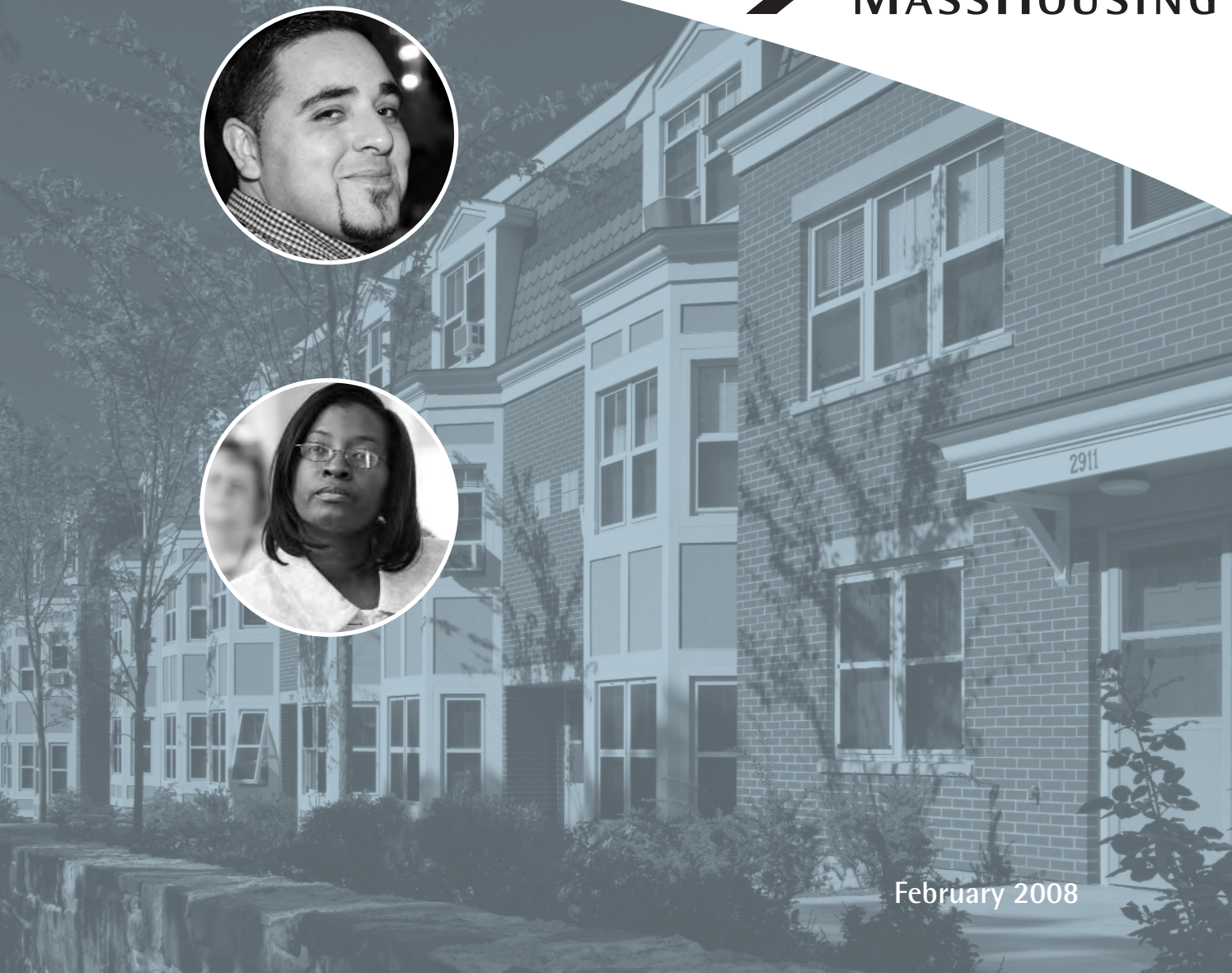


MASSACHUSETTS RESIDENT SERVICE COORDINATOR'S HANDBOOK

A Publication of MassHousing's Tenant Assistance Program (TAP)
Supporting Management and Residents in Rental Housing



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under the Guidance and Support of
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TABLE OF CONTENTS

I. INTRODUCTION	iv
Background – MassHousing	1
Credits.	2
II. RSC ROLE AND RESPONSIBILITIES	3
A. GOALS OF RESIDENT SERVICES.	4
B. ELEMENTS OF THE JOB.	6
Sample Job Description.	6
Suggested Requirements	7
Keys to Being a Successful Resident Service Coordinator	7
Supervision and Evaluation	8
Office Space.	8
C. CLARIFYING ROLES – TEAMWORK	9
D. ETHICAL STANDARDS.	11
E. TRAINING.	12
F. FAIR HOUSING AND REASONABLE ACCOMMODATION	16
G. SAFETY AND SECURITY	18
Personal Safety for RSCs	18
Emergency Preparedness for Properties	18
Resident Emergency Situations	19
Security Incidents	19
Safety and Security Hazards	19
Unsafe Driver	20
H. FOSTERING HEALTHY RELATIONSHIPS.	21
Conflict of Interest	22
Acceptance of Gifts.	22
Handling Residents' Money	22
Legal Matters.	23
Rumors and Gossip	23
Tolerance and Discrimination.	24
I. HOW TO GET STARTED	25
J. PLANNING AND ASSESSING RESIDENT SERVICES PROGRAM	26
"Entitlements" Matrix.	26

Surveys & Evaluations.	27
III. COMPONENTS OF THE JOB.	28
A. CONFIDENTIALITY.	29
B. DOCUMENTATION.	31
What should be documented?	31
How should documentation be done?	32
How should files be kept and organized?	32
C. COMMUNICATION	33
D. CREATING A NEWSLETTER.	35
E. DEVELOPING A COMMUNITY RESOURCE DIRECTORY	36
F. WORKING WITH VOLUNTEERS.	40
G. FUNDING RESIDENT SERVICES	42
H. OTHER CONSIDERATIONS	44
Activities.	45
Transportation	46
Working with Resident-Owned Properties.	47
IV. ADDRESSING ISSUES.	49
A. MEDICAL, MENTAL, AND BEHAVIORAL HEALTH CONCERNS.	50
B. ALCOHOL, TOBACCO SMOKE, AND ILLEGAL DRUG USE.	53
Alcohol	53
Tobacco.	54
Abuse of Prescription and Over the Counter Drugs	55
Illegal or Controlled Substances	56
Reasonable Accommodation for Substance Abuse	56
C. DOMESTIC VIOLENCE AND ABUSE	57
Spousal or Partner Abuse	58
Elder Abuse.	61
Child Abuse	62
Abuse of an Individual with Disabilities.	63
D. DE-ESCALATION AND CONFLICT RESOLUTION – How to Intervene.	65
De-Escalation.	65
Conflict Resolution	66
Mediation.	67
E. HOARDING AND HOUSEKEEPING ISSUES	68
F. HOW THE SETTING AFFECTS SERVICES	71

Scattered Sites/Single Building	71
Rural/Urban Sites.....	71
V. APPENDICES.....	72
A. ON-LINE AND TELEPHONE RESOURCES.....	73
B. NOTICE OF NON-DISCRIMINATION	75
C. LEGAL DEFINITIONS	78
D. "ENTITLEMENTS" MATRIX	79
E. DESIGNING A RESIDENT SURVEY	80
F. RSC ANNUAL EVALUATION FORM.....	81
G. RESIDENT SERVICES PROGRAM ASSESSMENT	88
H. SATISFACTION QUESTIONNAIRE.....	91
I. NOTICE FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY	97
J. SAMPLE INCIDENT REPORT	98
K. SAMPLE RELEASE OF CONFIDENTIAL INFORMATION	99
L. SAMPLE CONFIDENTIALITY AGREEMENT	101
M. SAMPLE POLICY ON DOMESTIC VIOLENCE.....	102
N. SAMPLE PROTOCOL FOR DEALING WITH HOARDING	108
O. RSC HUD FUNDING GRID	110
P. HUD 4381.5, REV-2, CHG-2	111

Alternate Formats

This handbook is also available in alternate formats such as large print or audiocassette. Such formats can be provided if necessary upon sufficient notice by contacting MassHousing's Community Services Department at 617.854.1090 or TDD 617.854.1025, or csteyr@masshousing.com.

I. INTRODUCTION

This handbook, written under the direction of MassHousing, is intended for Resident Service Coordinators (RSCs) working in both elderly and family housing. Although the principles are universal, the resources are particular to Massachusetts. We hope that property managers and assistant property managers who find themselves in the role of resident service coordinator will also find this handbook useful.

Resident Service Coordinators come across a myriad of social, legal, and ethical issues as they do their jobs. This Handbook is set up to provide a brief overview of Resident Services and the job of the Resident Service Coordinator, to emphasize the importance of training, to help RSCs find local and on-line resources, and to give practical advice on the major social, legal and ethical issues RSCs face. Examples of policies, procedures, good practices, and forms are provided – all with the caveat that different companies have different approaches. It is important for RSCs to know what the policies and procedures are at their companies, and to make recommendations in areas that affect their jobs but may not be adequately covered by company policy.

Throughout this Handbook, RSCs are reminded of five key components in doing their job:

- Helping Connect to Resources
- Intervening
- Documenting
- Ensuring Inclusion and Non-Discrimination
- Referring Lease Violations to the Property Manager

These reminders are presented to help maintain perspective on the role of the RSC and to define the unique position that the RSC occupies – as both a member of the management team and an advocate for an individual's self-determination and the health of the entire community.

The Handbook, with direct links to resources, is most useful in its web version at www.masshousing.com/TAP where the up-to-date referenced resources can be immediately and directly accessed on the Internet. RSCs and other handbook users are free to use all of its recommended tools and forms. Note: the Handbook is also available in print. To purchase a copy, call 617.854.1069.

Background – MassHousing

MassHousing is the state's affordable housing bank – lending money at rates below the conventional market to support affordable rental and home ownership opportunities for low- and moderate-income residents of Massachusetts. For more information, visit www.masshousing.com.

MassHousing's **Tenant Assistance Program (TAP)** is recognized nationally as an effective and innovative approach to addressing social issues within affordable housing developments. Since 1983, TAP has responded to the complex social issues that threaten individual tenancies and the housing community as a whole. Nearly a decade after MassHousing initiated TAP, the Cranston-Gonzalez National Affordable Housing Act authorized the beginning of service coordinator programming for elders and people with disabilities through the **U.S. Department of Housing and Urban Development (HUD)**. In 1995, HUD established funding for service coordinators in public housing for families through Family Self Sufficiency (FSS) and Resident Opportunities and Self Sufficiency (ROSS). To find out more about FSS and ROSS, go to www.hud.gov.

As part of MassHousing's ongoing effort to assist in preserving attractive, well maintained, and fiscally sound rental housing, the Handbook has been published to foster positive communities by delivering valuable resources for service and management staff. The Handbook is an example of TAP responding to expressed needs of staff and residents, alike. This handbook is one of many resources available through TAP.

Membership in TAP is available to all developments financed or administered by MassHousing. For more information and to enroll in TAP, visit www.masshousing.com/TAP or call the Community Services Department at 617.854.1078, TDD: 617.854.1025.

CREDITS

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II. RSC ROLE AND RESPONSIBILITIES

- A. GOALS OF RESIDENT SERVICES
- B. SAMPLE JOB DESCRIPTION
- C. CLARIFYING ROLES – TEAMWORK
- D. ETHICAL STANDARDS
- E. TRAINING
- F. FAIR HOUSING AND REASONABLE ACCOMMODATION
- G. SAFETY AND SECURITY
- H. FOSTERING HEALTHY RELATIONSHIPS
- I. HOW TO GET STARTED
- J. PLANNING AND ASSESSING RESIDENT SERVICES PROGRAM

A. GOALS OF RESIDENT SERVICES

What is an RSC?

One of the questions invariably raised is what the distinction is between being a Resident Service Coordinator (RSC) and a Case Manager. Different property management companies and owners answer this question in different ways, but in truth the answer is less black and white than shaded in gray. It may be a helpful distinction to think of the RSC as ultimately responsible to the whole community, while the Case Manager is ultimately responsible to the individual. However, RSCs will say that much of the work they do is case management. Similarly, there are distinctions to be drawn between the roles of RSC and Licensed Social Worker, although much of the service that RSCs provide is social work. A helpful distinction, noted in the Maine State Housing Authority's "Opening Doors to Services in Housing," (www.nerscinc.org/, "resources"), is that service coordination is "resident driven" rather than "needs-driven." The RSC may have more contact with some residents than others, but the focus is always on the wellbeing of the community as a whole.

RSCs play an integral role on the property management team by:

- Enhancing the ability of residents to uphold their lease obligations, such as paying rent on time, taking proper care of the unit, and insuring quiet enjoyment of the property for all residents and surrounding neighbors
- Promoting self-sufficiency
- Enhancing the quality of the community
- Promoting programs and efforts that enhance a resident's quality of life and help build healthy communities
- Encouraging residents to build on their strengths
- Coordinating community resources that benefit individuals and families
- Promoting inclusion and tolerance by and for all residents and staff

To achieve these goals, RSCs focus on key areas of service coordination and support, according to the populations with whom they work. RSCs provide assistance in obtaining benefits and entitlements, as well as making referrals for services for such things as:

- Homemaking
- Home delivered meals
- Health care
- Transportation
- Financial planning and management
- Mental health and substance abuse counseling
- Employment and education strategies, such as job counseling, training, and placement, child care, family management, GED, and English as a second language
- Food and nutrition
- After school and summer camp programs
- Safety and security, including personal safety
- Programs and activities to encourage engagement and socialization

B. ELEMENTS OF THE JOB

Sample Job Description¹

Resident Service Coordinator

The primary function of the Resident Service Coordinator (RSC) is to effectively assist residents that have requested support in enhancing the quality of their daily lives. This may mean enabling them to more fully and successfully participate in the social, educational and/or economic mainstream. The position provides residents with information about and access to local services and resources that can assist them in pursuing opportunities and achieving life objectives. The resident service coordinator is an integral part of the housing and property team and plays a critical role in the overall positive maintenance of the property for the enjoyment of its residents and the respect of its neighbors.

Responsibilities:

1. Welcome new residents, establish contact with existing residents, and explain the resident services program, its offerings, and the RSC role in assisting residents who want to access local service resources.
2. Help set a tone of inclusion and non-discrimination in the resident community.
3. Identify, assess, select, develop and maintain referral relationships with local agencies that effectively assist residents to achieve their opportunities and objectives in life.
4. Provide supportive linkages between residents and referral agency staff when residents or agencies request assistance. Document these efforts.
5. Refer concerns about lease violations to the Property Manager and work as part of the management team when a resident is identified as being in jeopardy of eviction. Offer linkages and referral support to the resident to positively and quickly rectify the situation. Document these efforts.
6. Establish program targets. Consistently track and measure progress. Regularly report program outcomes to internal and external stakeholders. Analyze and use outcomes data as the basis for continuous program improvement.
7. Identify and assess individual and family needs when appropriate; inform the resident of available resources and provide support in accessing services successfully. Document these efforts.
8. Help to facilitate resident meetings and community-organizing and social activities as desired by residents.
9. Support residents to enhance the quality of their lives; encourage and empower them toward self-sufficiency.
10. When requested, work with property management in mediating conflicts between residents. Document these efforts.
11. Effectively communicate with residents by newsletter, flyer, bulletin board etc., making sure that communication is inclusive of language differences and the visually impaired.
12. Complete other housing and resident related assignments as directed by the supervisor.

¹ Based on copyrighted information from Enterprise Foundation, to be used for non-commercial purposes only.

Suggested Requirements

- HUD requirements state that RSCs will have a Bachelors degree or higher in Social Work, Psychology, Gerontology, Counseling, or related specialty
- **OR** significant work experience relevant to the position
- Master of Social Work may be required in situations in which Resident Service Coordinator supervises social work students, interns, non-professionals, or para-professionals
- Knowledge of relevant state, federal, and local resources and agencies

Keys to Being a Successful Resident Service Coordinator

- Flexibility – expecting the unexpected
- Consistency – Being reliable
- Creativity – thinking outside the box; trying new solutions; coming up with new programs
- Organization – developing systems, procedures, calendars, files, etc.
- Recognizing the strengths of each resident, not just the needs
- Respecting people – across cultures, races, and personalities
- Understanding boundaries – in order to avoid co-dependency, burnout, and favoritism
- Being a good mediator and problem solver
- Communicating effectively
- Being a skilled and active listener
- Being a team player and collaborator – with staff, residents, and the greater community

Supervision and Evaluation

Ideally, supervision or evaluation for RSCs has three components: Administrative Supervision, Educational and Supportive Supervision, and Group, or Peer Consultation.

1. Supervision and evaluation of the RSC's work should be done in part by the Property Manager, who can assess the more administrative aspects of the RSC's job – including such things as attendance, punctuality, reliability, communication, appearance, appropriateness with residents, and perseverance in meeting the overall goals of the Resident Services Program.
2. Evaluation should also be provided by someone who can assess whether the RSC is getting appropriate training, following policies and procedures, and meeting standards. This may be provided in-house by a director of resident services or by an outside consultant.
3. Because the expertise required for resident service coordination differs from the expertise required for property management, it is recommended that some form of individual or group consultation be provided periodically by, for example, a licensed independent clinical social worker.

Office Space²

To be effective RSCs must be able to talk confidentially – in person or by phone – with residents, families, providers, and staff. RSCs need to maintain organized and confidential records and have the quiet space to sort out complicated issues. The office needs to be accessible for people with disabilities. It needs to be private, as well, so that conversations can be held out of the hearing and sight of others. Ideally, the office should be near a place where residents congregate naturally (e.g., off the community room, near the mailboxes, or near the laundry room), and separate from the management office – but not isolated (see Section II. G. SAFETY AND SECURITY). RSCs should have a dedicated computer with on-line access.

² From HUD's "Service Coordination – a How-to Guide", Susan P. Lansbery, author.

C. CLARIFYING ROLES – TEAMWORK

The Property Manager and RSC are a team – and good teamwork is essential to the success of the RSC program. Roles and responsibilities should be clearly delineated, as should lines of communication, reporting, and supervision. The Property Manager and RSC need to meet on a regular basis to update one another and keep each other well informed. The Property Manager should help plan the service program for the property, in line with the mission and goals of the Owner, and should participate in hiring the RSC. How residents view management and resident services is greatly impacted by how well the Property Manager and RSC work together.

Confidentiality needs to be understood. This means that if either the Property Manager or the RSC has information about a resident that the resident has not given permission to disclose, that confidence must be maintained unless it poses a serious foreseeable risk to the resident or others or the property. How, then, are the Property Manager and RSC to work together on a resident issue? Following is an example:

Mr. Fallon has a history of paying his rent on time, but for the past few months has fallen behind – paying late, giving partial payments, not paying at all. The Property Manager asks the RSC to follow up to see if anything can be done to help Mr. Fallon retain his tenancy. When the RSC meets with Mr. Fallon, he discloses that he has a gambling problem. He agrees to seek counseling and to attend a local meeting of Gamblers Anonymous. Mr. Fallon says that he does not want his problem shared with the Property Manager. When the RSC meets with the manager, the RSC reports that Mr. Fallon has been experiencing a problem that affected his rent payment. He has agreed to seek appropriate help for the problem and has also agreed to have his rent paid by a third party representative for the next six months while he deals with the problem. The RSC recommends giving Mr. Fallon six months to demonstrate that he can adhere to the lease and the Property Manager agrees. The RSC documents the process for the resident's file.

The Property Manager and RSC can complement each other's roles when handling difficult resident issues, especially those involving lease violations that could lead to eviction. Potential eviction may motivate a resident to seek services that he or she previously resisted. Similarly, the RSC can point out to the resident that the resident's behaviors are a lease violation that could lead to eviction if nothing is done to change the situation. Since the RSC will be working with residents and the Property Manager to resolve violations, it is essential that the RSC is provided with a copy of the lease or occupancy agreement and understands its provisions. The Property Manager and RSC should go over this document together. Additionally, RSCs should understand the rent structure of the property, including subsidies, if applicable, so that the RSC can be informed when assisting with non-payment issues and can help the resident understand options.

D. ETHICAL STANDARDS

1. RSCs will work with all residents, regardless of race, gender, ethnicity, disability, or any other status of protected class.
2. RSCs will work in the best interests of the resident community, preserving residents' rights, working for the safety of the resident and the well being of the community.
3. RSCs will involve residents in all phases of service coordination. The RSC will respect and promote the right of self-determination for each resident.
4. RSCs will help residents make informed decisions, providing information on options, without imposing their own opinions.
5. RSCs will acknowledge a resident's freedom of choice over personal safety and the resident's choice to live at risk or with unmet needs – provided the resident is competent to make such choices and is not violating the law or the lease agreement.
6. RSCs must take action, which may conflict with the resident's choices, if in the professional judgment of the RSC, the resident poses a serious, foreseeable risk to self or to others, or poses a danger to property.
7. RSCs will give each resident a Confidentiality Agreement and will obtain a written Release of Confidential Information before disclosing information to a third party, including family members.
8. RSCs will meet with residents in a location that insures the resident's privacy. RSCs will not discuss confidential matters in public places, such as hallways, community rooms, and elevators. Caution will be taken not to transmit confidential information when using fax machines, email, and voice mail.
9. RSCs will keep resident files in a secured, locked location.
10. RSCs will inform residents that their files are the property of the Owner and that information residents provide may be accessed by Management.
11. RSCs may disclose confidential information when necessary to prevent serious, foreseeable harm to the resident or someone else, or in situations where there is a lease violation.
12. RSCs who are licensed social workers are "mandated reporters," required by law to disclose child abuse, elder abuse, or abuse of a person with disabilities to the appropriate authorities. Even though RSCs and other staff are not necessarily mandated to report such abuse, it is good ethical practice for management companies to make such reporting a part of their practice.

E. TRAINING

Initial and ongoing training are important components of the RSC's job. Training helps connect RSCs with resources, mentors, and peers, as well as keeping RSCs abreast of current ideas in the field of resident services. Training can also help RSCs attain competency in areas outside their previous training or experience.

