Strategies to Address the Needs of Senior and Non-Elderly Disabled Residents in HOPE VI Communities

At most HOPE VI communities, the primary focus of the community and supportive services (CSS) program is the important mission of helping families transition from welfare to work and achieve economic self-sufficiency. However, many HOPE VI communities are also home to families and households that are headed by senior and non-elderly disabled residents who have different types of needs. Their needs must also be addressed as part of the successful transformation of the HOPE VI community. Different services and programs are required to help these residents maintain their self-sufficiency and live independently. Some residents are also heading households with children and need the same access to family services that are offered to working families. This newsletter describes strategies for identifying and incorporating the needs of senior and non-elderly disabled residents into your HOPE VI CSS program, along with promising examples of existing services and programs.

Strategies to Address the Needs of Senior and Non-elderly Disabled Residents

HOPE VI CSS coordinators and caseworkers are usually very knowledgeable about providing services that link families to community resources to help them become more economically self-sufficient through welfare to work and employment programs. However, unless the housing authority has existing case management partnerships for senior and non-elderly disabled residents, the CSS staff may be less familiar with other programs such as Social Security, SSI, SSDI, Medicaid and veteran benefits. It is important for staff to understand all the different eligibility and regulatory requirements for federal and local programs available to these residents. As an example, many agencies have different age requirements for "senior" services and entitlements. Eligibility for benefits and services may begin before age 65. "Non-elderly disabled" entitlements and services are usually targeted towards people who are 18 to 64 years of age, but again may vary depending on program regulations and funding sources. Your local Area Agency on Aging (which also provides services to non-elderly disabled people) is a good first stop to learn more about all the different federal and local cash entitlement and benefit programs that are available in your community.

Addressing the needs of senior and non-elderly disabled residents begins with the process of outreach and identification of needs and resources. The following strategies are being used by CSS coordinators to identify existing services, case management needs, funding availability, and gaps in services that need to be addressed and successfully incorporated into your CSS program.

- **Focus groups with residents.**
  Conducting separate focus groups with senior and non-elderly disabled residents allows them an opportunity to describe their vision for the community that incorporates their...
needs. Focus groups provide an important venue for the following reasons: (1) to help you design a needs assessment that will fully reflect all the service issues for both senior and non-elderly disabled residents; (2) to understand what resources they currently use; (3) to determine real and perceived barriers to existing services; (4) to determine opportunities for new or expanded program partnerships; (5) to determine what are the service gaps; and (6) to implement case management services that will best address these needs. It is important to initiate this step early in your CSS planning process to ensure that your program incorporates all the necessary resources and partnerships, especially before relocation begins. The relocation process for senior and non-elderly disabled households must be well incorporated with their case management needs.

- **Existing programs and resources for senior and non-elderly disabled residents.** Following your focus groups with residents, develop a list of the resources and services that are currently available in your community. Arrange a focus group with service providers, the local United Way, faith-based organizations, the local Area Agency on Aging, and local governments to learn more about available services and programs, especially eligibility requirements. Follow-up with individual meetings with agencies to negotiate partnership opportunities. It will also be very important to keep these agencies informed about your relocation process and consult with them on the impact of delivering services to senior and non-elderly disabled residents throughout this process.

---

**Successful Strategy:**

**City of Phoenix Housing Authority**

The City of Phoenix Housing Authority received a 2001 HOPE VI grant to revitalize its Matthew Henson housing development. As part of the initial planning process for the CSS program, the CSS coordinator has implemented a two-pronged approach, using partner meetings and focus groups, to create an effective package of services for the senior and non-elderly disabled residents at the site. First, she met individually with each of the CSS partner agencies to identify what programs already exist that residents could be linked to. New initiatives, such as the Social Security Administration’s “Ticket to Work” program to employ SSI recipients (described below), were identified. In the second stage, the CSS coordinator conducted a focus group for the senior residents where she posed a series of questions designed to identify what services they wanted, what features were important to them, and what special requirements they might have. The coordinator reported that the seniors were very receptive to this outreach and over 70 residents attended and provided input. Several recommendations from the focus group session, including creating an on-site community room for seniors, will be incorporated into the CSS plan for the Matthew Henson development.

A similar focus group for non-elderly disabled residents is also planned.

