

Blackstone Apartments, Massachusetts General Hospital, and Boston Senior Home Care Collaborative

BOSTON, MA

Conducted May 2015

CASE
STUDY

MacArthur Foundation

This case study was funded through a grant from the John D. and Catherine T. MacArthur Foundation. The views expressed are those of the authors and are not those of the foundation.



Prepared by Taryn Patterson and Alisha Sanders.

LeadingAge Center for Housing Plus Services
2519 Connecticut Ave. NW
Washington, DC 20008

The LeadingAge Center for Affordable Housing Plus Services serves as a national catalyst for the development, adoption, and support of innovative affordable housing solutions that enable low- and modest-income seniors to age safely and successfully in their homes and communities.

Visit [LeadingAge.org/Center_for_Housing_Plus_Services](https://www.leadingage.org/Center_for_Housing_Plus_Services) to learn more about the center.

Blackstone Apartments, Massachusetts General Hospital, and Boston Senior Home Care Collaborative

Boston, MA

This case study describes a collaboration between Blackstone Apartments, Massachusetts General Hospital, and Boston Senior Health Care. The study details how the collaboration evolved, the services and supports that are available to residents, how those services and supports are delivered, and the perceived benefits and challenges of the programs and collaboration.

Any challenges noted in this case study are not intended as criticisms of the entities involved in the program. The intention of the case study is to highlight issues faced when programs and organizations work together in new and different ways. Challenges are presented to make providers aware of concerns they may face when creating and operating housing plus services programs, and/or to highlight needed policy and regulatory changes.

This case study was conducted in May 2015 during a site visit and interviews with staff at Blackstone Apartments, Massachusetts General Hospital, and Boston Senior Health Care. The study is current as of the date it was conducted. It is possible that property and/or program components and characteristics have changed in the interim. Any errors noted in the case study report are the responsibility of the authors.

Background

Blackstone Apartments is an 11-story, 145-unit property located in Boston's West End neighborhood, adjacent to Massachusetts General Hospital (MGH). Blackstone is one of six properties acquired by Preservation of Affordable Housing (POAH) from the privately held State Street Development Company of Boston in 2012.

POAH is a nonprofit organization whose mission is "to preserve and steward affordable rental housing to provide stability, hope, and economic security to low- and moderate-income individuals and families." POAH owns and operates close to 8,500 affordable apartments at more than 70 properties in nine states and the District of Columbia. The organization focuses on rescuing and restoring "at risk" rental properties in an effort to preserve long-term housing affordability for older adults, individuals with disabilities, and families priced out of the housing market.

Blackstone Apartments is restricted to older adults and individuals with disabilities. Most Blackstone residents receive Section 8 rental assistance and have an income level of no more than 60% of the area median income.

The population of Blackstone Apartments represents a range of ages, functional levels, health statuses, and ethnicities. Approximately 36% of the property's residents speak Mandarin or Cantonese. While older residents of the housing property are aging in place, the building has also become home to a growing number of younger people with disabilities. Many of these younger tenants are dealing with mental health and substance-abuse issues.

This case study describes Blackstone's collaboration with two nonprofit organizations that are currently offering onsite services and supports to help residents address their health and social services needs, and stay in their apartments for as long as possible. Those partners include:

- **Massachusetts General Hospital (MGH):** MGH's Center for Community Health Improvement (CCHI) and its Geriatric Medicine Unit operate the Senior HealthWISE (Wellness, Involvement, Support, and Education) program in three affordable housing properties in Boston, including Blackstone Apartments. An interdisciplinary team consisting of a nurse, social worker, and resource specialist are at the heart of the Senior HealthWISE program, which is designed to fill care and service gaps that are not addressed by traditional health systems.
- **Boston Senior Home Care (BSHC):** BSHC is a private, nonprofit corporation established in 1974 to provide case management and in-home social support services to low-income persons who are 60 years of age and older. In addition to several other programs, BSHC operates the Supportive Housing Program, which provides onsite service coordination, health and wellness programs, and social activities at affordable senior housing properties.

Blackstone Apartments had minimal engagement with MGH prior to the creation of the Senior HealthWISE program in 2002. MGH hosted occasional activities like blood pressure screenings at the property. Through Senior HealthWISE, the two organizations formed a purposeful partnership that brought expanded and more regular services to the property.