For RSCs who are funded through HUD grants or subsidies, there are specific requirements for training that need to be met. HUD's Management Agent Handbook (See Section V. Appendix K. HUD 4381.5, REV-2, CHG-2) stipulates that all service coordinators serving the elderly and people with disabilities must have met a minimum of 36 training hours of classroom/seminar time before hiring, OR will complete these minimum training requirements within 12 months of initial hiring. The 36 hours must cover all nine of the following subject areas, four hours each. The first seven of these are statutory:

- The Aging Process
- Elder Services
- Disability Services
- Federal and State Entitlements
- Legal Liability Issues Relating to Providing Service Coordination
- Medication/Substance Abuse
- Mental Health Issues
- Strategies for Communicating Effectively in Difficult Situations
- Strategies for Dealing with Cognitive Impairments

While the statute mandates training requirements for coordinators in housing serving elderly or residents with disabilities, there is not an equivalent mandate for training in properties serving families. Appropriate training opportunities for RSCs in family housing, including housing with working-age adults with disabilities, includes the following:

- Fair Housing and Reasonable Accommodation
- Economic Development and Employment Opportunities
- Domestic Violence, including Child Abuse and Abuse by Caregivers
- Building Safe Communities
- Single Head of Households
- Child Care
- Educational Opportunities
- Neighborhood Violence – including gang violence
- Youth Services
- On-Line Service Coordination – Approaches to dealing with establishing and administering a computerized learning center in a project, including, but not limited to: Networking skills and educational techniques, training methodologies and facilitating skills, computer skills, distance learning equipment (appropriate), and use of the world wide web.

It is recommended that RSCs have the opportunity to attend at least 12 hours of training annually in order to remain current on changing statutes at all levels and current practices in aging and/or disability issues.

These areas may include:

- Role of Service Coordinator
- Identifying Service Needs and Availability
- Monitoring and Evaluating Services, Effectiveness, Adequacy, and Need for Changes
- Networking - The process of establishing linkages with service providers and tapping resources to enhance service provision.
- Creative Strategies in Service Provision
- Ethics/Confidentiality
- Recordkeeping, and Reporting
- Working with Resident Organizations
- Support Networks for Residents
- Peer Networks
- Working with Volunteers - tapping into the local volunteer network; establishing a formal volunteer program.
- Working with Aides - how to structure an aide or para-professional arrangement to assist the service coordinator, and associated supervision needed.
- Working with Management Agents - understanding the Management Agent's role and priorities; techniques on how to work in concert with Management Agents.
- Communications
- Negotiation/Brokering
- Counseling
- Advocacy
- Teamwork/Consensus-Building
- Motivation
- Outreach Strategies
- Crime and Self-protection
- Death and Loss
- Living Wills/Trusts
- Guardianship/Power of Attorney
- Cultural Competency

Some companies offer ongoing opportunities for in-house training. In addition, Massachusetts offers many options for training, including:

- MassHousing's Tenant Assistance Program – www.masshousing.com/TAPtraining
- New England Elderly Housing Association (NEEHA) – www.neeha.org/
- New England Resident Service Coordinators (NERSC) – www.nerscinc.org/
- Massachusetts Association of Resident Service Coordinators in Housing (MARSCH) – www.marschlink.net
- **S.H.I.N.E.** Serving Health Information Needs of Elders – www.mass.gov/elderaffairs
- Legal Service Agencies – to find the one closest to you, go to www.masslegalservices.org and click on the directory.
- Local colleges and universities, hospitals, and community agencies also offer trainings.

Certification programs are available locally and nationally. In Massachusetts, **MARSCH** offers Certification to Resident Service Coordinators – primarily working with elders and people with disabilities – who complete thirty-six hours of training. These trainings must be in accordance with HUD's minimum training hours of classroom/seminar time. Trainings may be taken through **MassHousing/TAP** or any other credible training source, including colleges and universities. Proof of the trainings, such as certificates or transcripts containing the number of training hours of the relevant course, must be submitted in order to be considered for MARSCH certification.

American Association of Service Coordinators (AASC) (www.servicecoordinator.org) – Professional Service Coordinator Certificate Program offers both on-line and face-to-face training, primarily focused on elder issues. AASC also offers programs in Family Self Sufficiency (FSS) initiatives and, in partnership with **Local Initiative Support Corporation (LISC)** (www.lisc.org), the **Annie E. Casey Foundation** (www.aecf.org) and the **Enterprise Community Partners** (www.enterprisecommunity.org) programs that support service coordinators who are serving low-income families.

F. FAIR HOUSING AND REASONABLE ACCOMMODATION

As a part of the property management team, it is important for RSCs to know the rights and obligations residents and housing providers have under federal and state laws regarding discrimination. Under U.S. and/or Massachusetts civil rights and fair-housing laws, people in protected classes cannot be denied housing or services – or be treated differently or separately – on the basis of: race, color, national origin, sex, religion, disability, families with children, marital status, age, receipt of public assistance, military status, and sexual orientation.

RSCs need to know who is protected under civil rights and fair-housing laws because these laws cover the kinds of questions applicants and residents can and cannot be asked, and how information received from applicants and residents must be treated. For example, an RSC cannot do an intake (resident information questionnaire) or needs' assessment of residents that requests information on such things as the existence, nature, or severity of medical conditions or disabilities – unless this information is necessary and the resident is informed that answering the question is voluntary and that the information will only be used for the purposes stated. Residents may ask the RSC for help filling out applications that request such information.

(The RIDE, for example, asks: "What is your disability?") In these situations, it is appropriate for RSCs to ask residents relevant questions in order to assist them. When residents share personal information with the RSC about the nature or severity of a medical condition or disability, the RSC must keep this information confidential and may not share it with anyone without the resident's written release. (See Section III. C. CONFIDENTIALITY) RSCs may also be called upon to advocate for a resident who is being discriminated against in the receipt of entitlements, benefits, or services, so it is important for RSCs to know about fair-housing laws and residents' civil rights.

*Under U.S. and/or
Massachusetts civil rights
and fair-housing laws, people
in protected classes cannot
be denied housing or services
– or be treated differently or
separately – on the basis of:
race, color, national origin,
sex, religion, disability,
families with children, marital
status, age, receipt of public
assistance, military status,
and sexual orientation.*

In addition, both Massachusetts and the federal civil rights and fair housing laws require that housing providers make reasonable accommodations in rules, policies, practices, and services – as well as physical modifications – for people with physical and mental disabilities. (Who pays for the accommodations depends on the number of units in the building and/or whether there is any subsidy involved in the property.)

RSCs need to know about reasonable accommodations because often it is the RSC who learns first of the resident's need for an accommodation. For example, Ms. Vazquez meets with the RSC about personal hygiene issues. She reveals that she is not taking baths or showers because she can no longer step over the side of the bathtub unaided due to arthritis. The RSC helps Ms. Vazquez fill out a request for a reasonable accommodation to have grab bars put in her bathroom that will help her be able to use her tub and shower again.

The Owner or the Management Agent of any property with subsidy must have a written reasonable accommodation policy. Residents must be provided a notice of non-discrimination and the right to reasonable accommodation for persons with disabilities. The RSC should have copies of both the policy and the notice. (A sample notice is in Section V. Appendix B. NOTICE OF NON-DISCRIMINATION.)

RSCs must be sure that written material (e.g., the newsletter), meetings, programs, activities, and trips are accessible to people with disabilities, including, but not limited to people with visual, hearing, and mobility impairments.

RSCs are advised to do training in fair housing and reasonable accommodation, such as the courses offered through [MassHousing's TAP training](#) (See Section II. E. TRAINING).

G. SAFETY AND SECURITY

Maintaining a safe and secure environment is a team effort involving management, maintenance, security, residents, resident services, and the larger community.

Personal Safety for RSCs

In order to insure personal safety, RSCs should take the following steps:

1. Report any verbally abusive or threatening behavior – by resident, guest, vendor, contractor, or other – immediately to the Property Manager. Document it in writing.
2. When going to a resident's apartment or showing an apartment to an applicant, take a phone or a two-way radio. Let someone in the office know where you are going and when you expect to be back.
3. Arrange your office so that you can leave if someone's behavior becomes threatening. For example, avoid positioning yourself behind a desk, where the desk and the individual are between you and the only door out of the office.
4. If your office is isolated from other employees or other activity, ask to have a "panic button" installed or to be equipped with a portable one. Make sure there is a way to summons help in an emergency.
5. Do not hesitate to call 911 if you feel physically threatened. Take threats seriously.

Emergency Preparedness for Properties

All sites should have an evacuation plan. Preparation of the plan is usually the responsibility of the Property Manager or Regional Property Manager. The Property Manager is also responsible for carrying out the plan, including fire/evacuation drills. However, all staff, including RSCs, should know what the plan is and what their role is in the plan should their property need to be evacuated. RSCs have an important role in making sure emergency plans incorporate the special needs of residents with disabilities or residents who are frail and may not be able to evacuate on their own.

October is Fire Prevention month and is a good time for RSCs to hold events that help make residents aware of fire safety in their homes. It is also a good time for management to plan a fire/evacuation drill.

Resident Emergency Situations

RSCs should keep in mind the following when an emergency arises:

1. Don't go alone to an apartment to check on the welfare of a resident (e.g., when you are concerned that you haven't seen someone for a number of days).
2. Always practice universal precautions. Keep latex or rubber gloves in your office and always take them when responding to an emergency.
3. If a resident has fallen, do not try to lift the resident, even when the resident urges you to help. This is in order to avoid injury to yourself or to the resident. Call for trained help from an emergency technician. Stay with the resident until the EMTs arrive. Reassure the resident and try to make him or her as comfortable as possible, including offering a glass of water.
4. All threats need to be taken seriously, whether the individual is threatening to harm him/herself or others. You should report any threat of violence to the authorities and to the Property Manager.

Security Incidents

All security incidents that pose a threat to safety and security of residents or staff need to be reported to the Property Manager. In order to improve resident security and to reduce rumor and gossip, these security incidents should be treated openly whenever possible, respecting rights of confidentiality (i.e., not disclosing the identity of a sexual assault victim). A resident meeting should be held, with community police and security officers, in attendance. Descriptions of perpetrators should be posted. Information should be disseminated as quickly as possible in order to reinforce security and to head off misinformation.

Safety and Security Hazards

Be another set of eyes on the property. If you see anything that could be a safety or security issue, report it to the Property Manager. This could be a trip and fall hazard, a door that isn't locked, or an elevator that isn't working properly, for example. Make sure that the problem is resolved.

Unsafe Driver

If you feel that you have an unsafe driver on your site, discuss how to address the situation with your property manager.

If you or the property manager or a family member or friend of the resident decides to make a report to the Division of Motor Vehicles, the contact information is listed below:

Registry of Motor Vehicles, Director of Medical Affairs

P.O. Box 55889

Boston, MA 02205-5889

Attn: Director of Medical Affairs

Fax: (617) 351-9223, Tel: (617) 351-9222

<http://www.mass.gov/rmv>

H. FOSTERING HEALTHY RELATIONSHIPS

A primary focus for an RSC is building a sense of community at the property. This can be achieved through a variety of ways including a monthly newsletter, birthday parties, enrichment classes, discussion groups, and other activities. (See Section III. A. ACTIVITIES as well as Section III. B. COMMUNICATION.) It is also an integral facet of the job to establish a relationship with individual residents. This process may begin with the applicant interview and will continue upon the applicant move-in, initial interview with the new resident, completion of forms, and future meetings (e.g., case management, assistance with benefits, etc.). The relationship with individual residents

The successful RSC will support residents without getting overly involved; will treat residents fairly and equally without showing preference; and will be empathetic without losing objectivity.

will vary according to the personality and level of strengths/needs of the resident, including his/her physical and mental health.

Fostering healthy relationships includes establishing and maintaining appropriate boundaries. The successful RSC will support residents without getting overly involved; will treat residents fairly and equally without showing preference; and will be empathetic without losing objectivity.

See the following as further guidelines for establishing appropriate relationships, providing parameters for the job, and minimizing legal risks:

1. Sample Job Description in Section II. B
2. Section II. D. ETHICAL STANDARDS
3. Section II. F. FAIR HOUSING AND REASONABLE ACCOMMODATION
4. Section III. C. CONFIDENTIALITY
5. Section III. D. DOCUMENTATION

Fostering healthy relationships means recognizing and avoiding the pitfalls that can undermine this goal. Issues that occur frequently with residents and RSCs are highlighted below.

Conflict of Interest

Conflicts of interest can be real or perceived. An example of a real conflict is promoting a vendor in which the RSC has a financial interest. Developing friendships with residents that go beyond the professional relationship harbors both real and perceived conflicts of interest. If RSCs have any questions about whether a situation is a conflict of interest, they should discuss it with a supervisor.

Acceptance of Gifts

Management companies usually have a policy about accepting cash or other gifts from residents. Although it is hard to reject a generous impulse, this is another form of conflict of interest. Residents may expect to be treated more favorably as a result of their gift. Other residents may perceive the acceptance of even small gifts as favoritism toward the resident bestowing the gift. RSCs can suggest that residents and/or family members show their appreciation with a gift that benefits the resident community or a donation to the residents' fund, and that a note of thanks is always appreciated.

Handling Residents' Money

If a resident is having difficulty with money management, RSCs should make every effort to find a volunteer or service agency that will help the resident. RSCs should not handle residents' finances themselves. The RSC can't take a role in helping residents with their finances without risking accusations of mishandling funds or taking advantage of the RSC's position of authority and unduly influencing the resident. Residents in the early stages of dementia are forgetful or may have paranoid thoughts about people stealing from them. The RSC can help enforce good management company practice, which should stipulate that staff are never to be paid by residents for their services, nor are staff to perform services for residents off-site or outside of working hours. RSCs are often in the position of handling money for trips, holiday dinners, **Fair Foods**³, **SERVE**⁴, etc. In these situations, the money is in exchange for a ticket, an event or a specific program. RSCs need to use good accounting practices when they are in this position – maintaining records and keeping the money in a safe location.

³ Fair Foods is a non-profit organization that delivers surplus food to low-income people in Eastern Mass. and Southern N.H.

⁴ SERVE New England is a co-op offering deep discounts on quality food in exchange for volunteering.

Legal Matters

It is not uncommon for a resident to seek legal assistance for a variety of reasons, and the RSC can be helpful by referring the resident to an attorney or to Legal Services. The following website, www.masslegalservices.org, provides links to all legal services offices in Massachusetts. RSCs can help further by holding informative workshops on child custody, no fault divorce wills, health care proxy, power of attorney, guardianship, property rights, etc. It is important, however, that RSCs never be designated as the health care proxy, power of attorney, or guardian for any resident. Some helpful Legal Definitions for RSCs are included in Appendix C. LEGAL DEFINITIONS.

Rumors and Gossip

Rumors and gossip are not uncommon occurrences in a residential community, and they can be a negative force in the community. Often it is difficult to discern the source of the rumors. However, following are some positive suggestions for how to deal with rumors/gossip:

- Actively listen to the person or persons informing you of the gossip or the target of the rumor.
- Gather as much information as possible in an attempt to glean the source.
- Deal directly with the source(s) without exacerbating the situation.
- Address the issue of gossip at a resident meeting and clearly state the implications of general gossip on individuals and the community.
- Have an outside speaker make a presentation on the effects of gossip.
- Use the newsletter as a tool to disseminate information on gossip and its negative effect.

Tolerance and Discrimination

Gossip and rumors can be a byproduct of discrimination based on myriad factors including age, race, ethnicity, religion, physical characteristics, sexual orientation, etc. Residents need to be able to feel safe and unthreatened in their community. The Occupancy Agreement guarantees the right to peaceful enjoyment of one's home. Discrimination may also be a civil rights violation. Therefore, the RSC should report any instance of discrimination to the Property Manager. It is very important that all staff take an active role in setting an example for the community. Staff should have the opportunity to receive periodic training in cultural competence and diversity.

RSCs can take a proactive approach to increase tolerance. Suggestions include:

- Presentations on diversity. This could include a video series, such as "Eyes on the Prize" (history of the Civil Rights Movement in the U.S.);
- Celebrating specific holidays such as the Chinese New Year, Black History Month, Women's History Month – including potlucks or other ways of incorporating ethnic foods;
- Incorporating arts' presentations reflecting a site's resident profile, e.g., Gospel concerts and cultural dance performances.

When specific issues emerge, it is beneficial to deal with them directly, addressing the concern with the person/group engaging in the discrimination. See the Section IV. D. DE-ESCALATION AND CONFLICT RESOLUTION – How to Intervene, for additional information.

I. HOW TO GET STARTED

If you are new to your job, the best way to start is to be visible.

- Plan meetings and “coffee hours” at different times of the day to accommodate different schedules.
- Be out of your office as much as possible when you start – in the hallways, community rooms, laundry rooms, and outdoors – wherever residents are.
- Hand out your card attached to a brochure or flyer explaining what you can do and when you are available. If you have the funds, have your name and number (including your TTY or Relay number) put on a refrigerator magnet to give each resident. In addition, send out a brief introductory letter with your card to everyone so that you reach those you don’t meet by walking around.
- Use this opportunity to schedule one-on-one appointments to update resident files with emergency information. Remember that giving such information is voluntary, except for information pertaining to the care of animals or the apartment in case the resident is incapacitated.
- Ask for help from residents in planning activities and events.
- Get out in the neighborhood. Introduce yourself to local merchants. Hand out flyers; give them your business card.
- Find out who the health care, home care, and various case management providers are and introduce yourself by phone or in person. Ask about the opportunity to join interdisciplinary provider meetings. Tell them what services your housing provides. Ask what services they offer, and especially ones that your residents are not using.
- Find out who provides recreation, arts, education, job training, and other activities that your residents might use – and introduce yourself to those people. Again, ask what activities and services they provide that your residents are not using.
- Take a survey of residents’ interests, talents, skills, and needs. Make it clear that this information is important for your planning and for getting to know them.

J. PLANNING AND ASSESSING RESIDENT SERVICES PROGRAM

Involving residents, staff, and owners, or boards of directors, in the planning and assessment of resident services is the key to a successful program. Finding models that are strength-based and driven by what residents want for themselves and their communities will help foster a successful program.

"Entitlements" Matrix

This tool is one example of a planning method. It was developed to help residents, staff, and owners create a resident services plan that responds to the hopes and desires of the community. The matrix is completed through a facilitated process that looks at residents of a property in age groups and asks, "What do we think everyone at our property should have *by right* in this age group?" (The word "entitlement" is used in its generic meaning as a basic right, rather than in its specific meaning as a government benefit.) The next step is to figure out who should provide the entitlement, whether it is the housing community, the service providers in the larger community, the schools, the cultural institutions, etc.; and finally, how to access those entitlements for the residents. For example, there is usually universal agreement that children 0 – 5 are entitled to immunizations. The process would then ask how the resident services plan for the property can ensure that all children 0 – 5 have access to that entitlement. A sample matrix is included in Section V. Appendix D. "ENTITLEMENT" MATRIX. However, each housing community will come up with its own age groupings, categories, and entitlements. For example, one resident/management group working through this matrix decided that all children from 0–5 were entitled to at least one age-appropriate book in the home to be read to them and to facilitate the building of their early reading skills. The first thought about how to provide this was the local library, not a group the residents had turned to in the past for resident services. But many families did not use the library, or even the bookmobile that visited the site. The eventual solution was to purchase some new books and to refurbish books the library was ready to discard so all these books could be given to families. The local librarian enthusiastically helped select good books for various age group kids. And the management firm helped to raise some money from local merchants and a foundation to pay for this unusual service.

The matrix is completed through a facilitated process that looks at residents of a property in age groups and asks, "What do we think everyone at our property should have by right in this age group?"

Surveys & Evaluations

Getting feedback from residents is an important component of the RSC's job. Written surveys and small group meetings provide opportunities to evaluate the programs that you have, to gauge interest in new programs, and to generate new ideas. A survey helps identify strengths and needs of residents, and therefore is a valuable planning tool. Written, mailed surveys are useful because they can be anonymous and don't consume as much staff time as individual interviews do. However, the return rate for surveys that are simply mailed out is usually quite low. To increase return, you can provide an incentive, such as sending a two-part numbered ticket with the survey. When residents return the survey, they include one part of the numbered ticket. All returned tickets are put into a raffle drawing. Be sure that surveys are available in the significant languages spoken in your development, as well as alternate formats for people with visual disabilities.

The best results, however, come from one-on-one interviews with residents. Residents should be assured that the information they provide the interviewer will be kept confidential; that the goal is to summarize all answers in order to evaluate current programs and plan new ones. However, residents should also be reassured that if they bring up a particular issue with which they want assistance, the RSC will follow up with them.

A caveat to remember when doing a survey is not to ask residents if they want something that you do not have the capacity or funding to deliver – unless you make it very clear that the reason for the survey is to gauge interest for the purpose of building the capacity and finding the funding. See Section V. Appendix E. DESIGNING A RESIDENT SURVEY, which contains suggestions for designing your own resident survey to meet your goals.

Self-assessment and evaluation by your supervisor(s) are also important components of judging how well you are doing your job and how well you are meeting the expectations of the community. In the appendices, you will find the following tools:

- RSC Evaluation⁵ – For RSCs and their supervisors to assess the RSC's work. See Section V. Appendix F. RSC ANNUAL EVALUATION.
- Program Evaluation⁶ – A checklist to help RSCs evaluate their programs and prioritize goals. See Section V. Appendix G. RESIDENT SERVICES PROGRAM ASSESSMENT.
- Satisfaction Questionnaire – a resident evaluation of the RSC Program. See Appendix H. SATISFACTION QUESTIONNAIRE.

⁵ From Volunteers of America, as printed in New Hampshire Housing Finance Authority RSC Manual

⁶ From Pennsylvania Housing Finance Agency, as printed in Maine State Housing Authority – Opening Doors

III. COMPONENTS OF THE JOB

- A. CONFIDENTIALITY
- B. DOCUMENTATION
- C. COMMUNICATION
- D. CREATING A NEWSLETTER
- E. DEVELOPING A COMMUNITY RESOURCE DIRECTORY
- F. WORKING WITH VOLUNTEERS
- G. FUNDING RESIDENT SERVICES
- H. OTHER CONSIDERATIONS
 - Activities
 - Transportation
 - Working with Resident-Owned Properties

A. CONFIDENTIALITY

The Resident Services Coordinator has a legal and ethical obligation to protect the confidentiality of the residents that she or he is serving. This means that the RSC will not disclose information that the resident has shared or that the RSC has learned in some other confidential manner with anyone else, without the resident's express, written permission that specifies what information can be shared and with whom. It is important, therefore, for RSCs to disclose to residents that the RSC's files are the property of the Owner, and that the Management Agent has access to them on a need-to-know basis. The Owner and/or Management Agent may need to look at files in order to insure that the RSC is doing an appropriate job of documentation and follow up; or to act in an emergency; or to step in if the RSC leaves the job. Anything that the resident does not want shared should not go in the resident's file. NOTE: If the RSC's computer is the property of the Owner, then the RSC's computer files are also the property of the Owner and the Management Agent has access to them.