**Successful Strategy:**

**Housing Authority of San Antonio (HASA)**

In 1994, the San Antonio Housing Authority received HOPE VI grants for its Springview and Marisol developments. Both sites had substantial populations of senior residents, mirroring the large numbers of residents authority-wide. During the initial development of the CSS program, SAHA staff realized that they needed to focus on strong case management since the needs of seniors differed from other residents. To adequately address these needs, SAHA hired qualified case workers experienced in working with seniors. Initially, the caseworkers interviewed each resident and did a needs assessment. Based on the results of those assessments, appropriate service providers were identified and Memoranda of Understanding (MOUs) were signed. On an ongoing basis, the caseworkers focus on providing regular contact with residents, making referrals, and providing follow up as needed. Caseworkers are employees of SAHA and their salaries are paid for with HOPE VI CSS funds. CSS funds pay salaries for the following staff: a CSS director, one case manager, four caseworkers, one trainer, and one driver. The trainer provides education to the seniors on health, wellness, and self-sufficiency topics, such as budgeting, nutrition and exercise. A driver is also available to transport residents to medical appointments off-site. All services offered by outside providers use matching funds.
then makes the appropriate connections to services. For non-elderly disabled residents, whose disabilities can range from health and physical limitations to substance abuse or mental health issues, individualized case management ensures the appropriate type and level of assistance needed to maintain and increase self-sufficiency. For seniors, identifying unmet health needs, assistance with activities of daily living, or simply connecting them to socialization opportunities may be the caseworker's task. When senior and non-elderly disabled residents are also raising children, caseworkers can help ensure that the needs of the children are being addressed, including any legal guardianship issues.

- **Partnerships with agencies serving senior and non-elderly disabled residents in your community.** Many agencies serving senior and non-elderly disabled residents receive public and private (e.g., foundation) grants to provide services to low-income residents. In some instances, their existing partnership with a housing authority may be limited to only senior and non-elderly disabled housing facilities. These agencies may be unaware that there are also senior and non-elderly residents living in your family (HOPE VI) communities. Organizations often welcome the opportunity to expand their services to HOPE VI communities, especially if you will help with outreach and follow-up. Agencies such as Goodwill Industries, Inc. are already working in many HOPE VI communities and are looking for opportunities to build new partnerships. Meals on Wheels, the Red Cross, the Visiting Nurses Program (home health care), and other programs may already be providing services to individual residents. You can build partnerships to help expand these services to more eligible residents. Local agencies can also help you develop mentoring and peer support programs, along with inter-generational community-building activities. Many communities already have existing inter-generational programs where seniors provide after-school tutoring or companionship to young people.

In HOPE VI communities with large non-English speaking populations, the housing authority may have bi-lingual staff who can help provide translation services for smaller agencies that provide services to senior and non-elderly disabled residents, but who may not have the language capabilities to serve all of your residents.

**Programs and Services for Seniors**

The following information includes descriptions of effective programs and services for senior residents that address some of their key service needs, including aging in place, health care, transportation, and grandparenting programs. The unifying features of these programs are accessibility and co-location of services with housing. Specific resources and contact information are included at the end of each description, as appropriate.

**Medicaid Waivers:** Using Medicaid waivers, the San Antonio Housing Authority (SAHA) has developed assisted living facilities for seniors through its HOPE VI program. The Medicaid waiver program provides the housing authority with $70 a day in assisted living services for each eligible resident, allowing them to age in place rather than be moved to a higher care facility or nursing home. To administer the program, SAHA has contracted with an outside service provider that manages the logistics with the state Medicaid agency. A case manager is on-site at the two developments to coordinate services as necessary between residents and the provider.

Information about the Medicaid waiver program in your state is available through the National Academy of State Health Policy (NASHP) at www.nashp.org

**Wellness Center:** Health and wellness are primary concerns among seniors. A wellness center can help fulfill this need for residents. This clinic-type facility can either be located on-site or in an off-site location where services are both convenient and affordable to residents. Recommended services include: health screenings, primary medical care, nutrition, home safety, and medication management. Cost is the primary obstacle for providing quality medical services and housing authorities have had to
identify creative solutions to providing these needed services in a cost-effective manner. Locating the wellness clinic, pharmacy, and home health agency together on-site can reduce the service delivery costs as can regularly bringing a mobile health van to the development. The New Bedford, Massachusetts Housing Authority, a 1998 HOPE VI Elderly Demonstration grantee, formed a partnership with a local community health clinic to create a walk-in clinic for seniors at its Caroline St. HOPE VI development. Doctor exams, free pharmaceutical care, and wellness classes are all available to senior residents at the site through several senior service providers located at the clinic.

