence* - an ethical obligation to contribute to the health and welfare of the people they serve (beware of paternalism)!

- *Justice* - fairness as determined by society equals the law.

- *Fidelity* - a faithfulness and commitment to the relationship with the people who come to see them.

CONFIDENTIALITY

General guidance regarding confidentiality

Confidential information about a resident is to be treated with respect and with great concern for the resident's privacy. However, the RSC is part of a larger management team and the files are the property of the Owner/Management Agent. There are several reasons why a Property Manager would need to access the RSC resident files, including RSC supervision and/or to follow-up on issues in the absence of the RSC. It is imperative that the RSC inform residents that the Property Manager and other staff of the management company have access to files on a "need to know" basis and explain to the resident the reasons why this is necessary. Emphasizing the importance of maintaining confidentiality will assist the RSC in developing a trusting relationship with residents.

Confidential information regarding the resident may be released to other parties when there is a signed and dated Release of Confidential Information Form in the resident's file. (See Appendix N- Release of Confidential Information). The Release of Confidential Information Form is used when the RSC needs to share resident information with outside agencies, family members or others such as informal caregivers, neighbors or friends. It is important for the RSC to explain to residents what information is to be shared, how the information will be used and to whom the information will be released. The Release of Confidential Information Form is good for one year before another needs to be executed. It is recommended that a new form be used each year in order to review and revise (as appropriate) the names of individuals and organizations noted on the release.

It is also important to let residents know that confidentiality may be broken in the following circumstances without notice to the resident:

1. Any fraudulent or illegal activity on the part of the resident;

2. Any lease violation;

3. Any information relating to abuse or neglect of the resident, or any potential danger to self or others;

4. Court-ordered subpoena;

5. Medical emergency

It is recommended that the RSC sign a confidentiality agreement in the presence of the resident (See Appendix P – Confidentiality Agreement). This can serve as an opportunity to explain to the resident what the RSC will keep confidential and what they are required by law (either Federal or State) to divulge.

The RSC must take special note of circumstances that can inadvertently breach confidentiality. It is recommended that faxes with confidential information be used only in urgent or emergency situations and that when using email to send resident information, the RSC remove any identifying information to protect resident privacy.

The ethical and legal limitations to a RSC's promise of confidentiality may include:

- *Adult or Child Protective Services Referrals*: Resident Service Coordinators may be legally obligated to report residents who they believe may be a danger to themselves or others within the housing complex to the Department of Human Services. When faced with mandatory reporting, Resident Service Coordinators should encourage residents to make mandatory reports themselves, ideally from the RSC's office or in their presence. At other times, it may be possible to have another professional in a less sensitive role make the report. In cases where a RSC must make a mandatory report, it is common to discuss the report with the resident beforehand, unless there is reason to believe this will place the suspected victim in further jeopardy. Regardless of how a particular situation is handled, it should be carefully documented.

- *Court Testimony*: An RSC may be required under certain circumstances to reveal information a resident has disclosed to her/him.

- *Lease Violations*: A Resident Service Coordinator may have a responsibility to her/his employer to report lease violations that come to her/his attention in the course of her/his duties.

The limits on confidentiality should pose few problems if Resident Service Coordinators advise residents of the limitations up front, and ensure that residents understand the implications of the limitations. It is strongly recommended that Resident Service Coordinators include the limits to their confidentiality in writing as part of the confidentiality agreement they put in place with residents (See Appendix P- Confidentiality Agreement).

Confidentiality extends to the documentation and records maintained by Resident Service Coordinators. Good documentation is not just a question of proper ethical practice, but of self-preservation. Residents have a right to access their records. Only information that is demonstrably related to the RSC's role and the solution of the resident's problems should be received, recorded, or released. Generally, residents should be used as the primary source of information about themselves.

A resident may waive confidentiality, but only after he or she has been informed of the reasons the information is being sought and the possible ramifications of waiving confidentiality. It is strongly recommended that the RSC document in the resident file if the resident chooses to waive confidentiality.

Releases of information should be as specific as possible regarding what information is to be released and to whom. "Blanket" or non-specific releases are unethical and may not provide sufficient legal protection. (See Appendix N- Release of Confidential Information)

As a matter of good practice, the RSC should review specifics of information received from third parties with the resident as appropriate. For instance, the RSC should give the resident a brief report about phone consultations and copies of correspondence and reports sent to others.

When the RSC receives a request of information from a third party, even with a signed release of information, it is good practice to double check with the resident and discuss what information will be provided.

At a minimum, management companies employing Resident Service Coordinators should develop and disseminate policies and procedures that will cover the following:

a) What information is to be sought and from whom;

b) What information is to be recorded and in what form;

c) Who has access to information about residents and under what circumstances;

d) Plans for storing and disposing of records;

e) When and how a RSC has a "duty to warn" regarding dangers to the public;

f) Limits to the promise of confidentiality;

g) Turnover in the RSC position (See Appendix Q – RSC Transfer of Confidential Information);

h) In-service training to help Resident Service Coordinators and property management staff understand confidentiality ethics and the policies and procedures surrounding the position of Resident Service Coordinators.

DEVELOPING POLICIES AND PROCEDURES

Overview

Policies and Procedures provide the RSC with the foundation and processes they need to do their work. A policy and procedures document clearly spells out the responsibilities of the RSC, the parameters of their work, and their relationship within the overall organization.

The following may be considered for inclusion:

- Mission Statement
- Ethical Standards
- Responsibilities
- Supervision
- Training
- Confidentiality
- Budgets: Service Coordination and Property(ies)
- Referrals
- Networking
- Reporting/Documentation

The Owner/Management Agent should define in detail the philosophy, goals, objectives and limitations of the RSC. In a resident-driven model, it is imperative that the Owner/Management Agent avoid the appearance of determining what services the residents need or how often they need them.

ORIENTING THE RESIDENT SERVICE COORDINATOR

A thorough orientation and training is critical to the successful initiation of the Resident Service Coordinator position. Resident Service Coordinators should have, at a minimum, an understanding of the following:

- Her/his role as part of the property management team.
- The philosophy, goals, resources and limitations of the Owner/ Management Agent.
- The standard and limits of confidentiality among Resident Service Coordinators and residents in relationship to management staff, families, service providers, and the legal system.
- The importance of developing rapport with residents so that they approach her/him when they need help (See Appendix R- Developing Trust with Residents).
- An understanding of available services in the area, and the importance of developing effective working relationships with service providers and family members.
- The critical importance of meaningfully involving residents in the planning and delivery of desired services.
- How to set and maintain clear, appropriate, and culturally sensitive boundaries with residents (See Appendix S- Professional Boundaries).
- How to avoid overload and successfully allocate time among multiple responsibilities (See Appendix T- RSC Allocating Time).
- How to avoid potential "burnout" by actively managing the stresses of the job (See Appendix U- RSC Burnout).

The introduction and integration of the RSC with the staff and residents is essential. A resident meeting convened by the Property Manager in order to introduce the RSC reflects management's support and understanding of the role of the Resident Service Coordinator. It is also an excellent way to market the position.

SUPERVISION OF THE RESIDENT SERVICE COORDINATOR

Supervision of the RSC, ideally, should be done by an individual who understands the Service Coordination Program and its relationship to the residents, the management company, the community at large, and the owner.

The supervisory role may be handled in a variety of ways:

- The supervision and evaluation of the RSC is performed by the CEO or high level administrator of the project because the RSC relates to all other departments and staff, as well as to the broader community. The CEO or other administrator with a comprehensive view of the agency may be in the best position to assist the RSC in understanding and working with the management team, and in providing appropriate support and oversight with community relations.

- When a service coordination program is provided at multiple sites and involves more than one RSC, an RSC supervisor may be hired and a division formed as part of the property management company.

- In other instances, an RSC, who is responsible for a single development may be supervised by the property manager for that site. In instances where the RSC is responsible for multiple developments, supervisory responsibility is generally delegated to the senior property manager or, in the case of most local housing authorities, to the Executive Director.

As with other staff, it is advisable to have the Resident Service Coordinator supervised by only one individual. This is especially important when the RSC serves multiple complexes managed by different property managers. The general principles of supervision that apply to other positions also pertain to RSC:

- Provides orientation and training
- Clearly defines and communicates the service coordination position to other staff
- Assures compliance with company and regulatory agency policies.
- Oversees RSC standards
- Supports professional development and training
- Maintains on-going communication and support
- Is available for assisting with the resolution of immediate problems
- Works with Resident Service Coordinators to assess residents' needs, join community collaboratives, and augment services
- Recognizes the need (and allows work time) for the RSC to network with others in similar positions
- Establishes relationships with other qualified service professionals to obtain advice and guidance on particularly difficult issues
- Allows Resident Service Coordinators the independence and latitude to carry out their responsibilities.
- Works with the RSC to create reporting mechanisms that truly reflect the work they do on a day-to-day basis.
- Performs yearly evaluations.

Providing support for the Resident Service Coordinator is an important part of the supervisory role. She/he plays a critical role in preventing misunderstandings and promoting a sense of trust, mutual understanding and respect among members of the property management team.

MONITORING THE RSC PROGRAM

Monitoring the RSC Program and the activities of the RSC is important for the Management Agent, the Owner and the regulatory agencies. Regular reports and meetings should reflect the wide range of the RSC's activities. These reports may include data collected from the following key areas of service coordination:

- Individual resident contact
  · # of unduplicated residents served
  · Hours spent
- Referrals
  · Type of referral
  · Results of referrals
  · Hours spent
- Advocacy efforts
- Community building activities
  · Programs (# of participants)
  · Mediations
  · Hours spent
- Community Collaboratives
  · Agency networking
  · Benefit for residents, property, management company
- Outcomes
  · Increased resident satisfaction
  · Decrease in evictions
  · Decrease in legal expenses
  · Remain in apartment vs.transfer to Assisted Living/Nursing Home
  · Decrease in phone calls/complaints to other staff
  · Allows other staff to focus on their responsibilities
- Administrative tasks
  · Reporting
  · Documentation/Tracking everyday activities
  · Planning

This information is necessary for program expansion, monitoring, reporting to Regulatory Agencies, and most important, on-going financial commitment to the RSC position from the property owner.

Tracking forms measure the role RSCs play in linking residents to existing services and the provider's response to service requests. It provides the documentation needed to identify and solve potential

problems that may arise, and to help measure effective partnerships with various agencies. More importantly, the form helps Resident Service Coordinators identify when they need to advocate on a resident's behalf for needed services. RSC may also find that the use of tracking forms is helpful in compiling data for reporting purposes. (See Appendix M- Summary Tracking Form)

Services provided "in house" by the Owner/Management Agent should be monitored at least monthly and include: type of services used; who uses the service; the quantity; the date; and whether a co-payment is involved. This information helps the Owner/Management Agent evaluate services and helps Owners understand the return on their investment.

On-going monitoring of services and the service coordination program as well as periodic resident questionnaires allow the RSC, Management Agent, Owner, and stakeholders to determine and respond to the fluctuation in services, service demands and the overall success of the program. (See Appendices W and X – Resident Surveys)

REPORTING REQUIREMENTS

Maine State Housing Authority does not currently require the submission of monthly, quarterly or annual reports regarding service coordination activities in its portfolio. However, many management companies do require reporting of Resident Service Coordinators activities within the properties that they manage. Additionally, properties receiving HUD funding are required to submit a completed Semi-Annual Service Coordinator Performance Report (form HUD-92456)* to their HUD Asset Manager (See Appendix V- HUD Semi Annual Report). Properties receiving HUD grant funds to support their service coordination program are also required to submit a completed Financial Status Report, Standard Form (SF) 269 to their HUD Asset Manager on a semi-annual basis (See Appendix Y- HUD Form SF 269).

Reporting Deadlines for the HUD reports listed above are as follows:

For Periods:	Due Dates:
April 1st – September 30th	October 31st
October 1st – March 31st	April 30th

*Note: HUD Form 92456 – Semi Annual Service Coordinator Performance Report is available in a fillable electronic file by contacting Kathy Poulin, MSHA's Manager of Resident Services at 207-626-4610 or via email at <u>kpoulin@mainehousing.org</u>.

EVALUATION

Evaluating the RSC

The evaluation of the RSC, like any staff, starts with the job description for the position. What should the person be accomplishing and how well are the duties being performed? Although most companies have specific procedures and forms for employee evaluations, the following are some questions you may want to consider in evaluating job performance:

Does the RSC…

- Respond to residents' requests for assistance in a timely manner?
- Respond to staff referrals and requests for assistance in a timely manner?
- Provide residents with accurate information about available community resources?
- Document appropriately?
- Maintain and update a community resources file/directory?
- Possess a general knowledge of the services being provided to residents?
- Recruit, use, and supervise volunteers effectively?
- Facilitate the development of informal support networks within the facility?
- Work effectively with other members of the property management team?
- Maintain confidentiality?
- Work effectively with community service providers?

Another way to evaluate the effectiveness of the position is to ask site personnel and/or residents themselves how they have been helped by the RSC. This could be done informally by the RSC's supervisor, or through a short resident questionnaire used periodically. A sample management staff survey has been included as Appendix Z and a sample resident survey as Appendix AA.

Assessing Your Service Coordination Program

Elderly or family, urban or rural – it doesn't really matter what kind of housing development that you serve, the underlying framework for a great program of services is fairly constant.

Unfortunately, staff is usually so caught up in the demands of delivering or coordinating services that nobody ever examines that framework – the systems, policies, procedures and strategies put in place – to see whether or not it's time for a tune-up.

Pennsylvania Housing Finance Agency (PHFA) Housing Services Division has developed a simple Self-Assessment Checklist (See Appendix BB - PHFA Resident Services Program Self Assessment) that can be used by staff to evaluate their own program of services. Investing as little time as one hour with this Checklist can provide insight into what systems are working well and which areas may need some fine-tuning. The Checklist makes it easy to prioritize and then systematically make small changes that can directly improve the quality of any resident services program.

Since most of us don't have the time or energy to completely revamp a program, committing to small steps may be the key to long-term success. Periodically using the Checklist to prioritize and initiate that series of changes will assure that the program keeps moving in the right direction. For staff at developments that are in the planning or start-up phases of their program, this Checklist can act as a blueprint for developing the infrastructure on which to build an effective services program. Either way – for a new resident services program or an existing one – taking time out for regular tune-ups will pay off in the long run.

MARKETING YOURSELF AS A RESIDENT SERVICE COORDINATOR

Often, RSC's narrowly view themselves as the person who links residents to services and resources. It is important that RSC's broaden their view to include the marketing their role to residents, their employer and the community at large.

By taking the initiative to market yourself as an RSC, you will ultimately help others understand what you do and the benefits that service coordination provides to the residents, the property, and the community.

Suggestions on how to market yourself:

Market yourself to Residents
- Let residents know who you are and what you do on a continuing basis through:
  · Brochures
  · Letters
  · Group meetings
  · Attendance at resident move in orientations
- Inform families of your role through:
  · Brochures
  · Meetings to explain your role and how you fit into your company/organization
- Do periodic questionnaires to:
  · Assess your impact
  · Get input in order to do your job more effectively

Market yourself to your employer
- Make sure your role is clearly defined (job description and policies and procedures) and everyone you work with understands your role and their relationship to you.
- Educate yourself regarding housing including housing rules and regulations. Broaden your knowledge base. Have an understanding of the whole package!
  · Learn the language, rules and regulations of housing
  · Understand the lease, reasonable accommodations, management agreements, property budgets and your program's budget and funding sources.

- Stay connected!!! – to all parts of the company/organization
  - Maintain visibility
  - Introduce yourself to all new employees and let them know what you do
- Initiate meetings, write letters and emails to keep co-workers informed regarding your activities and accomplishments
- Do periodic questionnaires to coworkers to assess your effectiveness and be open to constructive input into your program.
- Prepare comprehensive reports for appropriate co-workers in order to inform them of your work
- Ask to be included in all management meetings (Be an *active* participant!)
- Show your employer how you have helped the company's "bottom line" as your work pertains to:
  - Reduction in turnover and maintenance issues. (Give anecdotal information regarding resident retention; examples of evictions that have been avoided; resident satisfaction; services that allow residents to maintain the ability to live independently)
  - Development of contracts for late rents
  - Economy of scale
- Be well prepared for your annual review- use any or all of the above!!!

Market yourself to the Community
- Network with the broader community and develop relationships, which will help residents. Make the mission of your company more visible, and spread the word about the RSC's role.
  - Form collaboratives that create win-win situations for all parties (Example: Mental Health/Housing Collaborative in Maine)
  - Serve on committees that will help you advocate for your residents (Example: Long Term Care Working Group: Alzheimer's Associations, Area Agencies on Aging's, state committees that effect housing and services, etc.)
  - Meet with people you talk to on the phone
  - Keep in touch with State and Federal Agencies

See Appendix CC– Sample RSC Marketing Brochure

COMMUNICATING WITH RESIDENTS

Communication is key in establishing and maintaining a successful service coordination program. Communication doesn't occur simply because people live together. Communication is a natural outgrowth when residents are stimulated by interesting activities, when they're involved in situations that encourage thinking and problem solving, and when they perceive that their contribution will be valued by others.