A Release of Confidential Information should be used whenever such permission is needed. Federally financed properties must include specific language required by HUD. A sample Release of Confidential Information is included in Section V. Appendix K. SAMPLE RELEASE OF CONFIDENTIAL INFORMATION. The RSC should sign a Confidentiality Agreement with each resident upon move-in, and update the agreement annually. A sample Confidentiality Agreement is included in Section V. Appendix L. SAMPLE CONFIDENTIALITY AGREEMENT. Please note that Property Managers are obliged to keep a resident's financial information confidential. If the RSC needs financial information to determine if a resident qualifies for benefits, for example, the RSC needs to obtain that information from the resident independently or get a signed release from the resident before accessing information from the property manager's file.

If you are an RSC there are specific limitations to your obligation for confidentiality, as listed below, and as contained in the sample Confidentiality Agreement:

1. You may be legally and/or ethically obligated to report adults with disabilities who have been subjected to physical abuse, neglect, or exploitation or who are living in hazardous conditions. Likewise, you may be legally or ethically obligated to report suspected child abuse and/or neglect as well as elder abuse and/or neglect, including self-neglect. (How and where to report is covered in Section IV. C. DOMESTIC VIOLENCE AND ABUSE.)
2. If you believe anyone is in imminent danger, you should report this to the local police department.

3. If an individual has revealed information that constitutes an imminent threat of harm to herself/himself or others, you should report this to the appropriate authorities, such as 911, local psychiatric emergency team, or the person's emergency contact, if the resident has given a written release for this type of communication with the emergency contact.
4. You may be required by law in a court action to reveal information shared with you by a resident or contained within your resident files.
5. You have a responsibility to your employer to report lease violations that come to your attention in the course of your duties.
6. Episodes that occur in public settings with witnesses are not confidential, nor are police reports or most court records.
7. In an emergency, when the resident is unable to communicate coherently, staff may give relevant confidential information to emergency responders. Staff must then inform the resident they have done so as soon as the resident is able to comprehend the information.

In order to protect confidentiality, please keep the following in mind:

1. Your office should provide a private setting for you to talk with residents and to talk on the phone. If this is not possible, you may need to arrange for another space or for certain hours that you can have privacy. In some situations, you can meet with a resident in the resident's apartment.

What is HIPAA?⁸ It is the Health Insurance Portability and Accountability Act of 1996, which sets strict standards for what and how health information can be shared among providers and by providers. While RSCs are not bound by HIPAA regulations, you are certainly affected by them as it has greatly limited information that used to be shared – for example, whether a resident that you assisted in being sent by ambulance to the hospital was admitted or not. Without a written release, the hospital will not share information about admittance or discharge planning. To find out more about HIPAA and how it affects your work, go to www.hhs.gov/ocr/hipaa/, the U.S. Health and Human Services website.

2. You should refrain from carrying on conversations that may contain confidential information in the hallways, elevators, community rooms, or any common space.
3. Remember that when you fax or email information you cannot insure confidentiality.

⁸ HIPAA – The Health Information Portability and Accountability Act's Privacy Rule took effect April 14, 2003. It establishes regulations for the use and disclosure of Protected Health Information (PHI). PHI is any information about health status, provision of health care, or payment for health care that can be linked to an individual. This is interpreted rather broadly and includes any part of a patient's medical record or payment history. (Wikipedia.org)

B. DOCUMENTATION

Confidentiality and documentation go hand-in-hand.

When documenting incidents and updating notes, keep in mind that residents are entitled to reasonable access to their records. Also keep in mind that records are the property of the Owner, as explained in the previous section. For this reason, residents should be informed that anything they choose to disclose for their files may be accessed by the Owner or Management Agent. It also means that if a resident volunteers information to the RSC that the resident does not want disclosed to anyone (medical diagnosis, for example), this information should not be recorded in the resident's file. RSCs should inform residents, as part of the Section V. Appendix L. SAMPLE CONFIDENTIALITY AGREEMENT, how their information will be kept, who has access to it, and that they have an obligation to disclose certain things, such as lease violations, to the Property Manager.

What should be documented?⁹

1. Conversations, phone calls, and written correspondence with or about a resident that are specific to the resident's well being.
2. What the resident wants.
3. Follow-up on all issues.
4. Names of agencies and individuals, including title, referred to.
5. Services offered and resident's refusal or acceptance of services.
6. Resident's understanding of the issue.
7. Any precipitating or related incidents.
8. Copies of documents, applications, or other correspondence you have helped a resident prepare (with the resident's permission).

⁹ From Maine State Housing Authority – *Opening Doors* (1-7)

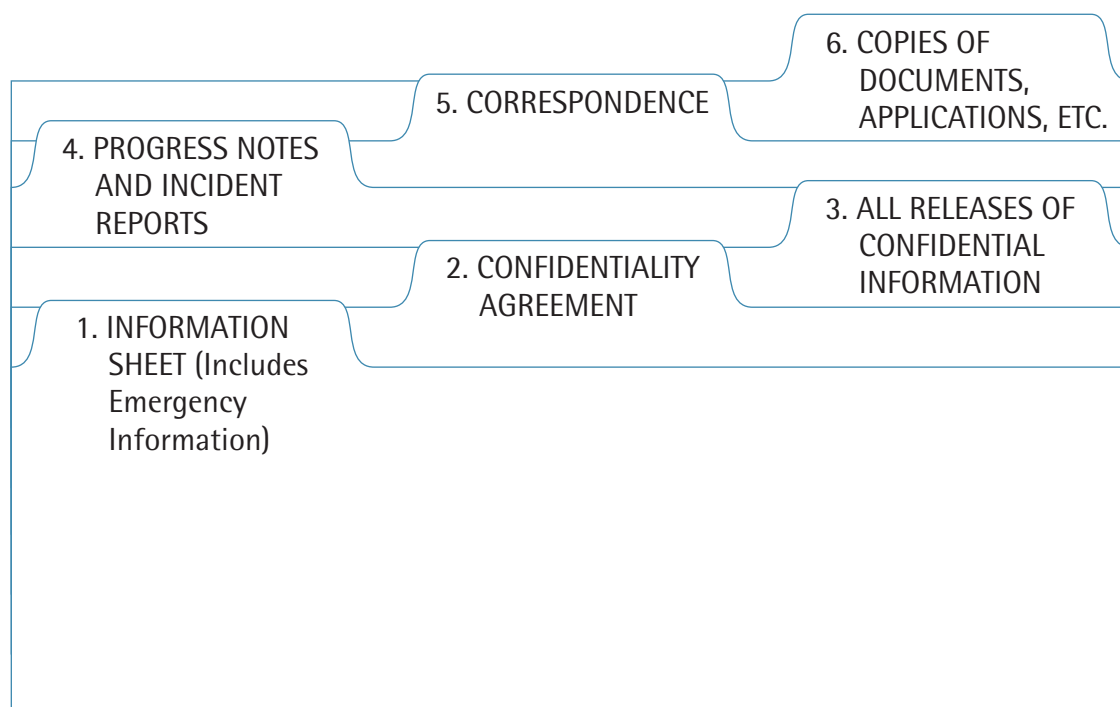
How should documentation be done?

1. All documentation should be dated. Include time if it is relevant.
2. Language should be specific, clear, and non-judgmental.
3. Focus on what is observable, avoiding interpretation. For example, "Mr. Adams' speech was slurred and he was unsteady on his feet," rather than, "Mr. Adams was drunk."
4. Document as close in time to conversation or incident as possible.
5. Documentation should be legible and easy to read.
6. Don't use white out. To correct errors, cross through them and initial.

How should files be kept and organized?

Files must be kept in a secure location. Either the file cabinet needs to be locked or the office in which the files are kept must be locked when the RSC is not there.

Files should be kept in a consistent, organized, and logical manner. Below is one suggestion for using a six-part file folder.



Your company should have a policy regarding how many years information is to be kept on file.

C. COMMUNICATION

How you communicate is important – the tone, the attention to appearance and accuracy, the care you take to be inclusive. This means using microphones when addressing a group and using large print and no italics when writing messages. It means translating whenever possible for people who do not speak English as well as accommodating people with visual and hearing impairments.

An important part of the RSC's job is communication with the residents. For this reason, the RSC has to balance time spent in the office with time spent in, as a colleague calls it, "creative loitering" – out and about: in the community room, in the hallways, on the sidewalks, wherever residents are.

As an RSC you will also find yourself generating a lot of written communication – flyers, memos, posters, calendars, bulletin boards, and newsletters. All are important for keeping residents informed and engaged. How you communicate is important – the tone, the attention to appearance and accuracy, the care you take to be inclusive. This means using microphones when addressing a group and using large print and no italics when

writing messages. It means translating whenever possible for people who do not speak English as well as accommodating people with visual and hearing impairments.

There are now laws for housing that receives federal funding, requiring access for people with limited English proficiency (LEP)⁷, but regardless of the law, you want to be inclusive so that all of your residents have maximum opportunity to participate in the life of the community. RSCs and residents can get help through the Mayor's Office of New Bostonians (www.cityofboston.gov/newbostonians), and Massachusetts Immigration and Refugee Advocacy Coalition (www.miracoalition.org). A free website that can help with simple word or phrase translation is www.babelfish.altavista.com. At a minimum, you should include a notice such as the one found in Section V. Appendix G. NOTICE FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY, which instructs residents in several languages of their rights to oral interpretation.

⁷ For more information, go to www.lep.gov

It is good practice to reinforce information. In addition to putting out a monthly calendar of events, put flyers under doors and reminders on community boards and in the elevators. You must provide equally frequent notice to people with visual impairments. Some sites put up an easel or bulletin board to reinforce what is taking place on a particular day. Call key people that you want to make sure will attend. Send out emails, if that is an option. There is technology available to display information, such as a list of daily events, on a closed circuit dedicated TV channel, as hotels do.

Your office is also an important link in communication, as it is the physical space in which much of your contact with residents will take place. It must be accessible – both physically and less tangibly so. Ideally, your office will be located in a place that will allow residents to “drop in” and will also afford privacy for your meetings. The office should be a welcoming and calming place – not chaotic or disorganized. Good communication means that when you are meeting with a resident, you silence phones and pagers, put a note on your door indicating that you can’t be interrupted, and give the resident your full attention.

You can get things off on the right foot by greeting residents as soon after they move in as possible, even if you will wait awhile before doing paperwork with them. Tell them who you are, what you do, and how you might be helpful to them. Make sure they know how to find their way around the property and the neighborhood. See if they have any questions about their apartment. Move-in can be a stressful and overwhelming time. It’s easy to forget details, like where the trash goes and what to do if there is a maintenance problem in the apartment. You can be helpful from the beginning and begin to forge a positive relationship from the start.

D. CREATING A NEWSLETTER

The newsletter is an important component of resident and staff communication and community building.

Customarily, it is the responsibility of the RSC to make sure periodic newsletters are published for the property. In some cases, the RSC takes full charge of the newsletter. In other cases, residents have input or greater responsibility for the newsletter. And in some cases, staff and residents each take a role in the content.

Here are some components of a successful newsletter:

1. It should include a calendar of events.
2. It should be used to celebrate accomplishments. For example, the June newsletter could congratulate new high school graduates. If the property receives an award or a high score on an inspection, that should also go in the newsletter. Some properties list birthdays. However, not all residents wish to have their birthdays publicized, so if you do this, you need to have a way for residents to decline.
3. It should welcome new residents to the community, with their permission.
4. It should list upcoming projects or report progress on existing projects – like a capital improvement program.
5. It can be a useful way of issuing “reminders” as long as they are phrased positively – as in, “Please remember to rinse and separate bottles and cans before putting them in the recycle containers”. However, residents may stop reading the newsletter if the tone sounds scolding or lecturing – as in, “If residents don’t rinse and separate bottles and cans before putting them in the recycle containers, we will be forced to discontinue our recycling program.”
6. The newsletter should be attractive, neat, and accurate. This doesn’t mean it has to be produced professionally, but carefully. It can be done in Word, Publisher, or other template form. The font size should be large and easy to read. Avoid using italics. Someone who can check spelling and grammar should proofread it.
7. Finally, the newsletter needs to be accessible to residents who are not English speaking or who are visually impaired – either through written translation or tape recording (See Section II. F. FAIR HOUSING AND REASONABLE ACCOMMODATION).

E. DEVELOPING A COMMUNITY RESOURCE DIRECTORY

The Community Resource Directory is one of the most valuable tools you have to do your work. It should contain information that you use and information that you give out to residents who come to you for assistance. It is not a stagnant document. It will need to be added to and updated, so a three-ring binder is recommended. Make sure that a copy is available for residents' use.

In addition, on-line resources are invaluable. Ability to use the web is essential to an RSC's job – both for your own resources and to help residents find information that they need. For this reason, RSCs need to have the training necessary to use the Internet and need to have ready access to a computer. Training may be available in-house, through a local adult education center, trade school, or community center.

What are the components of a Resource Directory?

1. Agencies that provide services or benefits for your residents – including those that provide services in your residents' languages.
 - Local home care – ASAP (Aging Service Access Point)
 - Visiting nurse
 - Independent Living Center
 - Dept. of Transitional Assistance office (Welfare) – including food stamp information
 - Social Security Administration
 - WIC Program (Women, Infants, and Children)
 - Employment services – job training, job seeking, job retention
 - English as a Second Language
 - Child care, after-school, and youth services
 - Financial services – how to budget and maintain a bank account; credit services; taxes and financial planning; money managers; rep payees
 - Higher education and GED
 - Dept. of Social Services and Dept. of Youth Services
 - Mass Rehabilitation Commission
 - Local Department of Mental Retardation

The majority of these Massachusetts services can be found at the following website: **EOHHS** (Executive Office of Health and Human Services, or go to www.mass.gov) provides information on basic needs, family service, physical health and treatment, behavior health, community health and safety, insurance, disability services, employment, training and education, multicultural and specific populations.

2. Civic and religious organizations in your community – which ones are accessible?

- Churches, synagogues, temples, congregations
- Community Development Corporations and civic associations
- Community organizations, such as the Golden Age Center, that serve particular linguistic, race, or ethnic minorities

3. Merchants and vendors – are they accessible?

- Banks
- Grocery stores – do they deliver or have transportation?
- Pharmacies – do they deliver?
- Area shopping
- Repair services

4. Health Care

- Hospitals
- Community health centers
- Mental health and counseling resources
- Rehab hospitals
- AA and NA meetings and other substance abuse services
- Women's health clinics
- Gay, lesbian, and transgender health services

5. Recreation and Leisure

- Health clubs
- Recreation facilities
- Senior centers
- Teen centers
- Movie theatres
- Libraries
- Concert and stage
- Walking and bike paths
- Organized teams and youth activities
- Summer camps
- Museums
- Adult Education Centers

6. Safety and Security

- Police, Fire, Ambulance
- Community Crime Watch
- Emergency shelters
- Safe Houses – shelter for domestic violence

7. Transportation

- Taxi
- THE RIDE¹⁰
- Public Transportation
- Rental cars – including Zipcars¹¹, where applicable
- Parking

¹⁰ For a map of cities and towns served by THE RIDE, go to www.mbtta.com/riding_the_t/accessible_services/

¹¹ For Zipcar information, go to www.zipcar.com/

8. Government and Elected Officials

- City councilor, alderman, or equivalent
- State Senator and Representative
- US Senator and Representative
- Governor's Office
- City or town hall and their constituent services

9. Advocacy Organizations

- Disability Rights
- Legal Services
- Housing Consumer Education Centers and other tenancy supports

Begin building your resource directory with a web search, such as **Yahoo** Search (www.yahoo.com) or **Google** Search (www.google.com) – choose "local", type in the property's address and the kind of business or service you want. For example, if you type "dentists", this will bring up a list of dentists in your property's neighborhood. You can repeat this for as many resources as you want, such as theatres, libraries, hospitals, TV repair, etc.

F. WORKING WITH VOLUNTEERS

Volunteers are an invaluable resource for RSCs and the residential community. Recruiting, training, and retaining volunteers takes a good deal of time, but is well worth the effort.

What are some of the ways an RSC can use volunteers?

- Organizing activities – for kids and adults
- Answering phones; greeting visitors
- Delivering notices
- Friendly visiting
- Doing errands for residents who are homebound
- Setting up for events
- Serving on committees

It is important to note that any volunteer who will work with children or elders **must** have a CORI (Criminal Offender Record Information) and, in some cases, SORI (Sex Offender Record Information), reviewed and approved by the person in your company authorized to do so. You can find out more about CORI/SORI and their use at www.mass.gov/chsb

How to find volunteers: The first place to look is among the residents. There are also resources in each community. In particular:

- Local religious congregations
- Schools and colleges
- Businesses/Corporations
- Local volunteer organizations (e.g., United Way, Retired Senior Volunteer Program, Little Brothers, Interfaith Volunteers, Volunteers in Action, VISTA, service clubs, etc.)

Consider recruiting local high school students for friendly visiting, for accompanying residents to the store, when it is safe to do so, or for recreation and entertainment. Nursing students can provide screenings and wellness programs. Local businesses and institutions may be available for work projects or community-wide celebrations.

Outside volunteers need to be oriented to the residential communities in which they will work, as well as non-discrimination and reasonable accommodation policies. It is good practice to have all volunteers read and sign the property's non-discrimination policy. All volunteers need assignments that match their skills and interests and provide a sense of satisfaction and fulfillment. The RSC should be prepared to offer training; to introduce outside volunteers to staff and residents; to let staff and residents know what volunteers will be doing; to make sure volunteers have the equipment and access they need to do their work successfully; to make sure the volunteers have a clear description of the work they will do; to make sure they understand confidentiality; and to meet regularly with the volunteers to check in and to provide positive feedback.

It is good practice to recognize volunteers – both informally and through an annual appreciation event. RSCs may be asked to write recommendations for student volunteers or interns and should do so when it is appropriate.

Social Work Interns

MSW students are required to complete internships. Social work students can be an asset to the resident community, and the fieldwork placement in housing can be a valuable asset to the student's training. In general, colleges and universities require weekly fieldwork supervision by the agency (or housing development) where the student is placed. All academic programs that place social work interns in housing require supervision by an LICSW (Licensed Independent Clinical Social Worker).

Social Work Interns can enhance the RSC's work by focusing on one-to-one visitation and counseling, running groups, such as parenting groups, men's groups, etc., researching and doing outreach to community resources, and anything else that will enhance the student's education and provide a valuable resource to the community.

G. FUNDING RESIDENT SERVICES

While the job of funding the resident service program is ordinarily the responsibility of the Owner or Management Agent, it is important for RSCs to know more about the opportunities and challenges that funding presents and how they can help advocate for and support resident services at their properties.

Enterprise Community Partners, Inc. published *More Than Roof and Walls – Why Resident Services Are an Indispensable Part of Affordable Housing*, by Tony Proscio, in 2006, which provides a valuable defense of resident services, what they are, what they accomplish, the cost/benefit equation, and how they are funded. It can be downloaded at no cost at [Enterprise](http://www.enterprisecommunity.org/resources/publications/index.asp) (www.enterprisecommunity.org/resources/publications/index.asp). Mr. Proscio points out the gap between the increasingly widespread recognition that “the value of affordable housing.....depends in large measure on the overall wellbeing of its residents” and the political will to fund the services that will enhance the wellbeing of residents.

Because owners, developers, and funders must take the cost/benefit equation into consideration, RSCs and Property Managers can support efforts for more resident service funding by supplying the data – e.g., number of people who get jobs, number of prevented evictions, number of people who are able to remain at home rather than go into assisted living or skilled nursing, increase in marketability compared to other properties.

Where Does the Funding Come From?

HUD generally looks for the operating budget or residual receipts to fund resident services. In the 202/PRAC program, the RSC expense is included in the pre-development application. In the 202/Section 8 program, HUD must approve the position in advance. Properties are expected first to use their residual receipts savings and then apply for a rent increase to fund the position. All other HUD programs must go through a competitive process available annually under the SuperNOFA competition. Those selected receive a three-year funding grant. Eligibility requirements for one category of funding include that at least 25% of the population served is frail or at-risk elders and/or non-elderly people with disabilities. Another category of funding under the SuperNOFA is the Resident Opportunity and Self-Sufficiency (ROSS) Grant, which can fund program coordination in family developments. For additional information on funding, consult the following:

- HUD Handbook 4381.5 REV-2 CHG 2 (See Section V. Appendix K. HUD 4381.5, REV-2, CHG-2 and available at www.hudclips.org.)
- Maine State Housing Authority's RSC HUD Funding Grid (See Section V. Appendix J. RSC HUD FUNDING GRID)
- Enterprise Foundation, www.enterprisefoundation.org/resources/

The housing development may also be eligible for grants or charitable contributions and gifts. Some housing is formed as a tax-exempt, charitable entity, for example, HUD 202 housing for the elderly or people with disabilities. In other cases the housing development may be owned by a not-for-profit, tax-exempt entity, including a Residents' Association. Such housing is eligible to apply for private grants and to receive charitable donations. For more information, consult the following:

- Massachusetts Attorney General's Office, www.ago.state.ma.us
- Associated Grantmakers of Massachusetts, www.agmconnect.org
- Private Grants Alert, an on-line or catalog subscription publication available through www.cdpublications.com

H. OTHER CONSIDERATIONS

- **Activities**

An Activities' Coordinator oversees, coordinates and implements a recreational, physical and individualized activities program for a residential facility. A Resident Services Coordinator is not an Activities Coordinator. However, an activities program is an important element of a healthy residential community. Its purpose is to strengthen the physical, emotional and social wellbeing of residents – from young children through senior adults. Activities also help build rapport among residents and staff; help develop trust between residents and RSC; and help market the property. Activities and programs that benefit the goals of resident services play an integral role in an overall plan for the property.

Best practices involve volunteers, community partners and residents in planning and executing activities. RSCs can help develop these resources at their properties and be instrumental in the coordination of an activities program.

A community-wide survey is a helpful planning tool. There are some models referenced in Appendix E. DESIGNING A RESIDENT SURVEY. It is useful to consider the following:

- What do kids do when school is out – each day, during vacation weeks, over the summer?
- What tools do young adults need to get jobs and seek higher education?
- How can adults get better jobs?
- How should holidays, milestones, anniversaries, etc. be remembered?
- What will help neighbors get to know each other better?
- What are the political and social interests of this community?
- What are the physical and mental health concerns of this community?
- What do people like to do to relax and have fun, including recreation, the arts, public events? How can they gain better access to these resources in the community?
- How do people continue to learn throughout their lives?
- What will draw out people who are lonely or who don't speak the dominant language? If there are several languages, what will bring language groups together?
- What will encourage older people and people with disabilities to remain engaged and active?