Information about the Caroline Street program and other programs for HOPE VI senior residents is available through the Housing Research Foundation at www.housingresearch.org

**Congregating Services:** Many CSS program coordinators have discovered that congregating services on-site helps increase accessibility and participation among senior residents. Congregating services in one site also increases the socialization opportunities among senior residents and provides an informal means of confirming the well-being of residents. In the event that a resident does not attend a scheduled activity, a fellow resident or staff person will check in with the individual. This type of contact keeps residents connected to each other and helps identify services they may need. In Boston, the Mission Main HOPE VI development built a new 200-unit residence for its seniors and located the community center on-site. CSS staff report that since seniors can readily access the community center, they often participate in the social services available to other adult residents, such as Adult Basic Education (ABE), computer classes, and English as a Second Language (ESL) programs. In addition, a resident service coordinator, employed on-site, is also available for the residents in the senior building and she has organized various activities based on the unique needs and interests of those residents.

**Transportation:** While some services may be offered on-site, senior residents often require transportation services to conduct errands, go shopping, attend doctor appointments, and attend social activities. In metropolitan areas, housing authorities have found that providing bus passes to able-bodied residents is sufficient. For wheelchair-bound individuals, local metropolitan transportation departments frequently provide pick-up and drop-off services for individuals on a prearranged basis using specially designed vans to meet their transportation needs. Transit agencies will frequently arrange briefings for your staff about special passes, fares, and van services available for seniors and disabled residents.

Information about public transportation resources in your community is available through the American Public Transportation Association (APTA) at www.apta.com/sites

For those housing authorities in areas with limited mass transit services, the Independent Transportation Network (ITN) in Portland, Maine provides an example of an effective alternate transportation system for seniors. The ITN is a non-profit transportation service that was developed through

**Coordinating Services for Seniors:**
**Lapham Park, Milwaukee**

Lapham Park Venture is a 200-unit elderly development in Milwaukee, Wisconsin that received a HOPE VI grant in 2000. To address the needs of the elderly residents at the site, whose average age is 75, the Housing Authority of the City of Milwaukee formed a partnership with the Department on Aging; SET Ministries, a faith-based group that provides on-site case management; the Community Care Organization that provides waivers to permit residents to receive assisted living services in their homes; and St. Mary’s Hospital to integrate services for seniors on-site. The basement of the development was completely renovated to create a senior center. The services are voluntary and include: a therapeutic spa for those unable to use bathing facilities in their unit, a treatment area to receive medications, physical therapy, and dental care. SET Ministries is the lead partner and their social worker and nurse are on-site daily to coordinate a seamless delivery of services to the senior residents. The Medicaid waiver program, administered by the Community Care Organization, has allowed 43 Lapham Park residents to continue to live independently with assisted living services, saving the housing authority over $1 million in nursing home costs. Other services are provided through partner agencies, while the housing authority handles the administrative aspects of the program.
support from the Federal Transportation Administration, AARP, a community foundation, and local businesses. ITN uses cars with both paid and volunteer drivers to provide door-to-door transportation for seniors, who pay on a per mile basis. Sharing a ride or calling in advance can further reduce the cost.

Information about the Independent Transportation Network can be found at www.itninc.org (A national umbrella organization, ITNAmerica, is currently being created to connect and coordinate ITN services in other communities.)

Many churches and local service organizations also provide free or low-cost transportation services to senior and disabled residents. Your local Area Agency on Aging or church council will have additional information about these services.

Meals on Wheels: Nationally, the Meals on Wheels program serves hot, nutritious meals at home or in congregate meals settings. Funded through the federal Administration on Aging's Elderly Nutrition Program (ENP), low-income seniors ages 60 and older, their spouses, and non-elderly disabled residents living in housing primarily occupied by the elderly, can participate in the program. There is no income testing for participants; however, the program's mission is to serve low-income older people, with a particular focus on low-income minorities. Local ENP affiliates may also provide services such as nutrition screening and counseling, and linkages to other in-home and community-based health services. Participants also benefit from the additional social contact with other seniors and nutrition service volunteers.

To locate a Meals on Wheels program in your locality, visit www.projectmeal.org or call the Meals on Wheels Association of America at 1-703-548-5558.