The RSC needs to communicate how the service coordination program works to develop and implement services to maintain independence, life satisfaction and well being for all residents. An effective RSC needs to explain their role and responsibilities to residents. A good way to communicate this is through pamphlets, welcoming groups, community meetings, and individual interviews. An RSC can facilitate communication and even friendships among residents by introducing residents and pointing out common interests.

Effective communication between the RSC and residents is vital to service development, linkage, coordination and successful tenancy. The resident needs to feel a sense of value in communication. Their input needs to contribute to the decision making necessary to manage their lives and empower their self-sufficiency.

Physical barriers can create a negative communication environment. The RSC can provide access to assistive devices to make communication more efficient and effective. Easy access to a telephone or a computer creates opportunities for communication. Amplifiers and teletype devices can assist the hearing impaired resident. Speech synthesizers and sentence construction boards can aid the severe communications problems. Besides hearing and vision impairment, consider that taste, touch, and smell generate information, as well.

Good communication assists the RSC in seeking input from residents and families in securing and/or creating social programming that meets the recreational, health, educational and spiritual needs of the community. A resident is likely to experience meaningful communication where there is a supportive social climate, free of evaluation and control, which enhances open expression of opinions and ideas and active listening from the RSC. Residents will communicate when they know the RSC is listening without judgment, will respect their remarks, and will respond openly, honestly, and fairly. Communications between the RSC and residents will assist in resolving individual or group conflicts when they arise. The RSC's office should be in a location that encourages communication and privacy.

Every new resident, at the time of move in, needs to be informed of the Service Coordination Program available in the development and the RSC's role and responsibilities. Moving to a new community can be a stressful time for residents. The communication between the RSC and the new resident may alleviate stressful feelings and help them adjust to their new community. The Resident Service Coordinator's communication skills may provide a viable sense of fellowship and community among residents and can create a trusting relationship between the RSC and residents.

ORGANIZING A RESIDENT COUNCIL

HUD recognizes a resident council as an "official" entity when it meets the following requirements:

1. The council is representative of the residents.
2. The council adopts written procedures outlining the regular election of officers.
3. The council has a democratically elected governing board made up of residents.

The main purpose of any council is to give residents a forum to voice their concerns and ideas and bring residents together to build community.

Resident councils can be as small or as large as your community chooses to make it.

Some councils prefer to have bake sales, yard sales and coffee cloches to raise their funds to support the council. Other councils apply for grants and/or are funded through housing authorities. The ways to fund, organize and run a council are as varied as the people organizing them.

Choosing an Organizer

HUD defines an organizer as "a tenant or non-tenant who assists tenants in establishing and operating a tenant organization, and who is not an employee or representative of current or prospective owners, managers or their agents."

Once an organizer is chosen, he/she then sets a date, time and location for the first meeting. It is up to the residents if they want to invite management to this first meeting or any subsequent meetings. Officers are nominated and elected at either this first meeting or at a second meeting. Officers may include a President, Vice-President, Secretary and Treasurer. This council then sets goals and objectives for their organization. These can be based on resident survey, discussions at the first meeting and the philosophy and goals of council leaders and members. The council should also develop policies and bylaws that serve as the rules and regulations of the councils. These will include how matters are brought to the attention of the council, attendance policies, speaking guidelines, voting stipulations and other procedural matters.

The council should schedule regular meetings. It may elect to meet more frequently in the early stages until a sound working relationship has been developed. It must establish a way of communicating with members/potential members/management through newsletters, flyers, and telephone trees. Everything the organization does must be publicized for everyone in the group and building to see.

A major goal of the council is to establish credibility and viability by timely follow-ups on all commitments, however great or small. Leaders should bring suggestions from members, listen to them, respond to each person and follow up on all promises. Council prestige can be enhanced if the leaders inform the entire group of all plans, activities and accomplishments and all decisions are made democratically. Managers and Resident Service Coordinators can assist with this by always giving public credit to individuals active in the council.

Resident Councils are made successful with:

1. A vision of how to make the community better
2. Specific goals to make that vision a reality
3. Cooperative relationships
4. Strong and democratic leadership
5. Teamwork within the council
6. A code of ethics developed by council members and included in written bylaws
7. Patience, faith and lots of hard work!

See Appendix FF- HUD Model By-Laws for Resident Councils

MEDIATION

The Resident Service Coordinator may play the role of a mediator to help residents and families in recognizing conflict as a natural part of life and with resolving differences practically, peaceably, and effectively.

An RSC can help both parties better understand each other and assist them in working towards solutions of a persistent problem that may cause anger and non-communication between the disagreeing parties. **When the RSC acts as a mediator, remember that a *mediator must remain impartial.***

An RSC may perform a wide range of services that include investigator, educator, advocate and liaison in order to initiate a mediation process, (e.g. helping managers and residents recognize and solve safety or accessibility problems).   A dedicated, optimistic RSC who emphasizes the positive and has an empowering attitude may be able to successfully mediate for the residents or families. It is critical that the RSC documents the specifics of the problem/concern.

- The RSC will respect confidentiality between all parties.
- An RSC should demonstrate diplomacy but be persistent.
- Any type of mediation should take place in a neutral location.

Principles of Mediation Include:

- Voluntary participation— Disputants choose to participate in mediation.
  An RSC can educate residents and families about the benefits of airing conflicts
  and working toward solutions and might even persuade them to do these tasks.

- Nonadversarial process — Mediation is a noncoercive and informal but
  structured process that encourages cooperative problem solving and helps
  disputants to see the other person's point of view.

- Resolution — The disputants determine the solution with the assistance of
  the mediators. Disputants are considerably more invested in the success of a
  self-determined resolution than in an imposed resolution.

- Neutrality — Mediation takes place in a neutral and confidential setting.
  Mediators do not take sides.

As appropriate, the RSC should seek and secure the services of a trained professional mediator, especially in circumstances where there may be either a real or perceived conflict of interest in the RSC acting as mediator.

See Appendix EE- Helpful Websites for RSCs for additional mediation resources.

Funding a Service Coordinator in Eligible Housing Projects

Directive Number: **94-98**

U.S. Department of Housing and Urban Development

H O U S I N G

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Special Attention of: Notice   **H 94-98** (HUD)

State Coordinator; Directors of Housing;   Issued: 12/29/94
Director, Multifamily Housing Division,   Expires: 12/31/95
Multifamily Housing Management and
Development Branch Chiefs;   _____
Contract Administrators; Owners and   Cross References:
Management Agents of HUD-insured and HUD-Assisted Properties

_____

Subject:
        Funding a Service Coordinator in Eligible Housing Projects
        for Elderly, Disabled, or Families By Using Residual
        Receipts, Budget-Based Rent Increases or Special Adjustments

I. PURPOSE. This Notice expands the use of service coordinators to
coordinate the supportive services needs of elderly or disabled
residents and families residing in eligible housing projects.

It is the Department's finding that service coordinators are necessary
to coordinate supportive services for the elderly, disabled, and
families residing in eligible housing projects. Service coordinators
are needed to link the elderly or disabled residents residing in the
projects to the supportive services necessary for them to remain
independent and in their own homes.

Families living in assisted housing have various unmet social needs
which are difficult for management agents to work with and resolve
effectively. These unresolved social needs have a devastating impact
on individual families and in turn directly impact the management of
the project. In some properties, resourceful owners and agents alone
and/or in conjunction with public or private organizations have
addressed these problems. These solutions, in the form of a service
coordinator, who is part of the management team, have benefited
individual tenants who in turn have assisted in building community
within the housing project. Problem solving, which promotes active
communication between residents and the management team, makes
management's job easier, improves the lives of the tenants, and
builds community in the process.

Due to the limited amount of funds available to date few project

Appendix A

owners have funded a service coordinator. This Notice authorizes the use of residual receipts or a rent increase to fund service coordinators in eligible projects.

Requests for the use of residual receipts or rent increases shall be approved by HUD.

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II. ELIGIBILITY

A.PROJECTS SERVING THE ELDERLY OR DISABLED. The Appropriations Act for the Departments of Veterans Affairs and Housing and Urban Development, and for Sundry Independent Agencies, Boards, Commissions, Corporations, and Offices for the Fiscal Year Ending September 30, 1995, provides funds for grants for service coordinators for elderly or disabled families in housing projects serving the elderly or disabled participating in the following programs: Section 8 New Construction, Substantial Rehabilitation, Section 202, State Agency, Farmers Home, and Loan Management Set-Aside and Property Disposition. HUD will publish a separate Notice concerning specific funds appropriated for service coordinators.

If eligible, an owner/borrower of an eligible project shall apply for FY 1995 grant funds designated for service coordinators prior to requesting approval for a rent increase under this Notice. The Notice providing requirements for applying for FY 1995 grants will be issued by the Department by the end of the calendar year. Once these special grant funds are exhausted, projects owners may apply under paragraph B below.

B.PROJECTS SERVING FAMILIES, THE ELDERLY OR DISABLED. HUD may approve requests for the use of residual receipts, budget-based rent increases or special adjustments to fund service coordinators in accordance with this notice. Requests to fund a service coordinator will be evaluated under the criteria within this notice. Owners must exhaust funds in the projects residual receipts account prior to the State or area office's approval of a rent increase (except under Section 202, see section VA below).

To qualify for eligibility for either the use of the residual receipts or a rent increase, a 202 loan must have closed. In addition, since there may be isolated cases in other programs where the loan has not closed or been endorsed, the requirement that the loan has closed or been endorsed applies to all project owners making a request under this notice.

Also, in some cases under the Section 202 program, the project's reserves for replacement and residual receipts are located in one account. In order for these projects to be approved under this

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notice, the sponsor must agree to provide separate accounts for the residual receipts and reserve for replacements from the point of approval under this notice.

   In the following Section 8 programs, project owners are eligible to apply for a special adjustment in rents for service coordinators in accordance with the requirements of this notice: Section 8 New Construction, Substantial Rehabilitation, Section 202, State Agency, Farmers Home, and Loan Management Set-Aside/Property Disposition Set-Aside contracts using the Automatic Annual Adjustment Factor (AAF).

III.AUTHORITY.   Authority for eligible costs for service coordinators for elderly or disabled families in eligible housing projects is addressed in Sections 671, 672, 674, 676 and 677 of the Housing and Community Development Act of 1992 (42 U.S.C. 13631 and 13632). Authority for the use of residual receipts for 202 projects is addressed in Section 202(j) of the Housing Act of 1959 (12 U.S.C. 1701 q(j)) as amended by Section 602(e) of the Housing and Community Development Act of 1992. Authority for the special adjustments is addressed in Section 8(c)2(B) of the United States Housing Act of 1937, as amended, which reads in part:

   "The contract shall further provide for the Secretary to make additional adjustments in the maximum monthly rent for units under contract to the extent he determines such adjustments are necessary to reflect increases in the actual and necessary expenses of owning and maintaining the units which have resulted from substantial general increases in real property taxes, utility rates, or similar costs which are not adequately compensated for by the adjustment in the maximum monthly rent authorized by subparagraph A..."

There is no specific statutory authority for service coordinators within projects other than elderly or disabled families.

IV.SERVICE COORDINATOR FUNCTIONS AND QUALIFICATIONS. The service coordinator normally reports to the project administrator, executive director or director of management in a management company. The coordinator will also consult with tenant organizations and resident management corporations, where appropriate.

A service coordinator links tenants within the project to supportive services or medical services provided by public agencies or private practitioners within the general community. The service coordinator may assess service needs and determine eligibility for public services.

THE SERVICE COORDINATOR CANNOT BE ASSIGNED RESPONSIBILITY AS THE PROJECT'S RECREATIONAL OR ACTIVITIES DIRECTOR, PROVIDE SUPPORT SERVICES DIRECTLY, OR ASSIST WITH OTHER ADMINISTRATIVE WORK NORMALLY ASSOCIATED WITH THE PROJECT(S) UTILIZING FUNDS UNDER THE ACT.

   A.ELIGIBLE HOUSING PROJECT SERVING THE ELDERLY OR DISABLED. The service coordinator hired by the owner of a project for the

Appendix A

elderly or disabled shall meet the requirements of paragraph 1, 2 and 3 below.

    1.Qualification of a service coordinator:

        a.A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college
degree is fully acceptable. However, individuals
without a degree, but with appropriate work experience
may be hired. Supervisory experience may
be necessary in some team situations in when a
professional supervises a number of nonprofessional or
paraprofessional "aides".

        b.Training in the aging process, elder services, disability services, eligibility for and procedures of
Federal and applicable State entitlement programs,
legal liability issues relating to providing service
coordination, drug and alcohol use and abuse by the
elderly, and mental health issues.

        NOTE: This requirement is not a prerequisite for hiring. The Owner/borrower shall certify that training
requirements, if not met at the point of hiring, will
be satisfied within one year.

        c.Two to three years experience in social service delivery with senior citizens and nonelderly disabled.
Some supervisory or management experience may be
desirable.

        d.Demonstrated working knowledge of supportive services and other resources for senior citizens and nonelderly
disabled in the area served by the project.

        e.Demonstrated ability to advocate, organize, problem-solve and provide results for the elderly and
disabled served.

        f.In situations where the management of a building(s) wants to create a services "team" in which a service
coordinator supervises one or more "aides"
(nonprofessional persons - see item 2. below), the
coordinator should have appropriate professional staff
experience AND prior supervisory or management
experience.

    2.Aides working with a service coordinator:

        a.It is desirable, but not required, that aides have a college degree; they should, however, have appropriate
experience in working with the elderly and/or disabled.

        b.Options for structuring an "aide" situation:

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                    -set up an internship or work study program with
local colleges and universities to assist in
carrying out some of the functions noted under
Section VI.D above; or,

                    -use local college and university programs to
provide planning guidance to project staff or
provide program evaluation/assessment functions.

     3.The major functions of the service coordinator are:

            a.Provides general case management (including intake) and
referral services to all residents needing such
assistance.

            May provide formal case management (i.e., evaluation of
health, psychological and social needs, development of
an individually tailored case plan for services and
periodic reassessment of the resident's situation and
needs) for a resident when such service is not
available through the general community.  (This will
probably occur in rural areas.)

            NOTE:  There may be times when there will be difficulty
in linking up residents with a community assessment
agency in a timely manner.  Therefore, the project may
want to consider setting up a Professional Assessment
Committee (PAC) to work with the Service Coordinator to
perform initial assessments.

            A PAC would be composed of at least three members, one
of which shall be a qualified medical professional,
with all members professionally competent to assess
frailty and functional independence.

            For projects wanting to consider setting up a PAC, see
the guidance given in the CHSP regulations, 24 CFR
Section 700.220.

            A PAC member shall NOT be paid for his/her services
with Section 8 funds under this Notice.

            b.Establishes linkages with all agencies and service
providers in the community; shops around to
determine/develop the best "deals" in service pricing
to assure individualized, flexible and creative
services for the involved resident(s).

            c.Sets up a directory of providers for use by both
project staff and residents.

