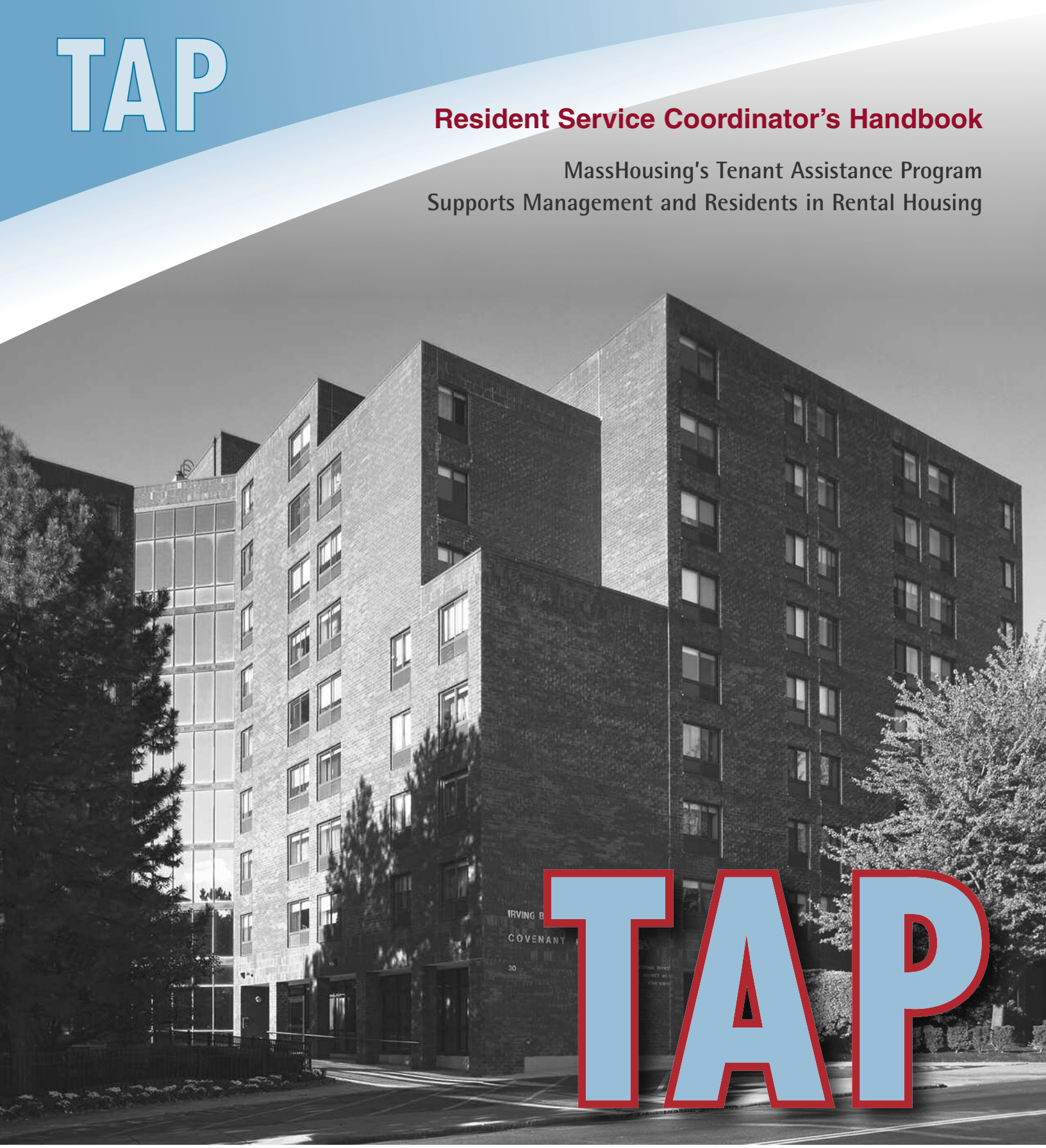
TAP

Resident Service Coordinator's Handbook

MassHousing's Tenant Assistance Program
Supports Management and Residents in Rental Housing



TAP

MassHousing

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Written by:
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under the Guidance and Support of
MassHousing's Community Services Department

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 Videophone 866.758.1435, or cstcyr@masshousing.com.

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CREDITS

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Susan S. Stockard retired in April 2011 as a Partner/Vice President at Maloney Properties, Inc. and also the Director of Resident Services, overseeing all Resident Services in properties managed by Maloney Properties. As such, Ms. Stockard worked with the resident service coordinators and/or property managers, guiding the development of resident service programs. Ms. Stockard served on various committees for Citizens Housing and Planning Association and is past president of the New England Elderly Housing Association and Match-Up Interfaith Volunteers and past Vice President of the New England Resident Service Coordinators, Inc. She recently served on (former) Mayor Henrietta Davis's Silver Ribbon Commission on elder housing choices in Cambridge. She is currently President of For Our COmmunitieS, Inc. (FOCUS), a 501 (c) (3) organization developed to initiate and support services for residents living in affordable housing.

Prior to joining Maloney Properties in 1985, Ms. Stockard served in a variety of capacities in the elder housing field. She directed a research project to design models for delivering health and social services to elders in public housing. The published report "Aging in Place" received national acclaim. Ms. Stockard is a founding member of Common Place, a housing cooperative formed in 1973.

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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.

RSCs 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 RSC, 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 sure policies and procedures are in place.

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

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

These reminders help to 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 right to 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.

BACKGROUND – MASSHOUSING

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 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 learn more about FSS and ROSS, go to www.hud.gov.

TAP continues to recognize site managers, service coordinators, maintenance staff and security staff as the front line personnel that maintain financially and socially stable housing communities. Likewise, TAP recognizes the centrality of residents and resident associations in preserving the housing community's harmony and safety. TAP membership is available to all developments financed or administered by MassHousing. TAP promotes direct communication, early intervention, conflict resolution, education and wellness through membership benefits that include unlimited access to trainings and conferences; mediation services to help manage individual and group conflict effectively; a choice of available programs for residents; and technical assistance in managing resident services and in making reasonable accommodations for residents with disabilities.

For more information and to enroll in TAP, visit: www.masshousing.com/TAP or call the Community Services Department at (617) 854-1078; Videophone (866) 758-1435.