Eventually, Blackstone and Senior HealthWISE approached BSHC about joining their collaboration. BSHC was already serving Blackstone residents through various programs. However, the organization was assisting residents individually on a case-by-case basis and had limited interaction with the housing property. BSHC agreed to a more purposeful and expanded presence at the property. The three organizations believed that with an onsite presence, MGH and BSHC could enhance their services and help meet more resident needs.

The services each partner provides at the housing property and how they all work together has evolved over time, as the partners began to better understand the needs of residents and identify the best way for each organization to function at the property. The programs have also adapted to changing characteristics and needs of residents at the housing property, as well as changing programs and available resources within their organizations.

Massachusetts General Hospital: Senior HealthWISE

Massachusetts General Hospital's Center for Community Health Improvement (CCHI) was established in 1995 to house the hospital's community benefit program.¹ CCHI's mission is to collaborate with community and hospital partners to improve the health and well-being of the diverse communities it serves. CCHI has six focus areas, including access to care for vulnerable populations.

Although MGH had a long history of working in the community as a whole, it did not have a particular focus in the neighborhoods immediately surrounding the hospital. In 2002, MGH agreed to expand programming in these neighborhoods in exchange for approval for the hospital to expand its physical footprint. The Senior HealthWISE program was launched out of this agreement with a purpose of addressing the health and well-being of individuals in three nearby housing properties serving low-income, vulnerable older adults and individuals with disabilities.

¹ Nonprofit hospitals are required by federal and state laws to demonstrate that they provide a benefit to the community in exchange for their tax-exempt status. These hospitals can demonstrate their community benefit by providing community health improvement services, subsidized health services, and cash or in-kind contributions.

Senior HealthWISE began with minimal staffing: a full-time program coordinator and a part-time nurse who worked four hours per day. With a small staff, the program focused on group programming, rather than one-on-one interactions. It sponsored events like flu shot clinics, blood pressure clinics, health and wellness education sessions, and social activities in the three properties and in the wider community. The group programming allowed Senior HealthWISE staff to start building recognition for itself among residents in the housing properties.

Even with this smaller scale activity, the hospital recognized the program's value. Externally, the program was helping the hospital build a community-friendly image. Neighborhood associations expressed appreciation to the hospital for bringing health services into the community and assisting the neighborhood's seniors. Internally, hospital staff recognized how the program could assist some of the hospital's more vulnerable patients. The Senior HealthWISE program director educated these staff members about the issues the program staff was identifying in the housing properties, where many hospital patients resided, and how much more the program could accomplish if its staff could engage more directly with these patients in the home environment.

In 2008, MGH increased the program's funding. This increase allowed Senior HealthWISE to expand its presence and service offerings in the three housing properties and the community. The funds were used to expand staffing to include a full-time social worker, nurse, community resource specialist, and program manager.

Today, Senior HealthWISE offers:

- Programming in three affordable senior housing properties that includes health and wellness, care coordination, and socialization services.
- Health and wellness programs on the MGH campus for all older adults in the community. These programs are open to residents of all three senior housing communities and include education sessions, fitness classes, social activities, and discounts at MGH eateries.

Senior HealthWISE Overview

In addition to Blackstone Apartments, Senior HealthWISE offers onsite programming at Amy Lowell Apartments, a tax-credit property with 121 apartments, and Beacon House, which provides 85 rent-subsidized and 32 rent-moderated apartments for persons age 55 and over.

The Senior HealthWISE program provides a range of health, behavioral, and social services in the housing properties through an interdisciplinary team. The goals are to:

- Improve health management and wellness through education, support, socialization, and care coordination.
- Enhance the connection between older adults, health providers, and community service providers.
- Support older adults' capacity for self-care and independent living as they age in place.

The Senior HealthWISE program strives to fill gaps not addressed by traditional health and social services systems, connect residents to existing resources, and avoid duplicating existing services. Team members view themselves as conduits to other service providers and resources. For example, one Blackstone resident returned from a hospital stay and had challenges managing his new prescriptions. The Senior HealthWISE nurse organized his medications until the program's resource specialist could connect the resident with a Medicare Part D plan that would have his medications sent to him prepackaged.

All Senior HealthWISE services are provided for free and are available to all residents, regardless of whether residents are patients of MGH or use other health systems in the Boston area.

Senior HealthWISE Staff

The Senior HealthWISE program revolves around an interdisciplinary team consisting of medical and social work professionals and a resource specialist who are able to address needs holistically.

