



RESEARCH REPORT

# Meeting the Challenge

## Serving Older Adults and People with Disabilities in Public Housing

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# Meeting the Challenge: Serving Older Adults and People with Disabilities in Public Housing

Public housing serves a critical role in the nation's rental market, providing stable housing for households with extremely low incomes. This role has become increasingly important as the shortage of affordable housing grows (Aurand et al. 2021) and people are priced out of the housing market. In addition, older adults and people with disabilities—who may need extra services and support to remain in their homes—represent a growing share of public housing residents. Figures from the US Department of Housing and Urban Development (HUD) show that just more than 1.6 million people lived in public housing in 2021, one-fifth of whom were older adults (ages 62 and older) and about a quarter of whom were people with disabilities (Fiol, Gerken, and Popkin 2022). Given the overall aging of the US population and sharp increase in the number of people with disabilities because of the COVID-19 pandemic, these shares will continue to grow.<sup>1</sup> As the public housing population shifts, housing agencies will need to serve as the central connecting point for residents to access resources and support. Some public housing authorities are already starting to model best practices for service delivery.

Older adults and people with disabilities living in public housing are more likely to have extremely low incomes: the average annual income of households headed by an older adult is close to \$17,000. The populations living in public housing are also racially and ethnically diverse. More than one-third of older adult heads of household were Black in 2021, and 1 in 5 were Hispanic. Of households headed by an older adult or headed by a person with a disability, two-thirds of heads of household were female in 2021. Most older adults live alone, and the average age of household members is 72. The intersection of residents' low incomes, advanced age, and race means they are at higher risk of experiencing poor health outcomes and functional decline. These challenges can also make it difficult for them to access resources or supports to address their health, functional, and social needs.

Many housing authorities have experience connecting residents with services, but as the population of older adults and people with disabilities continues to grow, even those with existing programs may find themselves struggling to meet residents' needs effectively. They are seeking

different ways and funding strategies to help residents maintain their well-being and remain in their homes as their needs change. In this report, we focus on the services and supports available to residents living in buildings designated for seniors and residents with a disability to highlight how five diverse public housing authorities are approaching this challenge. We do not consider physical building design and accessibility. The shortage of accessible units is a critical problem (Aurand et al. 2021; Bo'sher et al. 2015; Houtenville and Boege 2019) but one that is beyond the scope of this report. Additionally, we only studied programs available in buildings designated for older adults and people with disabilities, although we acknowledge that these populations also live in buildings for families.

In the first section of the report, we provide an overview of our case study approach. We describe the key elements of the housing authorities' efforts toward provision of services and supports in the second section, including each agency's philosophy on supporting senior residents and residents with a disability, their service approach or structure, the types of services and programming offered, and their strategies for working with partners and securing funding. In the third section, we discuss key takeaways from the case studies that can inform other agencies' efforts. In the fourth section, we conclude with recommendations for policy and practice.

## Case Study Approach

We conducted interviews with industry stakeholders—including the Council of Large Public Housing Authorities, National Association of Housing and Redevelopment Officials, and Public Housing Authorities Directors Association—and scanned online information to identify housing authorities that are taking active approaches to supporting their older adult residents and residents with disabilities. In selecting our final case study sites, we considered housing authorities' service offerings and approaches, locations, and sizes in order to reflect organizational diversity and potential variation in capacity and opportunity. Ultimately, we selected the [Denver Housing Authority](#) (Denver, Colorado), [Minneapolis Public Housing Authority](#) (Minneapolis, Minnesota), [Housing Authority of Kansas City](#) (Kansas City, Missouri), [Housing Authority of the City of Pittsburgh](#) (Pittsburgh, Pennsylvania), and [Westbrook Housing Authority](#) (Westbrook, Maine).<sup>2</sup> These housing agencies are not meant to be representative but offer diverse examples of high-quality service models, partnerships, and funding strategies that provide lessons for the field.

### What Is Notable about These Select Public Housing Authorities?

These public housing authorities are notable for several reasons, which we detail below.

The **Minneapolis Public Housing Authority (MPHA)** has six properties offering assisted living services—two of which also provide memory care—through partnerships with Cassia, the Korean Service Center, and Volunteers of America. MPHA provides space in its senior center to multiple community partners that offer various health care and other services. It is currently discussing rental assistance demonstration (RAD) conversions for its senior properties, which would provide financing to make its buildings more suitable for aging in place.

The **Westbrook Housing Authority (WHA)** in Westbrook, Maine, operates the state-funded Independent Housing with Services program (IHSP) in its Larrabee Village property, providing meals, home care, and personal care to residents with eligible needs. WHA matches the state funds dollar for dollar to provide supportive services for residents who are not eligible for IHSP. The agency has a partnership with the University of New England to provide on-site health services including blood pressure checks, physical and occupational therapy, and dental care. WHA also offers on-site telemedicine rooms and tablets to connect residents with off-site health care providers.

The **Denver Housing Authority (DHA)** works with partners to offer an array of on-site health and wellness services. It also dedicates resources to building relationships with its partners, enabling better coordination and service provision. DHA has an agencywide emphasis on expanding technology access for its residents. The agency also offers extra support to formerly homeless individuals transitioning to public housing.

The Pemberton Park for Grandfamilies property serves 36 households, providing dedicated housing and on-site supports for grandparents raising their grandchildren. The **Housing Authority of Kansas City (HAKC)** in Kansas City, Missouri, has a robust set of partnerships, including with health care providers, to provide on-site screenings and other services for its residents. HAKC dedicates resources to coordinating its partners, which enables better collaboration and service provision. The agency uses its public housing operating funds to cover the costs for case managers to provide needs assessments and referral services.

An intergovernmental agreement with the Allegheny County Department of Health and Human Services allows the **Housing Authority of the City of Pittsburgh (HACP)** to provide an array of services to residents. HACP's partnership with the Duquesne University School of Pharmacy allows the housing authority to provide on-site access to health care providers and a virtual pharmacy. HACP's focus on digital access and collaborations with technology providers has brought Wi-Fi, equipment, and technology training to older adult and disabled residents.

For each of these housing authorities, we conducted interviews with executive staff, including chief executive officers and executive directors; management staff, including property managers and service directors; service-level staff; and resident leaders. All interviews were virtual because of pandemic travel restrictions. (See appendix A for more details on the interviews.) Topics included public housing authorities' philosophies on supporting older adult residents and residents with disabilities, their approaches to providing services and supports, the types of services and programs offered, how services are funded, resident engagement, challenges and successes, and how they responded to the pandemic. We also asked residents to share their thoughts on service offerings and opportunities for resident input and leadership.

## Supporting Older Adult Residents and Residents with Disabilities

Housing authorities' properties include those that serve all income-eligible individuals, often referred to as "family" or "general occupancy" properties; properties designated for income-eligible older adults only; and properties that serve older adults and younger people with disabilities. The eligibility requirements for these designated properties include meeting a minimum age (commonly 62 years old) or having a qualifying disability.

All residents in the dedicated properties are older or disabled, but their social, health, and functional circumstances can vary considerably. Support networks such as home care workers, personal assistants, and family range from robust to absent. The five housing authorities we studied have attempted to respond to this range of circumstances and needs in various ways.

### Philosophy on Supporting Residents

All five housing authorities believe they play a role in supporting their older adult residents and residents with disabilities beyond providing an affordable home. The leadership of Kansas City and Denver, for example, see their broader purposes as supporting residents' quality of life and self-sufficiency. This support means assisting residents in living independently so that they can remain in their homes for as long as they choose and can safely do so.

To fulfill this responsibility, the agencies offer services and programming in their properties for older adults and people with disabilities to support residents' health and wellness and quality of life. The housing authorities of Kansas City, Denver, and Pittsburgh see their organizations as primarily



providing “independent living.” When residents’ health and functioning decline and they need assistance with daily activities, the housing authorities help them access supportive services in their communities. Minneapolis and Westbrook have brought programs that support residents’ homemaking and personal care needs to some of their housing properties, playing a more active role in helping residents with advanced needs remain safely in their homes and communities. These two housing authorities can take advantage of state policies and programs that support the delivery of these types of services in independent, affordable senior housing communities.

## **Service Approach**

The service delivery approach across the five housing authorities is anchored primarily by service coordinators—also referred to as case managers or social workers by some of the housing authorities—who identify residents’ needs and help them access services and benefits such as transportation assistance, food assistance, Medicare or Medicaid, utility assistance, health-related resources, or homemaker or personal care supports. They also promote and support engagement in on-site services and programs to improve access for a resident population that can face transportation and physical mobility challenges. Community-based partners generally deliver the services and activities, allowing the housing authorities to leverage the partners’ expertise and funding sources.