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

J. 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 an RSC and a Case Manager. Different property management companies and owners answer this question in different ways. 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 Program Guide: *"Opening Doors to Services in Housing,"* (www.mainehousing.org), is that service coordination is "resident driven" rather than "needs-driven." In other words, an array of services are offered to all residents, rather than offered on the basis of a needs' assessment or individual care plans. In this sense, it is important to understand the RSC's role in residents' self-determination, particularly in working with residents to help them understand the choices they have and thinking through the consequences of choices they make.

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
- Improving the quality of life within the community
- Initiating and implementing programs and efforts that help build healthy communities and enrich a resident's quality of life
- Encouraging residents to build on their strengths
- Coordinating community resources that benefit individuals and families
- Fostering 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 demographics of 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:

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

B. ELEMENTS OF THE JOB

Sample Job Description[1]

The primary function of the RSC is to effectively assist residents that have requested support in enhancing the quality of their daily lives. This may mean working with them to more fully and successfully participate in social, educational and/or economic sectors. The RSC provides residents with information about and access to local services and resources that can assist them in pursuing opportunities and achieving life objectives. The RSC 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 (and establish contact with existing residents) and explain to them the resident services program, its offerings, and the RSC role in providing information and support in assisting residents interested in accessing 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 partnership relationships with local service resource 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 lease violations to the Property Manager and work with the property 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 resident services program targets. Consistently track and measure program target progress. Regularly report program outcomes to both internal and external stakeholders. Analyze and utilize 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 if desired by residents.

[1] Based on copyrighted information from Enterprise Community Partners, to be used for non-commercial purposes only.

9. Develop supportive professional relationships with residents that help them enhance the quality of their lives, empower them to develop life goals and encourage them in taking the steps to achieve self-sufficiency.
10. When requested, work with property management in mediating conflicts between residents. Document these efforts.
11. Insure effective communication with residents, by newsletter, flyer, bulletin board etc., making sure that communication is inclusive of residents whose primary language isn't English and who, as a result, have limited English proficiency, and people with visual and cognitive impairments.
12. Complete other housing and resident related assignments as directed by the supervisor.

Additional Requirements

- HUD requirements state that RSCs will have a Bachelor's 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 RSC 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 all identities
- Understanding boundaries – in order to uphold the integrity of the work, maintain professional roles, and 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, and 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 as set by the management company and/or owner. 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 (with other RSCs) be provided periodically by, for example, a licensed independent clinical social worker who is familiar with housing and the role of the RSC in housing.

RSCs need to take a proactive role in setting their own goals, in monitoring their progress and assuring that they are getting the training they need for competence and growth in their jobs. Three appendices at the end this manual, RSC Annual Evaluation Form, Resident Services Program Assessment, and the Logic Model are as much for self-assessment and goal setting as they are for outside and supervisory evaluation.

Reporting Requirements

There are many individuals and entities that may require reporting by the RSC, including the Owner, the Board of the Property, the Management Agent, a Regulatory Agency, and the Mortgagee. It is important for the RSC to know what reports are required, in what format and on what schedule. All Service Coordinators paid for with any type of HUD funds, are required to submit Form HUD-92456: Semi-Annual Performance Report. Form HUD 92456, including HUD's instructions for how it is filled out and where it is sent, can be found at www.hud.gov.

Office Space[2]

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. To ensure the confidentiality of resident files, RSCs should have locked filing cabinets. 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. Good communication is critical. The Property Manager and RSC need to meet on a regular basis to update one another and keep each other well informed on all matters that affect residents and the community. 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.

The Property Manager is ultimately responsible for maintaining the site and must enforce lease requirements. The RSC works to help the resident make healthy choices, access resources and supports, and maintain tenancy. As a result, there are, at times, inherent conflicts that must be understood. Both the Property Manager and RSC must have clear boundaries and strategize about how to address complex issues with the optimal outcome in mind, understanding that this may not be the final result. Unresolved conflict within the team impacts the residents and the site in ways that are not always obvious. It is critical that the Property Manager and RSC develop strategies to address conflict directly and in a timely fashion. This should be addressed at the outset of the relationship in addition to being revisited on a regular basis to insure understanding of the process and subsequent expectations. Direct communication about issues that arise is essential to achieving success.

The importance of maintaining 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, to others or to 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.

In this example, the Property Manager needs to know that the RSC discussed the lease violation, that the resident acknowledged the problem, and that the negative lease-violating behavior is going to change. The Property Manager does not need to know what caused the lease-violating behavior. This is the information that the RSC maintains as confidential.

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 and/or household member'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 available options.

RSCs may find it useful to take a HUD Occupancy course in order to understand basic occupancy rules, including the methodology for calculating a resident's rent and resolving income discrepancies identified in HUD's Enterprise Income Verification (EIV) system, as well as the required use of the HUD-92006 SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING.

D. ETHICAL STANDARDS

1. RSCs will work with all residents, regardless of race, gender, ethnicity, disability, or any other 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 and work with residents during 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 personal values and opinions.
5. RSCs 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 review with each resident the 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, voice mail, and texts, and procedures will be set up to insure that receipt of such data is limited to the RSC. RSCs will also take precautions regarding confidential information maintained on their computers, including using passwords, and not leaving their computer unattended if logged in.
9. RSCs will keep resident files in a secured, locked location.
10. RSCs will inform residents both verbally and in writing when going over the confidentiality agreement, that their files are the property of the Owner and that the 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. In addition, state law requires professionals whose work brings them in contact with children to notify DCF if they suspect that a child is being abused and/or neglected. Similar requirements cover professionals who work with people with disabilities. Therefore, whether or not RSCs and other staff are considered to be mandated reporters, it is good ethical practice and common sense for management companies to make such reporting a part of their practice.

E. TRAINING

Initial and ongoing training are important components of the RSCs job. Training helps connect RSCs with resources, mentors and peers, and keeps RSCs abreast of current ideas in the field of resident services. Training keeps RSCs current with changes in housing rules that affect residents and impact the way RSCs may need to do their jobs. 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 L. 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 projects serving families. Appropriate training opportunities for RSCs in family housing, including housing with working-age adults with disabilities, includes the following:

- Fair Housing, Reasonable Accommodation and Providing Meaningful Access to Persons With Limited English Proficiency
- 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
- Community 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 using resources to enhance service provision
- Creative Strategies in Service Provision
- Ethics/Confidentiality
- Record keeping, and Reporting
- Working with Resident Organizations
- Creating and Maintaining Support Networks for Residents
- RSC 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 paraprofessional 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 Resident Service Coordinators (NERSC) – www.nerscinc.org/
- Massachusetts Association of Resident Service Coordinators in Housing (MARSCH) – www.marschlink.net
- Service Coordination Institute of National Church Residences offers online courses – http://www.servicecoordinationinstitute.org
- **S.H.I.N.E.** Serving the Health Insurance Needs of Everyone – health insurance counseling services to elderly and disabled adults. www.mass.gov/elders
- 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 – as do management companies for in-house training.