Nurse: The Senior HealthWISE nurse conducts vital sign monitoring, provides education on self-management of health conditions, answers health-related questions, provides medication reconciliation and education, helps residents communicate with their medical providers, and advocates for health-related resources and referrals for residents. The nurse does not provide direct care to residents.

The nurse helps ensure that resident transitions from hospital to home are as seamless as possible. Hospital discharge planners generally deal with a high volume of patients and often lack information about the individuals for whom they are creating discharge plans. Without adequate information, the planners must make assumptions about the capacity of hospital patients to care for themselves after returning home. Senior HealthWISE staff finds that discharge planners often overestimate that capacity.

The Senior HealthWISE nurse uses two approaches to help address the challenges facing discharge planners and their patients:

- **Helping hospital discharge planners fill the information gap.** This is important when residents, particularly those with cognitive or psychiatric impairments, have difficulty providing accurate information to the discharge planner. The nurse can contact the discharge planner to help the planner understand that the patient lives in independent housing, whether someone lives with the patient, the patient's baseline abilities, and the type of caregiver or monitoring assistance the patient has, if any.
- **Visiting a resident after discharge.** This visit, which takes place on the day of or the day after discharge, helps reassure individuals who are likely to be overwhelmed after returning home with multiple instructions they do not comprehend. The nurse can help the resident understand all the discharge paperwork. She can help ensure that all necessary services have started, that the resident has all new medications, and that a follow-up appointment with the patient's primary care physician (PCP) has been scheduled.

The Senior HealthWISE nurse generally finds out a resident is in the hospital from the service coordinator or other property staff. Other residents may also alert her. In cases of planned hospitalizations, the nurse has probably been working with the resident to prepare for the event and will be aware when the resident is expected to return home.

The Senior HealthWISE program has not initiated any sort of formal alert system through which the MGH data system would notify the nurse that a Blackstone resident is in the hospital. Members of the program staff have found thus far that learning about these occurrences through relationships with property staff and residents works for them. This informal system is also necessary for residents who use non-MGH hospitals, since Senior HealthWISE would not receive formal notification from a non-MGH facility.

The Senior HealthWISE nurse can triage potential urgent care needs and help determine an appropriate course of action. For example, a fellow resident may alert the service coordinator or property manager that a neighbor is sick. The housing staff might ask the nurse to visit the ailing resident, if the nurse is in the building. If the nurse is not in the building, the housing staff member might visit the resident, confirm that he/she is not experiencing an immediate emergency, and then call the nurse to see if she can come visit the resident. A health concern, such as a high blood glucose level, could also be discovered when a resident visits the nurse during her regularly scheduled onsite hours.

If a health concern does not necessitate an immediate call to 911, the nurse can help the resident contact his/her physician, describe the situation, and ask how the doctor would like to handle it. Often, the physician will set up an immediate appointment for the resident. Senior HealthWISE believes it is much better for elderly patients to be seen by a doctor who knows them, and to avoid an extended wait in an emergency department (ED). This approach also helps to ensure that the ED does not become bogged down with non-emergency cases.

The nurse is able to communicate with a physician on behalf of residents who have signed an agreement allowing this sharing of information by the Senior HealthWISE program (described later).

Geriatric social worker: The Senior HealthWISE geriatric social worker provides individual residents with support, information and referral, and general counseling around issues like depression, bereavement, adaptation to functional limitations, and hoarding. The social worker also leads discussion groups around topics like grief, advance directives, and living with anxiety.

The social worker does not provide ongoing therapy. She may have informal discussions with residents during activities at the property. In addition, residents can schedule one-on-one visits. During these conversations, the social worker uses her diagnostic skills to determine if a person is in need of ongoing care. If so, and depending on the circumstances, the social worker will provide a referral to community support programs or suggest calling the individual's PCP for a medication evaluation or psychiatric referral.

The social worker also serves as a resource to housing property staff. She can help these staff members better understand the issues residents are experiencing, and can educate staff members about the nature of an illness or behavior, such as paranoia or bullying. The social worker can also provide property staff with insights and tools to help them appropriately interact with individuals experiencing these challenges.

Community resource specialist: The community resource specialist works with individual residents to explore their eligibility for resources and benefits that may support their ability to better manage their needs so they can age in place. These benefits might include Medicare Part D plans, Medicaid, food stamps, medical escort services, cell phone plans, and other services.