            d.Refers and links the residents of the project to
service providers in the general community; these are,
for example, case management, personal assistance,
```

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Appendix A

homemaker, meals-on-wheels, transportation, counseling,
occasional visiting nurse, preventive health screening/
wellness and legal advocacy.

       e.Educates residents on service availability, application
procedures, client rights, etc., providing advocacy as
appropriate.

       f.May develop case plans in coordination with assessment
services in the community or with a PAC.

       g.Monitors the ongoing provision of services from
community agencies and keeps the case management and
provider agency current with the progress of the
individual. Manages the provision of supportive
services where appropriate.

       h.May set up volunteer support programs with service
organizations in the community.

       i.Helps the residents build informal support networks
with other residents, family and friends.

       j.May provide training to project residents in the
obligations of tenancy or coordinate such training.

       k.May educate other staff on the management team on
issues related to aging in place and service
coordination, to help them to better work with and
assist the residents.

  B.ELIGIBLE HOUSING PROJECTS SERVING FAMILIES. The following is
guidance which the owner should follow when hiring a service
coordinator and in developing a job description.

    1.Qualification of a service coordinator in family projects:

       a.A Bachelor of Social Work or degree in Psychology or
Counseling is preferable. Supervisory experience may
be necessary in some situations.

       b.Two to three years experience in social service
delivery with families.

       c.Demonstrated working knowledge of supportive services
and other resources in the area served by the project.

       d.Demonstrated ability to advocate, organize,
problem-solve and provide results for families.

    2.Functions of a service coordinator in family projects:

    The following provides a list of functions a service
coordinator may perform. The exact role for the service
coordinator shall be designed to meet the needs of the

<div align="center">6</div>

project's community.

         a.Provides general case management which includes intake, education (services available and application procedures) and referral of residents to service providers in the general community. These social services may include job training, drug and alcohol counseling, preventive health screening, and other family services.

         b.Sets up Service Agency Listing for Self-Referral. This directory may include a listing of State and/or local service providers that residents can contact for assistance (e.g., services to families, children, individuals who are elderly, persons with disabilities, emergency assistance). In many cases State and local governments can also provide a listing of the non-profit agencies with which they contract for services.

         c.Sponsors educational events which may include subjects relating to health care, job search seminars, life skills training, etc.

         d.Facilitates the formation of Self-Help Groups within the project's community if a particular need is evident. The formation of small groups will assist in fostering a sense of community and encourage residents' efforts to support and assist each other.

         e.Monitors the ongoing provision of services from community agencies and keeps the case management and provider agency current with the progress of the individual. Manages the provision of supportive services where appropriate.

         f.Sets up volunteer support programs with service organizations in the community.

         g.Helps the residents build informal support networks with other residents, family and friends.

         h.Provides training to project residents in the obligations of tenancy or coordinates such training.

V.OWNER'S SUBMISSION REQUIREMENTS. The following provides guidance to the owner regarding submission requirements for the use of residual receipts and rent increases. These funding mechanisms may be used alone or in conjunction with one another. For example, if the residual receipts are not sufficient to cover the entire cost of a service coordinator, the owner may request to use the remaining residual receipts in addition to requesting a rent increase. However, residual receipts shall be exhausted prior to requesting a rent increase.

Appendix A

    A.USE OF RESIDUAL RECEIPTS ACCOUNTS IN PROJECT FOR THE ELDERLY OR DISABLED. If the project has funds in the residual receipts account, it shall use these funds for a service coordinator prior to requesting the State or area office's approval of a rent increase. An exception to the use of all residual receipts is in the case of Section 202 projects. Section 602(e) of the HCDA of 1992, limits the use of residual receipts, by amending Section 202(j) of the Housing Act of 1959. If approved by HUD, the owner of a Section 202 project may use any residual receipts held for the project in excess of $500 per unit to provide a service coordinator.

        1.Requests for the release of funds from the residual receipts account shall be made in writing to the State or area office. The request shall provide a detailed description of the proposed use of the funds, in accordance with Handbook 4350.1, Rev-1, Multifamily Asset Management and Project Servicing, Chapter 25, Residual Receipts.

        2.Owners should also analyze the amounts in the Reserve for Replacements Fund in light of anticipated replacement needs. They should rely on their own personal knowledge of the physical condition of the project, evaluations made by their managing agents, and physical inspection reports furnished by HUD. After reviewing this information owners should project how much money needs to be on deposit in the Reserve Fund at specific points in the future. They also need to consider whether funds should be transferred from the residual receipts account to cover real or potential shortfalls. See Handbook 4350.1, Rev-1, Multifamily Asset Management and Project Servicing, Chapter 4, Reserve Fund for Replacements.

        Based on the size of a project and the amount of the available funds, significant withdrawals from the residual receipts account should be discussed with the Asset Management staff in the State or area office before making the written request. Disbursements from this fund may be made only after receipt of written consent from HUD. The Asset Management Branch Chief will make reasonable effort to review and act upon the owner's request within 30 days of its receipt.

        3.Owners using residual receipts for this purpose shall submit an annual report to the State or area office describing the uses of the residual receipt funds.

        4.Owners shall meet the requirements of paragraphs IV.A.

   B.USE OF RESIDUAL RECEIPTS ACCOUNT IN FAMILY PROJECTS.

   Requests for the release of funds from the residual receipts account shall be made in writing to the State or area office. The request shall provide a detailed description of the proposed use of the funds, in accordance with Handbook 4350.1, Rev-1,

Multifamily Asset Management and Project Servicing, Chapter 25, Residual Receipts. The disbursements from this account may be made only after receipt of written consent from HUD.

Owners may follow requirements in paragraph IV.B. 1 and 2.

   C.BUDGET-BASED RENT INCREASE PROCESS FOR PROJECTS SERVING THE ELDERLY, DISABLED OR FAMILY PROJECTS. If a project's residual receipts account has been exhausted, the project owner may request a budget-based rent increase. In case where the project does not have a residual receipt account (this is true for some 202 projects), the owner must agree to separate the reserves for replacement from the residual receipt account from this point forward.

      1.Requests for a budget-based rent increase shall follow the guidance in 4350.1, REV-1, Chapter 7.

      2.Owners shall meet the requirements in paragraphs IV A1 and 2.

   D.SPECIAL RENT ADJUSTMENTS. Once a project's residual receipts account has been exhausted, the project owner may request a Special Rent Adjustment to cover the cost of a service coordinator.

   Very-low income families living in assisted housing have various unmet social needs. These unmet social needs place a high level of stress on the individual family unit. This stress results in a dysfunctional system of relating to others within the family unit, the project, and those within the larger community. The result of this impacts the management and the physical condition of the project.

   Section 8(c)(2)(B) of the United States Housing Act of 1937 provides: "The contract shall further provide for the Secretary to make additional adjustments in the maximum monthly rent for units under contract to the extent he determines such adjustments are necessary to reflect increase in the actual and necessary expenses of owning and maintaining the units which have resulted from substantial general increase in real property taxes, utility rates or similar costs which are not adequately compensated for by the adjustment in the maximum rents..." (emphasis added).

   Pursuant to this provision and in order to determine whether costs qualify for consideration for a special adjustment under the "or similar costs" provision of the statute the costs have to meet the following standards:

      1.Are the cost items "similar" to those identified in the statute and regulations, i.e., necessary expenses of owning and maintaining the units within the project.

      2.Has there been a "substantial and general increase" in the

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cost at issue? In the case of service coordinators for
families, is there a causal
relationship between the "dysfunctional family" and the
increased cost?

      3.Has the increase been "general" i.e. has this increase been
experienced by owners of other than the immediate project
and particularly projects other than merely Section 8
assisted projects?

  Owners whose costs meet these three standards, will satisfy the
legal requirements for consideration for special rent
adjustments. In addition, owners must follow the guidance below:

      4.Calculations for the special adjustment shall be made on
Form HUD-9833B: Section 8 Annual Contract Rent Adjustment
Worksheet, Part G, "Special Adjustments for Taxes, Insurance
or Utility Cost Increases.". This form is located in
Handbook 4350.1, Rev-1 Chapter 34, Appendix 2. Owners are
instructed to add an entry for "Other" (to cover "similar
cost" language in the statute and regulations) in the blank
space on the right side of the form next to the entries for
"Taxes," "Insurance," and "Utilities" and specify that the
special adjustment is for a service coordinator.

      5.In the case of an elderly project, owners shall meet the
requirements in paragraphs IVA 1 and 2. However, in the
case of family projects, owners may follow, but are not
required to adhere to the guidance in paragraph IVB 1 and 2.

  E.ELDERLY PROJECTS CONSTRUCTED UNDER THE 202 CAPITAL ADVANCE
PROGRAM. Projects constructed under this program shall submit an
operating budget for HUD review and approval. In cases when an
owner did not initially propose a service coordinator, the owner
may request an amendment to the Project Rental Assistance
Contracts (PRAC). The approval of this request will be based on
the availability of funds. The sponsor shall follow the
procedures below:

      1.Submit a request for an increase in PRAC along with
supporting documentation. This request shall certify that
at least 25% of the residents are frail and at risk, and
otherwise be consistent with the requirements of Notice
H-93-71 and its successors.

      2.Owners shall meet the requirements in paragraphs IV A1 and
2.

VI. STATE OR AREA OFFICE ADMINISTRATOR PROCESSING INSTRUCTIONS.

  A.RESIDUAL RECEIPTS.

      1.Section 202 projects.

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a.The Asset Management Branch Chief can require when necessary a complete physical inspection of the project. The inspection will determine pending and future repairs and replacements, based on the age and condition of the project.

b.Based on the physical inspection and information obtained from the project owner, an Asset Manager shall analyze the Reserve for Replacements Account to assure that it is sufficiently funded to cover pending replacements. If the Reserve Account is insufficiently funded, a transfer of funds from the residual receipts account to the Reserve for Replacement Account will be required to cover the shortfall. This shall be done before authorizing release of any of the residual receipts.

2.All other projects (except for Section 202) shall follow the Handbook 4350.1, REV-1, Multifamily Asset Management and Project Servicing, Chapter 25 Residual Receipts.

B.BUDGET BASED RENT INCREASE. Review the request for a budget-based rent increase in accordance with 4350.1, REV-1, Chapter 7.

C.SPECIAL RENT ADJUSTMENT.

1.Owners must meet the legal requirements for consideration of a special rent adjustment as stated in paragraph 5D. However, such requests for special rent adjustments for service coordinators for families should also include a review of specific circumstances for each case in applying these requirements.

2.State or area offices/Contract Administrators will need to review the project's contract authority to determine if it is adequate to meet the projected demands for housing assistance for the remaining incremental terms of the contract because it will be paid out of the project's contract/budget authority. If contract authority is inadequate to meet projected demands, a request for additional funding may be forwarded to Headquarters, Office of Multifamily Housing Management, Program Support Branch, for Contract Amendments.

3.Review of Form HUD-9833B, Section 8 Annual Contract Rent Adjustment Worksheet, Part G, "Special Adjustments."

4.State or area offices/Contract Administrators are instructed to follow existing instructions in Handbook 4350.1, Chapter 34 for processing special rent adjustment. In particular, paragraphs 34-6 through 34-8 provide general processing instructions, including a walk-through of how to compute the

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actual dollar amount of the special adjustment to approve applicable "back out" procedures. The instructions and requirements contained therein are incorporated here by reference.

The expiration of a special adjustment does not constitute a "reduction in rent." This point is especially relevant to Section 142(d) of the Housing and Community Development Act of 1967, which limited reductions in Section 8 contract rents to specific causes. Reductions for other reasons are prohibited unless agreed to by the owner. The owner, by accepting the special adjustment, agrees to this reduction when the need for the rent increase no longer can be justified.

   D.ELDERLY PROJECTS CONSTRUCTED UNDER THE 202 CAPITAL ADVANCE PROGRAM.

1.The State or area office will request and ask for additional information as necessary and approve it as appropriate.

2.Approved requests will be forwarded to the Director of Elderly and Assisted Housing for funding, based on the availability of dollars at the time the request is submitted to Headquarters.

VI.APPEALS OF SPECIAL RENT INCREASE DECISIONS. Owner appeals will follow existing procedures as set forth in HUD Handbook 4350.5, Subsidy Contract Administration and Field Office Monitoring, Section 2. The requirements of that part are incorporated here by reference. In summary, the first level of appeal is to the HUD State or area office or Contract Administrator which issued the contested decision. This appeal to the State or area office/Contract Administrator is at least one administrative level above the level which made the final decision on the owner's original submission.

   For the next 90 days, State or area office staff may direct questions to Brenda Gronewold, Planning and Procedures Division, Headquarters, at (202) 708-4162 or through cc:mail FHCPOST3. Thereafter, questions should be directed to their designated Desk Officer in the Operations Division. Owners and manager should direct their questions to their HUD Field Office.

_____
Assistant Secretary for Housing-

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HUD RSC FUNDING SOURCES

HUD HOUSING PROGRAM	HUD FUNDING SOURCES				
	Operations	Residual Receipts	Excess Income	RSC Grant	Ross Grant
Section 202	X	X		X	
Section 202/8	X	X		X	
Section 202/PRAC	X	X			
221 (d) (3) BMIR Elderly	X	X		X	
221 (d) (3) Family	X	X			
221 (d) (4) Elderly	X	X		X	
221 (d) (4) Family	X	X			
RHS Sec. 515/8- Elderly	X	X		X	
RHS Sec. 515/8- Family	X	X			
RHS Sec. 515	X				
Sec. 236 Elderly (insured or assisted)	X	X	X	X	
Sec. 236 Family (insured or assisted)			X		
Any Project-based Sec. 8 and Moderate Rehabilitation Developments - Elderly	X	X		X	
Any Project-based Sec. 8 and Moderate Rehabilitation Developments - Family	X	X			
Traditional Public Housing	X				X

Appendix C –Part 1

Service Coordinator Funding Request Form

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. When providing comments, please refer to OMB Approval No. 2502-0477. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Service Coordinator Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545)

Name and Address of Applicant/Owner:

1. Project Information: please provide the information for every project included in your request; add more pages if needed.

a. Project Name:	b. FHA or Project Number:

c. Section 8 Number: _____	d. Indicate type of project: ⊥ Section 202 ⊥ Section 221d(3)BMIR ⊥ Section 8 ⊥ Section 236

e.Total Number of Rental Units:	f. Project uses which method: ⊥ Budget-Based Rent Increases ⊥ AAF Increases

g. Resident Info:	Number	% of Total	Estimate the Number of residents to be serviced by ALSCP (if applicable) _____
Total # of Residents: _____	Estimate # of Frail Elderly: _____	XX	
	Estimate # of at Risk Elderly: _____		

form **HUD-91186** (03/2003)

h. If you plan to share the Service Coordinator with other HUD eligible developments, give proportionate amount of time Service Coordinator will serve each site:

Project Name(s)	# of Hours per week

i. Do you currently have a Service Coordinator working at this site?   ⊥ Yes   ⊥ No

If yes, -

1) How many hours per week does the Service Coordinator currently work?

2) How many hours per week do you want to add to your program?

3) Will you extend current employees hours or hire additional staff?

4) Provide a narrative explanation of why the extra time/staff is needed.

2. Budget Information ******

a. Personnel (Direct Labor) Identify Service Coordinator or Aide	Estimated Hours	Rate per hour	Estimated Cost	Year 1	Year 2	Year 3
Total Direct Labor Cost						
					Total 3 Year Amount	
b. Fringe Benefits	Rate (%)	Base	Estimated Cost	Year 1	Year 2	Year 3
Total Fringe Benefits Cost						
					Total 3 Year Amount	
c. Quality Assurance (Maximum is 5% of "a")	Hours	Rate Per Hour	Estimated Cost	Year 1	Year 2	Year 3

Appendix C –Part 1

Total Quality Assurance						
					Total 3 Year Amount	
d. Construction of Private Office Space	Quantity	Unit Cost	Estimated Cost	Year 1	XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
Total Construction						
					Total 3 Year Amount	
e. Office Furniture/Equipment (Start-up Costs)	Quantity	Unit Cost	Estimated Cost	Year 1	XXXXXX	XXXXXXX
					XXXXXX	XXXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
					XXXXXX	XXXXXX
Total Cost of Furniture/Equipment						
					Total 3 Year Amount	
f. Admin Costs						
1) Direct Costs						
Training	Quantity	Unit Cost	Estimated Cost	Year 1	Year 2	Year 3
Travel	Mileage	Rate per mile	Estimated Cost	Year 1	Year 2	Year 3
Supplies/Equipment	Quantity	Unit Cost	Estimated Cost	Year 1	Year 2	Year 3

form **HUD-91186** (03/2003)

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Other					
2). Indirect Admin Costs					
Total Admin Cost					
g. Grand Total					

h. Contracts. If you plan to contract out for a Service Coordinator or for Quality Assurance, list related cost. Give item and related cost

i. Quality Assurance is what percent of total direct labor costs ("a")?   _____% (Can't exceed 5%)

j. Line f can't exceed 10% of sum of lines a-e.	
Sum of lines a-e $ _____	Line f is _____% of this total program cost.

*** Please note: You may increase costs from year to year by no more than 5%.

3. Funding Sources and Time Periods (Indicate all that apply**.)**					
Grant	$	Years Months	From Date to Date		
Residual Receipts	$	Years Months	From Date to Date		
Excess Income	$	_____Years _ ____Months	From Date to Date ____		

Appendix C- Part 2

Instructions for Completing the Service Coordinator Funding Request

Item	Discussion
Section 1: Project Information	
Items are self-explanatory. Please remember to submit a full set of information for EACH housing development included in your application.	
Section 2: Budget Information **	
(Please note: You may increase costs from year to year by no more than five percent (5%)).	
a. Personnel (Direct Labor)	This section should show the labor costs for The Service Coordinators and/or aides. Use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation). Indicate if an individual is employed by a contractor or sub-grantee. Do not show fringe or other indirect costs in this section.
