

Northgate II: Providing Services to Shrink a “Hotspot”

CAMDEN, NJ

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CASE
STUDY

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This case study describes the evolution of the Northgate II housing community for older adults and adults with disabilities in Camden, NJ. The study details how the housing community evolved, the services and supports that are available to residents, how those services and supports are delivered, and the program's perceived benefits and challenges.

Any challenges noted in this case study are not intended as criticisms of the entities involved in the program. The intention 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 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. The study was conducted via a site visit and interviews with staff from Northgate II and its partners. Any errors noted in the case study report are the responsibility of the authors.

Background

In 2009, Dr. Jeffrey Brenner and the Camden Coalition of Healthcare Providers¹ conducted an analysis of emergency department (ED) and hospital use in Camden, NJ. The study revealed “hot spots”— or geographic areas in the city with extensive use of these expensive medical services. Patients from just 6% of Camden's city blocks accounted for 27% of all of the city's ED visits and 37% of its emergency room costs. Many of the ED visits were for relatively minor concerns such as head colds, viral infections and sore throats.

Dr. Brenner's team determined that Northgate II, an affordable housing property in the North Camden neighborhood, was one of the city's two primary hot spots. Between 2002 and 2008, 615 Northgate II residents generated 3,901 ED and hospital visits at a cost of \$83 million.

Fair Share Housing Development, an organization established to provide low-income individuals with access to affordable housing, developed Northgate II as part of an urban renewal effort intended to help revitalize North Camden. Opened in 1981, the Northgate II complex consists of a 23-story high-rise building with 308 apartments for older adults and persons with disabilities and 94 units in 14 garden apartment buildings for families.

The Northgate II high rise currently houses about 340 individuals. Individuals must be 60+ or have a disability to qualify for an apartment in the building. The high-rise building is the subject of this case study.

Approximately two-thirds of residents living in the Northgate II high-rise building are age 60 and older. Many of these older residents also have a disability. Ninety-seven percent are African-Americans and Hispanics, most of whom are Puerto Rican or Dominican. Approximately 60% of Hispanic residents are Spanish speakers.

Dr. Brenner approached Fair Share Housing Development in 2011 to see if the organization would be interested in working with the Camden Coalition to reduce the extensive and unnecessary ED and hospital visits among Northgate II residents. Fair Share eagerly agreed.

¹ The Camden Coalition of Healthcare Providers is a consortium of healthcare professionals and entities in Camden, NJ that work to improve the care and coordination of health care for Camden residents while decreasing health care costs. For more information, see: www.camdenhealth.org.

In addition to partnering with the Camden Coalition, Fair Share took a number of steps to enhance its own supports in the building. In 2012, the organization created a position for a director of social services who would develop strategies to support residents and collaborate with the Camden Coalition. The director of social services began implementing a more proactive approach, which included expanding staff, changing the way staff members engaged with residents, and bringing more services and resources to the property.

Fortuitously, Fair Share had added 6,500 square feet of community space to Northgate II during a \$12 million renovation in 2004. The renovated space, which includes a wellness office, computer lab, multi-purpose room, commercial kitchen, community center and social services offices, enhanced the property's ability to expand its services program.

Northgate's Social Services Program

Dr. Brenner and his team held focus groups with Northgate II residents to understand the challenges they faced to getting health care. Residents identified a lack of reliable and flexible transportation as a primary barrier that impedes their ability to visit their primary care physicians.

To address this barrier, the Camden Coalition set out to provide residents with easier access to primary care so they could better manage their chronic conditions and avoid inappropriate use of expensive health care services. The coalition recruited a primary care practice that was interested in opening a health clinic at the Northgate II property. It also helped bring other health promotion programming to the building.

The health clinic opened in 2011 and was staffed first by a physician and later by a nurse practitioner. The clinic closed in December 2013 after not being able to build the patient volume needed for financial sustainability. Several factors contributed to the clinic's inability to attract a sufficient number of patients:

- Clinic participants were required to accept the physicians' practice as their primary care physician (PCP). Most residents wanted to stay with their current doctors.
- The nurse practitioners and physicians were unable to form relationships with residents. Time constraints made relationship building difficult for clinic staff. In addition, Northgate II social services staff have found that residents will not patronize providers if they perceive that those providers do not care about them.
- The physician and nurse practitioner were not bilingual. This made it difficult for members of the building's sizable Spanish-speaking population to use the clinic.
- The clinic's office hours were choppy and inconsistent.

The Camden Coalition began rethinking its approach after discovering that its initiatives were not helping to meet its goal, which was to reduce ED and hospital use and deliver better care at a lower cost. The coalition discovered that only a small number of residents were actually making repeat visits to the hospital. These residents tended to be isolated and rarely left their apartments and, therefore, services provided on the first floor were not reaching them.