The resource specialist and the Blackstone service coordinator work as a team in assisting residents. If a resident has a question about Medicare, Medicaid, or any other health insurance, the service coordinator will generally refer the individual to the resource specialist, who has expertise in this area. The resource specialist is a SHINE (Serving the Health Insurance Needs of Everyone) counselor, which means the specialist has been trained and certified by the state of Massachusetts to help people understand various federal and state health insurance options.

For other resources, such as Supplemental Nutrition Assistance Program (SNAP) benefits or subsidized cell phone plans, a resident could visit either the service coordinator or the resource specialist. When the resource specialist is onsite, the service coordinator will often refer residents to the resource specialist. When the service coordinator does assist a resident with a benefit, the service coordinator informs the resource specialist of this assistance. This helps to avoid duplication of efforts.

The service coordinator has found that collaborating with the resource specialist frees up time that the service coordinator can use to focus on program and partnership development. This has allowed the service coordinator to bring more resources to the property to address resident needs and enhance quality of life.

For example, the service coordinator forged partnerships with local food security organizations to address residents' shrinking food stamp benefits and nutritional insecurity. Two organizations—Brookline Food Co-Op and Fair Foods—now make monthly or weekly deliveries of donated groceries to the property so residents can

“shop” for fruits, vegetables, and other products. Resident volunteers help set up and operate the distribution process. The service coordinator is also creating a partnership with the Greater Boston Food Bank. Both Senior HealthWISE and Blackstone staff have found that the property’s nutrition programming brings social and health benefits to residents, who socialize with one another and with staff as they access healthy foods.

Senior HealthWISE Operations

Residents can visit Senior HealthWISE staff members during their regularly scheduled hours in the office space provided by Blackstone or in their apartments. Residents can also call Senior HealthWISE to schedule an appointment outside of these scheduled hours. Most residents, however, meet with the program staff during their scheduled days/times. In urgent situations, the Blackstone service coordinator may also contact the Senior HealthWISE staff and ask them to come to the property, if they are available.

Hours for each staff member are:

- Wellness Nurse: Mondays, 10 a.m. to noon and 1-3 p.m.
- Social Worker: Tuesdays, 10:30 a.m. to noon and 1-3 p.m.
- Resource Coordinator: Thursdays, 10 a.m. to noon and 1-3:30 p.m.

In addition, Senior HealthWISE staff offer or attend group programming at the property outside of their regularly scheduled hours.

Individual assistance: A resident can meet individually with any member of the Senior HealthWISE team, depending on the particular issue or the need they are trying to address. Team members often collaborate with each other to make sure they have the full context and are comprehensively addressing a resident’s needs. When appropriate, team members will recommend that a resident talk with another team member.

Group activities: Senior HealthWISE hosts several group activities, including:

- *Education sessions:* Blackstone’s service coordinator organizes a weekly “social hour” where residents mingle over snacks and drinks. Members of the Senior HealthWISE staff attend the social hour because they believe this informal interaction provides an opportunity to observe residents unobtrusively and notice any changes in behaviors or functional abilities. Following most social hours, Senior HealthWISE staff hosts an educational or information session. For example, the nurse might offer a presentation on fall risks or constipation, the resource coordinator might discuss Medicare open enrollment, or the social worker might talk about grief.

Periodically, the Senior HealthWISE nurse organizes additional health and wellness educational sessions, either presented by her or an outside expert. For example, an advanced practice dental hygienist recently presented a talk on the relationship between oral health and overall health.

- *Discussion groups:* The Senior HealthWISE social worker hosts monthly discussion groups. This includes a well-received monthly book group, which is the only activity in which some residents participate. The social worker also ran a reflections program featuring monthly group discussion on such topics as gratitude or courage. This discussion group has helped to forge strong bonds among several participants.
- *Exercise class:* Senior HealthWISE staff take turns leading a weekly onsite exercise class called “Be Fit for Life.” Staff had previously offered the eight-week, evidenced-based Matter of Balance program. That program was well received and residents wanted to continue exercising. Be Fit for Life provides a 30-minute version of the Matter of Balance exercises. Another weekly exercise program, coordinated by Blackstone, is led by a fitness specialist from Newton Wellesley Hospital and focuses on balance and stretching.