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 Initiatives Support Corporation (www.lisc.org) (LISC), 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, REASONABLE ACCOMMODATION AND PROVIDING MEANINGFUL ACCESS TO PERSONS WITH LIMITED ENGLISH PROFICIENCY

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, genetic information, disability, families with children, marital status, age, receipt of public assistance, veteran status or membership in the armed services, sexual orientation and gender identity. Local laws may also include additional protected classes.

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 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 and be kept confidential. 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 authorization. (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. It is, therefore, important for RSCs to know about fair-housing laws and residents' civil rights.

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 physical modifications depends on whether the building receives subsidy and if not, the number of units in the building. Any site financed by MassHousing is responsible for paying for physical modifications. Please note that there are limits on an Owner's obligation and it is important for RSCs to understand these limits.)

RSCs need to know about reasonable accommodations because often it is the RSC who first learns 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 brainstorms with Ms. Vazquez regarding what is needed to make it possible and safe for her to use her tub and shower. Ms. Vasquez concludes that she needs grab bars. 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 (O/A) 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.

In addition, sites that receive federal dollars and/or state dollars or are financed by MassHousing are required to provide persons whose primary language isn't English and who as a result have a limited ability to read, write or understand English, meaningful access to their programs, services and activities. The extent of a site's obligation is based on its analysis of the applicant and resident population and resources available to provide meaningful access. In order for the plan to be effective, staff will need to work together to identify the site's programs, activities, and services, and the various times staff communicates with applicants and residents orally (over the phone and in person) and in writing. HUD has provided guidance on this and any site financed by MassHousing was required to certify that they are in compliance with the rules requiring meaningful access to persons with Limited English Proficiency. Please see MassHousing's website for more information on this topic.

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. There are "panic button" apps available for smart phones. 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.
6. Participate in trainings to learn effective de-escalation techniques to help mitigate conflicts.
7. If there is concern about violence occurring in the home, schedule meetings in the office to control the level of risk. If you must conduct a home visit, consider going to the unit with another staff member.

Self-care is important for RSCs and for all staff of properties that experience death, violence, physical or environmental catastrophe or other forms of trauma. RSCs should avail themselves of the resources they need to recover from such trauma, and can be instrumental in making services available to other staff and to residents. Resources include the Samaritans, grief counselors, and teams that specialize in trauma counseling in the workplace.

Emergency Preparedness for Properties

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 as well as residents with Limited English Proficiency who may not be able to understand a standard notification system.

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 as well as residents with Limited English Proficiency who may not be able to understand a standard notification system. There are legal requirements for the evacuation of these residents. Although the legal responsibility is with management, RSCs should know what these requirements are. October is Fire Prevention month and is a good time for RSCs to host 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.

RSCs also need to be prepared for situations that don't call for evacuation but nevertheless pose risks for residents, such as a long-term power outage or a water shutoff. How will residents be assisted if the elevators are not working? How will those who need assistance get food and medication? If the heat is out, who is at risk and how will they be attended? Preparing ahead of time for such emergencies will help staff and residents cope with these situations if they arise.

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.
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. It is important to adhere to the "duty to warn" law and inform the authorities of the individual who has been identified as the target.
5. Talk to your supervisor about obtaining Basic Life Support (CPR and AED) certification, which provides you with important skills to assist in the event of a medical emergency.
6. Offices should be equipped with first aid kits and disposable gloves.

Security Incidents

All security incidents that pose a threat to the 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

Because RSCs are out and about the property on a regular basis, you are important observers. 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. Make sure that the problem is resolved in a timely manner, as it poses a risk to the community.

Unsafe Driver

If, based on objective evidence, you believe that you have an unsafe driver on your site, it is important to take action so that the safety of the individual and the general public is protected. A report can be made to the local police and, if the individual is an elderly driver, to Elder Protective Services. You can also report it to the Division of Motor Vehicles (www.massrmv.com) at the address and phone number 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

All reports need to be submitted in writing and signed by the person making the report. The report must contain the name and address or telephone number of the complaining party, as well as identification of the individual whose driving ability is being questioned – including the name and at least one of the following: driver's license number or address. In addition, the report must contain the reason for the complaint and/or a description of the purported functional limitation. Medical Affairs will accept reports from: family members, physicians, law enforcement, or other interested third parties, including, but not limited to, members of the individual's community (such as neighbors and staff of the housing community), private driving schools, physical therapists, etc. RMV's Medical Affairs division will conduct an individualized assessment, seeking a medical evaluation from the driver's doctor.

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

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.

Fostering healthy relationships includes establishing and maintaining appropriate professional 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.

The Sample Job Description in Section II B, Section II. D. ETHICAL STANDARDS, Section II. F. FAIR HOUSING, REASONABLE ACCOMMODATION AND PROVIDING MEANINGFUL ACCESS TO PERSONS WITH LIMITED ENGLISH PROFICIENCY, Section III. C. CONFIDENTIALITY, and Section III. D. DOCUMENTATION are all provided as further guidelines for establishing appropriate relationships, providing parameters for the job, and minimizing legal risks.

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 nice gesture, 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, a donation to the residents' fund, or a note of thanks.

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. (www.fairfoods.org)

[4] SERVE New England is a co-op offering deep discounts on quality food in exchange for volunteering. (www.bostonresourcenet.org/assistance/food-serve.htm)

Legal Matters

It is not uncommon for a resident to seek legal assistance for a variety of reasons, and the role of the RSC is to refer a resident to an attorney. 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 emergency contact, health care proxy, power of attorney, or guardian for any resident.

Rumors and Gossip

Rumors and gossip are not uncommon occurrences in a residential community, and they can be a negative force in community relations. 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 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 a myriad of factors including age, race, ethnicity, religion, physical characteristics, sexual orientation, etc. Residents need 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, document what occurred and follow their company's procedures. 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, diversity, and techniques to create inclusive communities.

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 contact 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.
- Engage 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 local health care, home care and various case management providers are and introduce yourself by phone or in person. Ask about joining interdisciplinary provider meetings. Tell them what services your housing provides. Ask what services they offer, and especially ones that your residents may not be aware of or 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

RSCs need to take a proactive role in setting goals, in monitoring progress and assuring that they are getting the training they need for competence and growth in resident services. Three appendices at the end of this manual, RSC Annual Evaluation Form, Resident Services Program Assessment, and the Logic Model are as much for self-assessment and goal setting as they are for outside and supervisory evaluation.