The coalition's new strategy called for helping Northgate II build out a more robust social services unit, providing social services staff with limited access resident health care utilization data, and integrating the coalition's care coordination initiative into the property's service program.

Northgate II's new director of social services also believed a different approach was needed to help residents better address their care needs. The director envisioned a broader population health management approach that would address a range of needs, from wellness and prevention to complex care. That approach would entail the following components:

- **Proactive engagement:** The director of social services believed the social services staff needed to engage more proactively with residents and develop trusting relationships with them. In this way, staff could better understand residents’ circumstances and needs, and residents would be more open to staff guidance and suggestions. This relationship building would be important in helping staff members spur cultural and behavioral changes in the building.
- **Increased social services staffing:** In January 2013, an AmeriCorp volunteer from Rutgers University began working at Northgate as a part-time community health worker. After the service coordinator position became open in late 2013, the community health worker transitioned into that role. Northgate II gained approval from the New Jersey Housing and Mortgage Finance Agency in fall 2013 to fund a second full-time service coordinator position in its operating budget. In 2014, Northgate II used a grant to fill the original part-time community health worker position.
- **Multiple interventions:** Northgate II did not have the funding to create a comprehensive package of services. As an alternative, the property and the Camden Coalition sought community partners to bring these services and resources to Northgate II. Through their partnership, Fair Share Housing has a seat on the Camden Coalition’s Board of Directors, Executive Board Strategic Planning Committee, and Quality Committee. Through these avenues, Northgate II has contact with several community organizations also engaged with the Coalition and many organizations are aware of the property’s efforts.

The table below provides an overview of the services and resources currently available at Northgate II. A more detailed description of each service follows.

Service/Support	Delivery Mechanism	Provider
Service coordination/care management	In-house	Northgate II
Community health worker	In-house	Northgate II
Enhanced Wellness Program	In-house	Northgate II
Assisted Living Program	Partnership	CARING Adult Healthcare Services
Social activities	In-house	Northgate II
Congregate meal program	Partnership	Senior Citizens United Community Services of Camden County, Inc.
Nutrition and cooking	Partnership	Twilight Harvest and Touch New Jersey
Chronic Disease Self-Management Program (CDSMP)/Tomando		Camden Area Health Education Center and Northgate II
Weight loss/nutrition support groups	In-house	Residents and social services staff
Exercise classes	In-house and partnership	Camden Coalition
Massage therapy	Partnership	Healing SPIRIT
Counseling	Contract (relationship recently ended)	Catholic Charities of the Camden Diocese and Northgate II
Medicaid medical transportation	Partnership	LogistiCare

Service Coordination/Care Management

Northgate II's social services department currently consists of a social services director, two full-time service coordinators and a part-time community health worker. The service coordinators are supported through the property's operating budget and the community health worker is funded through a grant. All three speak Spanish and English.

Social work students from the Rutgers's University School of Social Work serve as interns at Northgate II. For the past three years, the property has hosted Bachelors or Masters level interns who support the social services department during the school year.

The property also has a full-time volunteer through the Jesuit Volunteer Corps. The Jesuit volunteer coordinates activities in the property's community center, assists the service coordinators and supports a small caseload of male residents.

Resident Assessment

With the goal of moving to a more proactive approach of assisting residents, the social services team began developing an assessment process in 2012 to help them better understand residents' circumstances and needs. The team created a tool that gathers information about residents' health care utilization, health conditions, mental health, functional status, and social support networks. Team members also administer the Adverse Childhood Experiences (ACE) survey as part of the assessment.² The ACE questionnaire gathers information about past traumatic life events that may shape a resident's needs and behaviors and may affect how a resident responds to care or assistance.

Based on the assessment responses, residents are stratified into high or moderate-risk categories.

- High-risk residents are individuals with multiple chronic illnesses, multiple ED visits and hospitalizations, and/or significant functional limitations. These individuals may also be less ambulatory and more isolated than other residents.
- Moderate-risk residents are individuals who have multiple chronic illnesses, but are not necessarily making frequent ED or hospital visits. These individuals tend to be more active and more involved than high-risk residents.

Categorizing residents in this manner helps service coordinators identify the services and programming available at the property that could potentially benefit a resident. The chart below shows which onsite services could be targeted to residents based on their level of need. Service coordinators may also refer residents to other appropriate services available in the community.