Additional Considerations:

- Advertising activities in the newsletter, by flyer and/or in a calendar helps insure that everyone has access. This should be available in alternate formats to accommodate different languages and visual disabilities.
- RSCs have developed excellent ideas for how properties can provide activities in communities with more than one primary language – including music, food, physical exercise and other non-verbal activities.
- Each property should have a protocol for scheduling activities and the use of community space. Whenever possible the RSC should be the point of contact.

¹⁰ HUD guidelines for funding make this very clear. See P. HUD 4381.5, REV-2, CHG-2, Section 8.4.

Transportation

Mobility is an important aspect of a resident's ability to receive essential services. Residents need information on the full range of transportation options available to them including public transportation, city-provided transportation, taxi vouchers, etc. It is the job of the RSC to help residents find transportation services to meet their essential needs, such as getting to medical appointments, jobs, school, and shopping.

Each management company should have a policy about staff transporting residents in their own vehicles. It is strongly recommended that RSCs not offer to transport residents. This is problematic for several reasons: it raises liability issues; it is not a good use of time; it crosses a boundary between the role of RSC and that of friend or personal assistant; residents may see it as a "service" the site offers, and therefore the service must be offered to all. If an RSC needs to accompany a resident off-site for any reason, he or she should consider a taxi, The RIDE,¹¹ or other means of transportation, including public transportation.

RSCs should have available for residents a list of area transportation services, including subway, bus, and commuter rail routes, schedules and fares; how and where to obtain taxi vouchers; transport services available for elders and people with disabilities; rental cars and Zipcars.¹² Routes, schedules and fares for public transportation are available via the internet. For example, visit www.mbta.com. The internet will also provide you with information on transportation services in your area for elders and people with disabilities. For example, visit www.matchelder.org/resources/transportation.html.

¹¹ For a map of cities and towns served by The RIDE, go to www.mbta.com/traveling_t/disability_theride.asp

¹² For Zipcar information, go to www.zipcar.com/

- **Working with Resident-Owned Properties**

In resident-owned and resident-controlled properties, the RSC's employer is often the resident community itself. This has many advantages. The goals for resident services come from the community and are therefore directed toward both the needs and strengths of the community. There is a naturally occurring opportunity for resident involvement in the assessment and planning of services and activities. Goals such as economic development, self-sufficiency, child and youth development, health care, family preservation and the overall creation of healthy communities may all be enhanced by resident control and ownership. Residents can take great pride in the

work that they accomplish with the professional assistance of the RSC.

RSCs need to pay particular attention to process in this situation – to consult with the Board, to value their input and history, and to help Owners see the RSC as a partner, not a competitor in achieving their goals for the community.

There are complications as well. Some resident owners may have a narrowly defined self-interest that can override the general welfare of the community. Issues of confidentiality are particularly tricky. The RSC may have to share office space and equipment with the resident owner. The resident board, in wanting accountability from the RSC, may ask for confidential information about how difficult resident issues are being handled.

For example, a lease violation issue is referred to the RSC. The Board may ask if the RSC has followed up, how the family responded and what services they are now receiving. RSCs risk breaching confidentiality and the trust of the residents if they divulge specific or detailed information in response to these questions. Sometimes resident-owners are resistant to the idea of "outsiders" coordinating resident services. They may have been active leaders in the community for a long time and feel that their role is being usurped. RSCs need to pay particular attention to process in this situation – to consult with the Board, to value their input and history, and to help Owners see the RSC as a partner, not a competitor in achieving their goals for the community.

From the outset, Owners should be informed of the RSC's legal obligations regarding confidentiality. A format for reporting should be developed that protects the identity of residents while giving owners the information they need to carry out their responsibilities. The RSC should have space to meet privately with residents; a lockable file cabinet for confidential information; a dedicated computer or a portable drive to

store electronic information (such as thumb drive or flash drive).

The Resident Owners are in the best position to define the job they want the RSC to do in their community. RSCs, in turn, need to help owners understand what opportunities and resources they can bring to the community, as well as the parameters and professional obligations they must follow.

IV. ADDRESSING ISSUES

- A. MEDICAL, MENTAL, AND BEHAVIORAL HEALTH CONCERNS
- B. ALCOHOL, TOBACCO SMOKE, AND ILLEGAL DRUG USE
- C. DOMESTIC VIOLENCE AND ABUSE
- D. DE-ESCALATION AND CONFLICT RESOLUTION
- E. HOARDING AND HOUSEKEEPING ISSUES
- F. HOW THE SETTING AFFECTS SERVICES

A. MEDICAL, MENTAL, AND BEHAVIORAL HEALTH CONCERNS

In dealing with medical, mental, and behavioral health concerns, it is particularly important for RSCs to remember their principal responsibilities:

- Helping Connect to Resources
- Intervening
- Documenting
- Ensuring Inclusion and Non-Discrimination
- Referring Lease Violations to the Property Manager

Unlike a social worker who is more clinically oriented and develops individual service plans, the RSC is an information source for residents who may need one or several referrals to outside agencies. RSCs must have a comprehensive resource directory for effective referrals. (See Section III. E. DEVELOPING A COMMUNITY RESOURCE DIRECTORY.) Requests for referrals may result from a need stated by a resident, such as finding a new primary care physician, or from observed difficulties or violations of the lease. Since management staff, including the RSC, see residents on a day-to-day basis, the RSC can be the link to much-needed services. For example, the RSC may see physical or cognitive changes in a resident that are of moderate or great concern. It is the job of the RSC to intervene and attempt to address these concerns with the resident, as well as to encourage the resident to speak with a family member or a doctor about them. If the resident gives written permission, it may be beneficial for the RSC to share the concerns with the family member or doctor.

RSCs face the dilemma of distinguishing between emergency and protective-service situations, in which they have a responsibility to report problems and summon assistance, as opposed to situations that are problematic and headed toward serious consequences – but are not emergency or protective-service situations at the moment. In the second instance, the RSC should discuss with the resident what she or he observes, explaining the concern, outlining the possible consequences, and offering assistance – such as contacting a medical provider or family member. However, residents retain the right to make their own decisions – even bad ones. It is very difficult to stand by and watch someone's situation deteriorate because of the refusal or inability to seek appropriate help. RSCs should be persistent in offering, but ultimately must respect residents' rights.

HIPAA laws (see footnote 8, Section III. C. CONFIDENTIALITY) can complicate this process but the laws exist to protect an individual's privacy. When a resident is transferred to a hospital or rehab facility, accessing information about health status or discharge planning can be difficult, which is a particular issue in preparing for a resident's return to the site. RSCs should ask the resident for written permission to speak to the discharge planner in order to help the resident make a smooth transition back to home.

Mental health and/or behavioral health issues may pose a host of challenges in a community setting, including, for example, loud disturbances, self-care issues, agitation, or public inebriation. Dementia can present itself with paranoia and accusations against staff or other residents. The challenges for the RSC are myriad – denial, non-compliance with medication, HIPAA rules, and lease violations. Ideally, the resident has signed a release form allowing the RSC to speak to the medical personnel or family members. Protective services for elders, people with disabilities, or for children may be an appropriate referral. Should a resident be an immediate danger to self or others, 911 should be called. It is important to document all incidents, referrals, and interventions.

The **Tenancy Preservation Program**, with regional offices throughout Massachusetts, works with residents who are facing eviction as a result of behavior related to a disability.

For more information, contact David Eng at deng@masshousing.com or 617.854.1089, or contact one of the TPP Program Directors listed below:

Berkshire County

Christine Green, Director, Berkshire County Regional Housing Authority
150 North Street | Pittsfield, MA 01201
(T) 413.443.7138 x11 | stpt46@msn.com

Boston

Ruth Harel Garvey, Director, Bay Cove Human Services
66 Canal Street | Boston, MA 02114
(T) 617.371.3153 | (F) 617.371.3100 | rharel@baycove.org

Hampden, Hampshire and Franklin Counties

June Rosner, Director, Mental Health Association
995 Worthington Street | Springfield, MA 01109
(T) 413.233.5321 | (F) 413.737.7949 | jrosner@mhainc.org

Worcester County

Brooke Doyle, VP of H.O.A.P. and Detox, Community Healthlink
72 Jaques Avenue | Worcester, MA 01610
(T) 508.860.1057 | (F) 508.860.1046 | bdoyle@communityhealthlink.org

Northeast

Heather Abrams, TPP Clinical Manager, Eliot Community Human Services
Northeast Housing Court | 2 Appleton Street | Lawrence, MA 01841
(T) 978.687.7184 ext. 2328 | (F) 978.689.7838 | Heather.Abrams@jud.state.ma.us

Southeast

Carolyn Sheppard, Director, MainSpring Coalition for the Homeless
54 North Main Street | Brockton, MA 02301
(T) 508.427.6448 x15 | (F) 508.427.6514 | csheppard@fatherbillsmainspring.org

B. ALCOHOL, TOBACCO SMOKE, AND ILLEGAL DRUG USE

Alcohol

The misuse of alcohol and alcohol addiction can be the root of multiple problems in a residential community – including behavioral issues, housekeeping problems, non-payment of rent, and other lease violations.

Substance abuse training, including both drugs and alcohol, is a core requirement for HUD-funded programs with RSCs. The **MassHousing TAP program**, "Alcohol and Drugs in Housing: How to Recognize It, What to do about It" is a valuable training resource. As the brochure describes, "TAP's basic course introduces intervention techniques for dealing with alcohol and drug abuse in the context of housing developments. Participants will examine how their own attitudes towards substance abuse affect the way they perceive their role as a service provider. They will learn how to recognize alcohol and drug abuse and what they can and cannot do about it, including how to stage an intervention and properly document a case for eviction when necessary."

RSCs should have information on hand about AA and other alcohol recovery programs; should know about detoxification centers; and should get periodic training on how to recognize and deal effectively with the effects of alcohol abuse. Self-help and wellness programs, such as those offered through TAP, should be presented to residents periodically.

Behaviors caused by alcoholism and the misuse of alcohol by residents may be both management and resident service issues. In addition, a resident may seek out the RSC for information about such things as addiction, treatment, and AA meetings. RSCs should have information on hand about **AA** and other alcohol recovery programs; should know about detoxification centers; and should get periodic training on how to recognize and deal effectively with the effects of alcohol abuse. Self-help and wellness programs, such as those offered through TAP, should be presented to residents periodically. Some properties offer community space to AA – and while residents, for reasons of privacy, might not choose a program within their own property, it sends an appropriate message about the availability and acceptance of such programs. RSCs may wish to post local AA meetings on the community bulletin board and in the newsletter.

Does your property have a policy about serving alcohol at social events? For many reasons, some companies have a “no alcohol” policy. This is for liability concerns and concerns for the welfare of residents who are trying to maintain sobriety and those who have difficulty with alcohol.

If Residents’ Organizations or Boards sponsor functions where alcohol is served, they should be reminded of their legal liability. In addition, groups should be informed that alcohol cannot be sold without a liquor license. Your company may require an insurance certificate showing evidence of liability coverage from any outside organization that is serving alcohol on a property they manage.

Tobacco

Due to local laws and the known health hazards of second-hand smoke, most properties do not allow smoking in common areas or limit smoking to a separate ventilated area. Properties may also have a designated smoking area outside the building that is not located at the entrance. Some properties are also experimenting with tobacco-free floors.

Resident issues can arise when a heavy smoker lives next to someone who is sensitive to smoke. Because of the liability issues arising from second-hand smoke, the best practice for management is to have a clear house rule requiring residents who smoke to do so in a way that does not interfere with others, even in their apartments. However, even with such a rule, there will be times when managers and RSCs will have to address this problem. Ordinarily this issue is brought to the Property Manager who will check the ventilation, recommend smokeless ashtrays, put air neutralizers outside the apartment, or take other remedies. If there are health issues related to disability involved, the Property Manager may have to make a reasonable accommodation and offer to move the affected resident. However, this is a last resort – as a future neighbor may also be a smoker. The RSC may become involved in mediation if disputes arise between smokers and non-smokers.

The RSC can help by promoting health and wellness programs that assist smokers to quit or cut back on their smoking. RSCs should know the programs and resources in the community that can help people quit. Information should be included periodically in newsletters.

Abuse of Prescription and Over the Counter Drugs

It is important for RSCs to recognize that the abuse and misuse of prescription and over-the-counter drugs is a problem that spans generations, from teens to seniors. Prescription drugs most frequently abused fall into three categories: pain killers, depressants, and stimulants. Over-the-counter medications, such as cough syrup, can also be abused. RSCs can help educate parents to keep prescription medication locked, to throw out unused medication, and to notice if medication is missing. RSCs can schedule a pharmacist to speak to seniors and recommend that their elderly residents bring down all of their over-the-counter and prescription medications. This is sometimes called a "Brown Bag Pharmacy." The pharmacist can make sure the resident knows what he or she is taking and why, as well as pointing out medicines that do not interact well together. RSCs can also give this advice to residents:

- Keep doctor's appointments
- Keep note of how a drug affects you, both physically and emotionally. Discuss this with your doctor.
- Keep the information that the pharmacist provides about side effects, do's and don'ts, and cautions.
- Don't increase or decrease the dosage without talking to your doctor.
- Don't use medication prescribed to other people or let others use your prescription medication.

US Department of Health and Human Services, www.samhsa.gov, has a helpful substance abuse treatment facility locator for drug and alcohol treatment.

Illegal or Controlled Substances

Please note that the possession, illegal use, sale, or distribution of controlled substances by a resident or guest is a lease violation that should be brought immediately to the Property Manager's attention. RSCs should be trained to recognize signs of drug use, effective interventions, and addiction resources that are available. In most cases, HUD or state subsidy regulations will require the Manager to begin eviction proceedings.

Reasonable Accommodation for Substance Abuse

If a resident is addicted to alcohol or drugs, he or she may be entitled to a reasonable accommodation prior to or as part of an eviction proceeding, depending on company policy and individual circumstances. In substance addictions, the accommodation is the opportunity to get treatment. NOTE: a current illegal drug user is not entitled to a reasonable accommodation. Also, not all people who abuse alcohol or drugs are addicted and only addicted residents are considered persons with disabilities.

Remember your role as RSC:

- Helping Connect to Resources
- Intervening
- Documenting
- Ensuring Inclusion and Non-Discrimination
- Referring Lease Violations to the Property Manager

C. DOMESTIC VIOLENCE AND ABUSE

Resident Service Coordinators are in a unique position to become aware of potential domestic violence and abuse. They work in residential settings, where such abuse most frequently occurs; they have a lot of one-to-one contact with residents and their families; residents build a trusting and confidential relationship with RSCs; other staff and residents often report their observations and suspicions to the RSC. It is important, therefore that RSCs have as much information and as many resources as possible to address incidents and reports of abuse. The information that follows is designed to provide an overview and resources for RSCs. It is by no means definitive. Intervention is often in the hands of law enforcement. *In all of the following situations, RSCs need to be in good communication with Property Managers concerning steps to be followed. For a sample Domestic Violence Policy, see Appendix M. SAMPLE POLICY ON DOMESTIC VIOLENCE.

Some individuals are "mandated reporters" of child abuse, abuse of people with disabilities, and/or elder abuse. This includes social workers, medical professionals, teachers, counselors, clergy, day care workers, and many others. Regardless of who is considered a "mandated reporter", an RSC who suspects abuse of a child under the age of 18 or an individual age 60 or older or anyone with a disability should report this suspected abuse to a supervisor and to the appropriate authorities. Training for RSCs in responding to domestic violence and abuse is a requirement in any curriculum.

To get assistance in cases of domestic violence, or to refer victims of violence, please refer to the following resources:

1. SafeLink – 877-785-2020 / TTY 877-521-2601
2. National Domestic Violence Hotline – 800-799-SAFE (7233) / TTY 800-787-3224

Here is key contact information for reporting abuse: **Note – In all cases of imminent physical danger, contact 911 or local police emergency number.**

	Elder Abuse	Child Abuse*	People with Disabilities
Massachusetts	Local ASAP Mass Elder Abuse Hotline: 800-922-2275 (24 hours)	DSS Child at Risk Hotline: 800-792-5200 (24 hours)	Hotline: 800-426-9009 (V/TTY 24-hr)

* From any state, to get immediate guidance and help when you suspect child abuse, call the Childhelp USA National Child Abuse Hotline: 1-800-4-A-CHILD (1-800-422-4453)

Spousal or Partner Abuse¹²

What is the definition of domestic abuse?

Domestic abuse between spouses or intimate partners occurs when one person in a marital or intimate relationship tries to control the other person. The perpetrator uses fear and intimidation and may threaten to use or may actually use physical violence. Domestic abuse that includes physical violence is called domestic violence.

The victim of domestic abuse or domestic violence may be a man or a woman. Domestic abuse occurs in heterosexual and same-sex marriages and partnerships. The abuse may occur during a relationship, while the couple is breaking up, or after the relationship has ended.

Domestic abuse often escalates from threats and verbal abuse to physical violence. Domestic violence may even end in loss of life.

The key elements of domestic abuse are:

- intimidation
- humiliating the other person
- physical injury

¹² Definitions and summaries for partner, elder, and child abuse were adapted from the website www.helpguide.org.

What are the types of domestic abuse?

The types of domestic abuse are:

- Physical abuse (domestic violence) – this is a criminal act, whether it occurs inside a family or outside the family.
- Verbal or nonverbal abuse (psychological abuse, mental abuse, emotional abuse) – including threats, intimidation, destruction of personal property, humiliation, etc.
- Sexual abuse – including sexual assault, harassment, and exploitation.
- Stalking or cyber stalking – harassing or threatening another person, especially in a way that haunts the person physically or emotionally in a repetitive and devious manner. Stalking is unpredictable, and should always be considered dangerous.
- Economic abuse or financial abuse (such as withholding money or credit cards; preventing partner from working; defrauding or stealing from partner).
- Isolation – controlling contact with family or friends. Restricting access to education or employment.
- Using children – inducing guilt over parenting and controlling visitation.
- Spiritual abuse – includes using the partner's religious or spiritual beliefs to manipulate the person; preventing a partner from practicing beliefs.

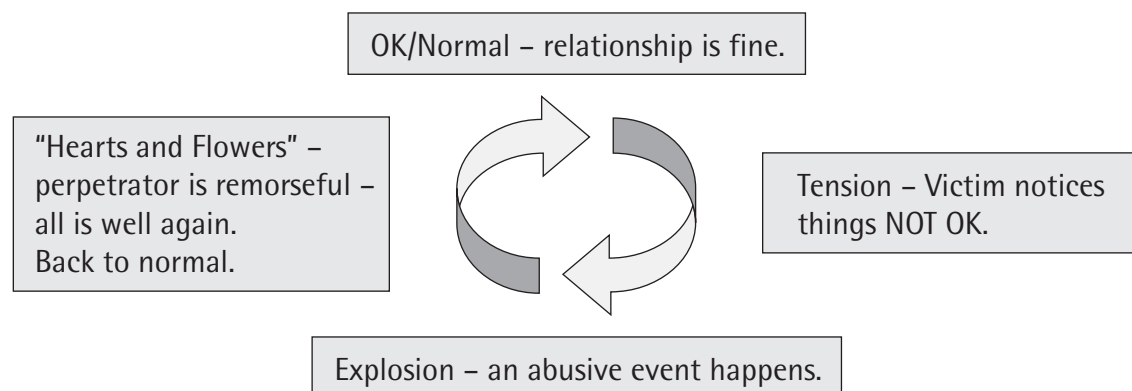
What should I look for?

- Evidence of physical injury with no reasonable explanation
- Damage to the unit
- Reports from neighbors
- Requests to change operable locks on the entry doors
- Police calls to the unit
- Security reports
- Someone who never leaves home, or conversely, who stays away from home
- Change of mood; evidence of fear

What should I do?

If there is no imminent danger:

- Follow up with the individual. Make the approach.
- Don't talk to the victim and perpetrator together.
- Don't leave phone messages or emails for the victim.
- Don't blame the victim.
- Let the individual know what help is available, both services and legal help.
- Validate the individual's fears and concerns.
- Ask non-judgmental, neutral questions, such as: "Do you feel safe at home?" and "How are things going?"
- Let all residents know what resources are in your community, including the SafeLink number – a 24-hour hot line for all Massachusetts: 877-785-2020. RSCs can use SafeLink as well to get advice about a situation, including help determining whether a situation poses imminent danger. They have counselors who speak English and Spanish – and they can link through the AT&T language line to over 200 languages.
- **National Domestic Violence Hotline** (www.ndvh.org) 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) – A crisis intervention and referral phone line for domestic violence. The service also has an email address and access for the deaf. Hotline staff members can speak in English or Spanish and have access to translators for many other languages.
- Understand the cycle, or wave of violence, which is typical of Domestic Violence – and which escalates as the cycles recur.¹³



¹³ Adapted from the original concept of: Walker, Lenore. [The Battered Woman](#)

Elder Abuse

What is the definition of elder abuse?

Elder abuse is the intentional or unintentional hurting, either physical or emotional, of a person who is age sixty or older. In Massachusetts, self-neglect is included in the definition of elder abuse.

What are the types of elder abuse?

The types of elder abuse are:

- Physical abuse of an elder that results in injury, impairment, or physical pain, or the threat of physical force
- Emotional abuse of an elder (psychological or verbal), including isolation, humiliation, intimidation, yelling, or screaming
- Neglect or abandonment of an elder by caregivers, including failure to provide food, water, shelter, clothing, medical treatment, comfort, and safety
- Self-neglect by an elder: denying one's own basic needs and security
- Sexual abuse of an elder – sexual contact with an elder without that person's consent
- Financial exploitation of an elder (elder financial abuse)
- Healthcare fraud or healthcare abuse of an elder, such as overmedicating or undermedicating; charging for services not delivered.

How do I report suspected elder abuse?

Please refer to the [chart at the beginning of this section](#).

If you suspect elder abuse, call someone now! You do not have to be sure of the abuse, and you do not have to give your name. You are protecting someone from further harm by reporting elderly abuse or suspected elderly abuse.

Remember that suspected abuse is sufficient reason to make a report to authorities.

Child Abuse

What is the definition of child abuse?

Child abuse consists of any act or failure to act that endangers a child's physical or emotional health and development. A person caring for a child is abusive if he or she fails to nurture the child, physically injures the child, or relates sexually to the child.

What are the types of child abuse?