In-Home Aides: Many communities have programs that offer in-home care that can range from health services to housekeeping assistance. These services may be provided through your health department, senior service agencies, the local Red Cross, faith-based organizations, or local churches. Eligibility for these services may differ depending on the agency or type of service offered.

To locate local agencies providing these services, check with your local Area Agency on Aging or local government.

Grantparenting Programs: Increasingly, more seniors are caring for their grandchildren, nieces, or nephews and may often require special assistance to handle the financial and emotional challenges. Grandparents who become the primary caregivers may be eligible for TANF, additional SSI benefits, and other cash assistance for themselves and their dependents. These families may also need referrals to address legal and guardianship issues. In St. Petersburg, Florida, Partners in Self-Sufficiency, the case management contractor at the Jordan Park HOPE VI site, has helped facilitate support groups for grandparents who are raising their grandchildren. Local community groups and churches often organize programs specifically for these grandparents. Nationally, there are numerous programs that provide resources ranging from support groups to resource referrals for grandparents who are primary caregivers.

For information on services in your area, contact the AARP Grandparent Information Center at www.aarp.org/grandparents/searchsupport or call 1-800-434-3410. Local chapters of AARP also provide other programs and services that will be of interest to residents.

Programs and Services for Non-Elderly Disabled Residents

The range of disabilities that a resident may have can make identifying services for this population challenging. Furthermore, some non-elderly disabled individuals may never become self-sufficient; however, each resident with disabilities may benefit from a different combination of services. The package of services offered must reflect the residents’ individual needs and should also focus on their individual abilities. With the necessary support, some non-elderly disabled residents may want to work part-time or participate in internships. In other cases, addressing a critical need for mental health or substance abuse counseling may be required before addressing self-sufficiency goals. The following are examples of existing programs and services for which your residents may be eligible.
**Ticket to Work:** Non-elderly disabled residents who are willing and able to work can now retain their Medicaid benefits, thanks to a new program known as "Ticket to Work" that is being implemented by the Social Security Administration (SSA). Ticket to Work targets SSI and SSDI recipients ages 18-64, who are interested in obtaining employment without losing their Medicaid benefits, a primary concern that often makes people with disabilities reluctant to enter the workforce. Applicants are mailed a 'ticket' notifying them of their eligibility for the program. Included with the ticket is a list of authorized employment networks in their area, which they can contact directly to request employment services. The network screens the applicant to determine work readiness and then provides employment search assistance. Once the disabled person becomes employed, the network continues to provide support as necessary. The working individual can earn up to 250% of the poverty level without losing their Medicaid benefits. However, rent payments may increase under the program. As participants' income increases, their monthly rent obligation increases correspondingly. Under Ticket to Work, if a participant becomes unemployed again, their reapplication for SSI benefits is expedited, foregoing the usual lengthy process to determine eligibility. SSA expects the program to be available in all 50 states by April 2003.

To learn more about the Ticket to Work program’s participating employment networks in your area and how to determine program eligibility, contact the Ticket to Work hotline at 1-866-968-7842.

**Rehabilitation Services:** Local Rehabilitation Services Administration (RSA) offices provide rehabilitation programs and services to persons living with a disability. The RSA's Vocational Rehabilitation Program helps individuals become or remain economically self-sufficient through employment opportunities. For those individuals whose disability prevents them from working and who have special needs for becoming more independent, the RSA offers independent living services.

State and local agencies are good sources of internship programs for non-elderly disabled residents. The Parks and Recreation Department in Phoenix, for example, has expanded its internship program for disabled youth to include adults as well. Under the City of Phoenix's program, entitled the Clearpath Job Internship, a disabled person can work for a division of the Parks Department, earning valuable skills and increasing their income.

For information about paid and unpaid internships for individuals with disabilities, contact your local Rehabilitation Services Administration office, or go to www.ed.gov/offices/OSERS/RSA

**Self-Sufficiency Programs:** In St. Petersburg, Florida, the housing authority has begun contributing to escrow accounts for residents of their 1997 Jordan Park HOPE VI site who are disabled and working to increase their self-sufficiency. Non-elderly disabled residents and seniors who are employed are eligible to contribute to an escrow account established by the housing authority and their HOPE VI CSS contractor, Partners in Self-Sufficiency. The housing authority then matches contributions made by the resident to the escrow account and the resident is entitled to receive these contributions when they leave public housing.