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

"Entitlement" 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 C. "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 groups. The management firm helped to raise some money from local merchants and a foundation to pay for this specific need.

Surveys and Evaluations

Getting feedback from residents is an important component of the RSC's job. Written surveys and small group meetings provide opportunities to evaluate programs that you have, to gauge interest in new programs, and to generate new ideas or approaches. Administering 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 the return rate, 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 directly. If you are conducting interviews, you may need to hire an interpreter in order to provide access to someone who signs or whose primary language isn't English.

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. D. DESIGNING A RESIDENT SURVEY, which contains suggestions for designing a resident survey.

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 Evaluation[5] - For RSCs and their supervisors to assess the RSC's work. See Section V. Appendix E. RSC ANNUAL EVALUATION.
- Program Evaluation[6] - A checklist to help RSCs evaluate their programs and prioritize goals. See Section V. Appendix F. RESIDENT SERVICES PROGRAM ASSESSMENT.

[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

Logic Model

The logic model is a way to display the sequence of actions that describe what the Resident Service program is and what it will do, as well as what results are anticipated.[7] Components of the Logic Model are:

- INPUTS: resources, contributions, investments that go into the program
- OUTPUTS: activities, services, events and products that reach people who participate or who are targeted
- OUTCOMES: results or changes for individuals, groups, and communities,
- ASSUMPTIONS: the beliefs we have about the program, the people involved, and the context and the way we think the program will work
- EXTERNAL FACTORS: the environment in which the program exists includes a variety of external factors that interact with and influence the program.

A template for the Logic Model can be found in G. LOGIC MODEL TEMPLATE.

[7] From University of Wisconsin Extension School

III. COMPONENTS OF THE JOB

A. ACTIVITIES
B. COMMUNICATION
C. CONFIDENTIALITY
D. DOCUMENTATION
E. DEVELOPING A COMMUNITY RESOURCE DIRECTORY
F. NEWSLETTER
G. FUNDING RESIDENT SERVICES
H. TRANSPORTATION
I. VOLUNTEERS
J. WORKING WITH RESIDENT-OWNED PROPERTIES

A. 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, resident activities are unquestionably a part of the RSCs job. The job description for the RSC includes:

- Responsibility for the development of programs, services and activities, which enable and empower residents to live successfully in a cooperative community environment.
- Responsibility for planning and coordinating training activities, educational, health services and trips, entertainment and recreational programs for the resident community.

The purpose is always the physical, emotional and social well being of residents and their community. Activities help in the marketing of the property. They help build rapport among residents and with the staff. Activities can help develop trust between the residents and the RSC and can be an indirect way of getting residents familiar with the wide range of resident services offered.

The key to a successful activities program is to involve volunteers, community partners and residents in planning and executing activities. RSCs should think of the rhythm of the day, week, month and year when planning an activities program. A community-wide survey is a helpful planning tool. There are some models included in the Appendix.

Activities need to be advertised - by newsletter, flyer and/or calendar to make sure everyone has access. All must be available in alternate formats to accommodate different languages and visual disabilities.... The events must be accessible and events off site must include transportation for people with disabilities.

- 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 celebrated?
- 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 recreational activities, the arts, and public events?
- 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 the community together?
- What will encourage older people and people with disabilities to remain engaged and active?

Activities need to be advertised - by newsletter, flyer and/or calendar to make sure everyone has access. All must be available in alternate formats to accommodate different languages and visual disabilities. RSCs may use other outreach techniques to insure all residents are aware of the programs offered on-site, e.g., telephone trees, door-to-door outreach, etc. The events must be accessible and events off site must include transportation for people with disabilities.

RSCs have shared good ideas for providing 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, making sure activities are held in an accessible manner to meet the needs of the resident population. Whenever possible the RSC should be the point of contact.

B. COMMUNICATION

An important part of the RSC's job is consistent, effective communication with 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 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 attending to many issues:

- Using microphones when addressing a group.
- Using large print and no italics when writing messages.
- Accommodating people with hearing impairments, including providing sign language interpreters, and making sure you know how to use a TTY and/or the Relay Operator.
- Providing meaningful access to persons whose primary language isn't English, and who, as a result, don't read English. This may mean translating documents in writing or orally and hiring interpreters to facilitate oral communication as well as having a process in place to communicate with people with LEP over the phone, via a language hot-line or some other mechanism. (This should be covered in your site's Language Access Plan.)

As discussed earlier, there are now laws for housing that receives federal funding, requiring access for people with limited English proficiency (LEP)[8]. 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 the Massachusetts Immigration and Refugee Advocacy Coalition (www.miracoalition.org). A free website that can help with simple word or phrase translation is www.babelfish.com. At a minimum, you should include a notice such as the one found in Section V. Appendix H. NOTICE FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY, which instructs residents in several languages of their right to free language assistance. The exact notice your site uses will depend on your resident population and the analysis done to determine how to provide persons with limited English proficiency meaningful access to your site's programs, services and activities.

[8] 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 and voice messages, if these options are available to you. 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 central in fostering good 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 cell phones, pagers, email and instant message alerts, or other electronic interruptions, put a note on your door indicating that you can't be interrupted, and give the resident your undivided 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. It is a good investment of time and energy to develop a welcoming process for new residents. You can be helpful from the beginning and begin to forge a positive relationship from the start. This helps create a sense of community.

C. CONFIDENTIALITY

The RSC has a legal and ethical obligation to protect the confidentiality of the residents with whom she or he is working. 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 may have access to them on a need-to-know basis. Make sure that you know your company's policies regarding resident files. 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, without the resident's informed, written consent. 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 I. 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 J. SAMPLE CONFIDENTIALITY AGREEMENT.

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.).
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, the local psychiatric emergency team, the power of attorney, if the resident has one, 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. Please note that licensed social workers and other licensed professionals are held to additional and/or higher standards and should make themselves familiar with the rules and regulations that pertain to their specific licensing.

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. You may consider purchasing a white noise machine to place outside your office and enhance the level of privacy in your office. In some situations, you can meet with a resident in the resident's home.
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, text or leave voice messages you cannot insure confidentiality.

What is HIPAA?[9] 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.

[9] 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)

D. DOCUMENTATION

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 might 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 J. 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?[10]

1. Face-to-face conversations, phone calls, and written correspondence with or about a resident that are specific to the resident's well being.
2. The desired resources or support needed as identified by the resident.
3. Follow-up on all issues pertaining to the household.
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 presenting 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).