The four major types of child abuse are:

- Physical abuse – any non-accidental physical injury to a child. Even if the parent or caretaker who inflicts the injury might not have intended to hurt the child, the injury is not considered an accident if the caretaker's actions were intentional.
- Sexual abuse – any sexual act between an adult relative or caretaker and a child, not only physical contact, but also exposing children to pornography or any form of sexually explicit material.
- Emotional abuse – any attitude, behavior, or failure to act on the part of the caregiver that interferes with a child's mental health or social development including lack of physical affection and positive reinforcement.
- Neglect – a failure to provide for the child's basic physical, educational, and emotional needs. This includes providing food, shelter, and clothing, as well as supervision, enrollment in school, and emotional support.

Another type of abuse is child exploitation (distinct from sexual exploitation). This is the use of a child in work or other activities for the benefit of others.

How do I report suspected child abuse?

Please refer to the [chart at the beginning of this section](#).

You may be relieved to know that:

- If you report child abuse, it is unlikely that the child will be removed from his or her home immediately. The authorities will investigate to find out if your suspicions are correct. If child abuse is confirmed, the child will then be removed from the home and placed in safe care.
- You do not have to give your name when you report child abuse in most states, including Massachusetts.
- The suspected child abuser cannot find out who filed the report.

Remember that suspected abuse is sufficient reason to make a report to authorities. You do not need proof. Your call may make the difference in the very life of a child.

Abuse of an Individual with Disabilities

Any of the situations described above as elder abuse, child abuse, and domestic abuse can apply to a person with disabilities.

However, individuals with disabilities are also in a unique position:¹⁴

- Persons with pre-existing disabilities are more vulnerable to abuse and less able (physically, financially, mentally, or emotionally) to escape it.
- Severe or sustained abuse may inflict disabling conditions, including physical or mental impairments.
- A person's disability may put a strain on family members, especially caregivers, and lead to conflicts, which in turn may produce violent situations. This risk is exacerbated if the disability is one that interferes with impulse control or one that increases aggression.

¹⁴ Information in this section attributed to Ann Hubbard, Professor of Disability Law, UNC-Chapel Hill Law School

A disability can make a person more vulnerable to abuse due to:

- Increased dependency on others for long-term care
- Denial of human rights that result from perceptions of powerlessness
- Perpetrators' perception of less risk of discovery
- Greater difficulty being believed
- Less information about appropriate and inappropriate sexuality.
- Greater economic dependence. (13% of women with disabilities work full-time.)
- There are fewer personal boundaries respected, especially if the care taker provides personal care (dressing, bathing, toileting), handles the disabled person's finances, controls all social arrangements, and makes routine household decisions (what and when to eat, etc.)
- Abuse often involves control, and there are many ways to control a person who is physically dependent: deny transportation for access to friends and family, leave her on the toilet for an hour, leave the cordless phone out of her reach, etc.

People with disabilities face additional obstacles to leaving abusive relationships, such as:

- Inability to escape a situation due to architectural inaccessibility; difficulty financing and obtaining adaptive equipment to provide the mobility and independence to leave
- Cognitive impairments (resulting from disabilities including brain injury, mental illness, or mental retardation) that make it difficult to recognize abuse and seek help.
- A history of prejudice or abuse producing internalized stigma, guilt, shame, or low self-esteem.
- Disability-related fatigue making it harder to pursue treatment or to escape.
- Isolation, with few chances to form a support network or meet with persons who might provide legal, psychological, financial, or logistical assistance.

How do I report suspected abuse of a person with disabilities?

Please refer to the [chart at the beginning of this section](#).

D. DE-ESCALATION AND CONFLICT RESOLUTION – How to Intervene

De-Escalation

Verbal and physical fights can erupt at any property, no matter whether it is family housing, elderly housing, or assisted living. Staff should all work from the same guidelines and principles when intervening in an argument or fight. Staff should train together on how to intervene.

Here are some principles:

- Keep a cell phone or 2-way radio with you at all times.
- Assess the situation – What do you know about the individuals involved? Is there danger of imminent harm to anyone, including yourself? Has anyone been injured? If so, call 911 and call for help from other staff members.
- Do not put yourself in danger.

What to do:

- State calmly, firmly, and assertively that the argument or fight must stop immediately.
- If there are other residents around, ask them to leave the area, if appropriate and possible.
- Tell the individuals they must separate and stay away from one another until they have calmed down and until the fight has been addressed.
- Do not take sides, make accusations or threats. Keep your voice level and calm.
- Don't address the issue under dispute and make it clear you will not do so until there has been a cooling off period.
- Document what happened: what you saw and what you overheard. What else did you observe? Was there alcohol involved? Were racial slurs or other kinds of name-calling used? What did other witnesses say about the event? If the police came, what did they do? Make sure you document observations without drawing conclusions.

Conflict Resolution

Actively seeking conflict resolution can be very helpful after those fighting have cooled off. It can also be effective in situations where there is ongoing conflict before it escalates into a full-blown argument. Depending on the situation, RSCs can seek outside mediation or the RSC and Property Manager can attempt to intervene constructively themselves. There are principles to follow in mediation:

- Both parties must want mediation, even if the motivation is to preserve tenancy. Find the common ground. What do the parties want out of mediation?
- Assess the parties involved. Are there mental health issues that would indicate having an advocate or mental health counselor involved in the mediation? Are there other cognitive or language issues that would make "talking it out" difficult? If one person has a disability, particularly mental, is there anything required to ensure equal access and a "level playing field" for mediation? Are the parties involved willing to try to work out their differences?
- Assess and understand your own biases before entering into conflict resolution.

What are the steps in the process?

- Establish ground rules – suggested by you and by the parties involved – e.g., no yelling and no interrupting.
- State the goal: to create a climate of safety and fairness that will allow closure on the problem.
- Clarify the issue, e.g., the disturbance was a lease violation; the argument or fight created a danger to other residents and/or staff; the current conflict could escalate into a situation that is a lease violation and a danger to themselves or others.
- Let each party tell his/her story without interruption.
- Ask questions of clarification and to try to bring out the underlying issues.
- Ask the parties involved to suggest options that could resolve the issues.
- Try out each of the options with the parties to find out what option will best resolve the issues.
- Put whatever is agreed to in writing for all parties to sign.
- If you reach an impasse at any point, or if any of the parties cannot adhere to the ground rules, end the session and offer to come back to it at another time.

Mediation

Not everyone feels comfortable or competent in the role of conflict resolution, and some situations warrant outside help. There are resources to turn to:

Sites that are members of MassHousing's TAP have membership benefits that include access to mediation services through Mediation Works Incorporated (617) 973-9739 or www.mwi.org/masshousing

You can find a mediation center near you through the National Association for Community Mediation – www.nafcm.org – or through your local directory.

As an employee, your Employee Assistance Program (EAP) can offer you assistance in de-escalation and mediation.

E. HOARDING AND HOUSEKEEPING ISSUES

Hoarding is collecting and keeping an excess of possessions (including animals) until they interfere with day-to-day functions, including home life, health, family, work, and social life; and so that functional parts of the home cannot be used for their intended purpose. Severe hoarding may also cause safety and health hazards.

Hoarding is recognized as both a mental health issue and a public health problem. It is typically not an immediate crisis. The hoarding behavior usually has been occurring for a long time and there is no quick solution. In addition, interventions without the individual's cooperation can make the problem worse. Careful assessment of the individual situation is essential for a successful outcome. With increased awareness of the problem and increased resources, many management companies have developed protocols for dealing with Hoarding. A sample protocol can be found in Appendix N. SAMPLE PROTOCOL FOR DEALING WITH HOARDING.

Property Managers and RSCs should collaborate with the individual, family, and agencies such as mental health, adult protective services, child protective services, code enforcement, inspectional services, animal control and, ultimately the courts.

- Contact the resident face-to-face.
- Treat the resident with respect and dignity.
- Respect the meaning and attachment to possessions by the resident.
- Remain non-judgmental and factual.
- Evaluate for health and safety. Explain specific health and safety issues to the resident.
- Make appropriate referrals.
- Reassure the resident that others will try to help work with him/her.
- Involve the resident in seeking solutions.
- Consider whether the resident has a right to a reasonable accommodation, such as time for a specialist to work with the resident.

It needs to be made clear to the resident that hoarding, which causes health and safety issues, constitutes a lease violation, and that the safety and health hazards must be

addressed if the individual is to retain his or her tenancy. If the resident cooperates in trying to address the hoarding problem, a timetable should be set for the home to be free of safety and health hazards. If the resident does not comply with this timetable or does not agree to address the problem, the Property Manager should proceed with eviction. The court will no doubt try to get the resident to agree to address the problem, which may or may not work.

Where can the resident and staff get help?

A wealth of information and contacts can be found at www.masshousing.com/hoarding, compiled from the 2007 state-wide conference sponsored by MassHousing. Periodic training for staff is available through professional organizations listed in the Section II. E. TRAINING section.

The Obsessive Compulsive Foundation also has a website, www.ocfoundation.org/hoarding. The site is maintained by Randy Frost and Gail Steketee, leaders in the field of hoarding. Periodic training for staff is available through professional organizations listed in the Section II. E. TRAINING section.

Housekeeping issues may or may not create a lease violation. It is important to distinguish between poor housekeeping that results in a messy, cluttered, dirty home, which is not necessarily a lease violation, and poor housekeeping that constitutes a health and safety hazard or destruction of property, such as flammable items on the stove or in the oven, rotting food, stopped up plumbing. These are lease violations. Housekeeping problems may first be reported by maintenance staff, who are more frequently in residents' homes. Property Managers should always follow up on these reports by going to the resident's home and evaluating whether the poor housekeeping constitutes a lease violation. If so,

- The Manager should send the resident written notice of the lease violation and a date, usually in two weeks, when the Manager will return to re-inspect the apartment. The notice should describe the current housekeeping problems and the standards that the resident is expected to meet.
- For sites with RSCs, the letter should refer the resident to the RSC if the resident feels he or she needs assistance from an outside agency.

What can the RSC do?

If the resident is eligible, the RSC can refer the person for homemaking services through the local home care agency (ASAP), or local Center for Independent Living. Home care agencies will respond to the need for heavy chore service, particularly if a person's housing is in jeopardy.

What is the line between poor housekeeping and hoarding?

The picture below illustrates classic hoarding. In this picture, the kitchen sink and counters cannot be used for their intended purposes due to the clutter. It is a health and safety issue that also interferes with daily living.



Photo Credit: Elizabeth Chur

F. HOW THE SETTING AFFECTS SERVICES

Scattered Sites/Single Building

The approach to organizing, planning, and executing resident services is different in a scattered site setting from providing resident services in a single building or clustered setting. In scattered site housing, residents do not have the same access to the RSC – who may have a single office at one property, or who circulates among offices at different properties. Issues, and even the culture of the community, may be very different from one building to another. RSCs may need to plan travel time into their schedules. RSCs have more autonomy and less oversight in scattered site housing. Good organization, communication, and time management skills are essential for RSCs in this situation. Telephone and email can be important secondary means of communication with residents. Providing some activities that are site specific and some that are community-wide helps maximize the RSC's availability to residents who are dispersed geographically. Finding key residents at each building will help get the word out about programs, services, and activities as well as help foster a sense of community.

Rural/Urban Sites

Providing services is different in rural areas from urban and suburban locales. In general, urban areas have a larger service network (although concentration of population and poverty may overwhelm the service agencies and create a backlog). In rural housing, informal networks are very important – family, school, religious community, neighbors, etc. – to augment services that may not be available. Clustering services and finding individuals who might provide fee for service tasks, such as grocery shopping or housekeeping, can help bridge the gap in rural areas or in urban areas where agencies have waitlists.

V. APPENDICES

- A. ON-LINE AND TELEPHONE RESOURCES
- B. NOTICE OF NON-DISCRIMINATION
- C. LEGAL DEFINITIONS
- D. "ENTITLEMENTS" MATRIX
- E. DESIGNING A RESIDENT SURVEY
- F. RSC ANNUAL EVALUATION
- G. RESIDENT SERVICES PROGRAM ASSESSMENT
- H. SATISFACTION QUESTIONNAIRE
- I. NOTICE FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY
- J. SAMPLE INCIDENT REPORT
- K. SAMPLE RELEASE OF CONFIDENTIAL INFORMATION
- L. SAMPLE CONFIDENTIALITY AGREEMENT
- M. SAMPLE POLICY ON DOMESTIC VIOLENCE
- N. SAMPLE POLICY ON HOARDING
- O. RSC HUD FUNDING GRID
- P. HUD 4381.5, REV-2, CHG-2

A. ON-LINE AND TELEPHONE RESOURCES

Throughout this handbook are various websites and telephone numbers that you can use for information and referral. This section is intended as a quick reference to these and other resources. Many of these references were compiled by Enterprise™ and are listed in their handbook, *Creating Opportunities for Families through Resident Services: A Practitioner's Manual*.

www.nerscinc.org/ - New England Resident Service Coordinators

www.hud.gov/ - HUD website

www.masshousing.com/TAP - MassHousing Tenant Assistance Program

www.masshousing.com/TPP - MassHousing Tenancy Preservation Program

www.neeha.org/ - New England Elderly Housing Association

www.nerscinc.org/ - New England Resident Service Coordinators and annual conference

www.marschorg.pages.web.com/ - Massachusetts Association of Resident Service Coordinators in Housing

www.mass.gov/elderaffairs - Executive Office of Elder Affairs

www.masslegalservices.org - Links to Legal Services throughout Massachusetts

www.servicecoordinator.org - the American Association of Service Coordinators

www.residentservices.org - the National Resident Services Collaborative – organizations working to increase and improve delivery of resident services to residents.

www.lisc.org - Local Initiatives Support Coalition

www.aecf.org - Annie E. Casey Fund

www.enterprisecommunity.org - Enterprise Foundation

www.mass.gov/rmv - Registry of Motor Vehicles

www.cityofboston.gov/newbostonians - Limited English Proficiency

www.miracoalition.org - Massachusetts Immigrant and Refugee Advocacy Coalition

www.babelfish.altavista.com - Free word or phrase translation

www.hhs.gov/ocr/hipaa/ - Health and Human Services information on the Health Insurance Portability and Accountability Act

www.mass.gov - Commonwealth of Massachusetts website

www.yahoo.com - Yahoo Search tool for creating Resource Directory

www.google.com - Google Search tool for creating Resource Directory

www.hudclips.org - Access to all HUD forms, handbooks and documents

www.mbta.com - Massachusetts Bay Transit Authority

www.matchelder.org/resources/transportation.html - MatchUp Transportation resources for elders and people with disabilities

www.mbt.com/riding_the_t/accessible_services/ - Information on The RIDE

www.zipcar.com/ - Zipcar – membership program for renting cars by the hour

www.mass.gov/chsb - Commonwealth of Massachusetts Criminal History Systems Board

www.samhsa.gov - for support and resources around issues of substance abuse and mental health.

www.helpguide.org - information and references on mental health, lifestyle, and aging issues.

www.ndvh.org - National Domestic Violence Hotline

1-800-799-SAFE (7233) is a 24 hour domestic violence hotline.

1-800-922-2275 Mass Elder Abuse Hotline

1-800-426-9009 to report abuse of people with disabilities

www.mwi.org/masshousing - Mediation Works, Inc., mediation services for MassHousing TAP members.

www.nafcm.org - National Association for Community Mediation – Information about mediation services.

www.ocfoundation.org/hoarding - Obsessive Compulsive Foundation for information about hoarding.

Additional Resources

www.beehive.org - The Boston Beehive is a resource for information about money, health, jobs, school and family.

www.realbenefits.org - designed to help Massachusetts organizations serve low-income residents by increasing access to health and human services programs.

www.nmha.org is the website for the oldest and largest nonprofit mental health and mental illness organization.

www.nami.org is the website for the largest grassroots organization for people with serious mental illness and their families.

www.disability.gov links to the federal government's information and resources on disabilities.

www.Community-college.org – links to community colleges in every state.

www.mass.gov/mrc - Mass Rehabilitation Commission, 1-800-245-6543 (Voice/TDD) or (617) 204-3600.

www.gedtest.com – Information on the General Educational Development (equivalent to high school diploma).

Massachusetts Adult Literacy Hotline (1-800-447-8844).

www.masschildcare.org/local_ccrr.html - Resource and Referral network (1-800-345-0131) for childcare in Massachusetts' communities.

www.childcareaware.org – Guidelines for finding quality childcare.

B. NOTICE OF NON-DISCRIMINATION AND THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES

Non-Discrimination

Your Property **(insert name)** does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, familial status, disability /handicap, age, military background or service, marital status, sexual orientation, genetic information, source of income, rental subsidy or any other status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its assisted programs and activities.

If you believe you have been discriminated against in seeking housing or as a resident, you should contact the Massachusetts Commission Against Discrimination, (617) 727-3990 or the U.S. Department of Housing and Urban Development, (617) 565-5308.

Reasonable Accommodation

If you have a disability and as a result of your disability you need any of the following, you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION:

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- A change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site;
- A change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site; and/or
- A change in the way we communicate with you or give you information.

If you can show that you have a disability and if your request is reasonable (does not pose an undue financial and administrative burden or fundamental change in the program*), we will try to make the changes you request.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

A Reasonable Accommodation Request Form is attached to this notice. If you need help filling it out or if you want to give us your request in some other way, we will help you. Please do not hesitate to contact the management office as listed below.

You can also get another Reasonable Accommodation Request Form by contacting the management office as listed below.

Also, **(insert name)** has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8, dated June 2, 1988). The following is his/her contact information:

(Insert Name, Address, Phone Number and TDD or Relay Number)

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

(*In simple language this legal phrase means if it is not too expensive and too difficult to arrange, doesn't require us to do something that the housing program isn't designed to do or would cause us not to do what we are required to do).

Sample Reasonable Accommodation Request Form

Name: _____ Phone: _____

Address: _____

1. The following member of my household has a disability as defined below:
(A physical or mental impairment that substantially limits one or more major life activities;
a record of having such an impairment; or being regarded as having such an impairment.)

Name: _____

2. As a result of his/her disability, I request the following change or changes so that the person listed can live here as easily or successfully as the other residents. Check the kind of change(s) you need.

- ☐ A change in my apartment or other part of the housing complex.
☐ A change in the following rule, policy, or procedure (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

3. The household member needs this reasonable accommodation because the current physical design or rule or procedure prevents equal access in the following way:

4. You may verify the disability status and the need for this request by contacting:

Name: _____ Phone: _____

Address: _____

5. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us to locate or build anything special that you need. (If you do not know of any, we will try to get this information ourselves.)

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.

Signed: _____ Date: _____

(Adult resident with disability or guardian)

C. LEGAL DEFINITIONS¹⁵

Will

A Will is a written document that directs how you want your property distributed after your death. In your Will you also appoint a trusted person to be your executor. Your executor (or personal representative) is responsible for distributing your properties according to the instructions you place in your Will.

Health Care Proxy

The Health Care Proxy is a simple legal document that allows you to name someone you know and trust to make health care decisions for you if, for any reason and at any time, you become unable to make or communicate those decisions.

Types of Power of Attorney

There are four types of Power of Attorney. The type you choose will depend on how much authority you want your agent to have, when you want your agent to start acting on your behalf, and when you want your agent's authority to come to an end.

Durable Power of Attorney

Power of Attorney can be given to a family member or another person whom you trust to manage you financial, legal and personal affairs. A Durable Power of Attorney authorizes your agent to continue to act for you after you become incapacitated. This document ends upon your death. It can take effect as soon as you sign it.

Limited Power of Attorney

Through a Limited Power of Attorney you authorize another person to do specific things for you for a limited period of time, or in certain circumstances. The Limited Power of Attorney ends when you become incapacitated or die. It also ends at the time that you specify in the document.

General Power of Attorney

A General Power of Attorney gives another person the authority to do whatever you can do. Think very carefully before signing this type of document. It should be used sparingly. This document ends when you become incapacitated or die.

Springing Power of Attorney

A Springing Power of Attorney can be written so it goes into effect if you become incapacitated. Be very careful to define clearly exactly how others will determine that the "springing event" has occurred.

¹⁵ Developed by Cornu Management Company, Inc., 95 Broadway, Boston, MA

D. "ENTITLEMENTS" MATRIX¹⁶

	Health	Education	Family Life	Work	Recreation	Arts
0 – 5						
6 – 13						
14 – 18						
18 – 24						
25 – 35						
35 – 52						
52 +						

Age groupings and categories may be modified according to the goals of the particular housing community using this worksheet.

¹⁶ Courtesy of James G. Stockard, Jr.

E. DESIGNING A RESIDENT SURVEY

Key questions to consider

- Who is the "audience"? What are the demographics of the residents you will survey? Is it elders? Families? Single adults? People with disabilities?
- What is your purpose? Is it to design a resident service program? Is it to get feedback on existing services? Is it a tool to obtain financial support for resident services?
- How will you conduct the survey? Will you mail it out? Will it be anonymous? Will you have interviewers meet one-on-one with residents? Will you offer incentives to residents who complete the survey?
- How will you follow up? Will you hold a resident meeting to summarize the results? How will you use the results to help plan or improve resident services?

Recommendations

- Keep the questionnaire as brief as possible to get the maximum return.
- To facilitate tabulating responses, ask "Yes" and "No" questions and give options that can be checked off whenever possible. However, include space for respondents to fill in comments.
- Make sure residents know that the survey is optional and that they do not have to provide any information that they don't want to share. If you are asking questions pertaining to the need or desire for services, assure both anonymity and confidentiality.
- Keep the range of the survey within your intentions and anticipated ability to deliver programs and services. Avoid raising expectations that can't be met.
- Share the collective results of the surveys with residents.
- Know what your next steps will be after tabulating the results. Keep the momentum going.

Sample Surveys – You can find sample surveys at the following locations:

New Hampshire Housing Finance Authority, "Resident Service Coordinator Manual" – Resident Satisfaction Survey – www.nhhfa.org.

Maine State Housing Authority, "Opening Doors to Services in Housing" – Sample Resident Survey – www.nerscinc.org/

Enterprise Foundation, "Creating Opportunities for Families through Resident Services" – Sample Resident Survey – www.enterprisefoundation.org/resources r.