### **SERVICE COORDINATORS**

Service coordinators help coordinate on-site services and develop programming, liaising with the partner providers and encouraging and supporting residents to engage in the services or activities. In Kansas City, for example, a service coordinator started a hotline to housing authority staff that residents can call if they are a victim of or witness to elder abuse. In Denver, a service coordinator initiated a program to distribute free educational materials and condoms after identifying high rates of sexually transmitted diseases among the residents in their property for older adults and people with disabilities.

According to housing authority staff, service coordinators play a key role in engaging with residents and helping them remain stably housed. Residents are more likely to open up to service coordinators about their needs and trust their advice and referrals. Respondents noted the importance of staff spending one-on-one time with residents to develop relationships, understand their specific needs and circumstances, and direct them to appropriate services.

Service coordinator presence varies across the five housing authorities. For example, Denver has service coordinators at all its properties for older adults and people with disabilities; a few are full-time staff at one property, although most split their time between two other properties. Westbrook and Kansas City have similar structures in place: certain buildings have dedicated service coordinators or social workers, such as the grandfamilies' building in Kansas City or the service-intensive Larrabee Village in Westbrook, while other coordinators work across multiple buildings for seniors and disabled residents. A service coordinator is available at each Pittsburgh property for older adults and people with disabilities for up to one day per week, depending on the size of the property. While all the housing authorities acknowledged the importance of the service coordinator role, funding constraints were the primary factor in their availability.

Three of the housing authorities—Denver, Kansas City, and Westbrook—employ service coordinators directly, while Minneapolis and Pittsburgh contract with community organizations. Denver leadership noted that it is important for the housing authority to employ the service coordinators directly to build trust with residents. In contrast, Pittsburgh staff believed that service coordinators provided through the partner organizations are more skilled at addressing challenging and sensitive issues with older adults than a service coordinator employed by the agency.

## **PARTNERSHIPS**

Across the five housing authorities, community organizations deliver most of the on-site services and programs. The housing agencies have extensive partnership networks, often including food banks and other social service agencies, health care providers, home care or home health agencies, universities, and technology providers.

## **Services and Programs**

All five housing agencies work hard to bring responsive services and programs to their communities. While processes vary, based in part on service coordinator availability, the housing authorities identify residents' needs through informal and formal methods. Insights can come from residents' direct outreach to service coordinators for assistance, service coordinator observations, or issues raised during resident council meetings. At Minneapolis, Westbrook, and Kansas City, service coordinators conduct a more formal resident needs assessment or screening with residents. Three of the five housing authorities also conduct surveys with residents to learn about their activity interests.

The five housing agencies have developed programming and worked with partners to provide a range of services and supports in response to residents' needs. Offerings vary across the organizations but commonly include grocery boxes to address food insecurity, various wellness and prevention activities to support better health management, and social activities to promote community engagement. Four of the housing authorities—Minneapolis, Westbrook, Denver, and Pittsburgh—have developed partnerships that provide some residents with access to more clinically oriented health care services and have built out initiatives to boost residents' technology access. Minneapolis and Westbrook also brought in a higher level of supportive services in a few of their communities to help residents in need of assistance with their daily living activities. For example, at Minneapolis, staff meet with the resident to tailor programming or develop a plan to move the resident to a property with increased supportive services.

## FOOD SECURITY

All five of the housing authorities offer programs that provide residents with food and nutrition supports, and all collaborate with local food banks or other groups to provide monthly or weekly on-site food donation deliveries at their properties for older adults. At some agencies, including Kansas City, partners deliver food to a common area so that residents can “shop” for their own items. For residents who may have health or mobility limitations that prevent them from picking up packages, staff or volunteers may deliver a food box to their apartments. Some of the housing authorities have also arranged on-site delivery of food packages for residents participating in the US Department of Agriculture's Commodity Supplemental Food Program.

In a unique partnership, Denver teamed up with the city's area agency on aging to enroll residents in the Supplemental Nutrition Assistance Program (SNAP). Initially, the city agency sent its own case managers to the properties to sign up residents for the benefits but found that many residents were unwilling to work with the case managers. Instead, the agency on aging gave the housing authority's service coordinators limited access to its data platform to complete applications for residents. Staff reported that the program was successful because residents were more comfortable working with the service coordinators they knew and trusted.

## PHYSICAL AND MENTAL HEALTH AND WELLNESS

All five housing authorities offer some form of periodic wellness and prevention programming across their properties. Generally, this includes a monthly wellness clinic that offers services such as blood pressure checks and an opportunity to ask questions about health conditions or medications. Some also have periodic education sessions on topics such as falls prevention, management of chronic conditions,

healthy cooking, or fitness activities. A few of the housing authorities arrange for annual mobile mammograms, and several coordinated COVID-19 vaccine and flu immunization clinics.

Westbrook has a strong relationship with the University of New England's Center for Excellence in Aging and Health. In early 2021, the center and Gorham Savings Bank established a three-year student placement and research program at Westbrook, allowing students in nursing, dental hygiene, dental medicine, physical therapy, occupational therapy, and social work to provide on-site free or reduced-cost services to residents. During the pandemic, Westbrook also initiated a telehealth program, which provided an equipped room at some properties where residents could access telehealth services.

Denver plans to resume mobile dental services with a community partner that will bring services to residents at all 14 properties for older adults and people with disabilities, where residents can pay for the services on a sliding fee scale. The housing authority is also developing a partnership with a health care organization to offer telehealth services for mental health at two of its properties.

Minneapolis maintains a health center that serves its older adult and disabled populations living in senior housing. This center provides space for a range of health and wellness, supportive, and recreational services, connecting multiple local partners with residents. Services include medical, dental, and mental health care; fitness classes; physical and occupational therapy; home health and hospice care; adult day care; supportive technologies; and social activities.

## HOMEMAKER AND PERSONAL CARE ASSISTANCE

Two of the housing authorities have been able to bring a higher level of supportive services to some of their properties for older adults and people with disabilities. Westbrook and Minneapolis can offer these types of supports largely because of a state-funded program in Maine and a state-level regulatory scheme in Minnesota that support the housing authorities' ability to deliver services akin to an assisted living model in independent housing.

Westbrook directly operates the state-funded IHSP in one of its properties. IHSP provides residents who have at least two qualifying conditions with a full-time social worker, daily meals, laundry and housekeeping services, shopping services, and personal care. Residents pay a fixed cost accounting for 20 percent of the cost of services in addition to rent.

Minneapolis collaborates with three aging services providers to offer assisted living services in six of its properties for older adults and people with disabilities. Two standalone properties are dedicated entirely to assisted living services, offering a memory care program for individuals experiencing cognitive impairments. In four properties, assisted living services are available for a certain number of

residents. Across all six properties, available services include housekeeping and personal care support, medication management, and meals. Residents from any of the authority's properties can transfer to one of the buildings offering assisted living services if their needs increase and they become eligible.

## **SOCIAL ACTIVITIES**

All the housing authorities offer various social activities such as games, parties and other events, movie nights, or community outings led by resident council leaders, housing authority staff, or community partners. In addition to providing social opportunities, the activities also often have health and wellness benefits for residents.

Denver offers a gardening program at 12 properties that provides opportunities for socialization, physical activity, and access to healthy food. The housing authority also offers virtual coffee clubs for residents to chat with fellow neighbors, helping create community connection and overcome isolation. Kansas City holds holiday and birthday gatherings to help combat isolation. Pittsburgh hosts movie nights a couple of times a month, rotating across properties. HACP also conducts wellness activities such as blood pressure checks at these events, and staff from the intergovernmental agencies' partners attend to build relationships with residents and provide them with an opportunity to ask questions.

Westbrook offers social outings to restaurants, shows, events, and other resident-requested venues. The housing authority also maintains a 14-passenger bus, popular among residents, which picks up residents from their property and takes them out into the broader community; these trips include visits to the library, community center, local orchards, and other requested destinations.

## **TECHNOLOGY**

All the housing authorities allow residents to have at least minimal access to technology and provide some assistance in using technology for personal and business purposes. In some authorities, these efforts include technology-related initiatives; in others, they include providing infrastructure, such as Wi-Fi, and informal assistance with various computer applications. This access proved especially important during the pandemic, when housing authority staff had to rely on technology to communicate with residents and residents depended on virtual platforms to maintain connections with family and friends.

Denver's efforts include expanding residents' access to low-cost internet services and devices and building residents' technology skills. As the housing authority works to expand on-site "tech hubs" at all its properties, it also offers mobile versions to bring internet access, computers, printers, and tech

support to the properties on a monthly basis. The agency also partners with a technology organization to provide computer skills trainings for senior residents in seven of its properties.

Pittsburgh staff have also enhanced technology access in their properties for older adults and people with disabilities. The agency has established computer labs in three properties, and a mobile lab travels to the other housing properties about twice weekly. Staff members set up the mobile lab, which provides equipment and support, in a community room or resident council office. They also offer computer skills classes and provide technical assistance. Residents can conduct personal business at the mobile labs such as checking and sending emails and printing documents needed to complete benefits applications.