Participant recruitment: Residents learn about Senior HealthWISE is a variety of ways:

- When they move to the property and have an orientation meeting with the Blackstone service coordinator. The service coordinate tells new residents about the different programs and activities available at the property, including the Senior HealthWISE program.
- When a need is identified and they receive a referral from the service coordinator to one of the Senior HealthWISE team members. Depending on the circumstances, the service coordinator either encourages the resident to reach out to the appropriate Senior HealthWISE team member or asks if a team member can contact the resident. The Senior HealthWISE team member may visit the resident alone or with the service coordinator.
- Through attending group activities that the program holds at the property. Residents may then seek out one of the team members for individual assistance.

Program enrollment: Residents wishing to see a member of the Senior HealthWISE team are asked to complete a brief intake form to establish themselves as clients. The form asks for the resident's name, address, PCP (if the resident has one), and emergency contact information.

Residents are also asked to sign a Health Insurance Portability and Accountability Act (HIPAA) agreement form allowing the Senior HealthWISE team to contact their PCP if a health situation arises that needs immediate attention. Maintaining residents' privacy is a primary goal of Senior HealthWISE staff members, who want residents to know that the program is not affiliated with the management team at Blackstone Apartments.

To help earn residents' trust, Senior HealthWISE does not collect social security numbers or insurance information. Staff members feel that they do not need this information since the program does not charge for its services. Senior HealthWISE staff members believe that collecting minimal personal information, and asking residents to sign a HIPAA agreement, has helped reassure residents that their personal information will not be shared inappropriately.

Office space: Blackstone Apartments provides the Senior HealthWISE program a rent-free office space in the building. A tenant agreement between MGH and Blackstone explains that the housing property pays no fee for the program and that, to ensure resident privacy, the office space will be used exclusively for program purposes.

Communication Between Senior HealthWISE and Blackstone Staff

Staff from Blackstone and Senior HealthWISE work closely to help residents stay in their apartments for as long as safely possible. The Senior HealthWISE nurse and social worker and Blackstone service coordinator confer informally on a regular basis. They also meet formally once a month to review at-risk residents, often discussing changes they notice in particular residents. For example, a resident might not be attending social functions as often as in the past, or a resident's hygiene might have declined. The staff brainstorm options for assisting the individual and then decide which team member will offer the assistance.

Blackstone's resident population is changing as a growing number of younger individuals with psychiatric disabilities move to the property and present behavioral health issues. In addition, the aging of the property's population also brings with it an increasing number of residents facing challenges with declining cognition. To address these changes, the Senior HealthWISE team is conferring increasingly with property management about residents who experience issues that could jeopardize their housing. Senior HealthWISE staff can help property management staff understand these issues and can provide strategies or resources to help resolve any problems that could put a resident's tenancy in jeopardy.

For example, a Blackstone resident with mental health challenges was in danger of being evicted. The property manager and social worker met with the Senior HealthWISE geriatric social worker to gain insight into what the

resident was experiencing and how to best approach and communicate with the resident. The geriatric social worker did not give property staff private information about the resident. Instead, she helped staff members better understand the resident's mental health condition. Blackstone property staff members reported that this insight helped them control a situation that could have gone very wrong.

The Senior HealthWISE team has organized in-service training for the staff at Blackstone and the other two housing communities hosting the program. MGH psychiatrists presented education sessions on depression, suicide, and dementia. Blackstone's property manager appreciated the training because it gave him a better understanding of the issues residents face, as well as the language and tools to use when interacting with residents.

While Senior HealthWISE and Blackstone staff work together, Senior HealthWISE staff make it very clear to residents that they do not work for the property or POAH, and that they only share information with the property staff on a need-to-know basis, and with the resident's permission, for the sake of resident safety. The Senior HealthWISE team decides on a case-by-case basis whether to contact the Blackstone building management with its concerns about particular residents. Staff always reports potential incidents of suicide, homicide, or abuse/neglect. However, Senior HealthWISE staff generally will not share with property staff information they have about a resident's physical or mental health situation.

More commonly, property staff requests that Senior HealthWISE staff members see a resident. For example, if a resident who is a hoarder has an apartment inspection coming up, the property manager may ask the Senior HealthWISE social worker to accompany him to a visit with the resident. This joint visit notifies the resident in advance that he/she needs to correct the situation. It also connects the resident with a social worker who can help him/her take necessary actions to resolve the situation.

Data Tracking

Until recently, Senior HealthWISE did not maintain data about its activities. Other CCHI programs have been using Efforts to Outcomes, a software program that helps organizations track their services and monitor client outcomes. Senior HealthWISE began using this tracking system in January 2015.