F. RSC ANNUAL EVALUATION FORM

Volunteers of America – Adapted by New Hampshire Housing Finance Authority

RESIDENT SERVICE COORDINATOR ANNUAL EVALUATION FORM

RSC Name: _____
 Date of Hire: _____
 Reviewer: _____

Housing
 Complex(s): _____
 Reports to: _____
 Date of Review: _____

PERFORMANCE EVALUATION	Job Specific Orientation	90 Day Evaluation; Competency (✓ = demonstrated competency)	Evaluation/ Competency	Evaluation/ Competency	Evaluation/ Competency
	Date:	Date:	Date:	Date:	Date:
Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable					
DUTIES AND RESPONSIBILITIES					
Completes all assigned tasks in a timely manner as instructed by supervisor.					
Maintains orderly and consistent system of files and record keeping. Resident files are kept in a locked filing cabinet.					
Works as a team member with manager in serving residents. Follows up on resident situations the manager believes may need supportive services.					
Creates and maintains an atmosphere of warmth, personal interest and positive emphasis, as well as, a calm environment.					
Treats residents, family members, visitors and fellow employees with courtesy, respect and dignity.					
Meets with supervisor on a regular basis to assist in identifying and correcting problem areas and/or improving services.					
Meets acceptable attendance requirements and gives notice when late arrival to or absence from work according to established policy.					
Total Points This Page:					

PERFORMANCE EVALUATION		Job Specific Orientation		90 Day Evaluation; Competency (✓ = demonstrated competency)		Evaluation/Competency		Evaluation/Competency	
Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable		Date:		Date:		Date:		Date:	
DUTIES AND RESPONSIBILITIES (continued)									
Adheres to established employee policy.									
Maintains confidentiality regarding corporate and resident matters.									
RESIDENT RIGHTS									
Assists residents in building informal support networks among themselves and with family members and friends.									
Alerts resident before entering their apartments.									
Reports all grievances and complaints made by residents to management. Responds to complaints within 5 days.									
Encourages residents to be pro-active in meeting their social, psychological and physical needs.									
Avoid creation of unhealthy dependence.									
Assists residents in understanding lease and tenancy obligations.									
Acts as a liaison between residents and management company.									
Reports all allegations of resident abuse to proper authorities.									
CORE PERFORMANCE									
Meets with new or prospective resident/families to make them aware of available services and RSC program.									
Total Points This Page:									

PERFORMANCE EVALUATION		Job Specific Orientation		90 Day Evaluation; Competency (✓ = demonstrated competency)		Evaluation/Competency		Evaluation/Competency	
Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable		Date:		Date:		Date:		Date:	
CORE PERFORMANCE (continued)									
Assists and advises residents and families of the services which may be necessary to maintain a self-reliant life style. Promotes wellness activities for residents.									
Monitors the delivery of services to resident to ensure they are appropriate, timely and satisfactory and may also manage such services when appropriate.									
Provides limited case management (i.e. evaluation of social, psychological and physical needs and development of a service plan) for a resident when the local community is not providing such a service.									
Meets with service providers as needed and appropriate.									
Educates residents concerning consumer fraud and abuse.									
Provides Medicare and Medicaid education for residents, families and staff.									
Assembles a directory of community services and makes it available to residents, families and staff.									
Provides educational/informational programs for residents. Plans annual safety talks for residents.									
Completes time sheets and monthly reports in a timely manner.									
Encourages socialization and social activities among residents in conjunction with the Resident Council if applicable.									
Performs other related duties as required.									
Total Points This Page:									

PERFORMANCE EVALUATION		Job Specific Orientation		90 Day Evaluation; Competency (✓ = demonstrated competency)		Evaluation/Competency		Evaluation/Competency	
Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable		Date:		Date:		Date:		Date:	
WORK RELATIONS/TEAM WORK									
Understands the relationship of this job to the organization's values and mission and to the other jobs in the organization.									
Willingly works with co-workers, supervisors and staff to solve problems and to improve processes and services.									
Networks with other social service providers.									
Develops and maintains good working relationships with social service and health care providers in the communities surrounding housing sites.									
Works cooperatively with staff to develop a positive work atmosphere. Participates in regular (weekly) staff meetings.									
Identifies and acts on opportunities to help and support work efforts of co-workers.									
Asks for help and support of own work efforts when appropriate.									
PERSONAL RESPONSIBILITY/ACCOUNTABILITY AND MISSION SUPPORT									
Instances of absences and tardiness are within acceptable levels.									
Willingness to work overtime when asked is demonstrated.									
Total Points This Page:									

PERFORMANCE EVALUATION	Job Specific Orientation Date:	90 Day Evaluation; Competency (✓ = demonstrated competency) Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:
Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable					
PERSONAL RESPONSIBILITY/ACCOUNTABILITY AND MISSION SUPPORT (continued) Ways to improve work processes, efficiency and quality are identified and discussed with the supervisor and other appropriate staff members. Consistent effort and attention to work results in quality services and performance.					
RESIDENT, GUEST AND INTERNAL CUSTOMER FOCUS Sensitivity to emotional, spiritual and practical needs of residents, families, guests and staff members is demonstrated in all interactions. Positive feedback and comments about the quality of work and effort have been offered by residents, families and co-workers. Priorities, schedules and efforts are adjusted to meet specific customer needs. Problems related to safety, cleanliness and comfort of resident and work areas are reported to appropriate personnel.					
SAFETY Follows established infection control precautions and procedures. Wears and/or uses safety equipment and supplies when indicated.					
Total Points This Page:					

PERFORMANCE EVALUATION	Job Specific Orientation	90 Day Evaluation; Competency (✓ = demonstrated competency)	Evaluation/Competency	Evaluation/Competency	Evaluation/Competency
Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable	Date:	Date:	Date:	Date:	Date:
SAFETY (continued)					
Uses only equipment trained to use.					
Demonstrates job-specific knowledge of fire and disaster preparedness during drills or actual situations.					
Operates all equipment in a safe manner.					
Total Points This Page:					
Total Points From Page 1					
Total Points From Page 2					
Total Points From Page 3					
Total Points From Page 4					
Total Points From Page 5					
Total Points From Page 6					
TOTAL POINTS FOR ALL SECTIONS					
<p>To determine the PERFORMANCE RATING, divide the TOTAL POINTS FOR ALL SECTIONS by the total number of items scored in all sections (i.e. of the 83 or more items listed an employee may receive 240 total points divided by 70 items scored = 3.42. Please remember that some employees will be scored on fewer or more items depending on their job duties in your center). The resulting score rounded to the nearest 10th (i.e. 3.42 = 3.50, 2.75 = 2.80) is used to determine the employees PERFORMANCE RATING as outlined below.</p> <p>NOTE: If the resulting performance rating is 2.50 or less, the supervisor must initiate a formal Performance Improvement Plan and follow-up with the employee to ensure goals are being met.</p>					
PERFORMANCE RATING:					
4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable					

RSC Name: _____ **Date:** _____

Please list area for improvement and performance improvement measures to be taken:

Supervisor comments:

Employee comments (please attach an additional sheet if necessary):

G. RESIDENT SERVICES PROGRAM ASSESSMENT¹⁷

NAME OF PROPERTY:		DATE:
COMPLETED BY:		
Administrative Performance: _____ (17 points possible)		
1. Service program complies with administrative requirements and has systems in place to maximize efficiency and effectiveness.		
<input type="checkbox"/>	A. Management and service provider have regular meetings. Frequency: _____	
<input type="checkbox"/>	B. An effective referral mechanism for management to make referrals to the service provider/coordinator is in place.	
<input type="checkbox"/>	C. Follow-up and coordination of services between management and the service provider/coordinator is effective.	
<input type="checkbox"/>	D. Program operates within a detailed annual budget. Year: _____ Income: _____ Expenses: _____	
<input type="checkbox"/>	E. Staff understands and is responsive to federal, state, and local statutes and regulations. Fair Housing Section 504 ADA	
<input type="checkbox"/>	F. There is access to legal services to support program operation. Law firm: _____	
<input type="checkbox"/>	G. There are site-specific policies and procedures in place and followed that address common service functions and situations.	
<input type="checkbox"/>	H. Appropriate documentation, record keeping, and data retrieval mechanism are in place.	
<input type="checkbox"/>	I. Record maintenance practices and office procedures protect individual confidentiality and rights.	
<input type="checkbox"/>	J. Reports are accurate and timely. Quarterly report: _____ Annual report: _____	
<input type="checkbox"/>	K. Fee schedules are in writing and public (if applicable).	
<input type="checkbox"/>	L. Procedures to access services are in writing and well distributed.	
2. Supplies, equipment, computer and office space are provided for sole use of Resident Service Coordinator.		
<input type="checkbox"/>	A. Supplies and equipment	
<input type="checkbox"/>	B. Computer	
<input type="checkbox"/>	C. Private office space	
<input type="checkbox"/>	D. Locking files	
3. External funding sources are pursued (if appropriate).		
<input type="checkbox"/>	A. Other sources of funding besides site operating budget: _____	

¹⁷ Original: Pennsylvania Housing Finance Agency – based on adaptation by Maine State Housing Authority

Staff Development: _____ (15, 19 or more points possible – depending on # of positions)	
4. There is a job description in place for all staff associated with the provision of services. Each job description includes:	
<input type="checkbox"/> A. Position #1 _____ job description.	<input type="checkbox"/> E. Position #2 _____ job description (if applicable)
<input type="checkbox"/> B. Clear delineation of duties and responsibilities	<input type="checkbox"/> F. Clear delineation of duties and responsibilities
<input type="checkbox"/> C. Qualifications	<input type="checkbox"/> G. Qualifications
<input type="checkbox"/> D. Clear and appropriate lines of supervision	<input type="checkbox"/> H. Clear and appropriate lines of supervision
5. On-going staff development includes:	
<input type="checkbox"/> A. Comprehensive, multi-year plan of training for all staff	
<input type="checkbox"/> B. Formal orientation program for new personnel	
<input type="checkbox"/> C. Continuing education for existing staff	
6. Appropriate staff has access to professional development opportunities and attends training (at least quarterly).	
<input type="checkbox"/> A. _____	<input type="checkbox"/> C. _____
<input type="checkbox"/> B. _____	<input type="checkbox"/> D. _____
7. Staff has access to program materials, including:	
<input type="checkbox"/> A. Service Connections	<input type="checkbox"/> C. Program Manual
<input type="checkbox"/> B. Quick Connections	<input type="checkbox"/> D. Other: _____
Service Provision: _____ (11 points possible)	
8. High quality services are provided that are appropriate and responsive to the residents' needs.	
<input type="checkbox"/> A. Resident input is sought at least every 3 years. Date of last resident input: _____	
<input type="checkbox"/> B. Response Rate is greater than or equal to 50%. Response Rate of last survey: _____	
<input type="checkbox"/> C. Services are based, in part, on the results of this resident input. Changes suggested by residents: _____	
<input type="checkbox"/> D. There is a written comprehensive plan updated at least every 3 years. Date of last plan: _____	
<input type="checkbox"/> E. Service plan identifies priorities, objectives, and target outcomes.	
9. Internal monitoring and evaluation of existing programs takes place on a regular basis and includes:	
<input type="checkbox"/> A. Measurement of progress towards objectives and target outcomes.	
<input type="checkbox"/> B. Identification of factors that interfere with effectiveness or efficiency.	
<input type="checkbox"/> C. Determination of need for continuation, refinement, reduction, redirection, or expansion of services.	
<input type="checkbox"/> D. Measures of customer satisfaction.	
<input type="checkbox"/> E. Measure of staff response time to resident requests.	

10. Staffing level is appropriate.			
<input type="checkbox"/>	A. Service Coordinator ratio of hours to residents is approximately one hour per week for every five units.		
Resident Participation: _____ (10 points possible)			
11. Outreach efforts to residents are extensive, continuous, and varied.			
<input type="checkbox"/>	A. Service Provider/Service Coordinator meets with every new resident		
<input type="checkbox"/>	B. Group meetings with residents		
<input type="checkbox"/>	C. Monthly newsletter		
<input type="checkbox"/>	D. Other:		
12. Resident council or other representative group is active.			
<input type="checkbox"/>	A. At least 1/3 of residents are involved in some resident organization.		
<input type="checkbox"/>	B. Group raises funds over which they have control.		
<input type="checkbox"/>	C. Group initiated and takes responsibility for social activities.		
<input type="checkbox"/>	D. Council is incorporated as a 501(c)(3) private, non-profit corporation, if appropriate.		
13. Other resident interest groups.			
<input type="checkbox"/>	A. There are self-sustaining interest groups operating within the building.		
14. Active and involved residents:			
<input type="checkbox"/>	A. Residents are actively involved in using their resources and abilities to enhance the life of the building and the community.		
Community Partnerships and Community Building Initiatives: _____ (13 points possible)			
15. Information about community and county services:			
<input type="checkbox"/>	A. Service Coordinator uses a current directory of regional services along with information about how to access them.		
<input type="checkbox"/>	B. Services directory is available to residents.		
16. Partnerships within the community are developed and nurtured:			
<input type="checkbox"/>	A. Business/Labor:	<input type="checkbox"/>	G. Public Agencies:
<input type="checkbox"/>	B. Civic Organizations:	<input type="checkbox"/>	H. Religious Organizations:
<input type="checkbox"/>	C. Health Agencies:	<input type="checkbox"/>	I. Schools:
<input type="checkbox"/>	D. Law Enforcement:	<input type="checkbox"/>	J. Youth Organizations:
<input type="checkbox"/>	E. Local Officials:	<input type="checkbox"/>	K. Other:
<input type="checkbox"/>	F. Parents' Groups:		
Total: _____		Comments:	
(# of checkmarks – out of 66 or 70)			
Priority Area of Improvement – Category: _____ Number: _____ Box: _____ Target Date: _____			
Steps to Implement Change:			
<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ 			

H. SAMPLE SATISFACTION QUESTIONNAIRE¹⁸

RESIDENT SOCIAL SERVICE COORDINATOR DIVISION

Satisfaction Questionnaire for Resident Social Service Coordination

Resident satisfaction is an important tool for improving the quality of services provided. Please take the time to answer the following questions about the care and treatment you received from your Resident Social Service Coordinator. We are interested in your honest opinions. All responses will be confidential.

Check the box that best represents your answer:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not Apply
1. Making an appointment was convenient and easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The general appearance of the Coordinator's Office has a sense of privacy and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Resident Social Service Coordinator listened carefully and seemed to understand my problems and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have confidence and trust in the skills and knowledge of the Resident Social Service Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Resident Social Service Coordinator and I worked together to develop my service goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The Resident Social Service Coordinator helped me to get Community Agency services that I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The programs that the Resident Social Service Coordinator has developed are needed at our housing site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The Resident Social Service Coordinator answered my questions and concerns to my satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The Resident Social Service Coordinator demonstrated sensitivity to my age, ethnic and cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹⁸ Developed by Cornu Management Company, Inc., 95 Broadway, Boston, MA 02116

Check the box that best represents your answer:

	Excellent	Good	OK	Fair	Poor
10. How would you rate your overall satisfaction with the care you received from the Resident Social Service Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Definitely	Maybe	Undecided	I don't think so
11. If a friend or family member were in need of similar help, would you refer them to the Resident Social Service Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What impressed you **the most** about the services you received from your Resident Social Service Coordinator?

What impressed you **the least** about the services you received from your Resident Social Service Coordinator?

How could we improve our service(s)?

Please return your completed survey in a sealed envelope to the Management Office.

Your participation is very much appreciated.

Dear Resident,

Cornu Management Company, Inc. is regularly reviewing its policies and procedures to ensure that we are delivering the best possible management programs to the individuals and families that live in our developments.

With this in mind, we have developed a brief questionnaire which evaluates the services of the Resident Social Service Coordinator at your site. Please take a few moments and complete the questionnaire. Once you have completed it, put it in the enclosed envelope, and drop it off in the Management Office. You will see a box that says "RSSC Questionnaire". All completed questionnaires are confidential and you are not required to write your name on it.

Thank you very much for taking the time to help us evaluate our programs and services. Your participation is appreciated.

*Resident Social Service
Coordinator*

DIVISION DE CORDINACIÓN DE SERVICIOS SOCIALES PARA RESIDENTES

Questionario de Satisfacción acerca de la Cordinación de Servicios Sociales para Residentes.

Por favor tóme tiempo para contestar las siguientes preguntas acerca del cuidado y el trato que recibió de su Cordinador (a) de Servicios Sociales para Residentes. Estamos interesados en su opinion honesta, sea positiva o negativa. Por favor, conteste todas las preguntas. La satisfacción de los residentes es un instrumento importante para mejorar la calidad del cuidado proveído.

Marque la caja apropiada que mejor represente su respuesta:

	Consiento Fuertemente	Consiento	Ni Consiento Ni Apruebo	No Consiento	No Apruebo Fuertemente	No Aplique
1. Hacer una cita fué conveniente y fácil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. La apariencia en general de la oficina de La Coordinadora tiene privacidad y confidencialidad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. La Coordinadora de Servicios sociales de los Residentes escuchó atentamente y parece entender mis problemas y mis asuntos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tengo fé y confié en la habilidad y la sabiduría de la Coordinadora de Servicios Sociales a los Residentes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. La Coordinadora de Servicio Sociales para los Residentes y yo trabajamos junto para desarrollar mis metas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. La Cordinadora de Servicio Sociales de los Residentes me ayudó a conseguir una Agencia De servicios en la Comunidad que necesitaba.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Los Programas que diseñó la Cordinadora de Servicios Sociales para los Residentes Contestó mis preguntas y mis asuntos a mi satisfaccion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. La Cordinadora de Servicios Sociales para los Residentes Contestó mis preguntas y mis asuntos a mi satisfacción.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. La Cordinadora de Servicios Sociales para los Residentes demostró sensibilidad por mi edad, mi etnicidad y mi cultura.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marque la caja apropiada que mejor represente su respuesta:

- | | Excelente | Bueno | OK | Favorable | Pobre |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. ¿Cuánta satisfacción siente con el trato que recibió de la Cordinadora de Servicios Sociales para los Residentes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Definitivo | A lo Mejor | Indeciso | No Creo |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. ¿Si un amigo o familiar necesitara la misma ayuda, lo referiría a la Cordinadora de Servicios Sociales para los Residentes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¿Que fue **lo más** que le impresionó de los servicios que recibió de su Cordinadora de Servicios Sociales para Residentes?

¿Qué fue **lo menos** que le impresionó de los servicios que recibió de su Cordinadora de Servicios Sociales para los Residentes?

¿Cómo podemos mejorar nuestro (s) servicio (s)?

“Por favor devuelva su cuestionario completo en un sobre sellado a la Oficina Administrativa

Su participación es muy apreciada.

Estimado Residente,

Cornu Management Company, Inc. Revisa regularmente sus normas y procedimientos para asegurar que estamos proveyendo los mejores programas administrativos a los individuos y familias que viven en nuestros complejos de vivienda.

Con esto en mente, nosotros hemos desarrollado un breve cuestionario que evalúa los servicios de el/la Coordinador/a de Servicios Sociales al Residente en su vivienda. Por favor tome un momento y complete el cuestionario. Una vez que lo haya completado, colóquelo en el sobre adjunto, y déjelo en la oficina administrativa. Usted verá una caja que dirá "Cuestionario RSSC". Todos los cuestionarios completados son confidenciales y usted no está requerido a escribir su nombre en ellos.

Muchas gracias por tomar el tiempo de ayudarnos a evaluar nuestros programas y servicios. Su participación es apreciada.

*Coordinador/a de Servicios Sociales
al Residente*

I. NOTICE FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY¹⁹

English

If you have difficulty understanding this notice because of limited English proficiency you may request oral interpretation at no cost to you. For this assistance, please contact your Property Manager.

Russian

Если Вам не понятно это сообщение из за недостаточного знания Английского языка, Вы можете обратиться к Менеджеру дома и Вам бесплатно устно переведут.

Bosnian

AKO TI IMAS PROBLEM RAZUMIJEVANJA ILI OGRANICEN GOVOR ENGLISKOG MOZES IMATI PREVODIOCA DA TEBE NECE KOSTATI. ZA OVU POMOC MOLIM DASE OBRATITE SVOME MENAGERU.

Portuguese

Caso tiver dificuldade em entender esta nota, você pode pedir a sua interpretação gratis. Para tal assistência, por favor, contacte a Administração do Prédio.

Spanish

Si usted tiene dificultad leyendo este aviso por Ingles limitado usted puede solicitar la traducción de la información a ningún costo a usted. Para esta ayuda, comuníquese por favor con la Oficina de la Gerencia de su unidad.

Vietnamese

Nếu bạn không hiểu bản thông cáo này, bởi vì tiếng anh của bạn chỉ có giới hạn bạn có thể yêu cầu thông dịch viên mà không cần phải trả bất cứ lệ phí nào.
Nếu bạn cần thêm sự giúp đỡ, xin vui lòng gặp nhân viên quản lý của bạn.

French

Si vous avez de la difficulté a comprendre cette avis à cause d'une compréhension limitée de la langue Anglais, vous pouvez faire une demande pour le service de traduction orale. Ceci est un service gratuit. Pour demandez ce service, s'il vous plait, contactez le gérant de votre immeuble.

Chinese

如果你對閱讀此通告的內容有任何不明白之處是基於英語的理解能力，你可以要求口述翻譯而不需付額外費用的。如需這協助，請聯絡你的物業經理。

¹⁹ Courtesy of Maloney Properties, Inc.

J. SAMPLE INCIDENT REPORT²⁰

The Cornu Management Company, Inc. Resident Social Service Coordinator Division Incident and Observation Form

Please complete this form when an incident occurs which requires referral to the Resident Social Service Coordinator. A copy of this form should be given to the Resident Social Service Coordinator.

Building Name: _____ Date of Incident: _____

Resident Name: _____ Unit #: _____ Time of Incident: _____

Address: _____

Check Appropriate Incident:

Crime

Medical Assist

Condition observed

General

Describe in detail what happened: _____

Was the police department contacted? Yes ☐ No ☐ What time? _____

Was the fire department called Yes ☐ No ☐ What time? _____

Possibility of substance abuse? Yes ☐ No ☐

Possibility of abuse/neglect?

Comments: _____

Action Taken: _____

Follow-up Required?

Yes ☐ No ☐

What is the follow-up and who is responsible for follow-up? _____

Signature of Reporter _____ Date _____

²⁰ Developed by Cornu Management Company, Inc., 95 Broadway, Boston, MA 02116

K. SAMPLE RELEASE OF CONFIDENTIAL INFORMATION

At initial occupancy, and through annual updates, _____ requests some personal and health information from you. Providing us with this information is completely voluntary on your part. We request it in order to understand your situation and to coordinate services on your behalf, if necessary.

Our Resident Services Coordinator keeps a confidential file on each resident who has supplied such information and/or any resident with whom she or he has had contact for the coordination of services. All information collected is maintained in confidence under the requirements of state and general laws. However, in order to provide you with adequate and appropriate services, individuals, organizations and facilities may request pertinent information about you. *The files are the property of the Owner, and the Management Agent has access to them on a need-to-know basis.*

The information will likely include such things as:

- Your name, address, phone number and Social Security Number
- Medical insurance, hospital of choice, doctor's name and phone number
- Emergency contact person, other household members
- Health and medication information
- Extent of family help provided, type of assistance needed

YOUR RIGHTS: You have the right to:

- Inquire about where and how the information is maintained
- Object to the substance of the information collected and maintained
- Inspect (or photocopy at your expense) the contents of your file
- Request that certain information not be released to other organizations
- Request that certain family members not be contacted

On the reverse side is a form for the release of confidential information.