Kansas City residents increasingly relied on technology during the pandemic, as highlighted in box 1. Minneapolis and Westbrook initiated or expanded their respective telemedicine and wellness programming offered by partners. In both places, partners provided tablets to the authorities for residents to use for telehealth services.

#### **SUPPORT FOR GRANDFAMILIES**

Kansas City is the only one of the five agencies in our case study that has a property specifically serving older adults who are raising their grandchildren. The property provides on-site supports for the grandparents, such as classes on parenting and managing stress, and offers family counseling services. Before funding ended, the housing authority also offered a tutoring program for the grandchildren and a mentoring program for young boys and teenagers.

#### **SERVICE GAPS**

All the housing authorities reported challenges serving residents with more complex needs, including declining functional abilities. Although Minneapolis and Westbrook have been able to bring programs offering homemaker and personal care assistance to some of their properties, the other three housing authorities do not have access to such on-site supports. In these cases, service coordinators help residents identify and access services in the community that can meet their needs or help them hire personal assistants to provide in-home care. Denver staff noted that several residents lack family or social support, emphasizing the importance of service coordinator support for these individuals. When it is no longer safe for a resident to live independently, helping them obtain necessary services or determining alternative living options can be challenging, particularly if the resident lacks family support.

Staff from all five housing authorities also noted difficulties in assisting residents with mental health and/or substance use issues. One respondent said that working with residents on behavioral health issues is sometimes beyond the capacity of service coordinators, in terms of both their professional training and time. Even before attempting to connect residents with often limited services, service coordinators face the barrier of cultural stigmas around mental health, which can affect whether residents are willing to seek assistance and disclose their needs.

Some respondents also described challenges with new residents moving in who recently experienced homelessness. In addition to often facing ongoing mental health and/or substance use issues, they must also adapt to living in a new environment and abide by tenancy requirements, which can sometimes prove difficult.

Housing authorities also reported residents facing challenges with accessing primary care and managing their medications. At the two buildings in Minneapolis with the most robust services, the housing authority has had challenges filling unit vacancies because of the protocols and benchmarks that their partner, Cassia, must meet to satisfy their funding requirements. Residents at Westbrook—particularly those who do not qualify for the state-funded assisted living program and have to pay out of pocket for private services—often struggle to afford care. Kansas City case managers can help residents connect with health care providers, but staff said that they would like to bring providers on site to increase residents' access.

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## BOX 1

### COVID-19 Response across Public Housing Authorities

Unsurprisingly, the pandemic had a significant impact on the services and programs available in all the housing authorities' properties. The five authorities put several safety precautions in place, which generally meant stopping almost all on-site services and programming, including pulling service coordinators off site or otherwise not allowing in-person meetings. Service coordinators, along with other housing authority staff, began calling all residents regularly. The calls were intended to check on their social and physical well-being and related needs.

Although most services and activities halted across the housing authorities, at least initially, food and nutrition programs ramped up. To help keep residents safe and minimize the need to travel to a grocery store, housing authorities and their food bank partners increased the frequency of delivery to the properties and delivered food boxes directly to residents' apartments to avoid congregation in community spaces. Pittsburgh's community partner also delivered prepared meals to residents.

Several of the housing authorities attempted to resume some programming virtually or help residents virtually connect with their family and friends, particularly to help address the social isolation many residents were facing. However, many residents did not have internet access or devices and had limited technology skills. Kansas City staff helped residents learn how to use Zoom to participate in virtual programming and helped them create Facebook accounts to maintain connections with their loved ones. This experience highlighted the need for funding to support technology access and training among older residents. Pittsburgh partnered with Comcast to help provide low-cost internet subscriptions; the two partners split the cost and used federal Coronavirus Aid, Relief, and Economic Security Act funds. Staff at Minneapolis used donated phones and tablets to communicate with residents and make announcements; however, many properties lack wiring for Wi-Fi, so not all residents were able to benefit from the new technology.

The housing authorities worked with community partners—including public health agencies, pharmacies, and other health providers—to help provide residents with masks and access to COVID-19 testing. Once vaccines became available, the housing authorities played a substantial role in helping residents get vaccinated. In addition to working with partners to provide on-site vaccine clinics, service coordinators and other housing authority staff helped residents schedule appointments and assisted them with preparing needed documentation.

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## Partnerships

The five housing authorities deliver most on-site services and programs through community partnerships, and the partner organizations' funding mechanisms tend to pay for these services.



Because housing authorities have limited funding for service provision, such collaborations are vital to providing on-site supports for residents.

The agencies devote resources to cultivating, building, and maintaining partnerships. Housing authority staff vet potential partners to ensure an appropriate fit with the authority and residents. To help ensure service reliability and resident confidence, for example, Pittsburgh considers interested partners' intended time commitment. Organizations may approach the housing authority to collaborate after receiving a time-limited grant, but staff have found that regular and consistent presence is an important factor in residents' willingness to engage with service providers.

Kansas City staff discussed the effort that goes into identifying partners, building a relationship and establishing memoranda of understanding, and ensuring that activities or services are worthwhile for residents. Minneapolis has strong partnerships with three organizations—Cassia, the Korean Service Center, and Volunteers of America—where the partners facilitate service delivery and the housing authority covers larger management, maintenance, and day-to-day cleaning. Minneapolis also formed the High-Rise Health Alliance to improve data sharing and health care delivery to its residents. Westbrook has strong established partnerships—such as with the University of New England's Center for Excellence in Aging and Health—to provide on-site, long-term services to residents. The housing authority has also fostered partnerships with organizations to provide telehealth services to its residents.

Housing authority staff also reported working with partners to shape service interventions for greater success with residents and to monitor partners and service provision. Pittsburgh, for example, offers to share important insights about resident dynamics and the housing setting that partners should factor into their implementation plans. The agency also considers ways it can support the partnership, such as fostering resident engagement in services, collecting data to show impact, or promoting partners' contributions to the community. Kansas City leadership hosts quarterly meetings with all partners to discuss what is going on at the properties and challenges to service provision. Initially designed to keep the partners and agency staff in regular communication, the meetings have had the unintended benefit of allowing partners to speak with each other as well. If a provider notices that a resident needs a service or resource, they can bring it up during partner meetings to coordinate assistance for that resident.

The model of service provision through partnerships also produces benefits for the partners. According to the University of New England, for instance, its partnership with the Westbrook Housing

Authority gives residents access to health and wellness services and university students the opportunity to gain practical clinical experience working with older adults with complex health needs.

## Funding Services

The housing authorities fund services in their properties for older adults and people with disabilities through a combination of HUD–provided public housing operating funds and Resident Opportunity and Self-Sufficiency (ROSS) grants, flexible funding as Moving to Work (MTW) agencies, in-kind services from partner organizations, funding through partnering organizations, and private grants and donations.<sup>3</sup>

Service coordinator positions are primarily supported through ROSS grants and/or public housing operating funds. However, at Minneapolis, partnering agencies that have acquired outside funding exclusively provide service coordination. Housing authorities reported that these sources are not adequate to provide the level of service coordination they feel is needed to effectively support residents with complex needs. Service coordinators often carry large resident caseloads and split their time across multiple buildings. A case manager for HAKC noted that their biggest challenge is working with more than 300 residents across three properties.

Denver leverages its strong resident council structure to apply for ROSS grants and maximize service coordinator presence in its communities. The ROSS program allows up to three resident councils at a housing authority to apply for grants each year, and each grant lasts for three years. Through this approach, Denver has a total of nine grants to staff services coordinators across its properties. Despite the high number of positions, the housing authority still noted challenges with staffing the service coordinators needed to address the needs at larger properties.

Pittsburgh funds service coordinators in its senior high-rises with operating funds, using the flexibility it has as an MTW agency to move funds around for different purposes. The housing authority stated that it would not have the same level of service coordination otherwise. Kansas City, however, also uses operating funds for case management staff, even though it is not an MTW agency.

In instances where the housing authorities convert existing properties through the RAD or build new properties using nonpublic housing operating funds, the agencies sometimes build funding into their RAD financing deals or leverage their capital funds to obtain Low Income Housing Tax Credits, state funding, and other loans to expand their resident services. For example, Westbrook used its funds

to build out telemedicine rooms for residents. At Minneapolis, the housing authority was able to build sustained service funding into its RAD deals.

Some housing authorities partially or fully fund service coordinator positions through local or state funding sources. Kansas City, for example, funds the case manager in its grandfamilies community through a dedicated county tax for social programs and foundation grants. At Westbrook's Larrabee Village, the state covers 80 percent of the costs to operate the IHSP, which includes the service coordinator. The housing authority and residents cover the remaining 20 percent of costs.