b. Fringe Benefits	Use the standard fringe rates used by your organization. You may use a single fringe rate (a percentage of the total direct labor) or list each of the individual fringe charges. Use the Total Direct Labor Cost as the base for the fringe calculation. If your organization calculates fringe benefits differently, use a different base and discuss how you calculate fringe as a comment.
c. Quality Assurance	Indicate the individuals you will use. Give the professional's title (e.g. MSW), the number of hours over the year you expect to use them, and their hourly rate. Remember that Quality Assurance is limited to program evaluation activities.
d. Construction of office space	List expenses associated with setting up a private office for the Service Coordinator. List each anticipated cost. You may incur These costs only during the first year of your program.
e. Office furniture and equipment	List start-up expenses related to furniture, computers, printers, and other office equipment. List the quantity and unit cost. These should be items you anticipate purchasing only in the first year of your program.
f. Administrative Costs (1) Direct Costs	
a. Training	Give fees and rates for appropriate training programs, to the extent known. Otherwise estimate and provide basis for the anticipated cost.
b. Travel	Provide mileage and cost estimates for use of private vehicles or public transportation; show the estimated cost of airfare required to attend training programs, and list necessary per diem rates in accordance with your organization's policies. Give travel destinations if known.

form **HUD-91186-i** (03/18/2003)

c. Supplies and Materials	List the supplies you propose to purchase. You can use an anticipated consumption rate to estimate the cost of office or other common supplies, (e. g. 1 box paper clips every 3 months). Include replacement of office equipment. List items individually along with the quantity and their anticipated cost.
d. Other Direct Costs	• Include costs such as telephone and Internet Service, printing, postage, and maintenance of office equipment. When such costs are incurred solely for Service Coordinator program activities.
F(2) Indirect Costs	OMB Circular A87 defines indirect costs as those that have been incurred by multiple programs for common or joint purposes. Indirect costs are associated with the centralized services distributed throughout your agency and cannot be readily identified with one particular program. Additionally, the costs should not be otherwise treated as direct costs. If your organization already has an established indirect cost rate, use this rate and explain how it is calculated.
Total Administrative Costs	Sum costs in items f(1)(a through d) and f)2) to get the total administrative cost. This cost cannot exceed ten percent (10%) of the sum of lines "a" through "e".
g. Grand Total	Sum lines "a" through "f" for each year. Then add the annual totals together to get to the total 3-year amount.
h. Contracts (Sub-Grantees)	If you will contract with a public or private agency to provide the Service Coordinator or Quality Assurance, list the activities and costs included in the contract in this section.
i. Quality Assurance percent of Direct Labor Cost (line "a")	Quality Assurance costs cannot exceed five percent (5%) of your total direct labor cost. Calculate your percentage and include on this line, to ensure you are within the 5% cap.
j. Administrative costs percent of program costs(line "f" divided by sum of lines "a" through").	Administrative costs included in line f cannot exceed ten percent (10%) of the total amount of all other program costs. Figure the sum of lines "a" through "e". Divide this sum into the total amount of costs included in line "f". Make sure the result is no greater than 10%.
Section 3: Funding Sources and Time Periods	
Housing owners can use any of the four funding sources to pay the costs of a Service Coordinator program. You may use these resources individually or in combination with each other. Indicate which funding sources you propose to use, by giving the dollar amount, the number of years and months during which you will use the funds, and the exact time period, (e.g. from May 1, 2003 to April 30, 2006). If you are applying for a grant, the dollar amount you give in the "Grant" line will be the application amount entered into the lottery.	

form **HUD-91186-i** (03/18/2003)

Appendix D

Maine State Housing Authority
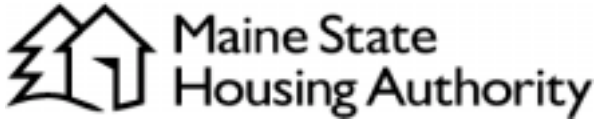
DEVELOPMENT ANNUAL BUDGET REPORT RESIDENT SERVICES ADDENDUM

REPORT INFORMATION * Submit two (2) copies to MSHA.

DEVELOPMENT	Name
	Location
	Number
	# of Units
				Period Covered By This Budget
				  Starting:
				  Ending:			

OWNER ENTITY	Name Address			RSC Name Date of Hire # Hrs this property			
MANAGEMENT AGENT	Firm Address			Contact Title Telephone			

BUDGETED DEVELOPMENT INCOME AND EXPENSES	Annual Budget This Year	PROJECTED		Proposed Budget Next Year	MSHA USE			
		Actual This Year	% Tot.		Adjusted		% Inc.	% Tot.
					Total	PUA		
Resident Services Income								
01 State Grant/Contract Reimbursement								
02 Federal Grant								
03 Housekeeping - Resident Fees								
04 Health Services - Resident Fees								
05 Transportation - Resident Fees								
06 Meals - Resident Fees								
07 Other								
08 Other								
09 Other								
Total Resident Services Income (Add to Schedule A, Line 49)	$0	$0		$0				
Resident Services Expenses								
10 Resident Service Coordination - Sal/Ben								
11 Resident Service Coordination - Other								
12 Housekeeping - Sal/Ben								
13 Housekeeping - Other								
14 Meals								
15 Transportation								
16 Health Services								
17 Newsletters/Publications								
18 Resident Education/Training								
19 Recreational Activities								
20 Resident Service Coordination - Training/Conferences								
21 Other								
Total Resident Services Expenses (Add to Schedule A, Line 37)	$0	$0		$0				
Net Income (Expense)	$0	$0		$0				

MSHA Review

By _____

By _____

Date _____

Note: This form is available via electronic file by contacting Kathy Poulin at Maine State Housing Authority at 207-626-4610 or via email at kpoulin@mainehousing.org

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Resident Service Coordinator Program

Referral Tracking Form

(See instructions for completing on next page.)

Development Name _____   Month/Year _____

Date Referred	Resident Initials and/or Apt. #	Referred to (Agency)	Referred for (Service/Issue)	Results/Comments*

*Resident referrals resulting in no action that month, waiting list status, etc., should be carried over to the next month's Tracking Form.

Maine State Housing Authority — Resident Services Program
Resident Service Coordination Referral Tracking Form
<u>*Instructions*</u>

- No referrals should be made without a signed release from the resident unless it is for Adult or Child Protective Services.

- Whenever possible, residents should be encouraged to make contact with the agency directly. In these cases, it is appropriate for the RSC to follow up with the resident on the status of the resident-directed referral.

- All referrals are made on behalf of a resident, should be documented on the Referral Tracking Form. All referrals are documented even if they are in-house referrals to the agency that provides the RSC.

- Referral documentation includes the date of the referral; the resident's apartment number or initials; the agency to which the resident was referred; provider agency contact person name and phone number; what services or problem the referral is intended to solve; and the results of the referral, i.e., waiting list status, not eligible, need addressed, etc.

- When referrals are made to agencies with no funding available, the RSC needs to inquire into the waiting list status and provide the resident with the opportunity to be on that waiting list.

- Referrals that do not result in addressing the identified need require follow-up and alternative problem solving strategies, i.e., referrals to other agencies, the opportunity to pay privately for needed/desired services, etc.

- Repeated referrals on behalf of the same resident to the same agency for the same service without a timely response by the agency involved requires documentation in the resident's file and need to be addressed by the RSC with the agency in question.

- Referrals resulting in no action/response in that month are carried over to the next month's reporting form. Referrals on a waiting list status are continuously carried over until the service need is resolved.

- Group referrals for benefit assistance, e.g., Tax & Rent, Low Cost Drug Cards, Food Stamps, HEAP, etc., may be documented by number rather than by individual. Example: 6 residents; #102, 114, 206, 310, 411 & 514; DHS; Food Stamps; applications processed.

- Resident refusal to accept services should be documented.

<u>Rationale</u>

- This reporting form measures the role RSCs play in linking residents up with existing services.

- The form is a tool to help measure the community's response to housing referrals; to provide the necessary documentation needed to identify and solve potential problems that may arise; and to help measure effective partnerships with various agencies.

- Most importantly, this form is a tool to help RSC's identify when they need to advocate on a resident's behalf for needed services.

Indicators for Requesting An Assessment of a Resident

Declines or becomes negative in SOCIAL BEHAVIOR
- Becomes hostile.
- Develops a communication barrier (impaired hearing, vision or speech).
- Becomes withdrawn, reclusive.
- Loses support system.
- Has trouble reaching social services.
- Shows a sudden change in relating to group or to staff.

Declines in SELF RELIANCE
- Needs help with:
  - meal preparation,
  - housecleaning,
  - personal care,
  - managing medications or other therapies,
  - safety awareness and response, or
  - shopping/financial management.
- Refuses services or help.

Changes in MENTAL HEALTH
- Loses orientation.
- Loses memory.
- Seems confused.
- Has sudden mood swings.
- Loses sense of reality (speaks of non-existent events, people or objects).
- Makes unreasonable, persistent demands on staff or others.
- Alarms other residents.

Abuses ALCOHOL OR DRUGS
- Falls, loses motor control.
- Disrupts community.
- Has frequent DWI, car accidents.
- Has slurred speech, seems incoherent.

Changes in PHYSICAL HEALTH
- Shows new symptoms of a disease and is not managing it.
- Shows a change in a chromic health problem and is not managing it.
- Is admitted for acute or intermediate or skilled nursing care.
- Calls 911, uses emergency call system.
- Shows a weight change.

Non-Participation Form

I, _____, living at _____,
       (Name of Resident)   *(Name of Development)*

understand I am responsible for making my own decisions and choices regarding a service(s) available to me. At this time, I am refusing to use a service(s) available as presented by the Resident Service Coordinator. The Resident Service Coordinator has fully explained: the rationale for accepting a service(s); the specifics of the service(s); and the possible consequences of refusing to participate in the service(s).

I hold the staff of _____
                                          (Name of Development)

harmless in case of damage to my personal property or injury to my person caused by refusal to utilize the services of the Resident Service Coordinator.

Conditions/Remarks:

Resident Signature _____ Date_____

Resident Service Coordinator Signature_____ Date_____

Source: American Association of Service Coordinator Program Manual (2003).

Sample Resident Service Coordinator Job Description

PRESERVATION MANAGEMENT
Job Description

Title: Resident Service Coordinator II
Classification: Non-exempt
Reports To: Director of Resident Services

The Resident Service Coordinator (RSC) assists residents to access supportive resources and referrals, appropriate intervention, socialization opportunities, health education, advocacy, and moral support. RSC provides tenant outreach and acts as a community liaison.

DUTIES:
1. Assists tenants to identify services and benefits needed to maintain independence, and helps access those services.

2. Links residents with existing services provided by social service agencies and local Area Agency on Aging to access entitlement services and funding resources.

3. Works with residents to empower them to remain independent and self- sufficient.

4. Coordinates services as necessary and appropriate.

5. Works with tenants to develop new community oriented activities and social programs specific to residents' preferences.

6. Provides activity reports and support data to comply with Supportive Services Program monitoring requirements.

7. Maintains strict confidentiality with tenants, unless reason to believe tenant is being abused or neglected or is at risk.

8. Maintains a release of information file for all tenants accessing supportive services.

9. Increases safety as needs for assistance are more quickly recognized and addressed.

QUALIFICATION REQUIREMENTS
• Knowledge of state, federal and community support resources for the elderly and disabled, including eligibility requirements for services.

• Minimum of one year experience in subsidized housing preferred.

• Minimum one year experience in related field.

• Knowledge of elderly issues and physical and mental impairments common in the aging process. Knowledge of ADA and reasonable accommodation issues.

• Ability to establish trusting relationships with residents and groups.

• Ability to coordinate and evaluate services.

• Ability to effectively communicate verbally and in writing.

• Four year college degree with major in social services or equivalent work experience.

• Ability to understand boundaries and limit setting with tenants.

Source: Mary Weiss, Director of Resident Service, Preservation Management

Hiring a Resident Service Coordinator — Sample Advertising Notice

---

RESIDENT SERVICE COORDINATOR

_____, a housing complex in _____, is seeking
(Development Name)   *(City or Town)*
a (full or part time) Resident Service Coordinator. RSC responsibilities include, but are not limited
to: working with residents to identify resident needs; service planning, brokering and coordination;
community outreach and advocacy; community building; and resident problem solving and
crisis intervention.

Applicants should have experience working with (families/elderly persons/persons with disabilities) in
a direct service capacity and have knowledge of (families/elderly persons/persons with disabilities) life
cycle issues and community support services. Interested applicants should be familiar with the needs
and community resources of (families/elderly persons/persons with disabilities) and be able to
establish a trusting relationship with residents, individually, and as a group.

Degree in social services, human services, or other appropriate field is preferred, but any equivalent
combination of applicable work experience or training in the field of human/social services will be
considered. Competitive salary. Send resume and cover letter by _____, to:
(date)

_____

_____

_____

Interviewing Resident Service Coordinators

Questions for Consideration

1. Describe your present (last) position and your typical day on the job.

2. What part of your job as a _____ do (did) you consider the most important and why?

3. What do (did) you like about your present (last) job?

4. What do (did) you dislike about your present (last) job?

5. Why have you decided to leave your present position? (Why did you leave your last position?)

6. Why are you interested in this position?

7. Tell me about one of your pet peeves.

8. What kinds of people do you like to work with?

9. If you were hiring someone for this position, what attributes would you look for, and why?

10. What skills do you feel you bring to this position?

11. What problems do you foresee in a position like this?

12. What specific knowledge about families, the elderly and/or disability programs do you bring to this position?

13. What specific knowledge or experience with property management and residents of subsidized housing do you bring to this position?

14. What do you think are the greatest needs and/or desires of family, elderly or disabled residents in subsidized housing complexes? (Why?)

15. Describe your "style" or philosophy of helping people.

16. What kind of decisions do you find most difficult to make?

17. How might you proceed to involve residents in identifying, developing and implementing desired services or programming?

18. What do the following terms mean to you?

    · self-determination?

    · empowerment?

    · resident-driven?

19. What kinds of experience have you had working in group community settings, i.e., leading, organizing?

20. What do you think it takes for a person to be successful in obtaining collaboration on programs from various social service agencies and housing owners?

21. What do you think it takes to build a sense of community and fellowship among diverse individuals and populations in housing?

22. Self-evaluate your skills and comfort level in handling interpersonal problems and conflicts. How would you rate yourself and why? (Might want to present a specific example particular to your development and allow the applicant time alone to think about it.)

23. What do you do to cope with stress and tension?

24. What do you do when you're having trouble solving a problem? Tell me about a difficult problem you've had to handle lately.

25. Describe your ideal supervisor. What did your previous boss do to get the best work out of you?

26. What kinds of paperwork and documentation might you expect to be doing in this type of position?

27. What are your future career or job plans?

28. a. Are you still interested in the position?

    b. If selected for the position, when would you be available?

    c. Tell us why we should hire you over the other candidates for this position.

At the end of the interviewing process, don't forget to:

· Provide a description of the salary and benefits.

· Allow the applicant the opportunity to ask questions.

· Obtain references.

Documentation

Documentation made in the course of regular business is considered to be true unless it appears to be fraudulent in nature.

Good Documentation

- documenting all conversations with or regarding resident

- consistent notes providing specific details about content of conversations

- showing follow-up on concerns and problems

- documenting resident's refusal of services as well as acceptance

- making sure that writing in file is legible and easy to read

- when correcting errors, correct with a line through the error, do not use white-out

Poor Documentation

- sporadic and vague notes

- admissions against interest or notes that are contradictory

- documents a problem and then no notes on actions taken

- only documents when resident accepts services

- illegible documentation appears hurried

- attempt to cover up error, especially with white-out

Documentation Recommendations

1. Intake
   Be specific about problems according to referral source.
   What help is being requested?
   Resident's understanding of issue.

2. Assessment of Resident Issue
   Descriptive language; clear, plain.
   Focus on observable behavior.
   Avoid interpretation.
   Content must substantiate intervention.
   Explicit on function; non-judgmental terms; concrete problem statements.
   What is happening in the present.
   Notate precipitating incidents, if any.

Appendix K

Avoid clinical terms or diagnosis, for example:

Clinical		Recommended
Depressed	vs.	hasn't left apartment in two weeks, previously out daily.
Communication problem	vs.	stutters; speaks Spanish only
Dressed inappropriately	vs.	standing in front of the building in sleeveless nightgown during snowstorm

3. Service Need Notes
   Enhance notes with specifics.
   Use specific reference/quotation of resident.
   Use positive language.
   Avoid process recording, i.e., "he said...she said."
   Record notes as soon as possible to be accurate.
   Anticipate legal.

4. Referral/Service Plan
   Notate date, time, name, title, agency.
   Release form.
   Notate all follow-up in same manner.
   Meeting/referral did not exist if it isn't recorded.
   Conference/meeting summary letter, service outline, deadlines.

5. Correction to Record
   Never use white-out. Cross out, line through entry, initial with date/time.
   Use same color ink, otherwise may reflect tampering.
   Legible notes.
   Re-read entry.
   When abbreviating use established, uniform Company abbreviations.

Individual Resident Tracking	
Name:	DOB:
Address:	SSN:
Insurance:	Income/Assets:
	Rent:
Physician:	Emergency Contact:

Appendix M

SERVICE COORDINATION ACTIVITY TRACKING SUMMARY SHEET

PROPERTY:_____ **MO/YR:**_____

COMMENTS:

Date:_____ _____

Apt:_____ _____

Code:_____ _____

****

Date:_____ _____

Apt:_____ _____

Code:_____ _____

****

Date:_____ _____

Apt:_____ _____

Code:_____ _____

****

Date:_____ _____

Apt:_____ _____

Code:_____ _____

****

Date:_____ _____

Apt:_____ _____

Code:_____ _____

****

Date:_____ _____

Apt:_____ _____