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.

[10] From Maine State Housing Authority – Opening Doors (1-7)

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, even if the RSC leaves for just a few minutes.

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.

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 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 Community Resource Directory?

1. **Agencies that provide services or benefits for your residents – including those that provide services in your residents' languages.**
   - Child Care, After-School and Youth Services
   - Department of Children and Families and Department of Youth Services
   - Department of Developmental Services
   - Department of Transitional Assistance office (emergency assistance) – including food stamp information
   - Employment Services – job training, job seeking, job retention
   - English as a Second Language
   - Financial Services – how to budget and maintain a bank account; credit services; taxes and financial planning; money managers; rep payees
   - Higher education and GED
   - Independent Living Center
   - Local Home Care – ASAP (Aging Service Access Point)
   - Mass Rehabilitation Commission
   - Social security administration
   - Visiting nurse
   - WIC program

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/eohhs) 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 organizations, etc.

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, racial or ethnic minorities

3. Merchants and Vendors – are they accessible?

- Area shopping
- Banks
- Grocery Stores – do they deliver or have transportation?
- Pharmacies – do they deliver?
- Repair Services

4. Health Care

- AA and NA meetings and other substance abuse services
- Community Health Centers
- Hospitals
- Lesbian, Gay, Bisexual and Transgender Health Services
- Mental Health and Counseling Resources
- Rehab Hospitals
- Women's health clinics

5. **Recreation and Leisure**
   - Adult Education Centers
   - Concert and stage
   - Health clubs
   - Libraries
   - Movie theatres
   - Museums
   - Organized teams and youth activities
   - Recreation facilities
   - Senior centers, teen centers
   - Summer camps
   - Walking and bike paths

6. **Safety and Security**
   - Community Crime Watch
   - Emergency shelters
   - Police, Fire, Ambulance
   - Safe Houses – shelter for domestic violence

7. **Transportation**
   - Parking
   - Public Transportation
   - Rental cars - including Zip Cars, where applicable
   - Taxi
   - The Ride

8. Government and Elected Officials

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

9. Advocacy Organizations

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

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. NEWSLETTER

The newsletter is an important component of resident and staff communication and of 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. If you do this, it is good practice to seek resident consent.
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 whose primary language isn't English and have limited or no English proficiency, or who are visually impaired – either through written translation or tape recording (See Section II. F. FAIR HOUSING, REASONABLE ACCOMMODATION AND PROVIDING MEANINGFUL ACCESS TO PERSONS WITH LIMITED ENGLISH PROFICIENCY).

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 from Enterprise (www.enterprisecommunity.com/resources). 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 facilities, 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 L. HUD 4381.5, REV-2, CHG-2 and available at www.hud.gov.)
- Maine State Housing Authority's RSC HUD Funding Grid (See Section V. Appendix K. RSC HUD FUNDING GRID)
- Enterprise Community Partners, Inc. www.enterprisecommunity.org.

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 entity tax-exempt, 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/pga

H. TRANSPORTATION

Mobility is an important aspect of a resident's ability to receive essential services. Residents need information regarding the full range of transportation options available to them including public transportation, city-provided transportation, taxi vouchers, transportation paid for by medical insurance, 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 available for residents, 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.mass.gov/portal/transportation/elderly-disabled-services.html.

[11] For a map of cities and towns served by The RIDE, go to www.mbta.com/riding_the_t/accessible_services/default.asp?id=7108#rideserv

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

I. VOLUNTEERS

Volunteers are an invaluable resource for RSCs and the residential community. Recruiting, training and retaining volunteers take a good deal of time, but it 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/eopss/agencies/dcjis. Some companies require drug testing to ensure the person providing services is able to do so effectively. In addition, if it is consistent with your company's policy, it is good practice for volunteers to be certified in basic first aid and CPR in the event of a medical emergency.

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.

External volunteers need to be oriented to the residential communities in which they will work, as well as non-discrimination and reasonable accommodation policies and procedures for communicating with residents who have LEP. 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 external 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; 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.

Local colleges and universities offer many additional opportunities for student volunteers, undergraduate interns, and students engaged in service learning programs.

J. 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.

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. Office space and office equipment may be shared between the RSC and 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 an encrypted thumb drive or flash drive to ensure compliance with privacy laws).

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 the RSCs to remember their principle responsibilities:

- Identifying and Helping Connect to Appropriate 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 to provide appropriate 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, which includes the RSC, sees residents on a day-to-day basis, the RSC can be the link to much-needed support and 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 ones that may result in negative outcomes. 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 9, 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 home.

Mental health and/or behavioral health issues may pose a host of challenges in a community setting, including, for example, loud disturbances, self-neglect, agitation, or public inebriation. Dementia can manifest with paranoia and accusations against staff or other residents. There are multiple challenges for the RSC – denial, non-compliance with medication, HIPAA rules, and lease violations. Ideally, the resident has signed an authorization form allowing the RSC to speak to medical personnel or family members. Protective services for elders, people with disabilities or for children may be an appropriate and necessary 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.

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.

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
Lauren Bolio, Director | Berkshire County Regional Housing Authority
1 Fenn Street, 4th floor | Pittsfield, MA 01201
(T) 413.443.7138 ext. 18 | lauren1961@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
Jenni DelMonte, Director | Mental Health Association
995 Worthington Street | Springfield, MA 01109
(T) 413.734.5376 | (F) 413.737.7949 | jdelmonte@mhainc.org

Worcester County
Francine Harrison, Director | Community Healthlink
26 Queen Street | Worcester, MA 01610-2473
(T) 508.438.5656 | (F) 508.860.1046 | fmharrison@communityhealthlink.org

Northeast Massachusetts
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 | habrams@eliotchs.org

Southeast Massachusetts
Alyson Gibbs, Manager/Coordinator | Father Bills & Mainspring
One Taunton Green, Suite 3 | Taunton, MA 02780
(T) 508.944.9502 | (F) 508.977.2380 | agibbs@helpfbms.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."

Behaviors caused by alcoholism and the misuse of alcohol by residents may fall under the purview of both management and resident service. 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. Serving or allowing alcohol at events presents 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 have tobacco-free floors, and housing authorities, in particular, are pioneering smoke-free housing.

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 while 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 suggest 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 properly dispose of unused and expired 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.

The Substance Abuse & Mental Health Services Administration has a helpful substance abuse treatment facility locator (www.samhsa.gov/treatment/index.aspx) 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.