Beyond service coordination, many services and programs are funded through in-kind contributions from community partners. Partners may fund the services and programs through their own permanent operating revenues, federal funds, or grants. At Minneapolis, partners cover the cost of services in the housing authority's memory care units through Elderly or Community Access for Disability Inclusion Medicaid waivers. Despite the significant contribution of services from partners, housing authorities face challenges in relying on these entities as the prime source of services. Partner organizations can lose their own sources of funding or can shift priorities and stop providing services. Additionally, partners do not always provide services across all housing authorities' properties.

Housing authorities also pursue philanthropic funds to support service delivery, including obtaining grants from private foundations and raising individual and corporate donations. Denver, for example, has created a nonprofit entity called Friends of DHA to support its fundraising efforts.

## Key Takeaways

The five housing authorities in this report differ significantly, not only in size and location but also in their resident populations, services and resources offered, and service provision to older residents and residents with a disability. Yet their approaches and the challenges they face are similar, even if the details vary. Their experiences and the lessons we gleaned from our interviews are relevant for a wide range of housing authorities. We highlight five key takeaways below from our discussions with staff and residents across the agencies.

## **Older Adult Residents and Residents with Disabilities Have Diverse Social, Health, and Functional Circumstances**

Some residents have minimal health challenges, while others live with multiple chronic conditions and struggle to perform daily living activities. Along this spectrum of needs, residents can benefit from a range of services and supports.

Housing authorities can find it difficult to assist residents experiencing functional decline, cognitive impairments, or behavioral health concerns. Residents with these types of challenges can be reluctant to admit their needs because of stigma or fear of being forced to leave their housing. They also may have concerns about the costs of pursuing certain services. Moreover, services to address these needs can be challenging to find and often involve complex application processes and waiting lists. As a result, service coordinators often spend a disproportionate amount of time helping higher-need residents—particularly those who lack family support—access services that can help them remain in their homes or transition to a higher level of care when they are no longer able to safely live on their own.

Many housing authorities also serve diverse racial and ethnic populations. Some of these residents may not speak English as their primary language, which can make it more challenging for service coordinators to understand the residents' needs and help connect them with beneficial services and supports. Service coordinators need to be aware of residents' cultural norms around issues such as mental health and aging to understand their willingness to engage in related services and inform their approaches to conversations on these topics.

## **Service Coordinators Provide Critical Support, but Housing Authorities Do Not Receive Adequate Funding for the Role**

Older adult and disabled residents face myriad social and health needs. Social circumstances such as extremely low incomes, low levels of literacy and health literacy, limited English proficiency, or lack of family support can make it challenging for many residents to identify, access, engage in, and maintain needed benefits and services. Service coordinators can help residents navigate complex service systems, encourage and support resident engagement in services, and facilitate connections between residents and community partners.

Staff at housing authorities report that service coordinators are commonly on site at individual properties for limited hours per week and often support high resident caseloads. HUD generally does not provide ROSS grants—the most common source of funding for service coordination in public

housing—at levels that support full-time service coordinator presence, even in properties that house high-need residents. Housing authorities that do have more robust service coordinator presence often rely on funding not available to all housing authorities (e.g., MTW flexibility, ROSS grants through resident councils, or state or philanthropic funding). Even in these cases, housing authorities still report inadequate service coordinator availability, particularly in large properties.

Service coordinators with minimal presence tend to reactively respond to resident requests and emergencies and have less capacity to proactively understand their needs and interests and help them access responsive services and resources. They also face challenges in supporting residents with more complex issues—such as declining function, cognitive deficits, or behavioral health concerns—which can be time consuming to address.

## **Partnerships Are Key to Helping Address Resident Needs**

Housing authorities have limited funding to provide other types of on-site supports apart from service coordination, meaning that they often collaborate with health and social service organizations in their communities to provide most services and programming. Partnerships allow housing authorities to leverage the community organizations' own funding mechanisms as well as providers' expertise in their area of service. Community partners also benefit from the economies of scale offered by the housing properties that allow providers to reach large numbers of clients in one place, in addition to housing authority staff who can help support service delivery and resident engagement.

Developing and maintaining partnerships takes resources and time. Housing authorities need dedicated staffing to network with community organizations and raise awareness of potential opportunities to deliver services and supports to residents. They also must vet potential partner organizations or proposed programs, work with partners to shape services and programs for greater success with residents, assist partners with engaging residents, monitor services and programs for quality and needed refinement, and maintain ongoing relationships with partnerships.

## **Even with Multiple Partnerships, Housing Authorities Still Experience Services Gaps**

Housing authorities may not be able to find partners to address all resident needs, and staff frequently cite behavioral health-related supports as a significant service gap. Staff at housing authorities also cite an interest in having more health-related services that can help residents better manage their chronic

health conditions and prevent use of unnecessary emergency care, such as through assistance with medication management.

Community partners may not be able to provide their services or programs at all properties for a particular housing authority, leaving many residents without access. Additionally, partners cannot always guarantee continuity of services. Partners may experience cuts to their own funding sources, grants may end, or they may change priorities and withdraw their services or programs. Housing authorities' reliance on grants or partners to provide services, along with limited direct funding, can therefore result in service gaps, inconsistent services across properties, or unstable services.

## **Trust Is Key to Engaging Residents in Services and Programming**

Despite the perceived convenience of on-site services, housing authorities still need to deliberately facilitate resident participation. Service coordinators play a key role in building relationships with residents, which allows them to learn about residents' needs and interests and encourage residents to partake in on-site programming or pursue beneficial services and supports. Residents also need to feel comfortable that opening up about their health and functional needs and engaging in supportive services will not jeopardize their housing.

The diversity of housing authority residents can also present engagement challenges, particularly around language. Service coordinators and program or partner staff are often not proficient in the languages spoken by non-English-speaking residents. Housing authorities also find that consistency is an important factor for resident engagement: when residents see services or partners come and go, they are reluctant to participate on the assumption that the programs will end.

## **Implications for Research, Policy, and Practice**

Public housing authorities house a large and growing number of older adults and people with disabilities. These residents have extremely low incomes, and many are racial or ethnic minorities—both characteristics associated with a higher risk for developing multiple chronic conditions and functional limitations. At-risk populations are also more likely to encounter barriers to accessing needed health and social services.

The Biden administration has prioritized reducing health disparities and achieving health equity, as well as providing older adults and people with disabilities with opportunities to live in the home and

community setting of their choice. Housing authority properties offer a platform to reach multiple at-risk individuals and deliver services and supports efficiently, making them a valuable partner in advancing the administration's goals. Findings from these case studies suggest the following four implications for policy and practice.

## **Adequately Resource Public Housing Authorities to Help Address Residents' Service and Support Needs**

Service coordinators play a vital role in helping residents access needed social, health, and long-term care services. Housing authorities need funding that allows service coordinators to be present at all properties for sufficient hours and maintain manageable resident caseloads. An expanded presence will allow service coordinators to proactively understand resident needs, assist residents with applying for services and supports, and follow up to ensure they have received the resources they need. It also allows them to maintain relationships and monitor residents for new issues as they arise. Funding levels also need to support the hiring of staff who have the training and skills needed to assess, encourage, and support residents in engaging in needed services and programs, as well as to communicate and coordinate with community partners and other service providers. Service coordinators also need access to communication resources to assist residents who do not speak English, are Deaf, or have other communication disabilities.

Housing authorities also need funding support for staff who help develop and maintain partnerships with community organizations and who provide guidance, supervision, and quality assurance of service coordinator activities. Additionally, public housing authorities need funding to support programming. This could include helping expand residents' digital capacity, which could support residents' social connections and access to services and benefits.

Congress and HUD should provide public housing authorities with sufficient funding to help support service-related needs. HUD should also explore funding collaborations with other federal agencies that serve residents living in public housing and receive mutual benefit from residents receiving on-site services, such as the Centers for Medicare & Medicaid Services. Additionally, the agency should support and provide guidance to public housing authorities converting properties through the rental assistance demonstration program on how to establish supportive services funds.

## **Facilitate Collaborations with Health Entities**

Data show that older adult residents in federally subsidized housing communities live with multiple chronic conditions. In our interviews, public housing authority staff recognized the opportunity to help residents better manage their health and reduce avoidable emergency department or hospital use. Services might include group or one-on-one health education, wellness programming, health monitoring, medication management assistance, or even primary care. Collaborating with service coordinators who can help residents address social challenges that may impede good health increases the value of these services.

However, public housing authorities often face challenges in engaging health-related entities in partnerships to deliver services across their housing communities. One key barrier is that residents are generally enrolled with diverse Medicare and/or Medicaid insurers and receive care from various health care providers. As a result, individual health entities may not see a large enough volume of plan members or patients to incentivize entering partnerships with housing authorities. Additionally, health entities may not see a clear path to billing or paying for services provided.

HUD and the Centers for Medicare & Medicaid Services should explore opportunities to incentivize and facilitate health care entities to collaborate with public housing authorities to help residents better manage their health care needs.