² The Adverse Childhood Experiences (ACE) study is one of the largest investigations to assess associations between childhood trauma and later-life health and well-being. Findings suggest that certain experiences, such as abuse, neglect, and family dysfunction, have a major impact on an individual's health and quality of life across the lifespan. For more information, see: www.cdc.gov/violenceprevention/acestudy.

Recommended Services		
High Risk	Moderate Risk	All Residents
Assisted Living Program	Enhance Wellness program	Weight loss/nutrition support groups
Post-hospitalization care coordination	CDSMP/Tomando	Exercise classes
Case management	Weight loss/nutrition support groups	Cooking for Health program
Community health worker	Case management	Food pantry
Enhance Wellness program	Community health worker	Congregate meal program
	Massage therapy	
	Counseling	

Northgate II prioritized the rollout of its new assessment process based on the results of assessments done by third-year medical students from Rowan University’s School of Osteopathic Medicine. Northgate partnered with the Camden Area Health Education Center (AHEC) to host the students during four 10-day rotation periods in spring 2013. The students assessed 165 residents, beginning with residents the social services staff identified as “struggling.” As time allowed, students also assessed other residents in the property who were willing to participate.

Students visited residents in their apartment and assessed such characteristics as weight, blood pressure, health conditions and mobility. Based on the responses, the students stratified these residents into two categories: medium-risk and high-risk.

Because the property is large and it would be difficult to assess all residents immediately, Northgate II’s service coordinators began their assessment process with residents who were identified as “at-risk” by the medical students and who, staff members believed, would be most in need of assistance from the service coordinators. Once these initial assessments were complete, service coordinators assessed residents who used the ED or hospital, or came to their attention for other reasons. Eventually, staff members will assess all Northgate II residents who are willing to participate.

Information and Data Tracking

The Camden Coalition provided Northgate II with access to their web-based data system, TrackVia, to maintain the assessment data. The system also allows staff to maintain case notes and to query reports. For example, if Northgate II wanted to start a diabetes support group, social services staff could use TrackVia to identify residents with diabetes who could be invited to join the group.

In mid-2013, the Camden Coalition also gave Northgate II social services staff limited access to the Camden Health Information Exchange (HIE).³ Staff members can use the HIE to learn whether a resident has been to the ED or admitted to the hospital. They do not have access to any clinical data and can only see that the resident has been to the ED or hospital. Staff can only view this information with the permission of residents. Residents are asked to sign an HIE authorization form when their assessment is conducted. In addition, Northgate II staff has sought permission for HIE access from residents who have not yet had an assessment.

³ The Camden Health Information Exchange (HIE) was launched in 2010 through a collaborative data-sharing initiative to improve care delivery in Camden City. Its original founders were Cooper University Health Care, Virtua Health, and Our Lady of Lourdes Medical Center. Today, more than 400 health care providers in Camden County and the surrounding areas use the HIE. Camden and regional health care providers can use the HIE to gain real-time access to patient medical information. The HIE facilitates sharing of detailed clinical data among primary hospitals, physician practices, laboratory and radiology groups, and other health care organizations.

The social services team currently has permission from most residents in the building to view their ED and hospital visit information through the HIE.

Caseloads

Each Northgate II service coordinator has a caseload of about 60 residents who were identified as “at-risk” during the assessment process and need ongoing monitoring or follow-up. The number of “at risk” residents fluctuates as residents’ situations stabilize or new residents begin to experience greater needs.

The Jesuit volunteer carries a caseload of about 10 male residents. Like the service coordinators, the Jesuit volunteer assesses and monitors each of these men, and helps connect them with needed services and resources. The decision to give the Jesuit volunteer an all-male caseload was based on the belief that some men in the building would find it easier to open up to another male about their needs. Additionally, some females who have had traumatic experiences with men may not feel comfortable working with a man. Because the Jesuit volunteer’s office is located in the community center, some resident approach him for help when they are hanging out there.

Approximately five or six new residents move to Northgate II each month. New residents are not automatically referred to social services unless members of the property staff identify a potential need with which the social services staff could assist.

The service coordinators report that their caseloads are increasing, partly because they are reaching out to more residents and uncovering more service needs. In addition, residents are more aware of the presence of service coordinators at the housing property and are seeking out the service coordinators for assistance. The service coordinators believe that more residents will be relying on them to help fill service gaps as more service and benefit programs experience budget cuts.

Transitions from Hospital to Home and General Interaction

After Northgate II’s onsite health clinic closed, the Camden Coalition decided to pilot an initiative that was aligned with the organization’s care coordination program. A nurse and community health worker from the coalition visited residents in the hospital and worked with willing residents for two-to-four weeks after discharge. The coalition’s team provided a variety of services to participating residents, including making sure those residents had their medications, arranging follow-up appointments with a PCP, and helping to put other needed resources in place. After the coalition’s time with the resident ended, the property’s social services staff continued to support the resident.