I voluntarily authorize the release of information to be used by the Resident Services Coordinator to link me with programs and services that I may need or desire.

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

- ☐ My Emergency Contact: _____
- ☐ Other Family Member or Friend: _____
- ☐ Legal Representative: _____
- ☐ Therapist: _____
- ☐ Physician: _____
- ☐ Other: _____

I have the following restrictions on this release of information:

- ☐ It can only be used for issues related to my tenancy.
- ☐ It can only be used if I am incapacitated and cannot otherwise give consent at the time.
- ☐ It can only be used if my emergency contact cannot be reached.

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

Name: _____

Signature of Individual 18 years of age or older

Date

Signature of Parent/Guardian of Individual under 18

Date

I, _____, revoke this authorization of confidential information.

Resident or Parent/Guardian Signature

Date



L. SAMPLE CONFIDENTIALITY AGREEMENT

Confidentiality means protecting another person's right to privacy.

In order for residents to have trust in the relationship with the Resident Service Coordinator (RSC) at _____, it is important for you to know that the information you share with the RSC will not be communicated to anyone without your written release.

The Release of Confidential Information form is used to obtain this permission. The signed form allows the RSC to discuss your service needs and desires with community service providers, family members, physicians, and other individuals in order to link you to programs and services that may benefit you.

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

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

1. Adult Protection Services and Child Protection Services referrals. I am legally and/or ethically obligated to report adults with disabilities who have been subjected to physical abuse, neglect, or exploitation or who are living in hazardous conditions to the **Disabled Persons Protection Commission**. Likewise, I am obligated to report suspected child abuse and/or neglect to **Department of Social Services**, and elder abuse and/or neglect to **Protective Services** and/or **Executive Office of Elder Affairs**.
2. If I believe a child or elder is in imminent danger, I am obligated to report this to the local police department.
3. I may be required by law in a court action to reveal information shared with me or contained within my resident files.
4. I have a responsibility to my employer to report lease violations that come to my attention in the course of my duties.

RSC Signature

Date

I have read and understand this agreement:

Resident's Signature

Date



M. SAMPLE POLICY ON DOMESTIC VIOLENCE²¹

Addressing Domestic Violence Guidelines for Action

I. Purpose

To provide clear guidelines for Property Managers (PM) and Resident Social Service Coordinators (RSSC) on the assessment and intervention in the event of suspected domestic violence (DV).

II. Policy Statement

Cornu Management Company, Inc. is committed to providing a safe living environment by offering assessment, safety planning, education, support, and referral services to victims of DV living in Cornu managed properties.

III. Key Definitions & Terms

- **Domestic Violence (DV)**

DV is a pattern of coercive control & abuse that can take various forms including but not limited to: physical, emotional/psychological, verbal, sexual, and economic. DV is created by an inequality of power within a relationship that leads to an abuse of that power.

DV transcends gender, age, family composition, race, ethnicity, socioeconomic status, and sexual orientation and has profound effects on the psychosocial functioning of the family and/or household members.

- **Mandated Reporting**

There is no mandated reporting of DV in Massachusetts. However, report of abuse of victims who are 60 years of age or older, under 18 years of age, or who has a disability is mandated. Massachusetts General Law 209A: Abuse Prevention provides a mechanism by which a victim can file for a 209A: Restraining Order.

- **209A: Restraining Order**

This is a civil court order offering a victim of DV protections and rights which can be enforced by law enforcement officers.

- **No Trespass Order**

This is a civil court order offering a victim of DV protections and rights which can be enforced by law enforcement officers to keep the perpetrator of the abuse away from the property in which victim resides.

²¹Developed by Cornu Management Company, Inc., 95 Broadway, Boston, MA 02116

IV. Identification: High Risk Signs & Symptoms

When a resident presents with a constellation of signs and symptoms that raise the concern of PM, RSSC, and/or maintenance, an assessment should be conducted to determine safety in the household. The following signs and/or symptoms may not always imply an abusive relationship. The patterns of behavior must be examined in context of the relationship.

A. Physical & Sexual

1. Evidence of injury
2. Multiple injuries in various stages of healing
3. Explanation which is inconsistent with injury
4. Drastic change in attire
5. Fear of perpetrator's emotional state
6. Repeat visits to the Emergency Room
7. Hypervigilance

B. Emotional/Psychological/Verbal

1. Complaints of pain without evidence of injury
2. Emotional withdrawal
3. Increased self-blame for perpetrator's behavior
4. Isolation from friends and family
5. Fear of companion or others
6. Suicidal ideation or attempts

C. Economic

1. Not permitted to work
2. Inability to pay for food, clothing, transportation
3. Not given any financial responsibility
4. Being prevented from getting to work
5. Harassment at work

D. Legal

1. Existing 209A: Restraining Order
2. Police Reports
3. Involvement of the Department of Social Services (DSS)

V. Assessment Process and Referral

It is imperative that all property management site staff work together to increase safety and security within the family and the community at large. Each staff member has the responsibility of informing everyone of the potential DV situation occurring on-site. By doing so, it ensures that we all work together to develop a comprehensive approach to address the potential DV situation. The following steps should be considered by PM and RSSC once a potential DV situation has been disclosed:

A. PM and RSSC meet prior to any intervention and agree on action plan. The plan may include:

PM Course of Action	RSSC Course of Action
<p>PM will refer a potential victim of DV to RSSC and consider these guidelines:</p> <ul style="list-style-type: none"> → Assess immediate safety of the household → Request permission to share information with RSSC → Notify Security if a resident has or would like to obtain a 209A: Restraining Order and request a copy for the Record → Consider not evicting victims of DV if there has been excessive noise, property damage, or numerous calls to the police → Change unit locks if deemed necessary → Issue a no-trespass order to the subject of the 209A, when a resident presents a 209A: Restraining Order → Recalculate the rent immediately, if the household income has changed → Document in accordance with Cornu standards 	<p>RSSC will conduct assessment and consider these guidelines:</p> <ul style="list-style-type: none"> → Assess immediate safety of the household → Request permission to share information with PM → Interview resident in a safe and confidential environment → Conduct interviews with other household members and outside agencies if indicated → Notify Security if a resident has or would like to obtain a 209A: Restraining Order and request a copy for the Record → Assess status of any legal actions or court orders (past, current, and planned) → Assess and recommend if unit locks need to be changed → Provide resident with information about rights, laws, supports, and resources → Determine if situation may require mandated reporting of abuse (51A, etc) → Document in accordance with Cornu standards

B. PM and RSSC meet and discuss findings of evaluation and coordinate plan.

VI. Documentation

Any written report by RSSC should not go into any property management file. However, a 209A: Restraining Order and/or a No Trespass Order should be included in the file if the victim has these orders against the perpetrator of DV.

The RSSC will document in accordance with existing Cornu standards for RSSC documentation. Documentation should be objective and detailed, with attention to:

- A. The resident's account, ascertaining additional details, such as date, time, and location of incident. Include types of injuries, weapons used, and threats made.
- B. Observation of the resident's overall presentation and emotional state.
- C. Summary of action taken and reports filed.

Domestic Violence Initiative: Steps for Action

I. Create a Domestic Violence (DV) Committee

- A. Encourage staff personnel across departments in property management to become members of the committee
- B. Schedule meetings to discuss the initiative, goals/objectives, and measures that need to be considered in a multidisciplinary manner

II. Develop a Comprehensive Set of Guidelines

- A. Meet with the DV committee, local DV service providers, and our Employee Assistance Provider to have a better understanding of DV within privately-managed subsidized housing
- B. Develop a comprehensive set of guidelines that reflects the team approach that is needed in order to provide an effective and efficient response to specific DV situations
- C. Include all members of the property management staff at different sites to offer input, feedback, questions, and concerns during the development of the guidelines

III. Educate All Staff Members About the DV Initiative

- A. Offer a workshop on the DV Initiative during a joint property management/resident service coordinator meeting, accept feedback about the set of guidelines created and the goals/objectives of the initiative, and have an activity around potential cases that may arise
- B. Develop a DV 101 Workshop which includes education about DV in housing, the goals/objectives of the DV Initiative, the roles and responsibilities of each worker in the property management team, legal guidelines we must adhere to, potential cases that may arise, and resources available to the property management team
- C. Schedule workshops at all properties managed by Cornu Management Inc. within a selected time frame
- D. Offer staff personnel from all properties an opportunity to evaluate the workshop

IV. Educate the Community About their Role in Decreasing DV

- A. Develop a workshop for residents in each property about what constitutes a healthy relationship and what does not; how we could decrease the amount of DV that is seen and heard; the resources that are available for friends, family, and the survivors themselves; and different steps they can take to ensure the safety of the individual and the community.

- B. Schedule workshops at each property during a specific time-frame
- C. Become involved in community discussions about DV and outreach to local service providers such as DV Agencies, the District Attorney's office, the Police Department, the State-Wide Coalition against DV, etc.

Future Steps for Action

V. Engage the Youth about Teen Dating Violence

- A. Develop a series of discussions for youth to attend revolving around the issue of teen dating violence, how it affects them, their friends, family, and what they could do to prevent themselves or someone they love from falling into the trap of a controlling, abusive relationship

VI. Develop a Process for Staff who are in a DV Situation

- A. Discuss what the barriers are for staff personnel in getting the support that they may need while living in a DV environment
- B. Develop a set of guidelines to be implemented company-wide
- C. Train all personnel on what they could do to support and assist someone who may be in a DV relationship without jeopardizing their own and the company's safety

N. SAMPLE PROTOCOL ON HOARDING²²

Background

Hoarding is collecting and keeping an excess of possessions (including animals) until they interfere with day-to-day functions, including home life, health, family, work and social life; and so that functional parts of the home cannot be used for their intended purpose. Severe hoarding causes safety and health hazards.

Hoarding is recognized as both a mental health issue and a public health problem. It is typically not an immediate crisis. The hoarding behavior usually has been occurring for a long time and **there is no quick solution**. In addition, interventions without the individual's cooperation can make the problem worse. Careful assessment of the individual situation is essential for a successful outcome.

Property Managers and RSCs should collaborate with the individual, family and agencies such as mental health, adult protective services, child protective services, code enforcement, inspectional services, animal control and, ultimately the courts.

It needs to be made clear to the resident that hoarding, which causes health and safety issues, constitutes a lease violation, and that the safety and health hazards must be addressed if the individual is to retain his or her tenancy.

Steps to Take

1. Hoarding may be discovered in a variety of ways, typically – on apartment inspection, maintenance call, RSC visit, complaint of neighbors, concerned family member, REAC or other agency inspection, EMT or fire department response.
2. Property Manager should make inspection to verify the condition of the apartment and whether it meets the definition of hoarding or is an issue of poor housekeeping.
3. The Property Manager should then write up lease violations²³ and send notice of lease violation(s) to resident, arrange meeting with resident and inform RSC, if applicable.
4. Property Manager and RSC should adhere to the following:
 - Contact the resident face-to-face
 - Treat the resident with respect and dignity.
 - Respect the meaning and attachment to possessions by the resident.
 - Remain non-judgmental and factual.
 - Evaluate for safety.
 - Reassure the resident that others will try to help work with him/her.
 - Involve the resident in seeking solutions.

²² Courtesy of Maloney Properties, Inc.

²³ Typically the lease violation will be failure to maintain the apartment in safe and sanitary condition. You can also site building codes that require free and clear access to all exits and three (sometimes four) feet clear passageway.

- Consider whether the resident has a right to a reasonable accommodation, such as time for a specialist to work with the resident.
5. If the hoarding presents health and safety issues (for example: fire hazard, pest control, hazardous materials, danger to elder, child, person with disabilities or animals) call the appropriate authorities. This may be a necessary step to motivate the resident to cooperate, and will be useful if management needs to proceed to eviction. Who are the appropriate authorities?
- Fire Chief
 - Inspectional Services
 - Board of Health
 - Child Protective Services
 - Elder Protective Services
 - Disabled Persons Protection Commission
 - MSPCA or Animal Rescue League

Please note, because a call to the fire department, inspectional services or board of health may have implications for the Owner of the property, the Regional Manager must be consulted before these authorities are called.

6. If the resident is receptive and cooperative, refer the resident for help²⁴. Resources for help (for both staff and residents) include:
- Local mental health agencies
 - In Eastern Massachusetts: @ Home VNA (781) 238-0209. The VNA in Burlington runs a pilot program that provides occupational therapy and other skilled services to help deal with hoarding. VNA first checks insurance coverage via name, birthdate and SS#. Then a nurse visits, followed by the OT, who begins to work with the resident. Costs are billed by the VNA to Medicare or MassHealth.
 - For a resident over the age of 60, consult the local ASAP (home care agency) for heavy chore service.
 - Go to www.masshousing.com/hoarding for information and contacts.
 - The Obsessive Compulsive Foundation has a useful website, <http://www.ocfoundation.org/hoarding/>
 - Elizabeth Burden, LICSW, MPH, Senior Clinical Social Worker at Lemuel Shattuck Hospital, (617) 522-8110, offers periodic workshops on hoarding and hoarding behavior at NERSC conferences, TAP trainings and NASWMA trainings.

²⁴ Often, this is not the first time the resident has experienced hoarding behavior. Ask the resident if this has ever been an issue in the past, and if so, what resources – or who – helped the resident address the problem in the past.

O. RSC FUNDING GRID

From Maine State Housing Authority, "Opening Doors to Services in Housing"

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

P. HUD 4381.5, REV-2, CHG-2

Chapter Eight: Service Coordinators

Please note: The following chapter (8) was excerpted from HUD Handbook 4381.5 and inserted in this handbook. Therefore, other chapters referenced are not included here and page numbers differ. For the complete HUD Handbook 4381.5, go to www.hudclips.org.

8.1 GENERAL

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

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

Due to the limited amount of funds available to date less than half of all project owners have funded a service coordinator. However, HUD permits rent increases and the use of residual receipts to fund service coordinators in eligible projects with HUD approval. Projects may also utilize the services of an "On-line Service Coordinator" (OLSC), to work with a project's "Computerized Learning Center" (CLC). (See Chapter 9 for further information.)

8.2 ELIGIBILITY

a. Projects Serving the Elderly or Disabled.

Various Appropriations Acts for the Departments of Veterans Affairs and Housing and Urban Development, may provide funds for grants for service coordinators for elderly or disabled families in housing projects serving the elderly or disabled participating in the following programs: Section 8 New Construction, Substantial Rehabilitation, Section 202, State Agency, Farmers Home, and Loan Management Set-Aside and Property Disposition, where contract rents are adjusted based on the AAF (as opposed to budget-based rents). HUD will publish a separate Notice concerning specific funds appropriated for service coordinators, when necessary.



An owner/borrower of an eligible project must first apply for grant funds designated for service coordinators if available, prior to requesting approval for a rent increase described in this Chapter. Once these special grant funds are exhausted, projects owners may apply under paragraph B below.

b. Projects Serving Families, the Elderly or Disabled.

HUD may approve requests for the use of residual receipts, budget-based rent increases or special adjustments to fund service coordinators or OLSCs (see Chapter 9). Requests to fund a service coordinator will be evaluated under the criteria within this notice, but must also be consistent with availability of funds in a changing regulatory environment. Owners must exhaust funds in the projects residual receipt account prior to the Area Office's approval of a rent increase (except under Section 202, see paragraph 8.5(a)below).

To qualify for eligibility for either the use of the residual receipts or a rent increase, a 202 loan must have closed. In addition, since there may be isolated cases in other programs where the loan has not closed or been endorsed, the requirement that the loan has closed or been endorsed applies to all project owners. Also, in some cases under the Section 202 program, the project's reserves for replacement and residual receipts are located in one account. In order for these projects to be approved, the sponsor must agree to provide separate accounts for the residual receipts and reserve for replacements from the time of approval forward.

In the following Section 8 programs project owners are eligible to apply for a special adjustment in rents for service coordinators in accordance with the requirements outlined in this chapter: Section 8 New Construction, Substantial Rehabilitation, Section 202, State Agency, Farmers Home, and Loan Management Set-Aside/Property Disposition Set-Aside, where contract rents are adjusted based on the AAF (as opposed to budget-based rents). These adjustments are also available for OLSCs.

In all cases, rent increases may be affected by rents policy in effect that Fiscal Year.

8.3 AUTHORITY

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

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

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

8.4 SERVICE COORDINATOR FUNCTIONS AND QUALIFICATIONS

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

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

THE SERVICE COORDINATOR SHOULD NOT BE ASSIGNED RESPONSIBILITY AS THE PROJECT'S RECREATIONAL OR ACTIVITIES DIRECTOR, NOR PROVIDE SUPPORT SERVICES DIRECTLY (EXCEPT IN EMERGENCY SITUATIONS). THE SERVICE COORDINATOR, ALSO, CANNOT ASSIST WITH OTHER ADMINISTRATIVE WORK NORMALLY ASSOCIATED WITH THE PROJECT(S) OPERATING BUDGET.

- a. Eligible Housing Project Serving the Elderly or Disabled. The service coordinator hired by the owner of a project for the elderly or disabled must meet the requirements of paragraph 1, 2 and 3 below.

- (1) Qualification of a service coordinator:

- A. A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. However, individuals without a degree, but with appropriate work experience may be hired.

Supervisory experience may be necessary in some team situations in which a professional supervises a number of nonprofessional or paraprofessional "aides".

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

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

- C. Two to three years experience in social service delivery with senior citizens and nonelderly disabled. Some supervisory or management experience may be desirable.
- D. Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly disabled in the area served by the project.
- E. Demonstrated ability to advocate, organize, problem-solve and provide results for the elderly and disabled served.
- F. In situations where the management of a building wants to create a services "team" in which a service coordinator supervises one or more "aides" (nonprofessional persons - see item 2. below), the coordinator should have appropriate professional staff experience AND prior supervisory or management experience.

(2) Aides working with a service coordinator:

- A. It is desirable, but not required, that aides have a college degree; they should, however, have appropriate experience in working with the elderly and/or disabled.
- B. Options for structuring an "aide" situation:
 - set up an internship or work study program with local colleges and universities to assist in carrying out some of the functions noted under paragraph 8.4(a)(1)(D) above; or,
 - use local college and university programs to provide planning guidance to project staff or provide program evaluation/assessment functions.

(3) The major functions of the service coordinator are:

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

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

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

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

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

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

- B. Establishes linkages with all agencies and service providers in the community; shops around to determine/develop the best "deals" in service pricing to assure individualized, flexible and creative services for the involved residents).
- C. Sets up a directory of providers for use by both project staff and residents.
- D. Refers and links the residents of the project to service providers in the general community; these are, for example, case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness and legal advocacy.
- E. Educates residents on service availability, application procedures, client rights, etc., providing advocacy as appropriate.
- F. May develop case plans in coordination with assessment services in the community or with a PAC.
- G. Monitors the ongoing provision of services from community agencies and keeps the case management and provider agency current with the progress of the individual. Manages the provision of supportive services where appropriate.
- H. May set up volunteer support programs with service organizations in the community.
- I. Helps the residents build informal support networks with other residents, family and friends.
- J. May provide training to project residents in the obligations of tenancy or coordinate such training.

- K. May educate other staff on the management team on issues related to aging in place and service coordination, to help them to better work with and assist the residents.
- L. May serve part-time as an OLSC (see paragraph 9.5 (g)).
- a. Eligible Housing Projects Serving Families. The following is guidance which the owner should follow when hiring a service coordinator and in developing a job description.

(1) Qualification of a service coordinator in family projects:

- A. A Bachelor of Social Work or degree in Psychology or Counseling is preferable. Supervisory experience may be necessary in some situations.
- B. Two to three years experience in social service delivery with families.
- C. Demonstrated working knowledge of supportive services and other resources in the area served by the project.
- D. Demonstrated ability to advocate, organize, problem-solve and provide results for families.

(2) Functions of a service coordinator in family projects:

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

- A. Provides general case management which includes intake, education (services available and application procedures) and referral of residents to service providers in the general community. These social services may include job training, drug and alcohol counseling, preventive health screening, and other family services.
- B. Sets up Service Agency Listing for Self-Referral.

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

- C. Sponsors educational events which may include subjects relating to health care, job search seminars, life.

- D. Facilitates the formation of Self-Help Groups within the project's community if a particular need is evident. The formation of small groups will assist in fostering a sense of community and encourage residents' efforts to support and assist each other.
- E. Monitors the ongoing provision of services from community agencies and keeps the case management and provider agency current with the progress of the individual. Manages the provision of supportive services where appropriate.
- F. Sets up volunteer support programs with service organizations in the community.
- G. Helps the residents build informal support networks with other residents, family and friends.
- H. Provides training to project residents in the obligations of tenancy or coordinates such training.
- I. May serve part-time as an OLSC.

8.5 QUALITY ASSURANCE

Management must assure that the service coordinator function is effectively implemented. Therefore, quality assurance is an allowable administrative expense. A project may propose a cost of 8-10 percent of the service coordinator salary to provide limited monitoring oversight of the service coordinator by a qualified third party. The project must provide a written justification along with the budget. Current salaries of in-house staff may not be augmented for this purpose.

8.6 OWNER'S SUBMISSION REQUIREMENTS

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

- a. Use of Residual Receipts Accounts in Project For the Elderly or Disabled. If the project has funds in the residual receipts account, it shall use these funds for a service coordinator prior to requesting HUD approval of a rent increase. An exception to the use of all residual receipts is in the case of Section 202 projects. Section 602(e) of the HCDA of 1992, limits the use of residual receipts, by amending Section 202(j) of the Housing Act of 1959. If approved by HUD, the owner of a Section 202 project may use any residual receipts held for the project in excess of \$500 per unit to provide a service coordinator.

- (1) Requests for the release of funds from the residual receipts account shall be made in writing to the HUD State or Area Office. The request shall provide a detailed description of the proposed use of the funds, in accordance with Handbook 4350.1, Rev-1, Multifamily Asset Management and Project Servicing, Chapter 25, Residual Receipts.
- (2) Owners should also analyze the amounts in the Reserve for Replacements Fund in light of anticipated replacement needs. They should rely on their own personal knowledge of the physical condition of the project, evaluations made by their managing agents, and physical inspection reports furnished by HUD. After reviewing this information owners should project how much money needs to be on deposit in the Reserve Fund at specific points in the future. They also need to consider whether funds should be transferred from the residual receipts account to cover real or potential shortfalls. See Handbook 4350.1, Rev-1, Multifamily Asset Management and Project Servicing, Chapter 4, Reserve Fund for Replacements.