Code:_____ _____

****

Indicate the units of service for each of the following:

1. ____Assessments
2. ____Advocacy
3. ____Benefits/Entitlements/Insurance
4. N/A Case Management
5. ____Conflict Resolution
6. ____Crisis Intervention
7. ____Education/Employment
8. ____Family Support
9. ____Health Care Services
10. ___Homemaker

11. ____Home Management/Financial
12. ____Lease Education/Violation
13. ____Meals
14. ____Mental Health Services
15. N/A Monitoring
16. ____Substance Abuse
17. ____Transfer-Housing, Hospital
18. ____Transportation
19. ____Legal
20. ____Reasonable Accommodation
21. ____ Other Information & Referral

Service Coordination
Release of Confidential Information

I hereby authorize the release of information to be used by the Resident Service Coordinator to link me with programs and services that will assist me in remaining independent and self-sufficient.

_____, the Resident Service Coordinator is authorized to receive information pertaining to benefits or services provided to me. He/she is also authorized to provide information to the following service providers, individuals or organizations in order to access or maintain the services I desire or need. This authorization will remain in effect for one year, and expires on _____.

___ Area Agency on Aging   ___ Community Action Program

___ Home Health Agencies   ___ Family Members

___ Hospital Discharge Planners   ___ Mental Health Agencies

___ Substance Abuse Agencies   ___ Dept. of Human Services

___ Social Security Admin.   ___ Veterans Administration

___ Counseling Providers   ___ Services [Legal Service for the
                                                        Elderly(LSE), Pine Tree Legal Assistance]

___ Physician _____

___ Physician _____

___ Other _____

___ Other _____

I understand that the use of this information is strictly confidential, and that it may only be shared with those agencies and/or individuals involved in the delivery of services I desire and with State or Federal Agencies who may need this information to monitor the quality of services provided to me. I also understand that I have the right to revoke this consent at any time.

_____
Resident Name   Date

_____
Resident Name   Date

I, _____, revoke this authorization of confidential information.

_____
Resident Name   Date

SAMPLE

PRESERVATION MANAGEMENT, INC.
NOTICE 0F RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

- a change in rules or policies that would make it easier for you to live here

- a change in your apartment or a special type of apartment that would make it easier for you to live here

- a change or repair to some other part of the complex that would make it easier for you to live here

- a change in the way we communicate with you that would make it easier for you to live here

You can ask for this kind of change, which is called a

REASONABLE ACCOMMODATION

If you can show that you have a disability and if your request is reasonable (not too expensive and not too difficult to arrange), we will try to make the changes you request.

You will receive an answer to your request within seven (7) working days, unless there is a problem getting the information we need. We will notify you if we need additional information from you, or if we need to talk with you about alternative ways to meet your needs.

If your request is denied, we will explain the reasons for the denial.

If you need help in completing a REASONABLE ACCOMMODATION REQUEST FORM, we will assist you

Source: Mary Weiss, Director of Resident Services, Preservation Management, Inc.

SAMPLE

PRESERVATION MANAGEMENT, INC.
PROTOCOL FOR REASONABLE ACCOMMODATION REQUESTS

Step 1 Resident Request: The resident requests a reasonable accommodation (interpreter, assistive animal, a change in policy, additionally time to prepare for their inspection etc)

Step 2 Site Manager or Resident Service Coordinator:
- Provide copies of the *Notice of Right to Reasonable Accommodation and Request for a Reasonable Accommodation.*
- Explain to the resident that you do not make the decision regarding the approval of the accommodation
- Remind the resident that the Request must be signed by a **Qualified Third Party**
- Instruct the resident to return the completed Request for a Reasonable Accommodation to either the site manager or Resident Service Coordinator

Step 3 Resident
- Have Request completed by Qualified Third Party
- Return Request to the site manager or Resident Service Coordinator

Step 4 Site Manager or Resident Service Coordinator
- Date stamp Request
- Make sure address and phone number is legible
- Fax to your property manager (for review with main office)
- Put original copy in the resident file

Step 5 Director of Resident Services
- Review Request for a Reasonable Accommodation
- Meet and/or discuss Request with resident, if necessary
- Obtain a signed Release of Information, if further information is needed
- Research options/alternatives with appropriate agencies
- Meet with President to review all information and documentation
- Discuss recommendation and plan for implementation with property manager
- **Respond to the resident in writing and send a copy to the site manager to put in the resident file**
- **Draft a work order to be sent to the site and returned to Management upon completion**

Step 6 Property Manager

- Will implement the approved Request by notifying the site manager or maintenance staff person

Source: Mary Weiss, Director of Resident Services, Preservation Management, Inc.   03/15/02

SAMPLE

PRESERVATION MANAGEMENT, INC.
REQUEST FOR A REASONABLE ACCOMMODATION

<u>**To be completed by the Resident:**</u>

NAME _____ PHONE _____ - _____ - _____

ADDRESS_____

_____

1. The following member of my household has a disability: _____

2. Please provide the following change(s) so that the person listed above can live here as easily or successfully as the other residents.   Check the kind of change(s) you need.

    ( ) A change in my apartment or other part of the housing complex.
    ( ) A change in the following rule or way things are done.

3. **Please tell what you need. (Explain in detail the changes needed. Use other side, if necessary.)** *(I understand I may ask for changes in HOW I meet the terms of the lease, but that I must continue to meet the terms of the lease.)*

_____

_____

<u>**To be completed by Qualified Third Party:**</u>
By signing this Request, I am verifying that applicant specified in Line 1 (above) meets the definition of disability defined as " **a physical or mental impairment which substantially limits one or more major life activities: a record of such impairment; or being regarded as having such impairment. This term does not include current, or illegal use of or addiction to a controlled substance". Major life activity is defined as "…function such as caring for one's self performing manual tasks, walking seeing, hearing, speaking, breathing, learning and working.**"

1. Please verify the medical necessity of the reasonable accommodation_____

_____

2. Provide a detailed explanation of the requested accommodation. _____

_____

3. Please describe how the accommodation will allow the resident to fully use and enjoy the premises._____

_____

_____

SIGNATURE OF QUALIFIED THIRD PARTY   **PHONE**

_____

PRINT NAME OF QUALIFIED THIRD PARTY   **DATE**

(NOTE: Such changes must NOT be just something the person desires, but rather, they MUST be changes that are necessary for the person to have equal access and enjoyment of the housing and its programs. By signing, you are indicating that you believe the accommodation is NECESSARY and will achieve its stated purpose.)

4. Please use this space, or the other side of this form, to assist us in locating any special items that you may have requested as a change to your apartment.

Source: Mary Weiss, Director of Resident Services, Preservation Management, Inc.

Resident Service Coordinator Confidentiality Agreement

Confidentiality is protecting another person's right to privacy.

In order for residents to have trust in their relationship with the Service Coordinator at _____, it is important for residents to know that the information they reveal to the
        (Development Name)
Resident Service Coordinator will not be discussed with anyone else. This means it isn't revealed to anyone, including property staff or the resident's family, without their permission.

_____ uses a "*Release of Information*" form to obtain this permission. This
        (Management Company)
form, signed by residents, allows the Resident Service Coordinator to discuss residents' service needs and desires with community service providers, family members, physicians, and other individuals in order to link residents to programs and services that will assist them in remaining independent and self-sufficient.

As your Resident Service Coordinator, I agree to protect your right to privacy and confidentiality within the ethical and legal limitations of my position.

_____

RSC Signature   Date

The ethical and legal limitations to my promise of confidentiality include:

- Adult Protection Services and Child Protection Services referrals. I am legally obligated to report incapacitated adults who have been subject to physical abuse, neglect, or exploitation or who are living in hazardous condition which pose a threat to their well being or the well being of other residents within the housing complex to the Department of Human Services, Bureau of Elder and Adult Services or Bureau of Child and Family Services. I am likewise required to report suspected child abuse and/or neglect to the Bureau of Child and Family Services.

- If I believe a child or older person within the housing development is in imminent danger, I am required to report to the local police department.

- I may be required by law in a court action to reveal information shared with me or contained within my resident files.

- I have a responsibility to my employer to report lease violations that come to my attention in the course of my duties.

Appendix Q

Resident Service Coordinator Transfer of Confidential Information

I hereby authorize the transfer of the service records used by _____ Resident Service Coordinator to link me with desired programs and services. I understand my service record file will be maintained by the new Resident Service Coordinator and that this information will remain strictly confidential and may only be shared with those agencies and/or individuals I authorize. I also understand that I may revoke this consent at any time.

_____
Resident Signature   Date

_____
Resident Service Coordinator Signature   Date

I hereby choose not to release the service records used by _____, the Resident Service Coordinator to link me with desired programs and services. I prefer that this information remain strictly confidential. I understand that because I refused to release my service record file, this information will be stored by the service coordinator in a manner that will assure my privacy for a period of 4 years at which time the information will be destroyed.

_____
Resident Signature   Date

_____
Resident Service Coordinator Signature   Date

DEVELOPING TRUST BETWEEN RESIDENTS AND THE RESIDENT SERVICE COORDINATOR

Trust between the Resident Service Coordinator and residents is achieved when:

- The residents perceive the Resident Service Coordinator's goal as to prolong the ability of residents to remain independent as long as reasonably possible.

- The Resident Service Coordinator respects the autonomy and self-determination of residents.

- The Resident Service Coordinator involves residents in the decision-making process.

- The Resident Service Coordinator accurately describes the limitations of his/her ability to assist residents.

- The Resident Service Coordinator respects the privacy and confidentiality of residents.

- The Resident Service Coordinator demonstrates sensitivity to the residents' concerns.

- The Resident Service Coordinator displays professional knowledge, expertise, and integrity in handling problems.

- The housing manager's actions and interactions convey trust in the ability of the Resident Service Coordinator to handle residents' problems and concerns.

- The Resident Service Coordinator creates a positive social environment which respects the dignity and self-worth of all residents.

Source: "The Elderly Supportive Services Program: Bringing Service Coordination to Senior Housing", by Nancy W. Sheehan, Ph.D., Travelers Center on Aging, University of Connecticut

Professional Boundaries

<u>WARNING SIGNS</u>	<u>HEALTHY SIGNS</u>
I get all my sense of being appreciated from my work.	I will meet my emotional needs in my private life not my professional role.
I can't do enough for my clients.	If my job is my whole life, then I don't have a whole life.
I disclose more about myself to clients than what is necessary for treatment.	Professional sharing is not professional caring.
Nobody else cares about this client.	Professional boundaries protect the client's right to professional care.
Only I seem to be able to help this client.	Encouraging my client to be dependent upon me means I am codependent.
This client really needs me.	Needing to be needed makes me needy.
Why shouldn't I accept this small gift?	Accepting more than a thank you makes me a caretaker not a caregiver.

Source: Workshop "Ethical Issues in Care Giving" by John L. Stephenson, Ph.D.

RESIDENT SERVICE COORDINATION ALLOCATING TIME

Given the nature of the problems Resident Service Coordinators confront on a daily basis, it is important to avoid potential "burnout" by actively managing the stresses of the job. A number of time management techniques and other activities can help Resident Service Coordinators avoid role overload and "burnout". Activities include:

- Be clear about the role and role responsibilities

- Set realistic limits about what can and cannot be accomplished

- Learn to allocate responsibility

- Avoid allowing any one resident to monopolize your time

- Make appropriate referrals

- Constantly review your workload

- Involve others in providing care

- Work to develop competencies and skills among residents

- Make long range plans and set goals

- Establish priorities

- Take time for yourself (take time for lunch - don't work through lunch, get out of the building, do errands, go for a walk)

- Network with others

- Learn to say "NO"

 The ability to help residents and their families through extremely difficult times requires that Resident Service Coordinators take care of themselves.

Source: "The Elderly Supportive Services Program: Bringing Service Coordination to Senior Housing", by Nancy W. Sheehan, Ph.D., Travelers Center on Aging, University of Connecticut

RESIDENT SERVICE COORDINATION BURNOUT

Given the nature of the demands placed upon Resident Service Coordinators, burnout is a real problem that must be addressed. Burnout is most likely to occur when the Resident Service Coordinator:

• Loses sight of her/his primary responsibilities

• Fails to review his/her workload on a regular basis

• Spends too much time on any one resident

• Fails to set realistic expectations about what he/she can do

• Is expected to take on management responsibilities that are not related to the primary functions of the role

• Lacks guidance and support from other professionals performing similar work

• Works in a hostile, non-flexible environment that is not open to change and innovation

• Fails to take time for him/herself

• Is unable to delegate responsibility

Management companies contribute to "burnout" of the Resident Service Coordinator when:

• They assign responsibilities to the Resident Service Coordinator that are outside of the role

• They set unrealistic expectations regarding what the Resident Service Coordinator can accomplish

• They fail to acknowledge the role of the Resident Service Coordinator in the company

• Property Manager or others in the management company create barriers that prevent or impede effective communication and successful performance of the role

• They support residential policies that conflict or undermine the autonomy and self-determination of residents

Thus, both the Resident Service Coordinator and management company need to guard against situations that can lead to burnout.

Source: "The Elderly Supportive Services Program: Bringing Service Coordination to Senior Housing" by Nancy W. Sheehan, Ph.D., Travelers Center on Aging, University of Connecticut

Semi-Annual Performance Report

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

Multifamily Housing
Service Coordinator Program

Public reporting burden for this collection of information is estimated to average X 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Instructions: See pages 3 and 4 for detailed instructions.

1. Contact Person (name and phone number including area code)

E-Mail Address:

2. Source of funds for Service Coordinator (check one)

☐ Grant/Contract - provide number (e.g., OK56CS94032)

☐ Residual Receipts   ☐ Excess Income

☐ Section 8 operating funds (project-based)

3. Project(s) served by the Service Coordinator(s) (List additional developments on a separate page)

Project Name	Project/FHA Number	Number of Units

4. Number of hours per week worked by the Service Coordinator

5. Resident Statistics

a. Total number of residents in all projects served

b. Estimated Age of residents

  percent aged 18 to 61 (i.e., non-elderly people with disabilities) [   ] %   percent aged 62 to 80 [   ] %

  percent aged 81 to 95 [   ] %   Percent over age 96 [   ] %

c. Estimated number of frail elderly residents (deficient in 3 or more Activities of Daily Living (ADLs))

d. Estimated number of at-risk elderly residents (deficient in 1 or 2 ADLs)

e. Total number of residents who utilized the SC during this reporting period

f. Total number of newly assigned residents assisted during this reporting period

6. Type of Service Coordination Performed
  For each service, provide the number of residents who received that service. Identify only those residents who went through the SC to obtain these services.

Type of Service	Number of Residents	Type of Service	Number of Residents
Assessments		Home Management	
Advocacy		Lease Education	
Benefits/Entitlements/Insurance		Meals	
Case Management		Mental Health Services	
Conflict Resolution		Monitoring Services	
Crisis Intervention/Support Counseling		Substance Abuse	
Education/Employment		Transfer to Alternative Housing or Hospital	
Family Support		Transportation	
Health Care/Services		Other (specify)	
Homemaker		Other (specify)	

7. Administrative Tasks
  List the approximate percentage of time per month the SC performs these administrative tasks.

Documentation of resident files [   ] %   Paperwork not related to a resident [   ] %

Contact with outside service providers [   ] %   Meetings with management staff [   ] %

Name of person preparing this report

Signature

Title

Date (mm/dd/yyyy)

MSHA | OPENING DOORS

Appendix V

Please respond to the following items. Use additional pages if needed.

8. Educational / Wellness Programs

List the educational or wellness programs the SC developed and/or implemented for residents during this reporting period.

9. Fundraising

If you have engaged in any fundraising activities during this reporting period, please list them.

10. Professional Training

List the training programs the SC attended during this reporting period. Provide the name of the training program, its location, number of hours, and the number of continuing education hours earned.

11. Resident Problems / Issues

Provide anecdotes (no more than two paragraphs each) describing two resident issues with which the SC was involved. Indicate whether the issue was resolved during this reporting period and describe positive or negative outcomes.

12. Additional Information

Provide any other information relevant to the administration and performance of the SC Program. Provide any recommended "best practices" you have found to be effective in providing service coordination and promoting independent living for the residents.

Are additional pages attached ☐ Yes ☐ No

Instructions for Completing Form HUD-92456

General:
All multifamily housing owners with Service Coordinators paid for with any type of HUD funds must submit this Report. The Service Coordinator or the Program contact person must complete the form.

Submit one Report per Service Coordinator position, regardless of funding source. If one Service Coordinator serves multiple developments or is funded through multiple funding sources, include all relevant information on page 1.

Reporting Period: All Service Coordinators must submit this Report according to the Federal Fiscal Year dates. The reporting periods are October 1 through March 31 and April 1 through September 30. Your Report is due to your local Field Office 30 days after the end of the reporting period, i.e. April 30 and October 30, respectively.

Specific Instructions for each Item:

1. **Contact Person.** Enter the name, phone number, and email address (if any) of the person most familiar with the information provided on this form, who may be contacted by HUD for questions regarding the form's content.