Medical Marijuana

"In November 2012, Massachusetts voters approved a ballot question that allows a qualifying patient with a debilitating medical condition to obtain and possess marijuana for medical use, beginning January 1, 2013. The Department of Public Health was required by law to develop regulations for patient and caregiver registration, operation of dispensaries, and other aspects of the law. The Public Health Council unanimously approved the regulations on May 8, 2013. The regulations are now in effect.

"DPH has partnered with a wide range of stakeholders in public safety, patient advocacy, the medical community, and municipal government and will learn from other states' experiences to put a system in place that is right for Massachusetts. Listening sessions and public hearings across the Commonwealth contributed to the Department's understanding of the complexity surrounding the implementation of a program for the medical use of marijuana.

"The Department is currently building the necessary infrastructure to implement the law, including the development of an on-line registration process for patients and caregivers. The Department will issue registration cards to patients and caregivers once it completes the implementation of the program." [From Massachusetts Department of Public Health FAQ Regarding Medical Use of Marijuana] Property Managers and RSC's should keep current with the law and its implementation through this link: www.mass.gov/medicalmarijuana

Please note that residents of federally subsidized housing are subject to federal law, which still classifies marijuana as an illegal substance. This overrides the medical marijuana law in Massachusetts, making it illegal to use marijuana, even for medical purposes, on federally subsidized property. HUD has made it clear to owners and agents of federally subsidized housing that they aren't allowed to permit residents (or guests) to use illegal drugs, even a person with a disability who is using medical marijuana.

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. When a resident presents with substance addictions, the accommodation is the opportunity to get treatment, which in theory will enable the person to comply with the terms of the lease. In the case of someone who is addicted to alcohol, the negative tenancy related behavior isn't the person drinking, but rather behavior caused by the addiction. In contrast, when someone illegally uses a controlled substance in housing, that use in and of itself is a lease violation. Typically, housing providers won't know about this unless it is also coupled with some negative tenancy related behavior. NOTE: a current illegal drug user is not entitled to a reasonable accommodation. Also, not all people who use alcohol or drugs are addicted and only addicted residents are considered persons with disabilities. In other words, a person who uses alcohol recreationally and isn't addicted to alcohol isn't considered a person with a disability.

Remember your role as RSC:

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

C. ABUSE, NEGLECT AND DOMESTIC VIOLENCE

RSCs are in a unique position to become aware of potential domestic violence and abuse of children, individuals with disabilities and elders. Because they work in residential settings; they have a lot of one-to-one contact with residents and their families; they build a trusting and confidential relationship with residents; and other staff and residents often report their observations and suspicions to them. Therefore, it is important 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.

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 of children, individuals with disabilities, and elders is a requirement in any curriculum. If you are a mandated reporter, you are also required to submit a form that documents the abuse and neglect being reported. The entity you are making the report to should provide you with the form.

The Violence Against Women Reauthorization Act (VAWA 2013) is a law that protects victims of domestic violence, dating violence, sexual assault and stalking in nearly every type of housing. If there is an incident of domestic violence on your property, you are likely to become involved in some capacity and should understand the law and documentation requirements. See Federal Register. http://www.gpo.gov/fdsys/pkg/FR-2013-08-06/pdf/2013-18920.pdf

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*	Abuse of People with Disabilities
Massachusetts	Local ASAPs (Aging Service Access Points) Mass Elder Abuse Hotline: 800-922-2275 (24 hours)	DEPARTMENT OF CHILDREN AND FAMILIES Child at Risk Hotline 800-792-5200 (24 hours)	DISABLED PERSONS PROTECTION COMMISSION 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 Abuse[13]

What is the definition of partner abuse?

Partner abuse permeates all of our communities no matter how either partner may identify in regards to their ethnicity, gender, religious beliefs, sexuality, socioeconomic status, etc. It includes a wide range of behavior where one partner exerts power and control over his or her significant other. This pattern of behavior serves to ensure that the abusive partner controls the thoughts, feelings, beliefs, and actions of the partner.

The abusive partner uses different tactics of abuse that may create fear and intimidation. At times, the abusive partner may threaten to use or may actually use physical violence to maintain power and control. Abuse may occur during a relationship, while the couple is breaking up, or after the relationship has ended. Abuse can escalate from threatening behavior and verbal abuse to physical violence. Some abusive relationships can result in the loss of life.

[13] Some of the definitions and summaries for partner, elder and child abuse were adapted from the website www.helpguide.org.

What are different tactics of abuse?

The different tactics of abuse are:

- Economic abuse or financial abuse – includes withholding money or credit cards, preventing partner from working, defrauding or stealing from partner, etc.
- Physical abuse – physically hurting another individual, threatening to do so, or destroying property (it is important to note, that this is considered a criminal act).
- Sexual abuse – includes sexual assault, harassment, "outing" of a partner who may identify as Lesbian, Gay, Bisexual, or Transgender, exploitation, etc.
- Spiritual abuse – includes using the partner's religious or spiritual beliefs to manipulate the person, preventing a partner from practicing beliefs, etc.
- Stalking or cyber stalking – includes 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.
- Verbal or nonverbal abuse (psychological abuse, mental abuse, emotional abuse) – includes controlling and limiting contact with family or friends, threats, intimidation, humiliation, inducing guilt over parenting, controlling visitations, etc.

What should I look for?

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

What should I do?

If there is no imminent danger:

- Follow up with the individual.
- Don't talk to the victim and perpetrator of abuse 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 support 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 resource and referral hot line for all Massachusetts: 877-785-2020. RSC's 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.
- Let residents know about other resources including information regarding the National Domestic Violence Hotline (www.ndvh.org) 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY). It is 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.[14]

[14] Adapted from the original concept of: Walker, Lenore. The Battered Woman

Elder Abuse

What is 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 may result in injury, impairment or physical pain, as well as 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 including the denial of one's own basic needs and security
- Sexual abuse of an elder including 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 under-medicating; 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 the appropriate authority 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: suspected abuse is sufficient reason to make a report to authorities.

Child Abuse

What is 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. The injury is not considered an accident if the caretaker's actions were intentional, even if the parent or caretaker who inflicts the injury might not have intended to hurt the child.
- 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 medical, 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.

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 the abuse or neglect is confirmed or strongly suspected, DCF will open a case and further investigation and assessment of the family will follow. Depending on the outcome of the assessment, the family may continue to be involved with DCF or the case may be closed.

- You do not have to give your name when you report child abuse in most states, including Massachusetts, unless you are a mandated reporter.

