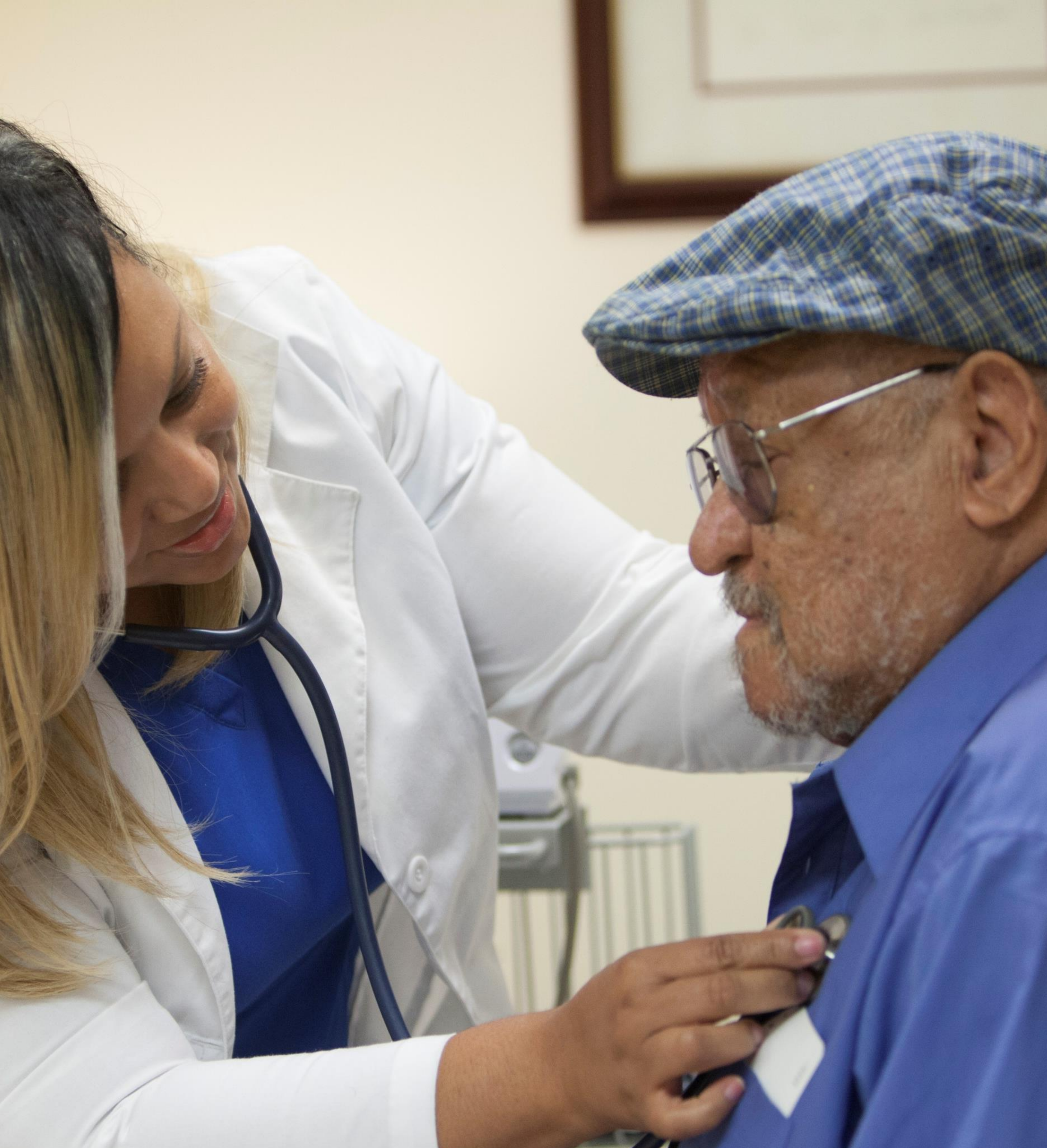

Leveraging Resident Services Programs in Affordable Housing as Partners in Health Care Transformation

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Quality affordable housing – a stable home – is widely understood to be a fundamental contributor to good health. The ***resident services programs*** run by many affordable housing organizations are a less recognized resource that could serve as valuable partners to health systems. Resident services coordinators provide individualized, place-based ***navigation*** to community resources that can be a valuable means of helping patients address unmet social needs to improve health and reduce the cost of care. Analogous to the services offered by permanent supportive housing, which targets individuals at risk of homelessness due to mental illness, trauma/abuse, addiction and chronic illness including HIV/AIDS, resident services programs in income-restricted affordable housing serve a general population of individuals and families that frequently are coping with the complex problems of poverty, and often with more serious chronic conditions or emerging disabilities.

