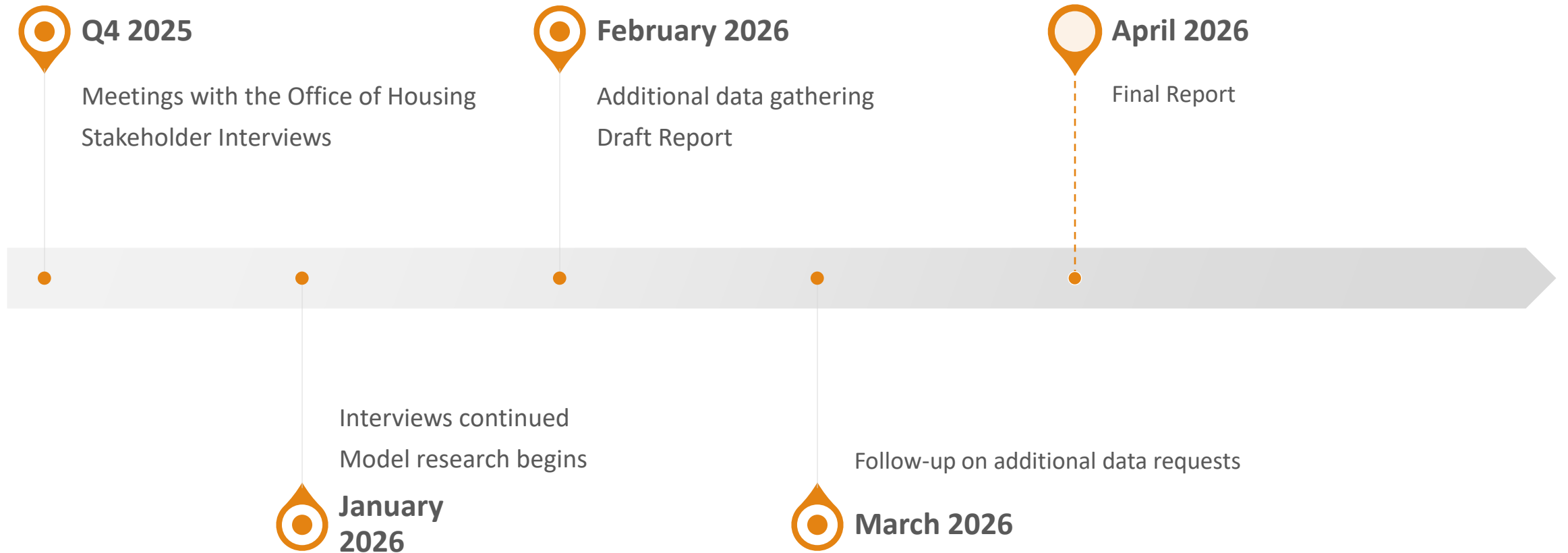




Senior Housing + Care Model Evaluation

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Project Milestones



Stakeholder Organization Interviews

Alexandria Department of Community and Human Services, Division of Aging and Adult Services
Alexandria Housing Affordability Advisory Committee
Arlington County Department of Human Services
Brimingham Green
Chesterbrook Residences
Culpepper Gardens
Fairfax County Department of Housing and Community Development Fairfax County Redevelopment and Housing Authority
Goodwin Living
LeadingAge
LeadingAge Virginia
Senior Services of Alexandria
True Ground Housing Partners

Senior Living Types

Assisted Living	Assisted living facilities are licensed settings that provide care for individuals who need some support with daily living activities like bathing, dressing, meal provision, ambulation, or medication administration, but do not require continuous skilled nursing support. Assisted living is a package that combines both the housing and care components.
Independent Living	Independent living is a non-licensed setting where the housing community is not responsible for resident care or oversight. Residents may have varying service needs, which are arranged separately from the housing component. Services may be offered directly by the housing community, provided onsite by community partners, and/or accessed out in the community.
Skilled Nursing	Skilled nursing facilities are licensed settings for individuals with advanced health conditions, functional limitations, or cognitive deficits who require 24/7 oversight, nursing supervision, and total assistance with personal care. Skilled nursing facilities can provide short-term rehabilitation or long-term care for individuals who need on-going support.

Models Reviewed – Assisted Living

- Chesterbrook Residences | McLean, VA
- Braddock Glen | Fairfax, VA
- The Lincolnian | Fairfax, VA
- Culpepper Garden | Arlington, VA
- Birmingham Green | Manassas, VA
- Illinois Supportive Living Program

Models Reviewed – Independent Living

Partnership with Program of All-Inclusive Care for the Elderly (PACE)

- Sunset Towers | Leominster, MA
- Harborlight House | Beverly, MA
- Culpepper Gardens | Arlington, VA

PACE provides comprehensive medical, personal care, and social services to help frail individuals remain in their own home in the community.

The program uses an interdisciplinary team to provide or coordinate all Medicare- and Medicaid-covered services. Services are provided in the PACE Center (an Adult Day Health Center) and the participant's home.

Participants must be at least 55 years old, need nursing facility level of care, and agree to accept all of their services from the PACE program.

Models Reviewed – Independent Living

Health and Wellness Supports

- Eaton Terrace Residences | Lakewood, CO
- Grace Medical Center | Baltimore, MD

Congregate Services Programs

- Maryland Congregate Housing Services Program
- Massachusetts Supportive Housing Program

Service Coordination/Care Management

- Seattle Housing Authority | Seattle, WA
- Carroll Village | Dillsburg, PA
- NaviGuide (United Church Homes)
- Senior Services of Alexandria | Alexandria, VA
- Arlington County Pilot | Arlington, VA
- Opus (2Life Communities) | Newton, MA

Findings

Sustainability over time is a critical challenge for most promising models studied. There are several factors identified that enhance sustainability, including: adequate scale to spread out costs among a larger number of individuals, subsidies that meet actual costs of operating the service, and developing mixed income and/or acuity programs to provide additional revenue.