Eventually, the coalition decided to hand this care coordination function over to the Northgate II social services staff. The coalition enhanced the staff’s capacity to fulfill this role by granting them limited access to the coalition’s HIE, as mentioned above, to be able to identify residents who have gone to the ED or hospital.

The Northgate II service coordinators check the HIE each morning to see if any residents went to the ED or were admitted to the hospital the previous day. Staff members also review any incident reports from the property’s security staff about individuals who have called 911. Having access to the HIE and knowledge of residents coming home from the ED or hospital is key, staff say, to helping them support the more vulnerable residents, particularly those with limited social support.

Social services staff members generally do not visit a resident in the hospital unless there is a concern about the resident’s ability to return home safely. Service coordinators do contact the hospital’s discharge social workers to explain the type of supports that are available at the property. When a resident returns home from the hospital, a service coordinator checks in to make sure everything they need is in place. This might include ensuring that prescriptions are filled and that the resident schedules a follow-up visit with his or her PCP.

Service coordinators check in periodically with other residents on their caseload to see how they are doing and to provide any needed assistance. They help residents identify and access needed community services or resources. They also encourage residents to participate in onsite programming that may benefit them. If a new program or activity is happening at the property, service coordinators will alert residents who they think may be interested.

Like many housing properties, the service coordinators can find it challenging to get residents to participate in programming. To encourage participation, they talk with residents who they might be interested in upcoming programs, hand out fliers, and sometimes call or visit residents on the day before and morning of an activity to remind them to participate.

Community Health Worker

In 2013, Northgate II pursued funding and was awarded a one-year grant to support the position of a part-time community health worker. The social services team believed that this worker could assist individuals in need of more intensive care coordination. That worker could help residents with medications management, facilitate follow-up with their PCPs, connect them with other health resources, and coach them on adopting healthy behaviors.

Applicants were recruited through a community health worker training program offered by the Camden AHEC through the New Jersey Office of Employment. The position was filled in March 2014.

The community health worker assists higher risk residents who have been identified as needing additional supports to help address their health needs. The community health worker has a specific caseload that includes residents who have chosen to enroll in the Enhance Wellness program (see below for description of the Enhance Wellness program) and/or residents who are struggling with their health and making repeat visits to the ED and hospital.

The community health worker meets with at-risk residents to discuss services and resources that would benefit them and that they would be interested in pursuing. The worker monitors, supports and encourages these residents to participate in services and programs and to make behavior changes that could improve their health and function.

The community health worker uses creativity and flexibility to address residents' needs in ways that complement their willingness and/or capacity to participate. Assistance can include:

- Connecting residents with peer supports in the building.
- Helping a resident develop medication management techniques.
- Assisting residents in making doctor and other medical appointments.
- Arranging transportation, or accompanying residents to medical appointments to ensure that a doctor's orders are understood.
- Encouraging residents to participate in programming available in the building, such as the congregate meal program, exercise classes or smoking cessation courses.
- Working with residents to identify and make behavior changes that could improve their health. The community health worker's goal is to encourage residents to take greater control over their own health. The worker might meet this goal by helping a resident with diabetes understand the effect that a steady diet of rice, common in many cultures, can have on his or her disease. The worker might teach the resident about alternative food choices. Or, the worker might encourage frail residents to get some exercise by making a trip to the local mini-mart, rather than paying another resident to make the trip for them. The community health worker might accompany residents to the mini-mart to ensure they feel safe.

Enhance Wellness

The community health worker coaches 12 participants in the property's Enhance Wellness program. Enhance Wellness is an evidence-based, health promotion program for older adults with chronic conditions that was developed by Senior Services in Seattle, WA, in partnership with the University of Washington and Group Health Cooperative. The motivational, behavior-change intervention encourages participants to take on health challenges and maintain control of their lives.

Northgate II service coordinators alert the community health worker if their assessment process identifies someone who could benefit from the Enhance Wellness program. The community health worker visits the resident and tells him or her about the program. If the resident decides to enroll:

- The community health worker helps the resident complete a health questionnaire that identifies the resident's strengths and risks.
- The resident and community health worker develop a six- to 12-month action plan to address specific health risks on which the resident would like to work.
- The resident's PCP is notified that the resident is participating in the program. The PCP receives information about the program and the resident's goals so he or she can offer support and encouragement as the resident works to achieve those goals.
- The resident implements the plan with support from the community health worker, who offers the resident encouragement, feedback, monitoring, help with problem solving, health education, and referral to additional resources.
- The resident who has not achieved his or her goals in 12 months is removed from the official Enhance Wellness program. The resident's PCP is notified. Social services staff continues to engage the resident in helpful services and supports. Residents are able to re-enroll in Enhance Wellness in the future.