Why Housing Organizations Are Natural Partners in Value-Based Health Care

Health care delivery in the United States is transitioning from the traditional fee-for-service model to a value-based approach that rewards providers for improving health and care quality and reducing costs. These incentives have increased interest among clinical care providers in the "upstream" ***social determinants of health*** that can lead to negative and avoidable "downstream" health outcomes, including chronic conditions like diabetes, and drive demand for costly services such as emergency room visits, hospitalization and nursing home admissions. Research indicates that while clinical care accounts for some 10% of an individual's health, 70% is attributable to socioeconomic and behavioral factors such as food security, nutrition, and exercise, smoking, alcohol and drug use, education, income and employment, family and social supports, and public safety. The New York State Health Foundation found in a 2016 survey of New York state hospitals that 46% included upstream behavioral lifestyle factors in their community service plans.[I] The Centers for Medicare and Medicaid Services (CMS) has launched an Accountable Health Communities initiative to test whether addressing health-related social needs will reduce health care costs and improve health delivery.

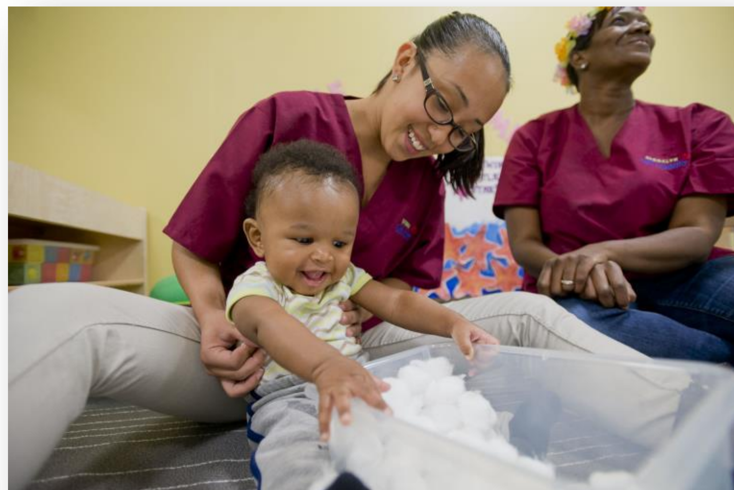
In April 2016 the Low Income Investment Fund and Goldman Sachs Bank hosted a roundtable discussion of the role that affordable housing-based resident services programs can play in improving health as a partner to health systems. This paper draws from that discussion as well as broader outreach to housing and health care providers.

While the shortage of affordable housing units is itself a public health crisis, production of new units is not the only way that affordable housing organizations can contribute to public health. Housing owners and health systems have a common interest in keeping tenants stable in their housing. Because homelessness often leads to the costly health interventions mentioned above, "an eviction notice is a medical emergency" in the words of one health system executive. Turnover and rent loss are also costly for the housing organization. In addition to this economic concern, affordable housing organizations frequently consider platforms for resident and community health and success as core to their organizational missions.

To address these dual goals, housing organizations of sufficient scale and experience, including public housing authorities, have developed resident services programs to connect their tenants to as many quality community resources as possible to help them improve their lives and solve problems that could jeopardize their housing stability. Resident services programs are not consistently funded by housing subsidy, but they are seen as so essential to successful operations that housing organizations stitch together the resources they need from fundraising, residual receipts of the property, developer fees, and government funding, where available, to provide as many resident services coordinators as possible. These funding sources, however, are often insufficient to provide adequate staffing across the housing portfolio.

Resident Services Address the Social Determinants of Health for Low Income Households

Unlike "supportive housing," which is designed for specific vulnerable populations and brings funding for intensive on-site services and rent support, residents of general affordable housing typically obtain their homes by lottery and their demographics and health needs vary widely. Due to housing finance programs, rents are largely restricted to a level affordable for households earning less than 60% of the area median, but actual incomes may be much lower, especially for properties with



project-based Section 8 housing assistance or with units reserved for the formerly homeless. Households can include individuals, families with children, or seniors aging in place, and many have physical or mental health challenges or struggle with social needs associated with poverty and trauma. Untreated physical and mental health needs can present additional challenges to resident stability and sometimes to quality of life in the property as a whole.