## **Build Opportunities to Better Support Resident Behavioral Health Needs**

Public housing authorities report difficulty assisting residents with behavioral health needs, which can range from depression and anxiety to serious mental illness and substance use. Unaddressed behavioral health challenges can impede residents from properly addressing their physical health conditions, place residents at risk of eviction, and be disruptive to the larger resident community. These agencies face challenges in finding available services and resources to which they can refer residents. Stigma around mental health and mental illnesses also prevents some residents from admitting that they have an issue or from pursuing services.

HUD should collaborate with relevant partners within the US Department of Health and Human Services to develop mechanisms to help connect residents with responsive behavioral health services. Housing authorities should also ensure that service coordinators and other property management staff receive adequate training in working with residents with mental health concerns.



## **Explore Service Delivery Mechanisms that Provide Efficient and Flexible Care to Residents in Need of Long-Term Services and Supports**

Many housing authority properties have residents who receive some level of Medicaid home- and community-based services. Each resident generally has their own aide who travels to the property to assist the resident for an allotted number of days and hours. For example, a resident may have an aide for four hours per day, three days per week. If there are 20 residents in a building receiving home- and community-based care, there may be 20 different aides in and out of the building throughout the week, each assisting one resident.

The economy of scale created by multiple residents in one building using home and/or personal care services presents an opportunity to “cluster” this care in a potentially more efficient and effective manner. Allowing a designated service entity to provide services to all residents in a building receiving Medicaid-supported home- and community-based services, with exceptions where needed, could provide residents with more flexible and responsive services throughout the day. This approach could support residents’ safety and ability to remain longer in their communities.

A few states have residential licensing frameworks that explicitly support this type of arrangement or have small programs that fund such services. Most jurisdictions, however, do not and may have concerns that such a model is not allowed. HUD and the Centers for Medicare & Medicaid Services should explore the possibilities of supporting and facilitating the use of such cluster care models.

# Appendix A: Case Studies

## Denver Housing Authority

The Denver Housing Authority (DHA) serves more than 12,000 households, which include more than 26,000 individuals who live in public housing developments financed through the Low-Income Housing Tax Credit (LIHTC) program or local funding sources. Residents may also participate in the US Department of Housing and Urban Development (HUD) housing choice voucher program. Three of Denver's 28 properties are designated for older adults, and 11 are for older adults and people with disabilities. Denver's resident population is diverse: approximately 45 percent are Hispanic, and 35 percent are Black. The most-spoken language after English is Spanish, followed by Vietnamese and Somali.

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### BOX 1

#### Denver Housing Authority: Summary Information

**City population estimate:** 705,576

**Total number of units:** 4,800

**Total number of units designated for seniors and people with a disability:** 1,605

**Sources:** Population estimate is from 2015–2019 American Community Survey data. The number of units is from Pictures of Subsidized Households and confirmed by DHA staff.

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### Service Offerings

DHA designed its services to enhance resident quality of life and promote self-sufficiency. For older adult residents, self-sufficiency is defined as the ability to age in place for as long as they desire and is safe.<sup>4</sup> In addition to boosting residents' quality of life and length of stay in their homes, Denver also finds that providing services cuts costs for the agency in the long run by decreasing damage to units and reducing evictions and unit turnover. Although services are available to older adults in all of Denver's properties, more are available within properties designated for older adults and persons with disabilities. The agency staffs 11 service coordinators, who largely split their time between two properties, while a few are stationed full time at one property. Service coordinators identify resident

needs, connect residents with resources in the community, bring services to properties, and provide technical assistance to the resident councils.

## HEALTH AND WELLNESS

Denver offers an array of regular and intermittent health and wellness programs, helping residents avoid unnecessary emergency care use. The agency partners with three health entities to offer monthly wellness clinics at its properties for older adults and people with disabilities. Nurses conduct blood pressure checks, review medications, and answer residents' health-related questions. DHA also offers health education on a variety of topics, including falls prevention, through its collaborations with health organizations. Before the pandemic, one community partner provided mobile dental services to residents at five properties for older adults and people with disabilities. When on-site services restart, a new partner will provide dental services to residents at all 14 properties on a sliding fee scale. Finally, the housing agency is developing a partnership with a health care organization to provide telehealth services to residents of one of its properties.

## ACTIVITIES

Denver operates several programs to encourage socialization across its properties, which often have health and wellness benefits for residents. A garden program, for example, provides opportunities for socialization, physical activity, and access to healthy food; coffee clubs provide space for residents to create community connections and overcome isolation; and the "Kavod on the Road" program offered by a senior living community partner at three properties provides monthly education sessions on various subjects.

## FOOD ASSISTANCE

Denver forged multiple partnerships to address food insecurity among its residents. One community organization operates a dining center serving two of the properties for older adults and people with disabilities. The housing authority collaborates with local food banks to provide monthly food distribution to all residents, including on-site delivery for those participating in the US Department of Agriculture's Commodity Supplemental Food Program. Denver also partners with the city's area agency on aging to enroll residents in the Supplemental Nutrition Assistance Program (SNAP). The area agency on aging provides service coordinators with access to its data platform so they can complete residents' SNAP applications.

## TECHNOLOGY

Across the agency, Denver focuses on expanding technology access for all residents, including older adults and people with disabilities. Upon recognizing that many residents were either not connected or underconnected to the internet, Denver participated in HUD's Connect Home initiative. The housing authority's efforts include expanding residents' access to low-cost internet services and devices as well as building residents' technology skills to use such devices. The agency hosts a monthly mobile tech hub in collaboration with a technology organization that goes to all its properties and trains residents on basic computer use.

## SUPPORT FOR FORMERLY HOMELESS INDIVIDUALS

When DHA staff realized that formerly homeless individuals had difficulties adapting to life at its properties, the agency created the Welcome Home Program to support their transition. Jointly developed by property managers and service coordinators, the program orients new residents to the rules of the property and the services available. New residents can earn points for participating in various programs or activities, which can be exchanged for various rewards.

## PANDEMIC RESPONSE

Denver took numerous actions to minimize residents' exposure to COVID-19, such as providing boxes of food to residents in collaboration with a local food bank. The agency also closed all community spaces at its properties to maintain social distancing protocols. Although this resulted in the shutdown of most group activities, DHA maintained some resident programming and resident council meetings through virtual means to boost resident engagement. However, few older adult residents had access to the necessary technological devices or understood how to use Zoom on their phones to participate in activities. To better support seniors, Denver continued its multipronged efforts to increase technology, including by providing tablets to residents and offering telehealth services through a partnership with University of Pittsburgh Medical Center Telemedicine.

## Partnerships

Denver maintains multiple partnerships with local community organizations, some of which the agency seeks out and others that approach the housing authority. The director of resident services conducts extensive research to identify and foster potential partners. She is familiar with staff at the city's health and human services agencies who, in turn, work with many of the nonprofit organizations serving the community. The director also attends community events and participates in collaborative activities

both to network and to educate partners about the housing authority and its residents. She also shares a monthly report on current service offerings to keep existing and potential collaborators informed about various services and the impacts they have on residents' lives.

When potential partners reach out to DHA, the agency first identifies whether the housing authority would benefit from the partnership by considering existing partnerships, any existing service gaps, priorities, and staff bandwidth to develop and maintain a new collaboration. After a formal agreement is in place, Denver usually pilots new programs at one or two properties before expanding them.

## Funding

Denver supports its resident service initiatives through operating funds and HUD grants, private grants and donations, and in-kind contributions. The housing authority funds its service coordinators through ROSS grants. Resident councils at each property secure the grants and then contract with DHA to staff service coordinators. Up to three resident councils per housing authority can apply for a grant yearly; ROSS grants last three years, enabling the agency to operate nine grants total. Although this approach allows the agency to provide service coordination in all its properties, they noted that the grants may not be enough to adequately staff larger properties.

Denver estimates that it receives approximately \$1.5 million worth of in-kind services annually. However, maintaining services through community partners can still be challenging, as partner organizations may lose their internal sources of funding or shift priorities away from service provision in the housing authority's communities. Additionally, Denver has a nonprofit arm called Friends of DHA, which raises funds to support resident programming. The nonprofit arm pursues private grants and receives donations from individuals and businesses.

## Housing Authority of Kansas City

The Housing Authority of Kansas City (HAKC) in Kansas City, Missouri, serves nearly 10,000 households through its public housing and housing voucher programs. Three of its properties are designated for older residents and people with disabilities. In addition, the housing authority manages Pemberton Park for Grandfamilies, a project-based voucher property for older adults raising their grandchildren. Kansas City provides programs and services for older residents and residents with disabilities that address resident health and wellness, nutrition, and mental health. The resident

population is predominantly African American (85 percent) and includes residents from Somalia and other East African nations. About 15 percent of household heads are elderly, and another 15 to 20 percent have a disability. The tenant base in the three properties for seniors and people with disabilities has shifted over time from primarily older adults to younger adults with disabilities.

