

The Facts & Figures on Service Coordination

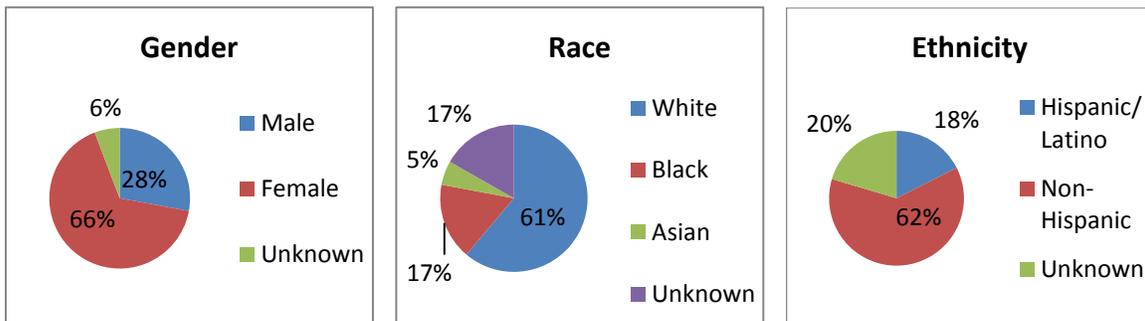
What We've Learned So Far

The service coordinators at Volunteers of America senior affordable housing properties have been capturing detailed information on their clients and services in ServicePoint for over 12 months. During this time, they have successfully completed two HUD semi-annual reporting cycles (4/1/2014-9/30/2014 and 10/1/2014- 3/30/2015) and collected data on more than 7000 recipients of service coordination services. Here are a few of the things we've learned thus far from the data being collected.

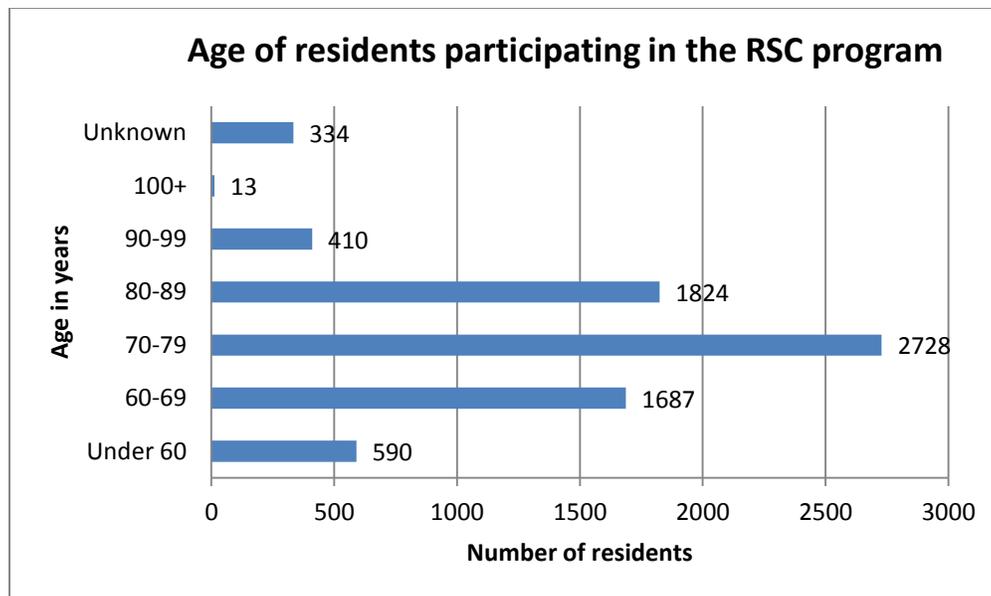
Resident Demographics

While there is some racial and ethnic diversity in our HUD 202 resident population (especially at our properties in Florida and Texas), the majority of residents being served appear to be white women over the age of 70.

Gender, race, and ethnicity of residents participating in the RSC program



Almost one third of the clients being served (31%) are over the age of 80. According to the latest available figures, this is consistent with the age distribution of most residents in HUD 202 properties.



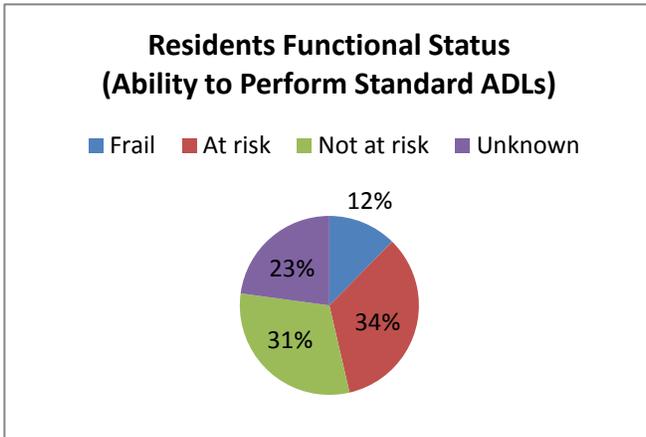
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Resident Challenges and Needs

Functional Impairments

Approximately 2/3 of all residents whose ADL status is recorded in ServicePoint meet HUD's definition for being functionally "at risk" (unable to perform one or more activities of daily living) or "frail"



(unable to perform 3 or more activities of daily living).