2. **Source of Funds for Service Coordinator.** Check "Grant/Contract" if you received a separate contract or grant for funding the Service Coordinator since Fiscal Year 1992. Indicate the grant or contract number associated with this funding. The middle four digits of this number must begin with "C93", "C94", "CS", "RS", or "HS". Do not provide your project's Section 8 number (e.g. OHl2T871017).

   Check "Residual Receipts" or "Excess Income" if your local HUD office has approved the use of these funds to employ a Service Coordinator. You may indicate this option if this is your only source of funding or if you use residual receipts or excess income together with separate grant/contract funds.

   Check "Section 8 operating funds" if your local HUD office has approved the Service Coordinator as an on-going permanent expense in your project's operating budget. If this is the case, you will not be using either residual receipts, excess income, or grant/contract funds.

3. **Projects Served by the Service Coordinator.** One grant/contract may include funding for more than one project. List all projects served by the grant/contract indicated in item #2, above. If one Service Coordinator serves more than one project and is funded by the residual receipts, excess income, or operating budgets of those projects, list all projects assisted by the Service Coordinator. Include each project number (e.g. 042-EH406) and the number of units in each project.

4. **Number of hours per week worked by the Service Coordinator.**
   Indicate the total or average (if variable) number of hours worked by the Service Coordinator per week at all sites.

5. **Resident Statistics.**

5a. **Total Number of Resident.** Provide the total number of all residents in all projects served.

5b. **Estimated Age of Residents.** Estimate the percentage of total residents at all sites served by the Service Coordinator who are within the age ranges.

5c and d. **Estimated Number of frail elderly residents and number of at-risk elderly residents.** Estimate the number of residents age 62 or older who are deficient in one, two, or three or more Activities of Daily Living (ADLs). In making your estimate, use HUD's definition and list of ADLs found in previously published Program Notices or application kits. (ADL deficiencies, i.e. frailty or at-risk considerations, do not apply to people with disabilities age 18-61.)

5e. **Total number of residents who utilized the SC during this reporting period.** Indicate the total number of residents the Service Coordinator assisted in any way during the six-month reporting period. This may include a variety of tasks or assistance provided. Do not count residents twice. Regardless of the amount of time spent assisting one resident, only count that individual once.

5f. **Total number of newly assigned residents assisted during reporting period.** Provide the number of residents you first assisted during the reporting period.

6. **Type of Service Coordination Performed.** For each of the listed services, provide the number of residents who received that service. Identify only those residents who went through the SC to obtain these services. For example, if a resident had been receiving housekeeping services for a year prior to the SC's employment, do not include that resident in your "home-maker" count. If a resident's son has arranged for Meals on Wheels for that resident, do not include that resident in your "meals" count. Only count those residents who the SC person-ally assisted in obtaining housekeeping or Meals on Wheels services.

   Note: If a previously-employed SC helped residents to obtain any of these services and a new SC has taken over during the current reporting period, count all residents assisted by either SC. Please add any other services not included on this list either on Page 1of this form or on an attached page. Use your discretion in indicating the categories for the services you coordinate. Choose the category you feel most appropriately represents these services.

7. **Administrative Tasks.** List the approximate percentage of time per month the SC performs these administrative tasks.

   Documentation of resident files. Includes any notes you make, forms completed, or other information inserted in resident files.

   Contact with outside service providers. Include any activity related to obtaining information about or advocating for affordable supportive services or assistance for residents. Such activity may include telephone conversations, face-to-face meetings, coalition or task force meetings, or working groups.

   Paperwork not related to a resident. Include any reports written for management staff, supervisors, or peers, or paperwork related to registering for training, arranging travel, or purchasing supplies or equipment.

Meetings with management staff. Includes meeting with project manager or administrator, contract supervisor or management staff, or any other related meeting.

8. **Educational/Wellness Programs.** List the educational or wellness programs the SC developed and/or implemented for residents during this reporting period. Provide the name or topic of each program only and give the approximate number of residents who attended. Examples of such programs are talks on osteoporosis, nutrition, or accessibility issues for people with disabilities, "brown bag" medication meetings with pharmacists, or remembrance groups.

9. **Fundraising.** List fundraising activities, if any, completed during this reporting period. Provide the name or brief description of each activity, the amount of funds raised, and the intended use of these funds.

10. **Professional Training.** List the training programs the SC attended during this reporting period. Provide the following information for each program attended:

    o   name of the training program,
    o   the location,
    o   the number of hours, and
    o   the number of continuing education hours earned.

11. **Resident Problems/Issues.** Provide anecdotes (no more than two paragraphs each) describing two resident issues with which the SC was involved. Indicate whether or not the issue was resolved during this reporting period. Describe positive and/or negative outcomes. The objective of this item is to give readers of the report a description of the SC's work and the types of issues dealt with on a daily basis. Unresolved situations will be viewed as examples of difficult problems or circumstances and not as a negative reflection of the SC's efforts. Please be candid in your account, in order to give the reader an accurate description of the SC's work.

12. **Additional Information.** Provide any other information relevant to the administration and performance of the SC Program. Provide any recommended "best practices" you have found to be effective in providing service coordination and promoting independent living for the residents. Examples of your "best practices" will be essential in helping others develop SC programs and in supporting and obtaining funding. HUD staff welcome any comments related to the SC Program.

Sample Resident Services Survey

Your property management company is working to improve the services available to residents. To identify needed services, we are surveying residents. We hope that if services become available, costs might be shared by residents , service providers and management. Therefore, residents who need the services would be making a co-payment rather than paying all of the costs.

This survey is relatively short and should take only twenty minutes of your time. Please read each question carefully and answer to the best of your ability.

There is no need for you to put your name or any other personal information about yourself on the survey since all responses will be kept anonymous and confidential.

We appreciate your effort and cooperation! If you have any questions, feel free to ask your Property Manager. Thanks!

1. Last week, how many times did you participate in activities in your development, for example, games, arts and crafts, or discussion groups?

	One or two times
	Three or four times
	Five or more times
	No activities available in building
	Did not participate at all

2. Last week, how many times did you leave the building to go somewhere, for example to go shopping, to do errands, to visit friends or relatives, or to go to an activity?

	One or two times
	Three or four times
	Five or six times
	Seven or more times
	Did not go out at all

3. Which of the following activities do you have regular assistance with now?

	Help with heavy household chores (washing windows, scrubbing floors)
	Help with light household chores (dusting, washing dishes)
	Help with meal preparation
	Help with shopping
	Help with transportation
	Help with personal care (bathing, dressing)
	Coordinating physician services
	Assistance with insurance forms
	Assistance with banking
	Any others?

Appendix W

4. What specific services would you be interested in for <u>yourself or your spouse</u>?

	Help with heavy household chores (washing windows, scrubbing floors)
	Help with light household chores (dusting, washing dishes)
	Help with meal preparation
	Help with shopping
	Help with transportation
	Help with personal care (bathing, dressing)
	Social/recreational activities
	On-site health screening and monitoring
	Coordinating physician services
	Assistance with insurance forms
	Assistance with banking
	Any others?

5. What specific services for day-to-day living do you think would be most useful for <u>other people in your development</u>?

	Help with heavy household chores (washing windows, scrubbing floors)
	Help with light household chores (dusting, washing dishes)
	Help with meal preparation
	Help with shopping
	Help with transportation
	Help with personal care (bathing, dressing)
	Social/recreational activities
	On-site health screening and monitoring
	Coordinating physician services
	Assistance with insurance forms
	Assistance with banking
	Any others?

6. Overall, how difficult is it for you to get your shopping done?

	Very difficult
	Somewhat difficult
	Not difficult

7. If there were a service that helped people in your development with shopping, how likely do you think you would be to use that service?

	Very likely
	Somewhat likely
	Somewhat unlikely
	Very unlikely

8. How much would you be willing to pay someone per hour who helped you with shopping?

	$2.00 to $3.99
	$4.00 to $5.99
	$6.00 to $7.99

-2-

MSHA | OPENING DOORS

9. Overall, how difficult is it for you to get your heavy household chores done?

	Very difficult
	Somewhat difficult
	Not difficult

10. If there were a service that helped people in your development with heavy household chores, how likely do you think you would be to use that service?

	Very likely
	Somewhat likely
	Somewhat unlikely
	Very unlikely

11. How much would you be willing to pay someone per hour who helped you with heavy household chores?

	$2.00 to $3.99
	$4.00 to $5.99
	$6.00 to $7.99

12. Overall, how difficult is it for you to get your light household chores done?

	Very difficult
	Somewhat difficult
	Not difficult

13. If there were a service that helped people in your development with light household chores, how likely do you think you would be to use that service?

	Very likely
	Somewhat likely
	Somewhat unlikely
	Very unlikely

14. How much would you be willing to pay someone per hour who helped you with light household chores?

	$2.00 to $3.99
	$4.00 to $5.99
	$6.00 to $7.99

15. Overall, how satisfied are you with transportation services now available to you?

	Very satisfied
	Somewhat satisfied
	Somewhat dissatisfied
	Very dissatisfied

16. If you are dissatisfied, what improvements would you suggest?

Appendix W

17. If there were a service that provided transportation to people in your development, how likely do you think you would be to use that service?

	Very likely
	Somewhat likely
	Somewhat unlikely
	Very unlikely

18. If you could use a regularly scheduled transportation service to nearby locations, how much would you be willing to pay per trip, for one-way?

$_____

19. For which of the following health services would you be willing to pay a co-payment, if the service became available in the building?

	Periodic blood pressure check
	Periodic blood sugar test
	A podiatrist
	Weight checks
	A nutritionist
	Instruction on submitting Medicare/Medicaid forms
	Any other?

25. If someone helped you prepare meals in your apartment, how likely would you be to use that service?

	Very likely
	Somewhat likely
	Somewhat unlikely
	Very unlikely

26. How much would you be willing to pay someone per hour help helped you with meal preparation in your apartment?

	$2.00 to $3.99
	$4.00 to $5.99
	$6.00 to $7.99

27. If you were interested in one or more of these services but couldn't afford it, how likely is it that you could get financial help from your family?

	Very/somewhat likely
	Very/somewhat unlikely

28. Please indicate whether you live alone or with someone else:

	Live alone
	Live with someone else

29. Please indicate your sex:

	Male
	Female

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30. Please indicate your age:

	Under 75
	75 to 79
	80 or older

31. Which of the following categories best describes your total household income for *year of survey*, before taxes, including income from ALL sources?

	Under $5,000 annually
	$5,000 to $7,500 annually
	More than $7,500 annually

32. And finally, compared to other persons your age, how would you rate your health?

	Excellent
	Good
	Fair
	Poor

Please feel free to add any additional comments or suggestions you may have in this space.

Thank You!

Appendix X

Sample <u>In-house</u> Services Survey

The Management of your Development is interested in improving the services available to residents. We are conducting a survey to get your opinion on what supportive services you might be interested in. Would you please take the time to answer the following questions?

Thank you in advance for your cooperation. **You need not give your name.**

1. We are considering offering supportive services to the residents such as help with: household chores, meals, shopping, transportation and personal affairs. These services would be designed to help people with <u>the day to day tasks of everyday living</u>, which will enable them to live independently, longer. How much interest do you think people in this Development would have in these types of services?

    _____ great
    _____ somewhat of an interest
    _____ little or no interest

2. What specific services for day to day living do you think would be <u>most</u> useful to people in this Development? <u>Check all that apply</u>.

    _____ help with household chores (such as scrubbing floors, cleaning bathrooms, vacuuming, dusting)
    _____ help with meals: _____ home delivered; _____ congregate (group setting)
    _____ help with shopping: _____ grocery; _____ other shopping
    _____ help with transportation
    _____ help with personal affairs (such as health problems, Social S+ecurity & Medicare forms, circuit breaker, information and referral services)
    _____ other services - specify _____

3. How difficult is it for <u>you</u> currently, to perform each of these tasks without assistance? <u>Check 1 space for each task</u>.

	not difficult	somewhat difficult	very difficult
Household chores	_____	_____	_____
Meal preparation	_____	_____	_____
Shopping	_____	_____	_____
Transportation	_____	_____	_____
Personal affairs	_____	_____	_____

4. How often do you think you would use each of these services if it were available within your Development? <u>Put in a number</u>.

Household chores	_____	times a week
Congregate meals	_____	times a week
Shopping	_____	times a week
Transportation	_____	times a week
Personal affairs	_____	times a month

5. If the fee for this service was as listed below, would you be willing to use it?

Household chores	$8.00 per hour	_____ yes	_____ no
Meals	$2.50 per hour	_____ yes	_____ no
Shopping	$2.00 per trip	_____ yes	_____ no
Transportation	$2.00 per trip	_____ yes	_____ no

6. If you said <u>no</u> to any of the supportive services listed in question 5 above, but would still want or need the service, what is the most you would pay?

    Household chores $_____ per hour
    Congregate meals $_____ per meal
    Shopping $_____ per trip
    Transportation $_____ per trip

7. Are you currently getting help with day to day tasks from any of the following sources? <u>Check all that apply</u>.

    _____ Spouse
    _____ Adult child or other relative
    _____ Friend or neighbor
    _____ Manager/Development staff
    _____ Other _____

8. For which tasks do you receive help? <u>Check all that apply</u>.

    _____ Household chores
    _____ Meals
    _____ Shopping
    _____ Transportation
    _____ Personal affairs

9. If you did receive help with any of the above mentioned tasks, which of the following best describes your experience? <u>Check one answer for each task</u>.

    Household chores:
    _____ Completely satisfactory
    _____ Not satisfactory
    _____ Too expensive
    _____ Other _____

    Meals:
    _____ Completely satisfactory
    _____ Not satisfactory
    _____ Too expensive
    _____ Other _____

    Shopping:
    _____ Completely satisfactory
    _____ Not satisfactory
    _____ Too expensive
    _____ Other _____

    Transportation:
    _____ Completely satisfactory
    _____ Not satisfactory
    _____ Too expensive
    _____ Other _____

    Personal affairs:
    _____ Completely satisfactory
    _____ Not satisfactory
    _____ Too expensive
    _____ Other _____

Appendix X

10. If you were interested in one or more of these services but could not afford it, how likely is it that you could get financial help from your family?

    _____ Very likely
    _____ Somewhat likely
    _____ Somewhat unlikely
    _____ Very unlikely
    _____ Other _____

11. In the last month, how many times did you participate in Development activities, such as games, arts & crafts, parties?

    _____ Did not participate
    _____ One or two times
    _____ Three or four times
    _____ Five or six times
    _____ More than six times
    _____ No activities offered

12. In the last month, how many times did you leave your building to go somewhere, for example - shopping, to do errands, to visit friends or relatives, or to go to an activity?

    _____ Did not go out at all
    _____ One or two times
    _____ Three or four times
    _____ Five or six times
    _____ More than six times

13. Do you have any children who: <u>Check all that apply</u>.

    _____ Live within 15 minutes travel time away
    _____ Live between 15 minutes and 1 hour travel time away
    _____ Live between 1 and 4 hours travel time away
    _____ Live more than 4 hours travel time away
    _____ No children

14. Do you have any close friends or relatives other than your children who live in this Development or within 15 minutes travel time away?

    _____ Yes
    _____ No

15. Do you have a regular doctor or clinic which provides you with most of your routine health care?

    _____ Yes
    _____ No

16. Have you seen him/her in the last 6 months?

    _____ Yes
    _____ No

17. Have you been hospitalized in the last year?

    _____ Yes
    _____ No

18. Are there any additional services or programs that you feel are needed by yourself and/or others within this Development?

Again our thanks for your cooperation. Please return this questionnaire to us in the attached envelope.

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. **0348-0039**	Page	of
				pages

3. Recipient Organization (Name and complete address, including ZIP code)				

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays			
b. Recipient share of outlays			
c. Federal share of outlays			
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share (Sum of lines c and f)			
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds (Line h minus line g)			

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT
(Short Form)

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry	Item	Entry

1, 2 and 3.   Self-explanatory.

4.   Enter the employer identification number assigned by the U.S. Internal Revenue Service.

5.   Space reserved for an account number or other identifying number assigned by the recipient.

6.   Check **yes** only if this is the last report for the period shown in item 8.

7.   Self-explanatory.

8.   Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."

9.   Self-explanatory.

10.   The purpose of columns, I, II and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in **the same funding period**. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.

10a.   Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to sub-recipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of

indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.

10b.   Self-explanatory.

10c.   Self-explanatory.

10d.   Enter the amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.

Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.

Do not include any amounts on line 10d that have been included on lines 10a, b or c.

On the final report, line 10d must be zero.

10e, f, g, h and i. Self-explanatory.

11a.   Self-explanatory.

11b.   Enter the indirect cost rate in effect during the reporting period.

11c.   Enter the amount of the base against which the rate was applied.

11d.   Enter the total amount of indirect costs charged during the report period.

11e.   Enter the Federal share of the amount in 11d.