Models that **leverage existing resources** of owned land, staffing or amenities across multiple housing properties within a defined geographic region have an advantage in the breadth of services offered and overall sustainability due to reduced overall cost.

Typically, service providers are interested in having greater scale by providing services to individuals in housing properties throughout a geographic region. However, without a **coordinating entity** to prioritize and facilitate collaboration, service provider organizations need to work individually with every housing provider in the region, each having varying degrees of interest, expertise, funding streams and owner types.

Findings

Regulations and payment mechanisms within the silos of housing and services often create a wide gap of understanding and as a result, there are **many presumed obstacles** to developing partnerships. Promising models often had a **champion** that led the successful campaign to develop the model. Sometimes when this champion is no longer a part of the entity, the resources and energy to sustain, replicate or scale the model are lost.

Complex and changing funding mechanisms for both housing and services create uncertainty in the ability of organizations to fund models that serve the growing senior population. As identified, some models can provide **layered funding**, mixing both market rate and affordable products, to provide the level of resources needed to ensure sustainability of the model. Having greater stability is essential to moving the needle on serving more constituents.

Model Evaluation and Recommendations

Enable Mixed-Income Models

Cross-subsidization has been identified as one of the only scalable ways to serve moderate-income seniors (“the forgotten middle”) without fully relying on public subsidy.

What worked in case studies:

- Blending market-rate and subsidized units (Chesterbrook, Opus).
- Higher-income resident fees subsidize lower-income resident fees.

Potential City considerations:

- ✓ Incentivize mixed-income senior housing in new developments.
- ✓ Adjust zoning or financing tools to support income diversity within one project.
- ✓ Allow flexibility in pricing structures (not overly restrictive affordability bands).

Model Evaluation and Recommendations

Invest in Service Coordination

Coordinated services helps residents stay independent longer, creates natural partnerships through reductions in higher-cost care (ER visits, nursing homes) and enables existing housing to be higher service environments.

What worked in case studies:

- Service coordinators help residents identify/access services in the community as well as help coordinate and support onsite services and resident engagement (Carroll Village, NaviGuide, Seattle model).
- Onsite wellness and navigation reduced hospitalizations and improved outcomes (Hebrew Senior Life R3).

Potential City considerations:

- ✓ Fund or co-fund service coordinators in senior housing buildings.
- ✓ Support programs like Community Connections to expand across more sites.
- ✓ Partner with healthcare systems to co-invest (shared savings potential).

Model Evaluation and Recommendations

Act as the “Connector” Across Housing and Services

Partnerships are often unique and likely inefficient as a result of their small scale. Through coordination and collaboration, scale could be developed across housing communities and service provider partners for greater impact.

What worked in case studies:

- A champion that prioritized the project and eliminated barriers.
- A central coordinating entity.

Potential City considerations:

- ✓ Establish a formal coordination function. This entity could convene housing, healthcare and non-profit service partners to educate on opportunities for partnership, and provide a link between the silos of housing and services - including the City’s own housing authority and aging services division.
- ✓ Create standard partnership pathways (templates, agreements, data sharing).
- ✓ Identify a champion at the City level to provide the consistency needed to weather changes in individual champions at the organizational level.

Model Evaluation and Recommendations

Align and Stabilize Funding Sources

Fragmented funding sources can be difficult to navigate and could benefit from a focus on aligning and stabilizing funding layers, while examining additional opportunities to close gaps.

What worked in case studies:

- Combine tax credits, local subsidies, philanthropy and operating support.
- Leverage state-specific funding programs (Illinois, Massachusetts, and Maryland state subsidies).

Potential City considerations:

- ✓ Create gap financing tools for services (not just bricks-and-mortar) and operating shortfalls.
- ✓ Consider targeted subsidies, such as supplementing the Auxiliary Grant and funding service packages in independent living.

Model Evaluation and Recommendations

Support “Unbundled” Independent Living Models

Models of this nature leverage the existing infrastructure of housing and service providers to lower entry costs, adapt as client needs change and is more scalable than traditional care settings.

What worked in case studies:

- PACE and service partnerships layered into independent housing.
- Independent housing with optional services (Carroll Village, Eaton Terrace, Opus).

Potential City considerations:

- ✓ Support partnerships with PACE programs and health systems that leverage mutual benefit to both parties.
- ✓ Partner with existing organizations to enhance their density within the City to increase opportunities to expand more quickly.
- ✓ Prioritize service and housing providers that have resources to deploy to multiple locations within a geographic area.

Model Evaluation and Recommendations

Use Public Land Strategically

Land is one of the biggest drivers of cost. Removing or reducing the expense lowers the cost basis and makes affordability more achievable without ongoing subsidy.

What worked in case studies:

- Free or nominal land leases (Chesterbrook, Braddock Glen).
- Public ownership or land contribution significantly reduced operating costs (Chesterbrook, Braddock Glen).

Potential City considerations:

- ✓ Identify and dedicate City-owned land for senior housing development.
- ✓ Offer long-term ground leases (minimal or reduced cost) instead of selling land.
- ✓ Identify mechanisms to support/encourage other entities that may have land to donate or lease for a free or reduced cost (e.g. faith organizations)
- ✓ Prioritize proposals that include mixed-income senior housing with services.

Questions?

Name _____

Signature _____

Date _____