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## BOX 2

### Housing Authority of Kansas City: Summary Information

**City population estimate:** 486,404

**Total number of units:** 2,284

**Total number of units designated for seniors and people with a disability:** 532

**Sources:** Population estimate from 2015–2019 American Community Survey data. Housing unit data are from HAKC staff.

**Note:** HAKC has 1,787 public housing units across traditional, scattered-site, and mixed-income properties and 497 project-based voucher units in LIHTC properties.

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## Service Offerings

Kansas City provides services and programs to support residents' self-sufficiency. For older residents and those with a disability, staff define self-sufficiency in terms of quality of life, particularly around health and social engagement. The housing authority relies on case managers to link residents with services, programs, and activities. Case managers serve as the hub of programs in the housing authority and work with external partners to bring services to residents. They also communicate frequently with residents during periodic meetings and less formal visits, which help staff assess residents' needs.

### SUPPORTIVE SERVICES

Case managers provide some direct services and refer residents to external providers for other services as needed. When tenants move in, case managers conduct a screening to identify any resources they may need, such as furniture or household supplies. Staff facilitate referrals for Medicare or Medicaid enrollment, assist with enrollment in the Low Income Housing Energy Assistance Program for help with utility costs, and provide information about food pantries. Staff also make referrals for homemaker or personal care (e.g., help with cleaning, laundry, or bathing) that residents can access through the Department of Health or hire directly. One staff member started a hotline that residents can call if they are a victim of or witness to elder abuse.

## HEALTH AND WELLNESS

Most of Kansas City's on-site services for older adults focus on health, including health screenings and health education campaigns. [Lincoln University's Kansas City Urban Impact Center](#) offers health screenings each month, [Saint Luke's Health System of Kansas City](#) provides workshops for self-management of chronic diseases, and other organizations hold workshops on preventing or lowering risks for other conditions. The [Black Health Care Coalition of Kansas City](#) and other health care organizations provide annual blood pressure screenings and mammograms. Health and medical organizations also offer annual flu vaccinations to all residents. Case managers work with partner agencies to connect residents to other health services as needed.

## FOOD ASSISTANCE

The agency has partnered with [Harvesters](#), a local community food network, for roughly 12 years. This food delivery program is available to all residents and is one of the most popular offerings among senior residents. Harvesters delivers food to common areas of the public housing buildings and allows residents to select what they want. For homebound residents, HAKC staff deliver food directly to residents' doors.

## GRANDFAMILIES

Pemberton Park for Grandfamilies opened in 2011 and serves 36 households in which grandparents raise their grandchildren. The Kansas City School District offers resources and programming on parenting and managing stress, in which about a third of the families participate. The [Learning Club of Kansas City](#) provides tutors to assist children with schoolwork and studying, and Pemberton Park residents also have access to on-site family counseling.

## PANDEMIC RESPONSE

The pandemic limited case managers' and external partners' abilities to interact with residents because they could no longer meet in person. Although the pandemic created several new challenges, Kansas City staff and partner organizations adapted to continue providing valuable services to residents. Harvesters, for example, shifted its operations to preparing food boxes that were delivered directly to residents. This approach prevented residents from congregating but created a challenge for case managers who had to distribute hundreds of boxes across developments. The Learning Club, the on-site tutoring program in Pemberton Park, had to reduce the number of youths it could serve after switching to virtual sessions. HAKC staff helped senior residents across HAKC properties learn how to use Zoom for virtual participation in programming and how to set up Facebook profiles so they could maintain

contact with loved ones. However, the agency has struggled to secure funding to provide internet access to all residents because it is not included in utility assistance funding. Finally, the housing authority also worked with resident leaders and partners, including the Missouri National Guard, to counter vaccine hesitancy and provide vaccines to senior residents and other high-risk groups.

## **Partnerships**

Kansas City currently works with more than 50 partners to provide various senior and family services. Most partners use their own funding to cover the cost of services and provide services to residents on site. Both the housing authority and external partners have initiated partnerships; for example, the Learning Club approached HAKC to work with the grandfamilies program, despite not typically operating in Kansas City. Kansas City leadership hosts quarterly meetings with all partners to discuss activities at properties and challenges to service provision. Initially designed to keep the partners and the housing authority in regular communication, the meetings have also enabled better partner-to-partner communication. The meetings have led to a more collective approach to service provision, reducing the number of silos.

## **Funding**

Kansas City uses a combination of HUD funding, foundation grants, and in-kind support to provide services and programs to senior residents and residents with a disability. The agency's HUD operating funds cover most case manager positions. Local foundations and a designated county tax for social programs fund the case manager position at the Pemberton Park for Grandfamilies development. Partners generally cover their own service costs, though Kansas City makes use of grant support from a regional foundation and other available funding sources. However, insufficient funding and funding cuts pose a serious challenge: Kansas City was forced to cut the position of a staff member fluent in Farsi and Somali after funding expired, which also affected its access to other translators through Jewish Vocational Services. The agency also had to cut a grant-funded chair exercise class, social activities around birthdays and holidays, and several programs for young children and teen boys at the Pemberton Park property.



# Minneapolis Public Housing Authority

The Minneapolis Public Housing Authority (MPHA) provides affordable housing for 26,000 people in the city of Minneapolis. MPHA is a Moving to Work (MTW) agency that maintains a diverse housing portfolio, including public housing, housing choice vouchers, and project-based voucher housing. A substantial proportion of MPHA residents is older adults; MPHA has six properties that are fully or partially dedicated to housing with services, in addition to 12 high-rise senior-designated buildings.<sup>5</sup> Through its partners, MPHA offers the highest level of service at Thomas Feeney Manor and Signe Burckhardt Manor, including memory care, nursing care, home health services, and other supports. The agency's resident population is very diverse, including large numbers of Somali and Hmong immigrants. Minneapolis staff say that their diverse staff profile and use of interpreter services allow them to better connect with residents to provide culturally relevant outreach and services.

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## BOX 3

### Minneapolis Public Housing Authority: Summary Information

**City population estimate:** 420,324

**Total number of units:** 6,259

**Total number of units for older adults and disabled residents:** 5,016

**Sources:** Population estimate is from 2015–2019 American Community Survey data. The number of units is from Pictures of Subsidized Households and confirmed by MPHA staff.

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## Service Offerings

Minneapolis sees itself as a connector, bringing services to residents to address their health and wellness needs. The agency operates a senior center that offers a wide range of health and wellness services for residents in its traditional senior properties. Additionally, Minneapolis has made a commitment to offer a housing services model, akin to assisted living, that is affordable to seniors with low incomes.

## SUPPORTIVE SERVICES

Staff report that their older and disabled residents face many challenges including substance use disorders, poor mental health, and limited access to primary care. Some residents are transitioning from homelessness and struggle to adapt to their new environment. Minneapolis partners with other

agencies to offer service coordination, linking residents to services in its high-rise buildings as well as offering more intensive supports such as assistance with medication management, personal care, and housekeeping to those who need them. All services offered are voluntary. The senior center managed by the housing authority has space for a range of activities and social service providers, including congregate dining, a neighborhood health clinic, an adult day care facility, a hospice care provider, an adult learning lab, a senior choir, and, until recently, a full YMCA senior workout facility with rehabilitative services.

## HEALTH AND WELLNESS

In addition to the health care clinics provided at the Cora McCorvey Health and Wellness Center, Minneapolis has partnerships with [Cassia](#) (formerly Augustana Care), the [Korean Service Center](#), and [Volunteers of America](#) to provide housing with services and memory care (the agency offers six housing with services programs, two of which have memory care units). Many residents living in housing with services have relocated from other properties managed by the agency. Four of the facilities are in larger senior buildings, while two others are standalone properties. All housing with services offers housekeeping and personal care support, medication management, and meals. There are staff on site 24/7, and residents pay a monthly stipend of \$150 for food in addition to their public housing rent. Minneapolis's partners offer the highest level of service, including memory care and on-site nursing services at Thomas Feeney Manor and Signe Burckhardt Manor.

When residents require an increased level of assistance, it is typically because their health has deteriorated. In these cases, Volunteers of America, Korean Service Center, or Cassia social workers meet with the resident and property management to decide on next steps. Minneapolis's variety of senior-living options allows for partners to increase services and supports as residents' needs change. At the housing properties with services, all residents are required to go through a formal assessment by a registered nurse upon entry. In addition, residents complete surveys about their interests—with questions about their favorite food and holidays—so that staff can tailor programming and activities. If partner staff identify that a resident needs increased support, they conduct another evaluation and speak with the resident and their family about additional service offerings. It is relatively easy for residents living in senior-designated buildings to transfer to a property with services.

## ACTIVITIES

In addition to the recreational resources in its senior center, Minneapolis partners provide on-site health and wellness programming—which includes exercise and walking groups, community gardening, and cooking classes—through a grant from the city. Other community partners come on site to conduct

health screenings, offer lessons on using technology, and provide access to library books. There are also Volunteers of America social workers who split their time among the agency's buildings. Finally, resident councils have a strong presence at most MPHA buildings and lead their own social activities, such as bingo and movie nights. Residents can volunteer at the front desk or receive pay for completing maintenance tasks around the building, although the pandemic has limited these opportunities over the past two years.