In an effort to better understand the success of the Senior HealthWISE program, MGH has asked the program's manager to give presentations about the program to MGH officials. Part of the hospital's interest is driven by the fact that MGH has formed an accountable care organization and attention is increasingly focused on how the health system works with the community.

Senior HealthWISE will use the Efforts to Outcomes software to track the program's services, including:

- Health coaching/education.
- Care coordination and linkage.
- Calls to PCP offices.
- Medication assistance.
- Assistance with scheduling medical appointments.
- Transportation arrangements.
- Transitions of care.
- Accompaniment to medical appointments.
- Discussion groups.
- Requests to building management.
- Service-provision locations (apartment, phone, office, general building space).

Boston Senior Home Care: Supportive Housing Program

Boston Senior Home Care (BSHC), a private, nonprofit corporation, provides case management and arranges services to help support low-income older adults and persons with disabilities so they can remain in their own homes or other supportive settings.

BSHC is one of 26 aging services access points (ASAP) in Massachusetts that provides long-term services and supports to older adults and younger persons with disabilities. ASAPs are state-designated agencies that work under contract with the Massachusetts Executive Office of Elder Affairs to provide a single-entry point through which older adults and caregivers can access a variety of programs and services.

ASAPs provide case management services, which include conducting in-home assessments, creating care plans, arranging in-home services, and monitoring services. ASAPs contract with providers to deliver supportive services such as homemaker assistance, personal care assistance, nutritional support, money management, or respite care. BSHC arranges services for several state and federally supported programs that individuals participate in based on their needs and eligibility.

Supportive Housing Program Overview

BSHC's partnership with Blackstone Apartments and Senior HealthWISE started in 2008. At the time, BSHC was operating its Supportive Housing Program in one affordable senior housing property. The program placed a case manager at the housing property to work with building residents who were already receiving case management services through BSHC programs. This same case manager also had clients in Blackstone Apartments and interacted frequently with the property's service coordinator and the Senior HealthWISE team.

Blackstone and Senior HealthWISE approached BSHC about the possibility of dedicating a BSHC case manager to Blackstone and engaging more purposefully with the two partners. At the time, BSHC was serving about 60 Blackstone residents who were being followed by multiple case managers. BSHC agreed to increase its engagement at the property, and dedicated the case manager to Blackstone two-and-one-half days per week. BSHC reports that this arrangement was beneficial for the three partners, and resulted in better care and support for the residents.

BSHC had several reasons for expanding the Supportive Housing Program into Blackstone:

- **Increased efficiency:** It would be more efficient for a case manager to stay in one place and serve multiple clients, as opposed to traveling in and out of the Blackstone building.
- **Enhanced interaction:** Being onsite for an extended period would mean that the case manager could see residents more frequently and regularly. This access would enhance the case manager's ability to interact with and monitor residents, and to immediately assess clients for other BSHC services programs as their needs changed and became more complex.
- **Better collaboration:** An onsite case manager would be able to collaborate more with the Blackstone service coordinator and Senior HealthWISE team, tap their insights about clients, and learn about the services and supports they provided. Similarly, the case manager would be able to share insights about clients and knowledge of community resources with Blackstone and Senior HealthWISE staff.

Currently, BSHC operates the Supportive Housing Program in nine properties, including Blackstone Apartments. The programs are all slightly different, depending on the other staff or partners operating in the property and/or the source funding the Supportive Housing Program in a particular building. Across all communities, however, the program's goals are to:

- Increase participation of residents in community activities and meals, thereby reducing loneliness and feelings of isolation.
- Improve health management through education and support.
- Reduce nursing home admissions by providing services that would help maintain residents in a supportive housing setting.
- Help to resolve issues that might threaten a resident's tenancy.

Specific services provided by the Supportive Housing Program include:

- **Onsite service coordination:** An onsite service coordinator/case manager helps residents with appointments, transportation, and community referrals; arranges translation services; and coordinates structured social activities.
- **Onsite nursing:** An onsite registered nurse with office hours one day a week takes residents' blood pressure, conducts weigh-ins, and addresses non-emergency medical issues.
- **Health and wellness programming:** Educational programs include health and wellness lectures (including fall prevention, oral health, healthy heart, memory, and sadness and loss); health screenings for such conditions as hypertension, diabetes, and anemia; and stress management workshops.
- **Structured activities:** This includes activities such as fitness programs, social and recreation activities, cooking classes, gardening, and SHINE (Serving the Health Insurance Needs of Everyone) programs during which a counselor provides residents with free health insurance information, counseling, and assistance.