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

- (3) Owners using residual receipts for this purpose must submit an annual report to the HUD Area Office describing the uses of the residual receipt funds.
- (4) Owners shall meet the requirements of paragraphs 8.4.(a).
- b. Use of the Residual Receipts Account in Family Projects. Requests for the release of funds from the residual receipts account must be made in writing to the HUD Area Office. The request must provide a detailed description of the proposed use of the funds, in accordance with Handbook 4350.1, Rev-1, Multifamily Asset Management and Project Servicing, Chapter 25, Residual Receipts. The disbursements from this account may be made only after receipt of written consent from HUD.

Owners may follow requirements in paragraph 8.4(b).

- c. Budget-Based Rent Increase Process For Projects Serving The Elderly, Disabled Or Family Projects. If a project's residual receipts account has been exhausted, the project owner may request a budget-based rent increase. In cases where the project does not have a residual receipt account (this is true for some 202 projects), the owner must agree to separate the reserves for replacement from the residual receipt account from this point forward.

- (1) Requests for a budget-based rent increase must follow the guidance in 4350.1, REV-1, Chapter 7.
- (2) Owners of projects for the Elderly must meet the requirements in paragraphs 8.4(a).
- (3) Owners of Family projects may meet the requirements in paragraph 8.4(b).

Rent adjustments must be consistent with rents policy in effect at the time of request.

- d. Special Rent Adjustments. Once a project's residual receipts account has been exhausted, the project owner may request a Special Rent Adjustment to cover the cost of a service coordinator.

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

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

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

- (1) Are the cost items "similar" to those identified in the statute and regulations, i.e., necessary expenses of owning and maintaining the units within the project.
- (2) Has there been a "substantial and general increase in the cost at issue? In the case of service coordinators for families, is there a causal relationship between the "dysfunctional family" and the increased cost?
- (3) Has the increase been "general"? For example, has this increase been experienced by owners of other than the immediate project and particularly projects other than merely Section 8 assisted projects (e.g. 236's or 221(d)(3) BMIRs)?

Owners whose costs meet these three standards, will satisfy the legal requirements for consideration for special rent adjustments. In addition, requests must meet the following requirements:

- (4) Calculations for the special adjustment shall be made on Form HUD-9833B: Section 8 Annual Contract Rent Adjustment Worksheet, Part G, "Special Adjustments for Taxes, Insurance or Utility Cost Increases. "This form is located in Handbook 4350.1, Rev-1, Chapter 34, Appendix 2. Owners are instructed to add an entry for "Other" (to cover "similar cost" language in the statute and regulations) in the blank space on the right side of the form next to the entries for "Taxes," "Insurance," and "Utilities" and specify that the special adjustment is for a service coordinator.
- (5) In the case of an elderly project, owners shall meet the requirements in paragraphs 8.4(a)(1) and (2). However, in the case of family projects, owners may follow, but are not required to adhere to the guidance in paragraph 8.4 (b) (1) and (2).

Rent adjustment must be consistent with rents policy in effect at the time of request.

- e. Elderly Projects Constructed Under the 202 Capital Advance Program. Projects constructed under this program must submit an operating budget for HUD review and approval. In cases when an owner did not initially propose a service coordinator, the owner may request an amendment to the Project Rental Assistance Contracts (PRAC). The approval of this request will be based on the availability of funds. The sponsor shall follow the procedures below:
 - (1) Submit a request for an increase in PRAC along with supporting documentation. This request must certify that at least 25% of the residents are frail and at risk, and otherwise be consistent with the requirements of Notice H-93-71 and its successors.
 - (2) Owners shall meet the requirements in paragraphs 8.4 (a) (1) and (2).

8.7 AREA OFFICE/CONTRACT ADMINISTRATOR PROCESSING INSTRUCTIONS.

a. Residual Receipts.

- (1) Section 202 projects.
 - A. The Asset Management Branch Chief can require when necessary a complete physical inspection of the project. The inspection will determine pending and future repairs and replacements, based on the age and condition of the project.
 - B. Based on the physical inspection and information obtained from the project owner, an Asset Manager shall analyze the Reserve for Replacements Account to assure that it is sufficiently funded to cover pending replacements. If the Reserve Account is insufficiently funded, a transfer of funds from the residual receipts account to the Reserve for Replacement Account will be required to cover the shortfall. This shall be done before authorizing release of any of the residual receipts.

- (2) All other projects (except for Section 202) shall follow the Handbook 4350.1, REV-1, Multifamily Asset Management and Project Servicing, Chapter 25 Residual Receipts.
- b. Budget Based Rent Increase. Review the request for a budget-based rent increase in accordance with 4350.1, REV-1, Chapter 7, and current rents policy, if appropriate.
 - c. Special Rent Adjustment
 - (1) Owners must meet the legal requirements for consideration of a special rent adjustment as stated in paragraph 8.5(d). However, such requests for special rent adjustments for service coordinators for families should also include a review of specific circumstances for each case in applying these requirements.
 - (2) Area Offices/Contract Administrators will need to review the project's contract authority to determine if it is adequate to meet the projected demands for housing assistance for the remaining incremental terms of the contract because it will be paid out of the project's contract/budget authority. If contract authority is inadequate to meet projected demands, a request for additional funding may be forwarded to Headquarters, Office of Multifamily Housing Management, Program Support Branch, for Contract Amendments.
 - (3) Review of Form HUD-9833B, Section 8 Annual Contract Rent Adjustment Worksheet, Part G, "Special Adjustments."
 - (4) Area Offices/Contract Administrators are instructed to follow existing instructions in Handbook 4350.1, Chapter 34 for processing special rent adjustment. In particular, paragraphs 34-6 through 34-8 provide general processing instructions, including a walkthrough of how to compute the actual dollar amount of the special adjustment to approve applicable "back out" procedures. The instructions and requirements contained therein are incorporated here by reference.

The expiration of a special adjustment does not constitute a "reduction in rent." This point is especially relevant to Section 142(d) of the Housing and Community Development Act of 1987, which limited reductions in Section 8 contract rents to specific causes. Reductions for other reasons are prohibited unless agreed to by the owner. The owner, by accepting the special adjustment, agrees to this reduction when the need for the rent increase no longer can be justified.

Field Office should also consider adjustments in terms of current rents policy.
 - d. Elderly Projects Constructed Under The 202 Capital Advance Program:
 - (1) The HUD Area Office will request and ask for additional information as necessary and approve it as appropriate.

- (2) Approved requests will be forwarded to the Director of Funds Management Division. Project funding will be based on the availability of dollars at the time the request is submitted to Headquarters.

8.8 APPEALS OF SPECIAL RENT INCREASE DECISIONS

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

8.9 TRAINING GUIDELINES FOR SERVICE COORDINATORS

- a. General. This Section provides guidance for training of service coordinators working in HUD-assisted projects serving residents who are elderly or have disabilities, including those funded under the Congregate Housing Services Program (CHSP). It also provides guidance for multifamily properties serving families and the On-Line Service Coordinator (OLSC).

While the statute mandates training requirements for service coordinators in housing serving elderly or residents with disabilities, it does not mandate training in projects serving families or the OLSC. In the case of HUD-assisted projects serving families, owner/agents must follow guidance in chapter six ("Training Costs for Front-Line Staff"), prior, and Subparagraph 8(f), page 8-28, below, which provides suggested training areas for family projects with service coordinators.

The training guidelines enhance the service coordinator's current level of knowledge and skills which will improve his/her effectiveness in working with residents. The guidelines offer a general framework for developing training programs to meet the needs of service coordinators; they also allow flexibility in training design and delivery by vendors outside the Department.

- b. Authority. Statutory authority for training guidelines for service coordinators serving projects for the elderly or people with disabilities is found in Sections 671 and 672 of the Housing and Community Development Act Amendments of 1992 (HCDA) (41 USC 8011). Section 671 requires training for service coordinators serving projects for the elderly or people with disabilities. Section 672 of the HCDA states the minimum requirements as: "Such qualifications and standards shall include requiring each service coordinator to be trained in the aging process, elder services, disability services, eligibility for and procedures of Federal and applicable State entitlement programs and legal liability issues relating to providing service coordination, drug and alcohol use and abuse by the elderly and mental health issues."

Training for service coordinators for families and the OLSCs are not a statutory requirement.

c. Implementation – Projects With Service Coordinators Serving The Elderly Or People With Disabilities.

1. Eligibility. Training for service coordinators qualifies as an eligible project expense if the proposed training relates to the guidelines herein, i.e., to enhance the service coordinator's knowledge and skills in the identified subject areas. Associated costs of the training activity (including travel and lodging) considered reasonable and customary in accordance with HUD travel requirements are also allowable.
2. Minimum Training Requirements. All service coordinators serving the elderly and people with disabilities must have met a minimum of 36 training hours of classroom/seminar time before hiring, OR will complete these minimum training requirements within 12 months of initial hiring.

The 36 hours MUST, cover ALL nine of the following subject areas:

The first seven of these are statutory:

- The Aging Process – see subparagraph 8.8 (d) (5) (a).
Note 1: Group Homes and Independent Living Complexes serving non-elderly residents with disabilities need only address this issue as necessary and consistent with their resident population.
- Elder Services – see subparagraph 8.8(d)(1)(a). Note 2: See Note 1, above.
- Disability Services – see subparagraphs 8.8(d)(1)(b) and 8.8(5)(d).
- Federal and Applicable State Entitlement Programs covering both the elderly and people with disabilities – see subparagraphs 8.8(d)(2)(a) and (b).
- Legal Liability Issues Relating to Providing Service Coordination – see subparagraphs 8.8(d)(2) (c) and (d).
- Medication/Substance Abuse – see subparagraph 8.8(d)(5)(b)
- Mental Health Issues see subparagraphs 8.8 (d) (5) (c) and (e)

The last two are additional areas considered critically important for service coordinators serving the elderly or people with disabilities.

- Strategies for Communicating Effectively in Difficult Situations – see subparagraph 8.8(d)(4)(a).
- Strategies for Dealing with Cognitive Impairments – see subparagraphs 8.8(d)(5)(e).

Service Coordinators must meet the statutory requirements before requesting approval for additional training in other core subject areas.

3. Continuing Education. After completion of statutory training requirements, all service coordinators serving the elderly or people with disabilities should attend at least 12 hours of training annually. Continuing education is necessary in order to be an effective professional. At a minimum, service coordinators must remain current on changing statutes at all levels and current practices in aging and/or disability issues.
 4. Documentation. Project managers must document conformance with training requirements by listing the subject matter, length of time of the course covered (e.g., 6 hours), sponsoring organization, date(s) and cost. Such information must be available to HUD staff on management reviews of the project site, if requested (see subparagraph 8.8(e)).
- d. General - Guidelines - Service Coordinators Serving Projects With Elderly Or People With Disabilities. There are five categories, or "core areas" of service coordinator training: The Professional Service Coordinator; Government Programs and (Legal) Requirements; Community Relations; Communications; and, Current Issues.

Each core area encompasses a broad array of related skills, knowledge and abilities in which training can be provided. Also, each core area can be broken down into "skills areas," from which a training course, seminar, symposium, etc. can be tailored. While training can be developed based on one or a combination of the skills areas, the method of presentation and exact content of training material is up to the training provider or vendor.

Additionally, project management is encouraged to provide an orientation regarding general project management functions to the coordinator (see subparagraph 8(d)(6), following).

NOTE 3: The areas listed below that have an asterisk (*) denote those in which there are statutory minimum requirements for service coordinators serving elderly/ disabled populations, as discussed under subparagraph 8 (c) (2) .

The Office of Housing encourages the involvement of other members of the property management team in service coordinator training as appropriate and necessary to that specific property. The more service coordinators and other members of the property management teams understand each others roles, functions and responsibilities, the smoother the operation of the project. Training may be approved as an eligible project expense in the following areas:

1. The Professional Service Coordinator.

This core area addresses the concept of service coordination, the role of the service coordinator in relation to the residents of the community and the other staff of the property, and administrative aspects of service coordination. It also focuses on the resident population being served, specifically addressing and meeting their needs through supportive service provision. Eligible training includes:

The following statutory subjects:

a. Supportive Services for the Aging/Elder Services *

The network and array of services available to the senior community for independent/assisted living.

NOTE 4: See Note 1, page 8-18, prior.

b. Supportive Service Needs of Non-Elderly People with Disabilities *

The network and array of services available to people with disabilities for independent/assisted living.

The following subjects are optional:

c. Role of Service Coordinator

The purpose, responsibilities and functions of the service coordinator.

d. Identifying Service Needs and Availability. The methodology for identifying needs of residents and service availability to meet those needs including case management and consumer research techniques; may involve cultural diversity issues.

e. Monitoring and Evaluating Services, Effectiveness, Adequacy and Need for Changes. The maintenance of established services plans (also known as case plans or care plans) and how to evaluate their effectiveness, adequacy and need for changes.

f. Networking

The process of establishing linkages with service providers and tapping resources to enhance service provision.

g. Creative Strategies in Service Provision

The examination of alternatives to traditional approaches in service provision.

h. Ethics/Confidentiality

Ethical considerations in performing the service coordinator job with sensitivity and professionalism.

i. Recordkeeping, and Reporting

Techniques for keeping organized records and files to achieve service coordinator recordkeeping and reporting goals; development of useful forms for effective reporting purposes.

2. Government Programs and Legal Requirements. This core area encompasses the knowledge necessary to administer service coordination in accordance with federal, State and local laws and program requirements. Eligible training includes:

The following subjects are statutory:

a. Federal Programs & Requirements *

Federal laws and associated requirements which impact the service coordinator's job, including, but not limited to: The Older Americans Act, Community Services Block Grants, the Fair Housing Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, the Developmental Disabilities Act, and appropriate Civil Rights statutes.

b. State-Administered Programs & Requirements/Entitlement Programs *

State-specific requirements which impact service coordinators, including, e.g., entitlement programs such as State-administered Medicaid or other supportive service programs.

c. Legal Liability *

Issues of legal liability for the service coordinator.

The following subjects are optional:

d. HUD's Service Coordinator Program Basic policy and procedures on HUD's Service Coordinator Program.

e. Locally-Administered Programs Requirements.

Local government and other program requirements which impact service coordinators, e.g.; the non-governmental network; geriatric assessment services; availability of locally-funded services (e.g., homemaker, meals-on-wheels, disability counseling); area agencies on aging.

3. Community Relations. This core area addresses skills needed to promote good relations between and among residents, staff, and the broader community. The following subjects are optional:

- a. Working with Resident Organizations

Strategies to develop and maintain resident interest in fostering community spirit and supporting service provision; may include strategies to address cultural diversity issues within the project.

- b. Support Networks for Residents

Identifying the various support networks available to residents (family, community service programs, other residents, self-advocacy groups, etc.) and ways to enhance those networks.

- c. Peer Networks

Creating one's own network as a service coordinator; effective vehicles for sharing/learning information from one's peers.

- d. Working with Volunteers

Tapping into the local volunteer network; establishing a formal volunteer program.

- e. Working with Aides

How to structure an aide or paraprofessional arrangement to assist the service coordinator, and associated supervision needed.

- f. Working with Management Agents

Understanding the management agent's role and priorities; techniques on how to work in concert with management agents.

4. Communications. This area focuses on the interpersonal skills needed to establish and maintain a successful service coordination program. Eligible training subjects include:

The following subject is required:

a. Communicating Effectively in Difficult Situations *

Ways to promote conflict resolution, community harmony and positive attitudes; methods to deal with uncooperative or unresponsive individuals' receptivity to others, including service providers.

The following subjects are optional:

b. Negotiation/Brokering

Techniques on effective negotiation and bartering for services; identifying resources/assets in exchange for services.

c. Counseling

Skills in counseling residents and families; effective listening to facilitate problem-solving. May involve dealing with cultural diversity issues.

d. Advocacy

Effective ways to be an advocate for the resident population and service coordination.

e. Teamwork/Consensus-Building

Group dynamics skills in achieving consensus, teambuilding.

f. Motivation

Strategies in helping residents to realize they can make their own choices and take effective action. May involve cultural diversity issues.

g. Outreach Strategies

Effective ways to tap resources (residents, services, funds) to market your service coordination efforts.

5. Current Issues. This core area addresses issues and problems in serving residents, who are elderly or people who have disabilities, in HUD projects as they operate in contemporary society. Eligible training includes:

The following subjects are statutory:

a. An Aging Population/Aging Process *

The physical, mental and social changes associated with the aging process; the aging of America's population.

NOTE 5: See Note 1, page 8-18, prior.

b. Medication/Substance Abuse *

The use/abuse of medications, alcohol and any other substance by the elderly or people who have disabilities.

c. Mixed Populations *

The issues confronting service coordinators and managers in serving populations that include both elderly and people with disabilities and methods to work effectively with such populations.

d. The Disabled Population *

Examination of the physical, mental and social changes associated with the aging process for residents who have disabilities; more general examination of the types of disabilities and how to best coordinate service needs.

The following subject is required:

e. Strategies for Dealing with Cognitive Impairments *

The signs and symptoms of mental illness or depression among the elderly and people with disabilities; how to serve populations with Alzheimer's disease, dementia and other forms of cognitive impairment.

The following subjects are optional:

f. Other Health Problems Among the Aging

The common health problems experienced as one ages (e.g. arthritis, osteoporosis/bone fractures).

g. Crime and Self-protection

Common crimes committed against residents who may be elderly or people who have disabilities; how to serve the elderly or people with disabilities in making them aware of crime and how to protect themselves.

h. Death and Loss

Helping the residents who are elderly or who have disabilities in dealing with death of loved one (e.g. spouse, friend, roommate). May involve cultural diversity issues.

i. Living Wills/Trusts

Fundamentals of living wills and establishing trusts; how to introduce these instruments to your residential population.

j. Guardianship/Power of Attorney

Legal fundamentals of working with residents and families to assign power of attorney and guardianships, where appropriate.

k. On-Line Service Coordination

Fundamentals of computers, including distance learning, if appropriate, local computer resources and use of the worldwide web (see Chapter 9, following).

6. Administration/Project Management. This subarea deals with a basic understanding of the property in which the service coordinator operates. The service coordinator needs general understanding, awareness and appreciation of the basics of project management, and should be attuned to issues concerning others on the management staff.

Thus, for the following subjects, appropriate members of the project's or the property management team should provide an orientation sufficient for the service coordinator's needs.

Training costs in the following subject areas are not normally approvable.

a. Resident Selection and Termination

The interviewing/intake process for new residents, the termination process and other related procedures.

b. Occupancy Issues

The examination of occupancy problems/violations and identifying associated service needs (e.g. good neighbor programs). Also, provide a general understanding in plain language and reasonable accommodation practices.

c. Emergency Procedures

The fundamentals of safe crisis handling; fires; CPR; first aid; conduct in different emergency situations.

d. Basics of Finance/Accounting

An introduction to fundamentals of bookkeeping/accounting procedures; essential components of a financial statement; understanding budgeting.

e. State/Area Office Management Review. When doing an on-site management review of projects for the elderly or people with disabilities subject to Handbook 4350.1, Chapter 6, include a check of whether or not there is documentation that the coordinator has met the training requirements or is in the process of receiving appropriate training. Any findings should be written in narrative format as an addendum to Form HUD-9834B, "Management Review Questionnaire" and summarized on the Form HUD-9834, "Management Review Report", under Section VI, General Management Practices, which is sent to the project manager.

f. Guidelines - Service Coordinators Serving Family Projects. There are no minimum training requirements for service coordinators in family projects. The Office of Housing is offering general guidance to assist owners of family projects address training needs of coordinators, as appropriate, either upon hiring or to meet needs which arise during their tenure.

Training for family projects is an eligible project expense under this Handbook; see page 6-32.

The subject areas noted below are EXAMPLES of current issues which may be useful for coordinators working in family projects; they are NOT all-inclusive. Family project owners may use discretion in determining training needs for coordinators. Training areas could include:

- (1) Single Head of Households - Issues and service needs confronting one-parent families;
- (2) Spousal Abuse - Signs of spousal abuse; how to deal with it, including coordinating professional help and counseling;
- (3) Child Abuse - Signs of child abuse and how to deal with such situations coming to light, including facilitating intervention of legal authorities and professional counseling;
- (4) Child Care - locating and providing child care (e.g. day care) on/off-site;

(5) Building Safe Communities - Identifying strategies to increase safety in the project(s) (e.g. public/private partnerships, neighborhood watch groups);

(6) Economic Development and Employment Opportunities

Strategies and training associated with developing economic development opportunities for the residents, both on and off-site e.g. small business development, job training programs, how to get and hold a job, etc.);

(7) Educational Opportunities - Existing programs (e.g. community colleges, GED Program) enabling residents to set and pursue educational goals;

(8) Drug/Alcohol Abuse - Types of common drugs/alcohol abuse and associated behavioral patterns. Getting emergency support and learning what is the local referral process for professional treatment;

(9) Neighborhood Violence - Exploring causes of violence, including gang violence, and successful ways to combat it;

(10) Youth Services - Approaches for tapping into existing or creating new programs and services for youth (e.g. boys'/girls' clubs, sports clubs, recreation centers) as ways of facilitating community building, positive peer relationships and alternatives to resorting to crime;

(11) Disability Issues - Approaches for working with residents with different types of disabilities; understanding relevant programs and statutes;

(12) Cultural Diversity - Approaches for working with religious, racial and ethnic differences among resident groups and conflict resolution, where appropriate; and

(13) On-Line Service Coordination - Approaches to dealing with establishing and administering a computerized learning center in a project, including, but not limited to: Networking skills and educational techniques, training methodologies and facilitating skills, computer skills, distance learning equipment (if appropriate), and use of the world wide web. (See Chapter 9 for further information.)

(14) Other subject areas deemed necessary.

(15) Project management is also encouraged to provide in-house cross-training for family service coordinators in areas noted in subparagraph 8(d)(6), above.

Comprehensive information about mental health and addiction

Website links:

[Click for more information](#)

- [Talking to Your Kids About Drug and Alcohol Abuse: The Ultimate Do's and Don'ts Guide](#)
- [Intervention eBook: What to do if your child is drinking or using drugs](#)
- [Co-Occurring Disorders](#)
- [Promoting Mental Health at Home](#)
- [How to Apply for Disability Benefits with Drug Addiction](#)
- [Substance Abuse in the Workplace: What to Do When an Employee Returns from Rehab](#)
- [Home After Rehab: The Guide to Finding the Right Place for Recovery](#)