Note: If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

Resident Service Coordinator Review
Management Staff Survey

In your opinion, does having a Resident Service Coordinator available here help residents in any way?
        Yes_____   No_____   If yes, how?   _____
_____
_____

What kinds of things would you like to see the Resident Service Coordinator do in the future?

Has the Resident Service Coordinator assisted you in your job?   Yes_____   No_____
 If yes, how? _____
_____

What are the advantages of working with the Resident Service Coordinator?

What have been the disadvantages of working with the Resident Service Coordinator?

Do you feel the Resident Service Coordinator is knowledgeable about community programs and services and can make helpful referrals on behalf of residents and management?
                Yes_____   No_____

Do you view the Resident Service Coordinator as a resident advocate or as an advocate for the management company or both? Why?

From your experience thus far, has there been any problems with the Resident Service Coordinator who serves your building?   Yes_____   No_____   If yes, what have they been?
_____
_____
_____

Appendix AA

Resident Review of Service Coordinator Role

_____*Mgt Co/Agency*_____ is conducting a review of service coordination in
_____*Development Name*_____. We'd like to ask a few questions *about*
_____*Resident Service Coordinator Name*_____ - s/he is the Resident Service Coordinator for this building {and s/he's also the person who introduced me to you}

1.   **Do you personally know _____(or at least know who s/he is)?**

Yes____   No____   Don't know_____

2.   **Has _____arranged for any services for you or provided information to you or other help?**

Yes____   No____   Don't know_____

If yes, what kind of service?

__ Information/referral   __ Home delivered or on-site meals
__ Home health aide or personal care   __ Transportation
__ Homemaking or housekeeping services   __ Contact with hospital
__ Contact with physician, clinic, or nurse __ Contact with pharmacy
__ Contact with social worker or case manager __ Contact with relative
__ Help with money management   __ Contact with relative
__ Legal Services   __ Other

If yes, did you request this help or did s/he offer to help without your asking?

__Requested help   __Resident Service Coordinator offered help   __ Both

3.   **Overall, how satisfied are you with the services that _____ provides?**

___ Very satisfied
___ Somewhat satisfied
___ Somewhat unsatisfied
___ Very unsatisfied

If NOT very SATISFIED -explain why: _____
_____
_____

4.　　**Have you attended any programs or activities that _____ arranged or helped to arrange?**

　　　　　　　　Yes_____　　　　No_____　　　　　　　Don't know_____

　　　　If yes, what activities or programs?

___Educational programs
___Health programs
___Social programs
___Recreational/craft programs
___Other _____

　　　　If yes, how satisfied were you with these activities?

　　　　　　　　　　　　___ Very satisfied
　　　　　　　　　　　　___ Somewhat satisfied
　　　　　　　　　　　　___ Somewhat unsatisfied
　　　　　　　　　　　　___ Very unsatisfied

　　　　If not very satisfied - explain why: _____
_____
_____

5.　　**Has _____ had contact with any family member or friends on your behalf?**

　　　　　　　　Yes_____　　　　No_____　　　　　　　Don't know_____

6.　　**From your experience thus far, does having an Resident Service Coordinator make it easier for residents in your building to get the services or help they need?**

　　　　　　　　Yes_____　　　　No_____　　　　　　　Don't know_____

7.　　**From your experience thus far, has the Resident Service Coordinator made it easier for you personally to get services or information?**

　　　　　　　　Yes_____　　　　No_____　　　　　　　Don't know_____

8.　　**From your experience thus far, have there been any problems with the Resident Service Coordinator?**

　　　　　　　　Yes_____　　　　No_____　　　　　　　Don't know_____

　　　　If yes, what problems?
_____
_____
_____

9.　　**In your opinion, what difference does an Resident Service Coordinator make to residents?**
_____
_____
_____

RSC Program Assessment

Development:	Date:

Self Assessment Completed by:

Administrative Performance:_____ (17 points possible)

1. Services program complies with administrative requirements and has systems in place to maximize efficiency and effectiveness.

☐ A. Management and service provider have regular meetings. Frequency:_____
☐ B. An effective referral mechanism for management to make referrals to the service provider/coordinator is in place.
☐ C. Follow-up and coordination of services between management and the service provider/coordinator is effective.
☐ D. Program operates within a detailed annual budget. Year:_____ Income:_____ Expenses:_____
☐ E. Staff understands and is responsive to federal, state and local statutes and regulations. Fair Housing___ Section 504___ ADA__
☐ F. There is access to legal services to support program operation. Law firm:_____
☐ G. There are site-specific policies and procedures in place and followed that address common service functions and situations.
☐ H. Appropriate documentation, record keeping and data retrieval mechanism are in place.
☐ I. Record maintenance practices and office procedures protect individual confidentiality and rights.
☐ J. Reports are accurate and timely. Quarterly report:_____ Annual report:_____
☐ K. Fee schedules are in writing and public.
☐ L. Procedures to access services are in writing and well distributed.

2. Supplies, equipment, computer and office space are provided for sole use of service provider.

☐ A. Supplies and equipment.
☐ B. Computer.
☐ C. Private office space.
☐ D. Locking files.

3. External funding sources are pursued as appropriate.

☐ A. Other sources of funding besides site operating budget: _____

Staff Development:_____ (15, 19 or more points possible – depending on # of positions)

4. There is a job description in place for all staff associated with the provision of services. Each job description includes:

☐ **A. Position #1**_____ job description.	☐ **E. Position #2**_____ job description (if applicable).
☐ B. Clear delineation of duties and responsibilities.	☐ F. Clear delineation of duties and responsibilities.
☐ C. Qualifications.	☐ G. Qualifications.
☐ D. Clear and appropriate lines of supervision.	☐ H. Clear and appropriate lines of supervision.

5. On-going staff development includes:

☐ A. Comprehensive, multi-year plan of training for all staff.
☐ B. Formal orientation program for new personnel.
☐ C. Continuing education for existing staff.

PHFA Housing Services Division Quality Indicators
Resident Services Program Self Assessment

6. Appropriate staff has access to professional development opportunities and attends training.

☐ A. PHFA Conference.	☐ C. PHFA Forums.
☐ B. PHFA Workshops.	☐ D. Other:

7. Staff has access to program materials, including:

☐ A. Service Connections.	☐ C. Program Manual.
☐ B. Quick Connections.	☐ D. Other:

Service Provision:_____ (11 points possible)

8. High quality services are provided that are appropriate and responsive to the residents' needs.
☐ A. Resident input is sought at least every 3 years. Date off last resident input:_____
☐ B. Response Rate is greater than or equal to 50%. Response rate of last survey:_____
☐ C. Services are based, in part, on the results of this resident input. Changes suggested by residents:_____
☐ D. There is a written comprehensive plan updated at least every 3 years. Date of last plan:_____
☐ E. Service plan identifies priorities, objectives and target outcomes.

9. Internal monitoring and evaluation of existing programs takes place on a regular basis and includes:
☐ A. Measurement of progress towards objectives and target outcomes.
☐ B. Identification of factors that interfere with effectiveness or efficiency.
☐ C. Determination of need for continuation, refinement, reduction, redirection or expansion of services.
☐ D. Measures of customer satisfaction.
☐ E. Measure of staff response time to resident requests.

10. Staffing level is appropriate.
☐ A. Service Coordinator ratio of hours to residents is approximately one hour per week for every five residents.

Resident Participation:_____ (10 points possible)

11. Outreach efforts to residents are extensive, continuous and varied.
☐ A. Service provider/service coordinator meets with every new resident.
☐ B. Group meetings with residents.
☐ C. Monthly newsletter.
☐ D. Other:

12. Resident council or other representative group is active.
☐ A. At least 1/3 of residents are involved in some resident organization.
☐ B. Group raises funds over which they have control.
☐ C. Group initiates and takes responsibility for social activities.
☐ D. Council is incorporated as a 501(c)(3) private, non-profit corporation.

PHFA Housing Services Division Quality Indicators
Resident Services Program Self Assessment

13. Other resident interest groups.	
☐ A. There are self-sustaining interest groups operating within the building.	
14. Active and involved residents:	
☐ A. Residents are actively involved in using their resources and abilities to enhance the life of the building and the community.	

Community Partnerships and Community Building Initiatives:_____ (13 points possible)

15. Information about community and county services:	
☐ A. Service Coordinator uses a current directory of regional services along with information about how to access them.	
☐ B. Services directory is available to residents.	
16. Partnerships within the community are developed and nurtured:	

☐ A. Business/Labor:	☐ G. Public Agencies:
☐ B. Civic Organizations:	☐ H. Religious Organizations:
☐ C. Health Agencies:	☐ I. Schools:
☐ D. Law Enforcement:	☐ J. Youth Organizations:
☐ E. Local Officials:	☐ K. Other:
☐ F. Parents' Groups:	

Total: _____ **(# of checkmarks - out of 66 or 70)**	**Comments:**

Priority Area of Improvement - Category:_____ Number:____ Box:_____ Target Date:_____
Steps to Implement Change:
-
-
-
-

Instructions for completing and using the Program Self-Assessment Checklist

Completing the Checklist:
The Checklist is divided into 5 categories: Administrative Performance, Staff Development, Service Provision, Resident Participation and Community Partnerships/Community-Building Initiatives. Review each line under each of the 5 categories and determine whether it is true for your program of services. If the item accurately represents your program, check off that box.

Making the Grade:
The Checklist is designed to be self-scoring - one point for each box under number 1-16, for a total possible score of 66 (or 70 or more if there is more than one service position - see Staff Development category). Count up the number of checkmarks in each category. Total the number of checkmarks for the entire assessment.

Scoring is arbitrary and is not weighted based on the importance of each item. But the score makes improvements visible and measurable. Comparing scores between properties may not be as valid as comparing scores in one services program over time.

One Box at a Time:
Based on the above scoring, choose one category and one number (1-16) on which to focus your improvement efforts. Take the necessary steps to make a single box under that number true for your program. By focusing your efforts on just one box you are more likely to achieve success and will be building the infrastructure for a great program of services -- one box at a time.

If this exercise is done periodically, your service program will improve substantially over time. You will see the progress you make reflected in your scores, but, more importantly, it will be reflected in the quality and efficiency of your program.

(Your Development Name)

MISSION STATEMENT:

(Your Development Name)'s mission is to promote and provide quality housing options for the benefit of people in need.

VALUES:
*
ACCOUNTABILITY
*
RESPECT
*

COMPETENCY
*
INTEGRITY
*
INNOVATION

(Your Development Name)

Resident Service Coordinators…

work with residents to access the services and resources they want and need for independence and self-sufficiency, life satisfaction, and well being

RESIDENT SERVICE COORDINATION

Your Company Address
Phone
Fax
Email

Your Resident Service Coordinator (RSC) can help to connect you with services and benefits such as:

Community Health Programs

*

Benefit Programs

*

Home Health Services

*

Homemaking Services

*

Mental Health Services

*

Legal Assistance

*

Transportation

*

Job Training Programs

*

Volunteer Programs

*

Educational Opportunities

*

Housing Rights

*

Reasonable Accommodations

Your RSC can assist the community by:

Promoting communication between residents and (Your Development of Management Co. Name)

*

Providing relevant educational programs

*

Addressing community concerns

*

Supporting resident social and recreational initiatives

*

Acting as a resident advocate

*

Helping to resolve resident conflicts

Please let us know what your interests and talents are

If you are aware of another resident who needs help please notify your Resident Service Coordinator. This is a good deed, not gossip.

Confidentiality

Things you tell to the RSC will not be discussed with anyone else without your permission <u>unless</u>:

A resident is a danger to him/herself or others.

There is a lease violation.

The RSC is required to reveal information in a court of law.

Before making a referral for you, the RSC will ask you to sign a release.

Your Resident Service Coordinator is:

Office Hours:
You may contact me, -------- at (207) ------ or by leaving a voice mail message at phone #

Appendix DD

Common Marketing Problems and Solutions

Kathleen Arabasz

LANGUAGE: In marketing consumer-driven services, owners, manager, service coordinators and providers should avoid need-laden terminology. It's market surveys, not needs assessment; community service coordinators, not care managers; customers, not clients. Most importantly, consumers should choose the menu of services they want rather than having services prescribed for them out of necessity.

PROVIDER PERCEPTIONS: Service providers and community agencies may view the Supportive Services Program in Senior Housing (SSPSH) — or other programs similar in concept — as competition for limited public dollars and private-pay clients. Some mistakenly believe that residents of senior housing are better off, less frail or more independent than their counterparts in the community. Others may assume that older residents have more money and use more services than is actually the case. Still others may have legitimate concerns that the interests of owner/managers on the one hand, and on-site service coordinators and providers on the other, are sometimes in conflict. Good communication, good will and a joint focus on the benefits to residents of housing-plus-services can overcome these obstacles.

SETTING FEES: In setting resident fees, service providers and housing managers often underestimate the amount residents are willing and able to pay for desired services. The SSPSH experience indicates that residents often shy away from services with price tags that are too low, fearing an inferior product or a government subsidized handout. In fact, in some states, residents paid more for SSPSH services because of superior quality or greater flexibility even though they were eligible for similar, less expensive, non-SSPSH services.

PROJECT-WIDE AVAILABILITY: Owner/managers and service providers are often reluctant to subsidize desired services on a project-wide basis, fearing resident services dependency and undue financial burden on owner/provider subsidies. The experience of the SSPSH, however, proves otherwise. Generally 20% to 30% of the SSPSH population takes advantage of on-site services even when given free service vouchers. Service coordinators who document service utilization on an individual basis report that the majority of service users are those the projects want to target for services. In addition, setting reasonable limits on monthly utilization of subsidized services can help avoid service dependency issues and ensure that SSPSH services supplement rather than supplant needed long-term-care services.

UNREALISTIC EXPECTATIONS AND INADEQUATE PLANNING AND MONITORING: Some owner/managers and service coordinators fail to adequately market services, expecting overnight success with little or no planning and preparation. Others are inevitably disappointed in service utilization rates due to unrealistic expectations or faulty tracking mechanisms that do not measure unduplicated service users. For example, one housing manager complained that, on average, only 20 residents out of a resident pool of 80, participated in the meal service on any given day. Because the manager measured success in terms of daily customer use rather than monthly unduplicated service users, she did not realize that more than 50% of the resident population benefited from the meal service during the month.

Other managers and coordinators fail to monitor and investigate service utilization fluctuations until so many customers have been lost due to unresolved issues that it is hard to win back customer satisfaction. In a consumer-driven model of service delivery, the "power of the pocketbook" helps to ensure that undesirable services or those of poor quality have a short term. When service use declines, as in a private business, questions need to be asked: Do consumers dislike the provider? Are product costs too high? Is demand cyclical? When answers are obtained, necessary adjustments need to be made.

LIABILITY CONCERNS: Some owner/managers are hesitant to become involved with service delivery out of fear of increased liability. Yet managers are often involved de facto in services simply by responding to resident requests. Owners who offer services can reduce liability concerns by leaving service choices to consumers; clarifying management and resident responsibilities and limitations; avoiding the appearance of having a duty to monitor the status of residents and their needs; and establishing policies and procedures to influence and determine decisions, actions and other matters between service coordinators and residents. Consumer-driven services are less risky than need-driven services. Most of the risk lies in making the needs assessment. The more choices consumers have and the more they participate, the more liability is shared.

Reprinted from Linking Housing and Services

USEFUL WEB SITES FOR RESIDENT SERVICE COORDINATORS

Aging

Access America	http://www.seniors.gov/
Aging with Dignity	http://www.agingwithdignity.org/
Alzheimer's Association	http://nad.org/
American Association of Homes and Services for the Aging	http://www.aahsa.org/
American Association of Retired Persons	http://www.aarp.org/
AARP Telemarketing Fraud Page	http://www.aarp.org/fraud/home.htm
Bureau of Elder and Adult Services	http://www.state.me.us/dhs/beas/
CyberSeniors.org	http://www.cyberseniors.org/
Elder Independence of Maine	http://www.elderindependence.org/eim_about.html
Maine Adult Protective Services	http://www.state.me.us/dhs/beas/resource/aps.htm
Meals on Wheels	http://www.mowaa.org/
National Association for Home Care	http://www.nahc.org/
National Center for Assisted Living	http://www.ncal.org/
National Center on Elder Abuse	http://www.elderabusecenter.org/
National Council on Aging	http://www.ncoa.org/
National Council on Aging: Benefits Checkup	http://www.benefitscheckup.org/
National Institute on Aging	http://www.nia.nih.gov/
National Senior Citizens Council	http://www.ncscinc.org/
Maine Senior FarmShare	http://www.getrealmaine.com/
Social Security Administration	http://www.ssa.gov/

Area Agencies on Aging

Aroostook Area Agency on Aging	http://www.aroostookaging.org/
Eastern Agency on Aging	http://www.eaaa.org/
Senior Spectrum(Central Maine Area Agency on Aging)	http://www.seniorspectrum.com/
SeniorsPlus (Western Area Agency on Aging)	http://www.seniorsplus.org/
Southern Maine Area Agency on Aging	http://www.smaaa.org/

Appendix EE

Business Related
Better Business Bureau   http://www.bbb.org/

U.S. Dept. of Labor – Pension & Welfare Benefits   http://www.dol.gov/pwba/welcome.html
Administration Home Page

Disability Related
ALPHA One   http://www.alpha-one.org/

Ability Maine   http://www.abilitymaine.org/

Disabled American Veterans   http://www.dav.org/veterans/index.html

National Association for the Deaf   http://nad.org/

Maine Center on Deafness   http://www.mainecenterondeafness.org/

Families
Bureau of Family Independence   http://www.state.me.us/dhs/bfi/start.htm

Families USA   http://www.familiesusa.org/

Generations United   http://www.gu.org/

Maine Bureau of Family Independence – Food Stamps   http://www.state.me.us/dhs/bfi/

Maine Children's Alliance   http://www.mekids.org/

Maine Parent Federation   http://www.mpf.org/

Health Related
American Health Care Association   http://www.ahca.org/

Bazelon Center for Mental Health Law   http://www.bazelon.org/

Center for Medicare Advocacy   http://www.medicareadvocacy.org/

Consumer Consortium on Assisted Living   http://www.ccal.org/

Consumer Health Law Program
of Consumers for Affordable Health Care   http://www.mainecahc.org/foundation/healthlawproject.htm

Healthfinder   http://www.healthfinder.gov/

Health and Human Services Administration on Aging   http://www.aoa.gov/

Hospice Foundation of America   http://www.hospicefoundation.org/

Maine Bureau of Insurance   http://www.state.me.us/pfr/ins/ins_index.htm