Non-elderly disabled residents are also eligible to enroll in the Family Self-Sufficiency (FSS) program though it is important to weigh the benefits and limitations of participation in FSS. Many disabled residents may be able to work part-time and can therefore contribute increases in income earned since enrolling in the program to an escrow account. However, one of the graduation requirements for FSS is to be free of welfare assistance (not including SSI) for 12 months. Caseworkers should work with residents to determine whether the FSS program is appropriate. If, however, a disabled resident wants to participate, the housing authority cannot deny participation, provided slots in their FSS program are available.

For information on the Family Self-Sufficiency program, go to www.hud.gov/offices/pih/programs/hcv/fss.cfm
Centers for Independent Living: Centers for Independent Living (CILs) have local chapters across the country that offer independent living skills, peer counseling and support, employment assistance, transportation services, and individual advocacy to all persons with disabilities. Any individual, regardless of disability, is eligible for services. There is no age or income requirement. Services are paid for through grants from the federal Department of Education, Rehabilitation Services Administration, Independent Living Branch.

Information about your local Center for Independent Living chapter is available through the Independent Living Research Utilization site at www.ilru.org

Veterans Affairs: For non-elderly disabled residents who are veterans, the Department of Veterans Affairs' Vocational Rehabilitation and Employment Service offers programs for people who participated in military service. Eligible participants may receive services such as employment assistance, vocational rehabilitation, and assistance with daily living activities. These programs are funded through federal appropriations to the Department of Veterans Affairs and would not require additional HOPE VI CSS funds.

Information about Vocational Rehabilitation and Employment Services and your local state Veterans Affairs office is available through www.va.gov

Local and State Resources: Most state and local governments also fund a variety of services to address the needs of people with disabilities. These services can include mental health counseling, substance abuse and alcohol counseling and treatment, equipment and furnishings to help physically disabled residents, assistance with budgeting and bill paying, and in-home services. These services are usually found in state and local government agencies that address public health, mental health, developmental disabilities, senior affairs, vocational programs, and human services.

Chapters of national organizations such as the American Lung Association, the American Heart Association, the Red Cross, the American Cancer Society, and Alcoholics Anonymous, also offer services and educational programs, to benefit people with disabilities.

Information on additional resources for persons with disabilities and links to various state and national resources can be found through the University of New Hampshire's Institute on Disability website at www.iod.unh.edu

Tracking Services

The HUD HOPE VI Quarterly Report does not currently require you to track services to senior and non-elderly disabled residents who do not work. However, it is recommended that you develop an internal tracking and monitoring system to ensure that residents are receiving the services they need to continue living independently with an improved quality of life. It will also be critical to track services, and your partnerships with the agencies providing these services, as you proceed through relocation and re-occupancy. As stated earlier, it is very important that your caseworkers and the agencies that work with senior and non-elderly disabled residents understand the phasing of your relocation program and how it will impact their clients.

Conclusion

This newsletter has outlined a variety of resources that are available to help HOPE VI sites better incorporate programs and services for senior and non-elderly disabled residents into their CSS program. The critical components include: (1) addressing the needs of these two population groups through comprehensive needs assessments and effective case management; (2) building successful community partnerships to meet residents’ needs; and (3) integrating case management services throughout the relocation and re-occupancy phases. The HUD HOPE VI CSS staff and your local HUD Field Office staff can also continue to help you identify resources and partnerships in your community.
For further information please contact

Office of Public Housing Investments, HOPE VI Office  
U.S. Department of Housing and Urban Development  
451 7th Street, Southwest  
Washington, DC  20410  
(202) 708-0614 ext. 4258

Acknowledgements

This newsletter could not have been completed without the contribution of HOPE VI staff and service providers across the country. Staff members interviewed were generous with their time and candid about the challenges they face. To the extent that this paper is useful, it is testament to the good work that HOPE VI staff and service providers do every day in an effort to improve outcomes for senior and non-elderly disabled residents living at HOPE VI developments. We would especially like to thank the HOPE VI staff and contractors in Phoenix, Arizona; St. Petersburg, Florida; San Antonio, Texas; and Milwaukee, Wisconsin for their contributions.

The following Abt staff provided editorial assistance: Katherine Dahlem, Kristin Winkel, and Rhae Parkes. Stefanie Falzone provided production assistance.

This newsletter was completed by Abt Associates Inc. under contract to the Department of Housing and Urban Development (Contract # GS10F-0086K) for HUD's Office of Public Housing Investments. The authors acknowledge the thoughtful guidance and support provided by Ronald T. Ashford, the Government Technical Monitor.