## FOOD ASSISTANCE

Minneapolis partners with several organizations that offer meal and food delivery services to increase residents' access to healthier food options. The housing properties with services provide two meals to all residents daily, and other buildings offer congregate dining as well. Before the pandemic, a mobile market visited some senior-designated properties on a weekly basis, providing fresh foods at affordable prices.

## PANDEMIC RESPONSE

Minneapolis residents and staff have suffered physically and mentally throughout the pandemic. The rate of COVID-19 transmission was notably lower among residents than in the community at large, because of partnerships with the Minneapolis Health Department and other health organizations. Through these partnerships, the agency was able to offer vaccines at each building in early 2021. Despite the high rate of vaccination among residents, many still felt the impact of COVID-19, in part because of high rates of chronic health conditions among residents. The housing authority worked closely with community health partners at the city and county levels, using geospatial data to track outbreaks across buildings and setting up testing sites and vaccination clinics. Community partners had limited access to buildings, requiring them to shift to virtual programming or halt services altogether. Minneapolis also responded to the pandemic by ramping up food delivery services, which became particularly important during the racial justice protests in Minneapolis because of damage to several local grocery stores. Finally, staff used new technology, including phones and tablets, to communicate with residents.

## Partnerships

Minneapolis contracts with Cassia, the Korean Service Center, and Volunteers of America to provide housing with services to residents at senior-designated buildings and memory care units across its properties. The agency covers overall management, maintenance, and day-to-day cleaning, while

Cassia, the Korean Service Center, and Volunteers of America provide services. Minneapolis staff communicate regularly with on-site partner staff, reporting that the team has good relationships that facilitate service delivery. The housing authority and Cassia have different protocols and established benchmarks, which can cause challenges around filling unit vacancies or addressing maintenance issues. Volunteers of America also has had some difficulties with staff turnover. Minneapolis provides space in its senior center to offer services to older adults and residents with disabilities, including medical clinics, an adult day care provider, physical therapists, and a group that provides support for its resident councils. The housing authority also partners with Bluestone Physicians for clinical services; YouCare of Minnesota, which provides iPad donations for virtual medicine; and a local methadone clinic.

Minneapolis is actively involved in health data sharing and formed the [High-Rise Health Alliance](#)—a partnership aiming to improve health care delivery to residents—with every major health care provider in the area. Data analysis uncovered residents' overreliance on the emergency room, which has led housing authority staff to pursue more prevention-focused measures. The alliance is continuing its data analysis to target services to buildings and residents with specific needs.

## Funding

Minneapolis is an MTW agency, which allows for flexibility to pay for services, including its contracts with Volunteers of America and Cassia. The agency's partners cover services at the housing properties with services and memory care units through the Elderly or Community Access for Disability Inclusion Medicaid waivers. The agency has been strategic by accessing state and federal funding and now plans to build sustained service funding into its RAD financing deals.

## Housing Authority of the City of Pittsburgh

The Housing Authority of the City of Pittsburgh (HACP) serves 8,400 households through its public housing and voucher programs. Among the 16 public housing communities HACP manages, 11 properties are designated for older adults and people with disabilities. The buildings range in size from 30 to more than 200 units. Partner developer organizations operate an additional five properties for older adults and people with disabilities. Housing authority staff described a diverse resident population, including many African immigrants.

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#### BOX 4

##### **Housing Authority of the City of Pittsburgh: Summary Information**

**City population estimate:** 302,205

**Total number of units:** 8,721

**Total number of units designated for seniors and people with a disability:** more than 1,800

**Total number of buildings designated for seniors and people with a disability:** 16

**Sources:** Population estimate is from 2015–2019 American Community Survey data. The number of units is from the HACP [website](#).

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## **Service Offerings**

Pittsburgh strives to support the evolving capacity of its older adult residents to maintain independence and quality of life. The agency views its role as connecting residents to services rather than delivering services directly. As a result, the agency leans on partners that have expertise in addressing residents' needs, made possible through an intergovernmental agreement with the county Department of Health Services, which delivers or makes available service coordination, mental health supports, and other services to residents through designated community organizations. Community organizations meet periodically to support collaboration on services and make referrals to one another. Pittsburgh also partners directly with community health and social service organizations to provide on-site programming and services for older adult residents and residents with disabilities.

The housing authority also maintains an internal resident services department, which includes a resident relations division. HACP assigns each property a resident relations liaison to support the resident councils and resident-driven activities. The liaison also assists residents with tenancy or community-related concerns and oversees partners working in the buildings. Pittsburgh staff feel that the resident relation liaisons play a key role in working with residents because they establish a relationship built on trust.

### **SERVICE COORDINATION**

Pittsburgh provides service coordination at all its communities for older adults and people with disabilities through an intergovernmental agreement with Ursuline Support Services. Ursuline service coordinators are available for up to one day per week at each of the 11 HACP-owned and managed buildings designated for older adults and people with disabilities. At properties operated by partner developers, partners are responsible for all services. Coordinators connect residents to services and

resources, which may include access to public benefits, transportation assistance, health supports, in-home care, or other services, depending on residents' needs.

### HEALTH AND WELLNESS SERVICES

The Duquesne University School of Pharmacy provides periodic services at the agency's properties for seniors and people with disabilities, including wellness clinics, chronic disease education workshops, and annual immunizations. Pittsburgh also partners with the University of Pittsburgh Medical Center to bring its Living at Home program to three properties. Nurses visit the properties monthly to conduct blood pressure checks, provide health education, and review residents' medications. Through the intergovernmental agreement, service coordinators refer residents to FamilyLinks for mental health and substance use concerns. HACP also partnered with T-Mobile and the University of Pittsburgh Medical Center to make telehealth an option for many residents, which has been especially important during the pandemic.

### FOOD ASSISTANCE

The housing authority partners with 412 Food Rescue to address food insecurity at its housing communities. The organization drops off food boxes on a weekly or biweekly basis at each HACP property. Since the partnership began in 2016, 412 Food Rescue has delivered more than 1.4 million pounds of fresh, healthy foods to residents.

### ACTIVITIES

Pittsburgh hosts a few outdoor movie nights per month at each property, with residents selecting the movies they would like to see. These events allow for socialization and improve community connection, reducing feelings of isolation among some residents. At the movie nights, HACP makes wellness supports such as blood pressure checks and healthy snacks available to residents. Staff who work at properties through the intergovernmental partnerships also attend the movie nights, providing an opportunity for them to build relationships with residents.

### TECHNOLOGY

Pittsburgh maintains computer labs at three properties for older adults and people with disabilities. A mobile lab rotates among the remaining buildings, stopping at each property for an average of two days per week. The mobile lab occupies a community room at each building and offers access to Wi-Fi, laptops, and printers. These services give residents the opportunity to conduct personal business. Through a partnership with T-Mobile and the National Network of Libraries of Medicine, HACP also

offered residents a digital literacy class focused on accessing health information and telehealth. After completing this digital literacy class, 100 residents were given a tablet with a one-year data plan.

## PANDEMIC RESPONSE

Like many housing communities, HACP paused most on-site programs and activities during the pandemic. However, 412 Food Rescue expanded its efforts, providing prepared meals to residents through a grant-funded initiative. Pittsburgh provided masks and other personal protective equipment to residents, and agency staff played a large role in encouraging residents to get vaccinated. Staff screened residents to determine who wanted to be vaccinated, worked with their health providers to schedule vaccine appointments, arranged transportation to vaccine clinics, and made reminder calls to residents about their appointments. Staff also conducted personal outreach to residents hesitant to receive the vaccine and answered any questions about vaccination.

Through a partnership with Comcast and with the use of Coronavirus Aid, Relief, and Economic Security Act funds, Pittsburgh was able to split subscription fees for Wi-Fi with Comcast, enabling the agency to provide residents with free internet access.

## Partnerships

Pittsburgh provides several services to its residents through intergovernmental agreements with three city agencies: the Department of Human Services, police department, and Department of Public Works. The agency receives “above baseline” services through these agreements, meaning that the governmental agencies provide more robust services and/or faster response times than offered under typical circumstances. Through the Department of Human Services, HACP purchases service coordination for its senior and disabled communities, delivered by Ursuline Support Services. The housing authority also receives mental health and substance use supports; resources for victims of crime, including elder abuse; and other services, all of which are provided to all housing authority communities.

Pittsburgh also partners with multiple community organizations, as described above. Agency staff vet and monitor all partners servicing their properties to ensure quality services are provided. Staff understand that consistency is important for building and maintaining residents’ trust, which is fundamental to driving resident engagement. Pittsburgh prioritizes partners who indicate plans for working in its communities for the “long haul” and shies away from short-term initiatives. When potential partners approach the agency, staff solicit feedback and interest level from the resident

advisory board on the proposed service. Staff also prefer to work with the partner on designing the service, providing input on implementation with residents in the housing communities.