Maine Dept. of Human Services Bureau of Medical Services   http://www.state.me.us/bms/bmshome.htm

Maine State Health Insurance Assistance Program   http://www.state.me.us/dhs/beas/hiap/welcome.htm

Medicaid Clearinghouse   http://www.familiesusa.org/html/medicaid/medicaid.htm

Medicare Rights Center   http://www.medicarerights.org/

The Medicine Program   http://www.ims-1.com/~freemed/

NeedyMeds   http://www.needymeds.com/

The Official U.S. Government Site for Medicare Information   http://www.medicare.gov/

Pharmaceutical Research and Manufacturers of America
Directory of Prescription Drug Patient Assistance Programs   http://www.phrma.org/

Housing or HUD Related

HUD Office of Policy Development and Research   http://www.huduser.org/

HUD Neighborhood Networks   http://www.hud.gov/nnw/nnwindex.html

HUDCLIPS   http://www.hudclips.org/cgi/index.cgi

Maine State Housing Authority   http://www.mainehousing.org

Millennial Housing Commission   http://www.mhc.gov/

National Fair Housing Advocate Online   http://www.fairhousing.com/

Northern New England Association
of Homes and Services for the Aging   http://www.nneahsa.com/index1.asp

Legal
Disability Rights Center   http://www.drcme.org/

Immigrant Legal Advocacy Project   http://www.immigrantlegaladvocacy.org/

Maine Disability Rights Center   http://www.drcme.org/

Maine Equal Justice Partners   http://www.mejp.org/

Maine Long Term Care Ombudsman   http://www.maineombudsman.org/

Maine Legal Services for the Elderly   http://www.mainelse.org/

National Consumer Law Center   http://www.nclc.org/

National Fraud Information Center   http://www.fraud.org/

National Health Law Project   http://www.healthlaw.org/

National Housing Law Project   http://www.nhlp.org/

National Senior Citizen Law Center   http://www.nsclc.org/

National Veterans Legal Services Program   http://www.nvlsp.org/

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Pine Tree Legal Assistance	http://www.ptla.org
U.S. Living Will Registry	http://www.uslivingwillregistry.com/

Maine Community Action Agencies

Aroostook CAP	http://www.acap-me.org/
Kennebec Valley CAP	http://www.kvcap.org/
Penquis CAP	http://www.penquiscap.org/
Peoples Regional Opportunity Program (PROP)	http://www.propeople.org/
Washington-Hancock CAP	http://www.whcacap.org/
Western Maine Community Action	http://www.wmca.org/
York County CAP	http://www.yccac.org/

Mediation

Community Mediation Center	http://www.communitymediation.net/
Maine Association of Dispute Resolution Professionals	www.madrp.org/adrprov/abc/index.html
Divorce Links Maine	www.divorcelinks.com/mediation/maine.html
Divorce Mediation Resource	www.divorcesource.com/ME/index.shtml

RSC Related

American Association of Service Coordinators	http://www.servicecoordinator.org/
New England Resident Service Coordinators	http://www.nersc.com

HUD Model By-Laws for Resident Councils

The HUD Management Agent Handbook

Directive Number: 4381.5

4381.5 REV-2
CHG-2

APPENDIX 9

Model By-Laws

BY-LAWS OF _____
RESIDENT ORGANIZATION

A Nonprofit Corporation

ARTICLE I: NAME

The name of the organization shall be
_____ Resident Organization [give
exact and complete legal name as incorporated] (herein referred
to as the "Resident Organization"). It shall be composed of the
residents of _____ [name of the property or
legal community] (the "Membership" or "Members") and an elected
Resident Organization Board (the "Board"). It is a not-for-profit
organization constituted and established under the laws of
the State of _____.

The registered address of the Organization is
_____, [give full and complete street
address, including zip code] although the Resident Organization
may have offices at other places as the Board may from time to
time determine.

ARTICLE II: PURPOSE

The purpose of the Resident Organization is to improve the
quality of life for the residents of
_____ [name the property or legal
community]. There shall be only one (1) duly-organized and
recognized Resident Organization for _____
[name the property or legal community]. In specific, the purpose
of the Resident Organization shall be to coordinate with project
ownership and management, as appropriate, on:

Section 1.   Issues and problems generally affecting the
        residents and their community.

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Section 2.   Activities that improve the quality of life; promote education, economic stability, and recreational opportunities for the residents; as well as those that increase property beautification; and improve relationships with management.

Optional Sections:

Section 3.   Maintain a viable Resident Organization representative of the residents who elected its Officers and Board of Directors.

Section 4.   Assure adequate maintenance of all units and common areas. [applicability of this item depends on the type of Section 8 program in effect and the ownership structure.]

Section 5.   Establish and maintain security and public safety programs. [applicability of this item depends on the type of Section 8 program in effect and the ownership structure.]

ARTICLE III: MEMBERSHIP

All residents who are eighteen years of age or older, [or who are heads of households (optional). Check to make sure that there are no State law obstacles to the head of household provision)], shall be Members and shall have full voting rights.

ARTICLE IV: MEMBERSHIP MEETINGS

Section 1.   Regular Membership Meetings shall be held not less than once a month, and shall be open to all residents.

Section 2.   Special Meetings may be called at any time by the President, a majority of the Board, or by the Members provided that the written notice including the meeting agenda is given at least forty-eight (48) hours prior to the meeting.

Section 3.   An Annual Meeting shall be held no later than thirteen (13) months after the last annual meeting of the Members and shall include election of Board Members.

Section 4.   Notice of all regular monthly meetings together with an agenda of the meeting shall be posted in a regular location and be provided to residents in

writing at least ten (10) days in advance of
meetings.

Section 5.   Meetings shall be held at such place and time as
shall be specified in the notice of the meeting.
A regular schedule and regular location are
advisable.

Section 6.   Each time a member of the Board appears at a
regular or special meeting, a record of the
presence of that Director shall be placed in the
minutes of the meeting. The Board may request
that a record of all those attending the meeting
be recorded as well.

Section 7.   Each Member of the Resident Organization present
at a meeting shall be entitled to cast one (1)
vote on any subject for which a determination is
presented for consideration.

ARTICLE V: POWERS AND RESPONSIBILITIES OF THE RESIDENT
ORGANIZATION

Section 1.   Members of the Resident Organization shall:
a.   Elect the Board of Directors.
b.   Vote on these By-Laws and any amendments to these
By-Laws.
c.   Set the overall policy of the Resident
Organization through resolutions and motions on
activities.
d.   Receive reports from the Board, the Secretary (who
shall also keep minutes of the meeting), and all
committees.
e.   Receive the Treasurer's report including a
detailed report of all bills received and paid,
and any funds received.

Section 2.   Voting participation and procedure.
a.   Each Member shall have one vote.
b.   The President of the Resident Organization shall
chair the membership meetings and set procedure of
debate, setting time limits on speakers and number
of speakers allowed to speak for and against a
motion, when necessary.
c.   Robert's Rules of Order shall be used to resolve
any conflicts about procedures.
d.   Accurate records shall be kept for all elections.

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e. In electing Board members, each Member will receive votes equal to the number of seats open. However, no Member may cast more than one (1) vote for any candidate. The candidates who receive the most votes will be the new Board members.

f. All elections shall be conducted in a democratic manner.

g. See Article IX for provisions governing election oversight.

ARTICLE VI: RESIDENT ORGANIZATION BOARD

Section 1. Composition. The Board shall consist of nine Directors elected at large by the Membership.

Section 2. Terms of Office.
a. The Board members shall be elected on a staggered basis for two-year terms at each annual meeting. Three (3) members of the first elected Board of Directors shall be elected for a term of one (1) year. Three (3) members of the first elected Board of Directors shall be elected for a term of two (2) years. The remaining three (3) members of the first elected Board of Directors shall be elected for a term of three (3) years.

b. Each year hereafter, the voting Members at the regular annual meeting of Members shall elect Directors to replace the Directors whose terms have expired, so that each Director shall serve a three (3) year term. Each Director shall hold office until his or her successor shall have been duly elected and shall have been qualified or until his or her death or he or she shall resign.

Section 3. Procedure for Nominations.
a. Nominations for the Board members shall be opened ten (10) days before the meetings.
b. In order for a nomination to be placed on the ballot, it must be made in writing to the President at least ten (10) days before the annual meetings.

Section 4. Leave of Absence. Directors must request a Leave of Absence in writing which shall be subject to Board approval.

Section 5. Resignation. Directors may resign at any time after delivering written resignation to the

President of the Board.

Section 6.   Removal of a Board Member.
a. A member of the Board who has been absent from three (3) consecutive meetings without excuse shall automatically be removed unless a majority vote of the Board members decides otherwise.
b. A member of the Board may be removed for good cause, including conviction of a felony malfeasance, by a two-thirds (2/3) vote of all Members present at a duly constituted membership meeting. The Board member being removed shall be entitled to a written notice stating the grounds for removal at least five (5) days in advance of the meeting, and shall have the opportunity to be heard before the Membership.

Section 7.   Vacancies.
a. Any vacancy on the Board shall be filled by special election at the next regular Membership meeting after the vacancy occurs, or at a special meeting called for that purpose, provided that all Members receive at least ten (10) days written notice that an election will be held to fill a vacancy.
b. In the case of special elections, all nominations shall be made from the floor.
c. In the case of a vacancy of the chair, the Vice President shall assume the President's duties until an election is held to fill the vacancy on the Board. If any officer is elected to the chair, another vote shall be taken to fill the new vacancy.

Section 8.   Annual Meeting. The Board of Directors shall convene an annual meeting before the end of each fiscal year, and shall include election of Board Members and presentation of an Annual Report to the Membership. The Board shall hold its annual meeting at the same place as and immediately following each annual meeting of the Members for the purpose of the election of Officers and the transaction of such other business as may come before the meeting. If a majority of the Board are present at the annual meeting, no prior notice of the annual meeting of the Board of Directors shall be required. However, another place and time for such meeting may be fixed by written consent of all of the Board members.

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Section 9.   Annual Report. The Board of Directors shall
          present, at each annual meeting of the Membership,
          an annual report of the Resident Organization's
          activities during the preceding fiscal year. It
          shall also present such reports as may be required
          by _____, or any other funding agency.
          The annual report shall include a detailed
          financial statement of the costs incurred and
          funds received by the Resident Organization and
          during the preceding fiscal year.

Section 10.   Duties. The Board shall:
     a.   Manage the affairs of the Resident Organization
          between membership meetings.
     b.   Develop and recommend policy and programs for the
          Resident Organization.
     c.   Coordinate the work of various committees of the
          Resident Organization.
     d.   Report its activities at each meeting of the
          Resident Organization.
     e.   Represent the Resident Organization in meetings
          with Management and/or ownership.

ARTICLE VII: RESIDENT ORGANIZATION BOARD MEETINGS

Section 1.   Meetings. The Board shall meet at least once a
          month before the meetings of the Resident
          Organization. Special Meetings shall be held at
          any time when called by the order of the President
          of the Board or by any four (4) Directors.

Section 2.   Notice. Each Board member shall be given timely
          notice, no fewer than ten (10) days before each
          regular or special meeting of the Board of
          Directors. The notice shall be mailed to each
          Director's residence or place of business, and
          shall state the purpose, the time and the place of
          the meeting and by whose order it was called.

Section 3.   Quorum. A simple majority of the Board members
          shall constitute a quorum for conducting business.

Section 4.   Procedure. The Board shall adopt procedures
          consistent with these By-Laws.

ARTICLE VIII: OFFICERS

Section 1.   Title and Qualifications.

a. President: Shall preside over Board and
                  Membership meetings, represent the
                  Resident Organization in all
                  matters, appoint heads of standing
                  and temporary committees.

b. Vice
    President: Shall assist the President in
                 carrying our his/her duties,
                 perform those duties when the
                 President is absent, and assume
                 those duties should the President
                 become incapacitated or resign
                 until new elections are held.

c. Secretary: Shall be the custodian of all
                  records and documents of the
                  Resident Organization and perform
                  all other duties consistent with
                  these By-Laws.

d. Treasurer: Shall have the care of, receive and
                  give receipt for monies due and
                  payable to the Resident
                  Organization and deposit all monies
                  received by him/her in the name of
                  the Resident Organization in such
                  banks, trust companies or other
                  depositories as may be designated
                  by the Board of Directors.

Section 2.   Term of Office.
a. At the next election following adoption of the By-Laws,
    nine (9) Officers shall be elected. The
    President, Vice President, Secretary, and Treasurer
    shall each serve two-year (2) terms. Five (5)
    community representatives shall each serve one-year
    (1) terms.

b. At the next annual election, five (5) community
    representatives shall be elected for a regular two-year (2) term.

c. After the initial two (2) years, elections will be
    held every year to fill the seats of the Officers
    whose terms have expired.

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Section 3.   Resignations. Any Officer may resign at any time by delivering a written resignation to the Board of Directors.

Section 4.   Removal. Any Officer may be removed at any time, for just cause, by a vote of the majority of the Resident Organization Membership.

Section 5.   Vacancies. Officers filling a vacancy on the Board, will serve for the remainder of the unexpired term, after which the seat will be filled in an annual election for a regular term.

Section 6.   Inspection of Resident Organization Records. Any person who is a voting Member of the Resident Organization shall have the right, for any proper purpose and at any reasonable time, on written demand stating the purpose thereof, to examine and make copies from the relevant books and records of accounts, minutes, and records of Members of the Resident Organization. Upon the written request of any voting Member, the Resident Organization shall mail to such Member a copy of the most recent balance sheet and revenue and disbursement statement. If such request is received by the Resident Organization before such financial statements are available for its last fiscal year, the Resident Corporation shall mail such financial statements as soon as they become available. In any event, the financial statements must be mailed within four (4) months after the close of the fiscal year. Additionally, balance sheets and revenue and disbursement statements shall be filed in the registered office of the Resident Organization, shall be kept for at least five (5) years, and shall be subject to inspection during business hours by any voting member, in person or by agent.

ARTICLE IX: ELECTION OVERSIGHT

The Resident Organization must have a democratically elected governing board. See also Article V, Section 2 governing voting participation and procedure.

Section 1.   Third-Party Oversight. The Resident Organization shall use local election boards, commissions, or another independent third-party to oversee elections and recall procedures.

Section 2.   Frequency. All procedures must assure fair and frequent elections on a regular basis.

Section 3.   Terms. Staggered terms and term limits for the
              Board of Directors and Officers shall be determined
              by the Resident Organization.

Section 4.   Notice. Description of election and recall
              procedures, eligibility requirements and dates of
              nominations and elections must be given to all
              voting Members at least thirty (30) days prior to
              nomination and election.

        Optional Section:

Section 5.   Recall. Any elected officer of the Resident
              Organization may be recalled by a vote for removal
              by a majority of voting Members. A recall election
              must be promptly conducted when a petition
              requesting such an election is received from not
              less than ten percent (100i) of the voting
              Membership. All procedures for petitioning for a
              recall election shall be provided to voters for
              their inspection and must be included in the By-Laws.

ARTICLE X: COMMITTEES

The Board shall establish as many committees as are needed to
conduct its business. The heads of these committees shall be
appointed by the President with advise and consent of the Board,
and the committee heads will report its activities at meetings of
the Board.

There are two (2) types of committees which typically serve an
organization. The first is called a "Standing Committee" and is
usually chaired by the a voting member of the Board. A second type
of committee is called ad hoc. An "Adhoc Committee" serves a
special purpose and continues for a limited period of time.

ARTICLE XI: FISCAL AFFAIRS

Section 1.   Deposit of Funds. All funds of the Resident
              Organization not otherwise expended shall be
              promptly deposited in such banks, trust

companies, credit unions or other reliable and insured
        depositories as the Board shall determine.

Section 2.   Checks. All checks, drafts, endorsements, notes
              and evidence of debt shall be signed by at least
              two (2) officers as the Board of Directors may
              authorize.

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Section 3.   Loans. No loans or advances or promises of payment
shall be contracted or accepted on behalf of, or in
the name of the Resident Organization, except those
contracts authorized by the Board of Directors.

Section 4.   Contracts. An officer authorized by the Board of
Directors may, in the name of and on behalf of the
Resident Organization, enter into contracts which
are authorized by the Board of Directors.

ARTICLE XII: BY-LAWS

Section 1.   Adoption. These By-Laws shall be adopted and
become effective and the Resident Organization
established upon the signing of these By-Laws by at
least two-thirds (2/3) of all eligible Members at
the first duly constituted meeting of the
Membership. It is important to note that all of
the persons authorized on the Board to approve this
document should be signers of it.

Section 2.   Periodic Review. These By-Laws shall be reviewed
at least once every two (2) years by a temporary
committee, which shall recommend to the Resident
Organization any changes that should be made.

Section 3.   Amendments. Amendments to these By-Laws shall be
made by an affirmative vote of two-thirds (2/3) of
the eligible Members present at a duly constituted
Membership meeting provided that all Members have
received at least three (3) weeks written advance
notice of the changes being considered.

Approved and ratified at the Membership meeting of the _____ day of
_____, 199_.

Signatures:

8/97   10-10