Evolution and Operation of the Supportive Housing Program at Blackstone Apartments

The Supportive Housing Program functions differently in Blackstone Apartments because of the presence of the property's service coordinator and the Senior HealthWISE program. These partnering organizations provide several of the services offered in the Supportive Housing Program, including service coordination, health and wellness programs, and social activities. Thus, BSHC has adapted the Supportive Housing Program in Blackstone Apartments to complement these existing resources and meet additional resident needs.

The Supportive Housing Program initially started at Blackstone with a Supportive Housing case manager who was placed at the property two-and-a-half days per week to support the approximately 60 residents in the property who were receiving assistance through BSHC programs. The Supportive Housing case manager worked with her existing clients in the building and served as a liaison for other residents and their BSHC case managers. Due to language issues and certain program requirements, one case manager was not able to serve all BSHC clients in the property. However, the Supportive Housing Program case manager could update other BSHC case managers on changes in conditions and needs of their clients since she was at the property regularly.

With a regular presence and greater interaction with the residents, the Supportive Housing case manager began to uncover more needs among existing BSHC clients and other residents in the building. The case manager was interacting more with both groups of residents, which enabled her to build trusting relationships with more individuals. Residents soon began opening up about their needs and showing a willingness to accept the services she suggested. Because the Supportive Housing case manager was interacting more with the

Blackstone service coordinator and the Senior HealthWISE staff, she was also receiving more referrals from these partners.

As more needs were identified, BSHC began working with the Blackstone service coordinator and Senior HealthWISE to conduct more programming. Helping to coordinate programs and activities became part of the Supportive Housing Program case manager's role. Prior to this, activities at the property were sporadic and not well planned. Through the collaborative effort, the partners were able to offer more frequent and structured activities.

For example, BSHC and Senior HealthWISE partnered to teach evidenced-based programs like Chronic Disease Self-Management Program, Matter of Balance, and Healthy Eating. BSHC also raised funds to support additional activities, including a crafts program, book and gardening clubs, and community excursions. The partners conducted extensive outreach to get residents involved in the programming. BSHC believes that residents "came to life" in response to these efforts and began coming out of their apartments more and interacting with others.

In the fall of 2013, BSHC's staffing presence at Blackstone began to change due to some staffing losses, evolution in the programs in which BSHC clients participated, and funding constraints.

Currently, BSHC has a Mandarin-speaking Supportive Housing case manager dedicated to the property for five hours per week. The case manager focuses this more limited time on the Chinese resident population in an attempt to help create a more cohesive community in the building. Blackstone's service coordinator suggested this change as a way to engage the building's Chinese residents, who she felt were isolated and did not regularly participate in programs or activities. The Supportive Housing case manager serves as an interpreter at events and acts as a liaison between the Chinese residents and the property or the Senior HealthWISE program.

The Supportive Housing case manager is also available to provide information about BSHC's services to the broader resident population. Blackstone's service coordinator or Senior HealthWISE staff members refer residents to the Supportive Housing Program case manager for information about and application assistance for other BSHC programs. Residents may be more open to talking with the case manager, and accepting services, because they already know or are familiar with the case manager, who is onsite regularly.

With residents who are already participating in a BSHC program, the Supportive Housing case manager can serve as a liaison to a resident's ongoing BSHC case manager. BSHC case managers do not see their clients in the property as regularly as the Supportive Housing case manager. Therefore, the Supportive Housing Program case manager can alert them to any issues or changes that might necessitate a change in the resident's care plan.

The Supportive Housing case manager can also coordinate training sessions that educate the property and residents about BSHC's other programs and who is eligible.

BSHC currently serves a diverse population of 93 Blackstone residents, with the majority speaking Mandarin or Cantonese (56 residents), followed by English (31 residents), Russian (4 residents), and Spanish (2 residents). These residents participate in various BSHC programs, depending on their health and functional needs, insurance provider, or other eligibility factors. Most of these residents are receiving some form of homemaker, personal care or companion service, and home-delivered meals. Some also receive assistance with laundry, personal emergency response systems, incontinence products, grocery shopping, and skilled nursing.