The most common functional impairments reported by residents involve difficulties with "home management" (reported by 2845 residents); difficulties with bathing (reported by 1506 residents); difficulties "transferring" from a wheelchair to another seated or standing position (reported by 1162 residents); and difficulties eating (816).

Income and Insurance Needs

All participants in the RSC program are extremely low-income and approximately 35% report annual household incomes of under \$12,000/year.

In addition, only 11 percent of residents report having Medicaid (397 residents) or Medicare coverage (422

residents) and less than 3 percent (181 residents) report being dual eligible for both Medicare and Medicaid. *However, it is important to note that the insurance status of most residents participating in the VOA service coordination program is still unknown at this time.*

To address this issue, beginning in FY16, all Volunteers of America service coordinators will be required to assess and record the insurance status of all residents as part of their annual assessment processes. They will also be required to perform a complete "benefits check up" for any interested resident who is unsure of their benefits eligibility.

Type of Coverage	No. Reportedly Enrolled
Medicaid	397
Medicare	422
Dual Eligible	181
VA/Other/SCHIP	318
No public health insurance	641
Insurance status unknown	5805

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Resident Engagement in the Service Coordination Program

Program Participation Rates

In general, the data suggests that Volunteers of America's resident service coordinators are doing an extremely effective job of engaging most residents in their service coordination programs.

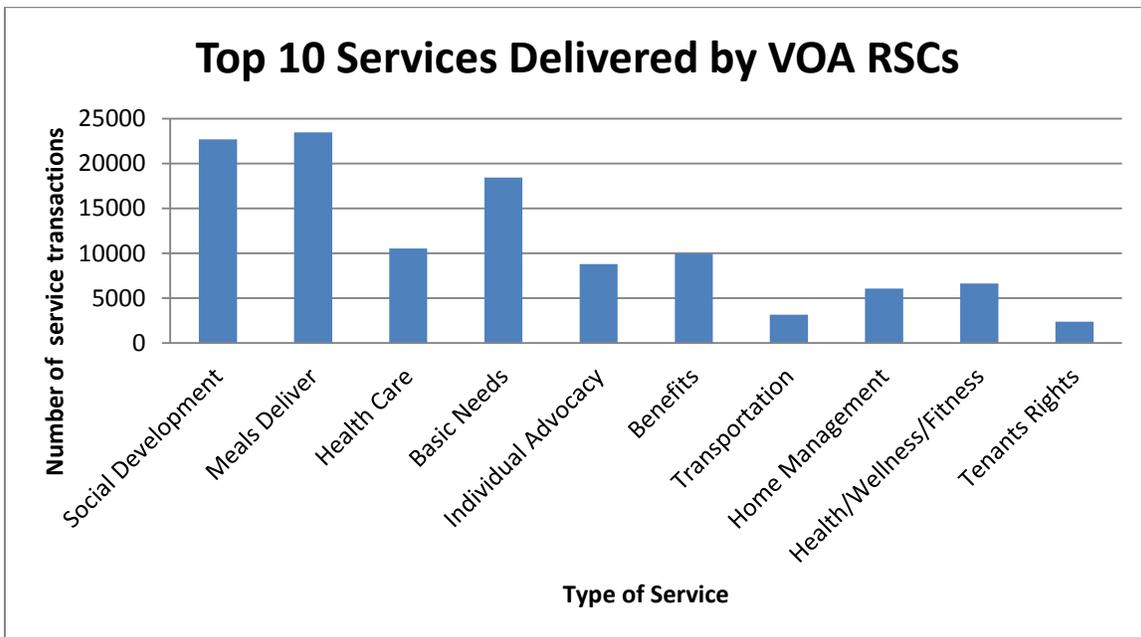
During HUD's last annual reporting cycle, (95%) of all residents received services from their resident service coordinator. While residents' levels of program participation varied widely across properties, on average, participating residents engaged with their service coordinator (or participated in services arranged by the service coordinator) approximately 21 times per year.

Participation in VOA's Service Coordination Programs from April 1, 2014 thru March 30, 2015

Number of VOA Senior Properties w/ Active RSCs	134
Number of Residents Living in these Properties	7583
Number of Residents Receiving SC Services	7181
Percentage of Resident Population Served	95%
Average No. of Service Transactions/Property	1141
Average No. of Service Transactions/Participant	21

Services Delivered

The five most common services being provided through the service coordination program include social activities, meals programs, assistance with basic needs, health-care related services, and assistance obtaining benefits. Not surprisingly given the functional impairments of many residents, Volunteers of America's service coordinators also arranged for a large number of home management services and health and wellness related activities over the 12 month reporting period reflected here.