A resident services program typically entails staffing a property with on-site ***resident services coordinators (RSCs)*** who provide resident-driven service coordination including individual case management, referrals, and community activities. According to the American Association of Service Coordinators, RSCs "serve seniors, people with disabilities, and low-income families living within affordable rental housing and the surrounding community and assist senior and disabled residents in identifying, locating and acquiring the services necessary for them to remain independent and help families achieve self-sufficiency and economic independence." RSCs typically have social work, counseling, or related backgrounds and have language and cultural competency appropriate to the community in which they work. With their physical accessibility to residents they are able to forge more personal communication that can help reach individuals who may be reluctant to seek help. In their work, RSCs:

- Do intensive community outreach and community building at the property, including surveys of residents' needs and collection of outcomes data;
- Coordinate and facilitate resident education and wellness programs and community events;
- Cultivate strategic partnerships with outside service providers, volunteers, and other resources in the community to connect residents;
- Provide case management and referrals for individuals to social and health services, monitor the referrals, and provide documentation to support the services;
- Support residents at risk of losing their housing;
- Help residents enroll and stay connected to public benefits to which they are entitled, including Medicaid, rental assistance, Supplemental Nutrition Assistance Program, etc.; and
- Build relationships with residents to help them address their needs, develop life skills, and achieve their goals.

The RSC works in close collaboration with the housing management team. If a resident has fallen behind on rent or has a conflict in the building, the property manager can notify the RSC to intervene and assist the resident with services or conflict resolution. Building superintendents and others on the maintenance staff, who see and talk to residents almost daily and sometimes enter their units, may be the first to recognize when a resident is experiencing a crisis, such as a health issue, and can also notify the RSC to seek help.

In addition to providing RSCs and working with outside partners, many community-based housing organizations directly offer family support programs of their own, such as after-school and summer camps, financial literacy and counseling.

Ways to Connect Resident Services to Health Systems

RSCs contribute to the care coordination infrastructure that health systems are working to strengthen. With more predictable funding streams and clear points of entry to the health systems, which are complex and unwieldy to navigate, they could do more. By helping low-income residents stay healthy and stable in their housing, resident services programs are providing a public health benefit and likely saving money for health systems and the community. However, quantifying the health outcomes to demonstrate the savings that would justify additional investment is a challenge.

Some housing organizations have been able to start a relationship with a hospital or health plan that supports or works with their resident services programs:

- Massachusetts General Hospital sends members of an interdisciplinary team known as Senior HealthWISE for regular visits to the Blackstone, a 145-unit Boston property owned and managed by Preservation of Affordable Housing (POAH). Under a community benefits agreement put in place in conjunction with a facilities expansion project, the hospital has been sending a senior nurse, geriatric social worker, and resource specialist to meet with senior and disabled residents one-on-one in an on-site first-floor office space retrofitted for the purpose by POAH. The wellness nurse can check vital signs, advise on self-management of medical conditions and medication, help coordinate and communicate with other medical personnel, and assist with hospital discharge planning and follow up. The geriatric social worker and resource specialist offer counseling, referrals, and assistance with entitlements programs. POAH's RSC works closely with hospital staff and, collaborating with the Blackstone's property management staff, is able to

identify and refer residents who need assistance or who have been hospitalized.[ii] POAH's RSC has more time to focus on expanding other programs and partnerships to bring other resources to residents, such as assistance with food security.

- Chicanos Por La Causa (CPLC), a statewide community development corporation serving urban and rural communities in Arizona, has piloted an integrated health and human resources partnership with UnitedHealthcare called the myCommunity Connect Center ™. The wrap-around service model to address social determinants of health is based at a one-stop center staffed by community partners providing referrals (as well as transportation) to social services, jobs, health care, housing, and financial counseling. United Healthcare has committed $22 million for CPLC to acquire, develop, and operate mixed income housing and offer and administer need-based services on site. Cash flow from the properties' market-rate units will provide a revenue stream to support the Center long term.

Here are some ways health and housing organizations and government could strengthen the role of resident services to improve health:

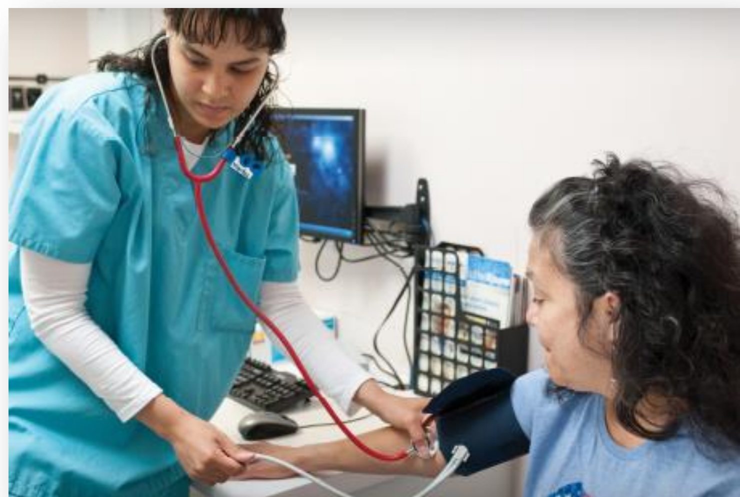
Hospitals, health centers and health plans:

- **Funding:** Fund expansion of resident services and/or professional development for a housing organization in the target community. Such work can likely be reported as a "community benefit" for nonprofit income tax-exemption compliance. Alternatively, if housing-based service coordination results in savings under value-based Medicaid contracts, use bonus payments earned to support the ongoing service coordination.
- **Partnering:** Create a partnership with a housing provider to send hospital or health center staff to the property for regular health education outreach, such as nutrition or smoking cessation, or for case management visits. Ensure that case managers employed by healthcare providers or plans are familiar with RSCs and not only property managers that place tenants in units. Make RSCs a part of the care coordination infrastructure.
- **Information-gathering:** Solicit input from RSCs regarding unmet health needs observed among their residents. Involve housing organizations as participants in the triennial "community health needs assessment" (CHNA). RSCs may be able to share the results of resident surveys and needs assessments for future planning and resource allocation.

- **In-reach:** Educate housing providers and their RSCs regarding eligibility for targeted initiatives such as Health Homes. RSCs may be aware of residents who might meet the eligibility criteria for this intensive model of care coordination and can refer the individual and participate in care coordination teams.
- **Local government collaboration:** Reach out to the local government affordable housing agency or trade association to identify the primary affordable housing owners in the target geography. Work with housing owners on address-matching to determine how many plan members are residents. Approximately 40-50 plan members may be sufficient to warrant an investment in the cost of an RSC for a property with a high need population.

Housing organizations:

- **Connect:** Reach out to the local hospital, health center and/or health plan to start a conversation about the nonclinical needs of its patients/members and the performance obligations the health system must address for regulators. Clearly understanding the specific needs of the health organization may lead to identifying areas of mutual interest and concrete opportunities to partner for mutual benefit.
- **Enhance the evidence-base:** Based on your discussions with providers and plans, collect and track data on the outcomes of RSCs' service coordination to more clearly demonstrate its value to health outcomes and evaluate the relative effectiveness of different approaches. By tailoring the resident services data points, the housing organizations could try to ensure apples-to-apples outcome measurement that will help them quantify their impact on the highest-value health-system metrics. Health Management Associates, working with several members of Stewards of Affordable Housing for the Future (SAHF), has suggested an approach for



housing organizations to work with plans and providers to determine specific resident services activities that correspond most directly with the metrics that health systems must track.[III]

City and State government:

- **Connect:** Convene providers and agencies from both the health and housing sectors to educate each other, find ways to collaborate, and problem-solve around constraints. Educate housing-based service coordinators about emerging health and social service resources. Facilitate introductions of individual housing organizations with appropriate key staff at health systems that serve their geographies to encourage collaboration. In Oregon, a peer-to-peer learning collaborative of over 20 health and housing organizations, service providers, and other stakeholders supported by Enterprise, have been exploring partnerships to improve health outcomes through integrated housing and services models and measuring impact on health care costs.
- **Fund:** Develop approaches to strengthen financial support for resident services. For example, housing agencies that fund affordable housing development could allow a line item for resident services expense when underwriting project subsidy so that expanded staffing and professional development can be supported with property operating cash flow. A health agency could spearhead creation of a "wellness trust" that pools contributions from health systems and payers to invest in resident services coordination at properties where such services would have significant impact but where no particular health system serves a high enough proportion of the residents to justify an investment on its own.
- **Small properties approach:** Convene small property owners and their advocates with City and health officials to identify strategies to serve residents at these properties, which have unique challenges both economically and operationally because individual owners may have limited scale and properties they own may be geographically far-flung. Pilot efforts could be initiated with key property owners that have a concentration in a particular neighborhood in conjunction with broader neighborhood strategies.

Conclusion

To control costs and address the other goals and challenges of health care transformation, health systems need new strategies to prevent avoidable emergency room visits and hospitalizations, including through care coordination and the support for the social determinants of health outside of permanent supportive housing. Housing organizations that operate affordable housing have seen the benefits of addressing the social determinants by establishing on-site resident services coordination programs. These programs and their on-site staff offer built-in resources that health systems and local government partners could leverage through support and collaboration to improve health outcomes for low-income residents and patient-members.

[I] New York State Health Foundation. "The Role of Hospitals in Improving Non-Medical Determinants of Community Population Health." April 2016.

[II] Patterson, Taryn and Alisha Sanders, at Leading Age Center for Housing Plus Services. "Case Study: Blackstone Apartments, Massachusetts General Hospital, and Boston Senior Home Care Collaborative." May 2015.

[III] Michael Nardone, Matt Roan, Linda Trowbridge of Health Management Associates. "Stewards of Affordable Housing for the Future Health and Wellness Outcomes Measurement." May 2013.