## Funding

Pittsburgh is an MTW agency. The funding flexibility offered through this program allows the agency to purchase services through the intergovernmental agreement. In our interviews, agency staff suggested that they would not be able to provide the level of service coordination they do now if not for the MTW program. The housing authority staff also believe that residents receive three to four times the level of services that it pays for through the intergovernmental agreement.

In addition to grants and in-kind donations from technology partners such as T-Mobile and Comcast, Pittsburgh purchased tablets and Wi-Fi subscriptions using funding the agency received through the Coronavirus Aid, Relief, and Economic Security Act.

## Westbrook Housing Authority

The Westbrook Housing Authority in Westbrook, Maine, provides housing for older adults living in Cumberland County, the state's most populous county. Most of the agency's housing serves adults ages 55 and older; it has 14 properties, 3 of which are multifamily. Most residents are white and speak English as their primary language. Westbrook offers the most comprehensive services at its Larrabee Village property, including personal care, homemaking, and meals for eligible residents.

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### BOX 5

#### Westbrook Housing Authority: Summary Information

**County population estimate:** 297,663

**Total number of units:** 680

**Total number of independent living units with supportive services units:** 150

**Total number of units for older adults and disabled residents:** 633

**Sources:** Population estimate is from 2015–2019 American Community Survey data. The number of units is from Pictures of Subsidized Households and confirmed by WHA staff.

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## Service Offerings

Since its founding, Westbrook has been committed to providing more than just housing to its residents. Westbrook was the first housing authority in Maine to provide supportive services, and these services are now required of all housing agencies receiving funding from the Maine State Housing Agency. The housing authority's staff work closely with residents and their families to identify needs and provide individualized services and supports. At Larrabee Village, which offers the highest level of service among WHA properties, assessments begin before residents move in. Agency staff inform new residents of service options when they tour the building. From there, staff primarily assess resident needs informally, monitoring residents for changes in functioning and coordinating service provision in response. Residents also learn about service offerings and activities through word of mouth, resident councils, and fliers. Staff report that cost prevents many Larrabee Village residents from taking advantage of the full range of service offerings.

### SUPPORTIVE SERVICES

Westbrook offers service coordination and other services at all its senior properties. All four of its properties developed since 2016 also offer telehealth access and University of New England (UNE) health services and programming. At Larrabee Village, offerings include independent living and supportive services for older adults who have at least two qualifying conditions. On-site services include a full-time social worker, daily meals, laundry and housekeeping services, shopping services, and personal care. About one-third of Larrabee Village residents participate in these services, with most opting into the meals and laundry services. Among other features, the property has a dining room, a resident assistant on call 24 hours a day, and an on-site beauty shop and laundromat.

### HEALTH AND WELLNESS

Health providers come to Larrabee Village to perform basic on-site health screenings and conduct regular wellness check-ins. The housing authority's partnership with UNE allows Westbrook to offer a broader range of health services on site, including physical therapy, occupational therapy, and dental care.

### ACTIVITIES

At all Westbrook housing sites, staff create opportunities for residents to socialize and participate in community outings. The agency's activities director offers outings to restaurants, shows, events, and other resident-requested venues. The housing authority maintains a 14-passenger bus for weekly day trips to the library, community center, local orchards, bowling allies, plays, and other destinations, and

staff pick up interested participants at all WHA properties (both senior and family housing). Residents, especially those without easy access to transportation, speak highly of this service. The activities director also coordinates activities such as resident meet-and-greets, brown bag discussions on medication management and mobility, cooking demonstrations, and exercise classes.

## FOOD ASSISTANCE

Food insecurity—especially during the pandemic—remains a challenge for many Westbrook residents. The housing authority maintains a volunteer-based food pantry program to address food needs. Volunteers pick up fresh produce from the local grocery store, which residents can access at no cost. The agency works with local partners to secure a subsidized senior farm share for residents as well as food boxes through the US Department of Agriculture’s Commodity Supplemental Food Program.

## PANDEMIC RESPONSE

Many of Westbrook’s services—including the homemaker program, food pantry, and trips—were put on hold because of the pandemic. Agency staff responded by ramping up services and partnerships in other areas, such as food delivery. In 2020, during the initial shelter-in-place orders, supportive service staff coordinated to deliver free meals to all residents for three months. Westbrook staff also began conducting regular phone check-ins with residents and arranged for every resident to have an Echo Dot. Staff and residents used this new technology to communicate and create virtual spaces for resident engagement. Maintenance staff have served on the front lines, responding to residents’ needs when other staff had limited on-site capacity. The agency made exceptions to long-standing rules to accommodate COVID-19-specific hardships, allowing family members to stay with residents longer than previously allowed. Finally, Westbrook was one of the first two housing authorities in the state to partner with a local home health agency to vaccinate residents on site.

## Partnerships

Westbrook has a strong partnership with the UNE [Center for Excellence in Aging and Health](#). Earlier this year, the housing authority and Center for Excellence in Aging and Health announced a plan to establish a three-year student placement and research partnership with funding from the Gorham Savings Bank.<sup>6</sup> This program will place students from the nursing, dental medicine, dental hygiene, physical therapy, occupational therapy, and social work programs on site, where they will provide free or reduced-cost faculty-supervised care to Westbrook residents. UNE and the housing authority began planning the programming in 2019 and reached a formal agreement in 2020 but had to postpone

implementation until 2021 because of the pandemic. According to the UNE director, the university and the housing authority are successful partners because the organizations provide mutually beneficial resources—UNE brings medical services to a high-need community, and its students benefit from the on-the-ground experience of working with Westbrook residents.

The housing agency also has relationships with other local organizations, including home health care providers, the local hospital system, health care providers who accept Medicaid and Medicare, and in-home elder care providers. The agency has a memorandum of understanding with [Senscio Systems](#) to provide telehealth services to residents living with chronic conditions, but the company collaborates with the state Department of Health and Human Services on actual implementation. All Westbrook properties have broadband so that residents can access telehealth services; the housing authority also provides telemedicine rooms at some of its properties. UNE purchased 30 tablet computers from Senscio for its current virtual wellness project.

## Funding

Westbrook has proactively used a mix of funds to sustain its resident services. When it was built in the 1990s, Larrabee Village was initially funded through the state of Maine with a combination of funding from the Robert Wood Johnson Foundation, HUD, LIHTC, and commercial mortgages. The Southern Maine Agency on Aging managed the Independent Housing with Services program (IHSP), while Westbrook owned and operated the buildings. The IHSP—now managed directly by the housing agency—covers 80 percent of on-site service costs, and residents pay 20 percent in addition to their portion of rent. As a result, Westbrook has kept residents' fees for the enhanced services at Larrabee Village low. Residents pay a fixed price for housekeeping, food, and other services that covers 20 percent of the costs. The housing authority uses \$250,000 of its own funds annually to pay for costs not covered by the state subsidy.

Westbrook converted all its senior properties to project-based housing through the RAD program. The housing agency did not build funding for resident services into its financing package when it converted its properties to RAD. However, the agency leveraged LIHTC funds, state funding, and other loans to build the telemedicine rooms. Finally, UNE brings significant resources to the table, using its own grant funding to support the new medical clinics and a combination of internal department resources and grant funding to pay for the actual services.

# Notes

- <sup>1</sup> Lily Roberts, Rose Khattar, and Mia Ives-Rublee, “COVID-19 Likely Resulted in 1.2 Million More Disabled People by the End of 2021—Workplaces and Policy Will Need to Adapt,” Center for American Progress, February 9, 2022, <https://www.americanprogress.org/article/covid-19-likely-resulted-in-1-2-million-more-disabled-people-by-the-end-of-2021-workplaces-and-policy-will-need-to-adapt/>.
- <sup>2</sup> Among our initial list of agencies, nine refused to participate or did not respond to our outreach. We replaced those sites with agencies from our short list, resulting in the five that are included in this report.
- <sup>3</sup> We asked housing authority staff about key funding sources for services and service-related staff positions but did not examine other sources of funding-related data. Agencies may also use funds from other sources to support services for older adults and people with disabilities.
- <sup>4</sup> “About the Resident Opportunities and Self Sufficiency (ROSS) Grant Program,” US Department of Housing and Urban Development, accessed April 4, 2022, [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/ph/ross/about](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/ross/about).
- <sup>5</sup> “MPHA Senior Designated High-Rises,” Minneapolis Public Housing Authority, accessed April 4, 2022, <https://mphaonline.org/housing/programs/senior-housing/>.
- <sup>6</sup> “Westbrook Housing Authority and UNE to Launch Health Care Partnership for Aging Mainers,” University of New England, January 19, 2021, <https://mphaonline.org/housing/programs/senior-housing/>.

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