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Resident Outcomes

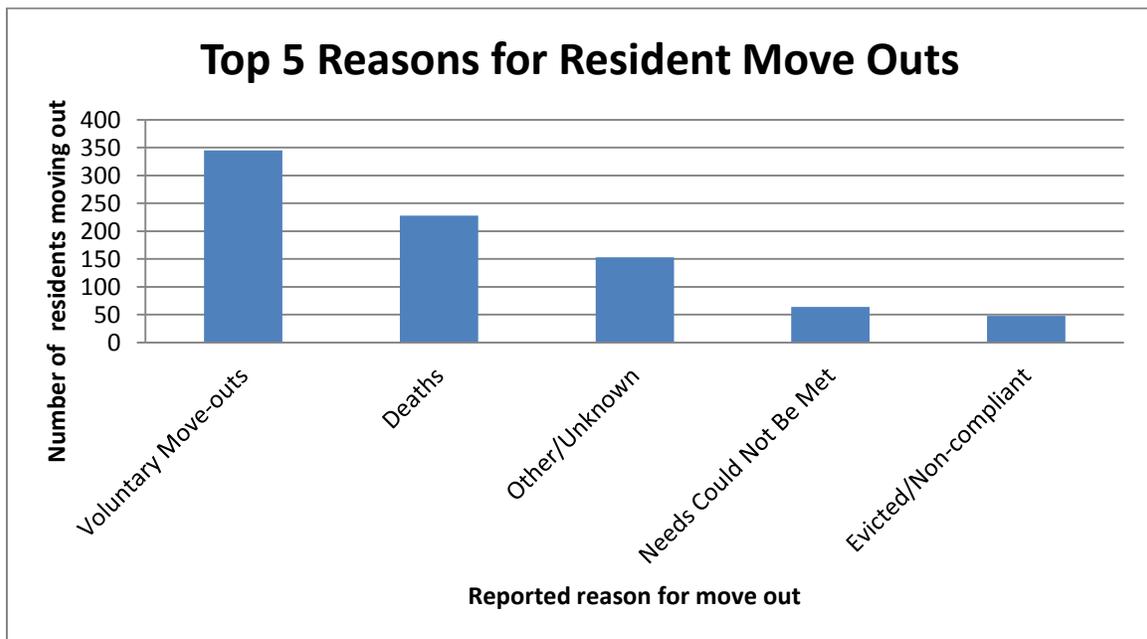
The core outcome of the resident service coordination program is to help residents successfully age in place. At present, our key indicators of success in this area are resident retention rates and departing residents' reported "reasons for move-out."

Resident Retention Rates

At present, the retention rate among residents participating in Volunteers of America's service coordination program is relatively high, with approximately 88% of all program participants continuing to age successfully in place at the end of the last HUD reporting period. This figure is especially impressive when one considers that almost 1/3 of the participants in the service coordination program are over the age of 80 and 2/3 are functionally impaired or frail.

An additional 228 residents (approximately 3% of all program participants) formally exited the service coordination program during the last 12 months because they passed away; this may be a potentially successful program outcome in some cases (e.g., when a resident passes away peacefully in their own home or after a very short hospital stay, as an inevitable result of the aging process). However, additional data collection is still required to determine the exact circumstances of most residents' deaths.

Reasons for Move Out



Among the remaining 610 residents who moved out during the reporting period, the most commonly reported reasons for leaving were residents voluntarily opting to move out (e.g., to another rental

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property or family home) and residents leaving because “their needs could not be met” (e.g., because certain services were not available in the community or because the resident required a higher/institutional level of care).

As with resident deaths, in some cases this last category of move outs (“needs could not be met”) may not represent a negative outcome for resident service coordinators, since some residents will inevitably develop age-related health problems that can not be successfully addressed in an independent living environment. To ensure that all residents falling into this category of move outs are appropriately assessed and supported, new structured decision-making tools that can help determine when residents require a higher level of care than VOA can safely provide are being introduced into the service coordination program in FY16.

Only 48 residents participating in the service coordination program moved out for reasons that would automatically be classified as negative program outcomes (e.g., eviction, failure to pay rent, and noncompliance with housing/program requirements.)

Conclusions and Next Steps

Overall, the data gathered during the past year suggests that Volunteers of America’s Service Coordination programs are achieving a number of successes. The organization’s resident service coordinators are:

- Effectively engaging the vast majority of residents in our affordable senior housing properties.
- Providing these residents with a broad range of supportive services.
- Potentially making significant contributions to residents’ ability to age in place.

However, additional data collection is still required to fully understand the needs of seniors living in Volunteers of America’s affordable housing projects and the impact that the service coordination program may be having on their long-term health, stability, and wellbeing.

In effort to continue to improve our understanding of the program’s operations and impact, Volunteers of America will be introducing a new suite of data collection instruments and evidence-based decision-making tools to the organization’s service coordinators at this year’s national conference. Full implementation of the new “Service Coordinators Toolkit” is expected to be complete by September 30, 2015 and more detailed and nuanced reporting on the program’s participants and results should be available by the end of fiscal year 2016.