Remember that suspected abuse is sufficient reason to make a report to authorities. You do not need proof. Ultimately, the goal is to protect the child from any harm.

Abuse of an Individual with Disabilities

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

However, individuals with disabilities are also in a unique position:[15]

- Persons with 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, cognitive 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.

[15] 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 sexual behavior.
- Greater economic dependence.
- 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 the individual on the toilet for an hour, leave the cordless phone out of his or 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 traumatic brain injury, mental illness or developmental delays) 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 opportunities 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 in 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 you? Has anyone been injured? If so, call 911 and call for help from other staff members.
- Do not put yourself in danger by physically intervening in a fight.

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, or 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 (based on your observations or reports of others)? 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. Documentation should be factual and not include assumptions or the feelings of the person making the written report.

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. It is essential to 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 proficiency issues that would make "talking it out" difficult? If one person has a disability, that affects his or her ability to understand information or communicate, is there anything required to insure 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 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 assistance in de-escalation and mediation.

E. HOARDING AND HOUSEKEEPING ISSUES

Hoarding is a complex disorder that is made up of three connected problems: 1) collecting too many items that are purchased or free (including animals), 2) difficulty getting rid of items, and 3) problems with organization. These problems can lead to significant amounts of clutter which can severely limit the use of living spaces for their intended purpose, cause significant safety and health hazards as well as lease violations, and result in significant distress and/or impairment in day-to-day living, including home life, health, family, work and social life (to tenant, others in building, owner, etc.)

Hoarding is recognized as both a mental health issue and a public health problem. It is typically not an immediate crisis. Usually the hoarding behavior has been occurring for a long time and therefore requires a long-term solution. In addition, interventions without the individual's cooperation can prove ineffective as the resident is central to overcoming the hoarding behavior. Careful assessment of the individual situation is essential for a successful outcome.

Property Managers and RSCs should collaborate with the individual, family and agencies including local hoarding taskforces, mental health providers, adult protective services, child protective services, code enforcement, inspectional services, animal control and housing court. The following steps should be considered:

- 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 developing solutions.
- Consider whether the resident has a right to a reasonable accommodation, such as time and assistance.

A reasonable accommodation never means the lease violation can continue indefinitely and it never means a delay in addressing an imminent serious health or safety issue. 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 timeline should be set for the home to be free of safety and health hazards. If the resident does not comply with this timeline 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?

The majority of resources to help address hoarding in Massachusetts are posted at www.masshousing.com/hoarding. This site has information on training & events, tools & assessment forms, committees & taskforces, as well as links to related professional, service, government, academic and self-help sites. A handbook titled, *Hoarding: Best Practices Guide*, is an excellent resource for professionals. http://forprofessionals.800ageinfo.com/2013/03/care-guide-for-hoarding.html.

In addition, up-to-date and accurate information about hoarding and its treatment is provided by the International Obsessive Compulsive Foundation (IOCDF) through the IOCDF Hoarding Center at www.ocfoundation.org/hoarding. *Clutter Image Rating,* a particularly useful assessment tool, can be downloaded directly at www.ocfoundation.org/hoarding/cir.pdf.

Periodic training for staff is available through professional organizations listed in Appendix A. ON-LINE AND TELEPHONE RESOURCES.

Housekeeping issues may or may not signify 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, or stopped up plumbing. These are lease violations. Housekeeping problems may be reported first by maintenance staff, since they 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. It is important to reference the lease, as it helps insure compliance.
- 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. It is also a lease violation.

Photo Credit: Elizabeth Chu

F. HOW THE SETTING AFFECTS SERVICES

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.

Scattered Sites

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. Typically, 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 disseminate information 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. "ENTITLEMENTS" MATRIX

D. DESIGNING A RESIDENT SURVEY

E. RSC ANNUAL EVALUATION

F. RSC PROGRAM ASSESSMENT

G. LOGIC MODEL TEMPLATE

H. NOTICE FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY

I. SAMPLE RELEASE OF CONFIDENTIAL INFORMATION

J. SAMPLE CONFIDENTIALITY AGREEMENT

K. RSC HUD FUNDING GRID

L. 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 and annual conference

www.hud.gov - HUD website, including access to all Housing and Urban Development forms, handbooks and documents

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

www.marschlink.net – Massachusetts Association of Resident Service Coordinators in Housing

www.mass.gov/elders - 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 Community Partners, Inc.

www.massrmv.com - Registry of Motor Vehicles

www.cityofboston.gov/newbostonians - Limited English Proficiency

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

www.babelfish.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.mbta.com – Massachusetts Bay Transit Authority

www.mass.gov/portal/transportation/elderly-disabled-services.html - Transportation services for the elderly or disabled

www.mbta.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/eopss/agencies/dcjis - Dept. of Criminal Justice CORI/SORI Information

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
800-799-SAFE (7233) is a 24-hour domestic violence hotline
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 - International Obsessive Compulsive Foundation (IOCDF) for information about hoarding and treatment through the IOCDF Hoarding Center

www.masshousing.com/hoarding - Massachusetts Hoarding Resource webpage

Additional Resources

www.beehive.org - The Beehive is a resource for information about money, health, jobs, school and housing. Customize your location to Boston for local resources.

www.bphc.org - Boston Public Health Commission is an independent public agency providing a wide range of health services and programs

www.nmha.org - the oldest and largest nonprofit mental health and mental illness organization

www.nami.org - 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.doe.mass.edu/hse – Information on the Massachusetts High School Equivalency Testing Program (formerly the GED)

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

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

www.childcareaware.org – Guidelines for finding quality childcare

http://nationalchurchresidences-edu.org/sci - Curriculum for service coordinators working in affordable housing

B. NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY[16]

Non-Discrimination

Your Property **(insert name)** does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, veteran status, receipt of public assistance, because someone is, has been or is threatened with being the victims of domestic abuse, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

Your Property **(insert name)** has designated **(insert name)** to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is this individual's contact information:

Name of Company

Address

Telephone #; Relay: 711

Also, if you believe you have been discriminated against, you may file a formal complaint with the Department of Housing and Urban Development (HUD) and local Fair Housing Agency. The contact information for HUD's Fair Housing Office and the Fair Housing Agencies in the states where our sites are located is attached to this notice.

[16] Courtesy of Maloney Properties, Inc.

Reasonable Accommodation for People with Disabilities

If you or any member of your household have a disability and as a result of your disability you need any of the following in order to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter;

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and
- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do, or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

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 documentation 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. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. Please do not hesitate to contact the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to apply to or enjoy your housing, including services and the common areas.