Communication between BSHC, Blackstone, and Senior HealthWISE Staff

Communication between the BSHC, Blackstone, and Senior HealthWISE staff has evolved since the beginning of the partnership. When a Supportive Housing case manager was onsite at the property two-and-a-half days per week, the three partner organizations held monthly scheduled meetings. This provided a regular forum for formal conversation about consumer issues and upcoming events. The partners also communicated informally through phone calls, email, and in-person meetings about new or ongoing resident issues and planning of upcoming events.

Presently, communication is conducted informally with the Supportive Housing case manager in person and by email if a resident issue arises. The Supportive Housing case manager will visit residents in their apartments or advise the Blackstone service coordinator or Senior HealthWISE team about information that should be shared with the resident. The Supportive Housing case manager also will also act as a liaison to a BSHC client's ongoing case manager, if it is determined that a care plan needs adjustment or reassessment is needed because of failing health.

Perceived Program and Partnership Benefits

Numerous factors were identified as beneficial to overall program success and resident satisfaction with the Senior HealthWISE and Supportive Housing programs at Blackstone Apartments. These include:

- **Flexibility:** Senior HealthWISE is not constrained by Medicare, Medicaid, or other regulations that tend to limit the amount of time medical professionals are able to interact with patients, where those interactions take place, and what interventions are conducted. As such, the program is able to tailor interventions to meet the needs of residents. This flexibility allows Senior HealthWISE staff to engage in simple activities like walking a resident to the bank or having tea with the resident, depending on resident needs and preferences.
- **Open access:** The Senior HealthWISE program is open to all residents of a housing property, whether they are MGH patients or receive care elsewhere in the Boston area. Services do not replace a resident's primary or direct care. Instead, onsite services are designed to reinforce the connection between a resident and his/her health care team, and to provide education, support, and advocacy.
- **Trusting relationships:** Senior HealthWISE staff is able to interact with residents both in clinical and social settings, which fosters trust and relationship building. Building this level of trust allows team members to raise topics with residents that can be difficult to discuss, such as advance directives and burial planning. Similarly, the regular presence of a BSHC staff member helps residents to recognize and trust the BSHC staff. This familiarity can help facilitate a resident's willingness to discuss or apply for supportive services they might need.
- **Responsiveness:** With so many regular "eyes" on residents, the partners can respond early and quickly to a resident's changing needs before those needs reach a crisis point. BSHC can enroll a resident in a new program with minimal delay. When residents are already receiving BSHC services, the onsite staff member can alert the resident's case manager to needed adjustments in the care plan. Senior HealthWISE can get a resident to his or her PCP and possibly prevent a trip to the ED.
- **Staff continuity:** The continuity of Senior HealthWISE's staff helps those staff members form relationships with the residents and property staff. Representatives of BSHC noted that high staff turnover in other buildings where BSHC works has reduced the commitment to the Supportive Housing Program and made it more difficult for BSHC to develop effective working relationships with partners that are seeking buy-in from staff.

- **Team approach:** All partners were willing to take a team approach to care coordination and resident programming. As a result, residents have always viewed the partnership between Blackstone, Senior HealthWISE, and BSHC as seamless. Residents do not see the partners as separate entities. The partners’ “no wrong door” policy ensures that no one falls through the cracks.

Perceived Program Challenges

Individuals interviewed for this case study described challenges associated with serving a resident population representing a diversity of ages, functional levels, health statuses, and ethnicities. Interviewees maintained that service and activity offerings must reflect and adapt to that diversity or they will not succeed. In addition, they identified these challenges:

- **Changing population:** Blackstone is no longer home to only older residents. Rather, the apartment building is home to greater numbers of younger residents with disabilities, particularly individuals with mental health and substance-use issues. Blackstone and its partners will have to adapt services to serve this changing population. Senior HealthWISE, for example, is considering whether the program needs to bring additional specialty care to the building or assign a social worker who has specialized training in working with certain needs. Senior HealthWISE is also considering whether the program should increase its education offerings for the housing property staff to help increase their capacity to deal with resident issues.
- **Program constraints:** BSHC has had to vary the role of its Supportive Housing case manager at Blackstone due to funding constraints and the case management requirements of certain programs in which residents participate. Some programs, for example, require that a case manager serve only individuals in that program. This requirement, and the multiple languages spoken in the building, make it impossible to rely on only one onsite case manager. BSHC must adopt a more optimal staff arrangement, within its operational constraints, to meet the needs of residents and partners.