Free Language Assistance for People with Limited English Proficiency

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide you free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return the form to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

Property Contact Information:

Name of Property:

Office Address:

Telephone: Relay: 711

Email:

Contact Information for the Department of Housing and Urban Development Region I FHEO Office and State Fair Housing Agencies Where **[insert your property name]** Conducts Business

The Department of Housing and Urban Development
Boston Regional Office of FHEO
U.S. Department of Housing and Urban Development
Thomas P. O'Neill, Jr., Federal Building
19 Causeway Street, Room 321 Boston, MA 02222-1092
(617) 944-8300 | 1-800-827-5005 | TTY (617) 565-5453

Massachusetts

Massachusetts Commission
Against Discrimination (MCAD)

Boston Office
One Ashburton Place
Sixth Floor, Room 601
Boston, MA 02108
PHONE (617) 994-6000
TTY: 617-994-6196

Springfield Office
436 Dwight Street
Second Floor, Room 220
Springfield, MA 01103
(413) 739-2145

Worcester Office
Worcester City Hall
455 Main Street, Room 101
Worcester, MA 01608
(508) 799-8010
(508) 799-8490 - FAX

New Bedford Office
800 Purchase St., Rm 501
New Bedford, MA 02740
(508) 990-2390
(508) 990-4260 - FAX

New Hampshire

NH Commission for Human Rights
2 Chenell Drive #2
Concord, NH 03301-8501
Telephone: (603) 271-2767
Fax: (603) 271-6339
E-mail: humanrights@nhsa.state.nh.us

Rhode Island

Rhode Island Commission for Human Rights
180 Westminster Street, 3rd Floor
Providence, RI 02903
Tel: 401-222-2661
TTY: 401-222-2664
Fax: 401-222-2616

Vermont

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
800-416-2010, x25 (voice)
802-828-2481 (fax)
877-294-9200 (TTY)
Email: human.rights@state.vt.us

I SPEAK FORM

I SPEAK FORM (Continued)

C. "ENTITLEMENT" MATRIX[17]

	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.

[17] Courtesy of James G. Stockard, Jr.

D. 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, Program Guide: *"Opening Doors to Services in Housing"* – Sample Resident Survey – www.mainehousing.org

Enterprise Community Partners, Inc. *"Creating Opportunities for Families through Resident Services: A Practitioner's Manual"* – Sample Resident Survey – www.enterprisecommunity.com/resources/ResourceDetails?ID=55682.pdf

E. RSC ANNUAL EVALUATION

Volunteers of America – Adapted by New Hampshire Housing Finance Authority

PERFORMANCE EVALUATION Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable	Job Specific Orientation Date:	90 Day Evaluation; Competency (✓ = demonstrated competency) Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:	Evaluation/ Competency 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 **Key:** 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable	Job Specific Orientation Date:	90 Day Evaluation; Competency (✓ = demonstrated competency) Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:	Evaluation/ Competency 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 **Key:** 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable	Job Specific Orientation Date:	90 Day Evaluation; Competency (✓ = demonstrated competency) Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:	Evaluation/ Competency 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 **Key:** 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable	Job Specific Orientation Date:	90 Day Evaluation; Competency (✓ = demonstrated competency) Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:
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 Key: 4=Exceeds All Requirements 3=Meets All Requirements 2=Meets Some Requirements 1=Unsatisfactory N=Not Applicable	Job Specific Orientation Date:	90 Day Evaluation; Competency (✓ = demonstrated competency) Date:	Evaluation/ Competency Date:	Evaluation/ Competency Date:	Evaluation/ Competency 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					

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.

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.

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):

F. RESIDENT SERVICES PROGRAM ASSESSMENT[18]

[18] Original: Pennsylvania Housing Finance Agency – based on adaptation by Maine State Housing Authority

G. LOGIC MODEL TEMPLATE

http://www.uwex.edu/ces/pdande/evaluation/evallogicmodelworksheets.html rev. 7/09

H. NOTICE FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY[19]

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

Bosnian

AKO TI IMAS PROBLEM RAZUMIJEVANJA ILI OGRANICEN GOVOR ENGLESKOG 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, comunicase por favor con la Oficina de la Gerencia de su unidad.

Vietnamese

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

[19] Courtesy of Maloney Properties, Inc.

I. SAMPLE RELEASE OF CONFIDENTIAL INFORMATION[20]

At initial occupancy, and through annual updates, _____ (name of property) 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. When we make a referral for services on your behalf – and with your permission – individuals, organizations and facilities may request pertinent information about you.

The information will likely include, but is not limited to, 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

*For the purposes of this form, an emergency is defined as a medical emergency, a threat to health or safety, or a threat to your tenancy.

On the next page is a form for the release of confidential information.

[20] Developed by MPI Resident Services and MHSA Program Guide to Service Coordination

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 provider, individual or organization 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).

	Contact	Name	Address	Phone	Mobile Phone
☐	Emergency Contact				
☐	Other Family/ Friend				
☐	Legal Representative				
☐	Therapist				
☐	Physician				
☐	Other:				

I have the following restrictions on this release of information:

☐ None
☐ 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.
☐ Other

I understand that the use of this information is strictly confidential, and that it may only be shared with those agencies and/or individuals 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

J. 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 _____ (name of property), 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.

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. If you are in imminent danger of causing harm to yourself or others.
2. If I suspect or become aware of abuse of neglect to a child, person with disabilities or elder, I am legally and/or ethically obligated to report this to the appropriate authorities.
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 [insert name of employer, e.g., management company] to report lease violations that come to my attention in the course of my duties.
5. My files are the property of the Owner and Agent of _____ (name of property).

_____ _____

RSC Signature Date

I have read and understand this agreement:

_____ _____

Resident's Signature Date

K. RSC HUD 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

L. 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.hud.gov. Printed handbooks can be ordered online through the Direct Distribution System or by telephone at 1 (800) 767-7468.

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 that 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©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).

a. 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).

b. 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.

c. 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.

d. 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 OLSC's 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 other's 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 *

b. 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:

a. Negotiation/Brokering

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

b. Counseling

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

c. Advocacy

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

d. Teamwork/Consensus-Building

   Group dynamics skills in achieving consensus, teambuilding.

e. Motivation

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

f. 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 *

f. 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:

g. Other Health Problems Among the Aging

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

h. 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.

i. 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.

j. Living Wills/Trusts

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

k. Guardianship/Power of Attorney

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

l. 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 to 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.

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