Assisted Living Program

In 2014, Northgate II established a partnership with CARING Adult Healthcare Services to provide onsite assisted living services. CARING is licensed to provide services under New Jersey's assisted living program (ALP), which allows assisted living services to be provided in subsidized housing properties. Through the program, a licensed service provider locates staff onsite at an unlicensed housing property and delivers services that are similar to the services provided in a licensed assisted living setting. Services are funded through the state's Comprehensive Medicaid Waiver.⁴ In New Jersey, long-term services and supports provided through the waiver are coordinated, along with other Medicaid services, by managed care organizations.

To be eligible for waiver services and to participate in the ALP, individuals must:

- Be 65 years or older or between the ages of 21 and 64 and determined disabled by the Social Security Administration or the New Jersey Division of Medical Assistance and Health Services.
- Be eligible for nursing home level of care (generally meaning needing assistance with three or more activities of daily living).
- Meet certain income and asset guidelines.⁵

⁴ The New Jersey Comprehensive Medicaid Waiver is a Section 1115 Demonstration that consolidated multiple Medicaid waiver and demonstration programs into one effort. The program is similar to the previous Medicaid 1915(c) waiver programs, which were the primary mechanism for providing home and community-based services as an alternative to institution-based care. The primary difference is the shift to services being coordinated through managed care organizations in the Section 1115 Demonstration.

⁵ In 2015, the allowable maximum monthly income is \$2,094 and the resource limit is \$2,000.

If a resident is interested in participating in the ALP, CARING alerts the resident's managed care organization, which comes to the property to assess the resident. The managed care organization sends a report about the resident to the state, and the state approves eligibility. Once the resident is determined to be eligible for services, CARING develops a care plan for the resident and begins delivering services after the plan is approved by the managed care organization. Because approval can sometimes take months, CARING may begin delivering interim services pro bono. CARING has elected to do this for a couple reasons. First, residents do not always understand that the delay is not the fault of CARING and can lose trust in the organization. Second, without the care, residents risk going to the ED or hospital, which can lead to further decline.

CARING staff are at Northgate II daily from 8 a.m. to 8 p.m. The CARING staff includes:

- An administrator.
- A registered nurse who is available 20 hours per week and on-call.
- A licensed practical nurse who is available 40 hours per week and on-call during weekends and on holidays.
- Aides.
- A medication technician may also be available for residents who are unable to administer their own medications.

The onsite administrator and some care staff speak both English and Spanish.

Being able to station staff onsite allows CARING to serve residents more flexibly and responsively, according to the organization. In a traditional home care model, staff visits clients for a set number of hours at set times on certain days. In contrast, onsite staff can visit residents at various times throughout the day. For example, they can help a resident get up in the morning and then come back later to help the resident prepare lunch. The onsite model allows staff to better assist residents according to their needs and to monitor residents more regularly.

ALP services can be delivered in any apartment throughout the Northgate II building. Participating residents can receive:

- Care management.
- Help with personal care.
- Nursing services, including some skilled nursing care.
- Ongoing health monitoring.
- Pharmaceutical services.
- Help taking medications.
- Social work services.
- Dietary services.
- Recreational activities.
- Homemaker and chore services.
- Transportation.

Currently, 18 residents are participating in the ALP and another eight residents are waiting for state approval. Serving 25 to 30 clients would make the program financially sustainable, according to CARING. The program attracts participants through:

- Onsite education about the program by CARING staff.
- Referrals from the property's social services staff, which educates residents about the potential benefits of working with CARING.
- Referrals from CARING staff members. CARING's referral program incentivizes employees to identify potential new clients for the ALP. Employees receive four hours of paid work time and a \$125 bonus if the program enrolls a new, eligible client they refer.
- Referrals from neighbors who participate in the program.
- Queries from residents who see their neighbors receiving services.

Some Northgate II residents were already receiving services through a Medicaid waiver program before the ALP was established at the property. If these residents wanted to participate in the ALP, they would have to leave their current program and give up their aides. Many residents are reluctant to take this step because they already have a relationship with their aides or are concerned that aides might lose their jobs in the event of a switch. CARING has attempted to address this issue by hiring some of the aides who currently serve Northgate II residents. A few aides have come to work for CARING, but many are not interested because they feel they have more flexibility in their role and with their current home care organization. Some residents are reluctant to use the ALP because it might fail like the onsite health clinic that the property encouraged them to use.

CARING and the Northgate II social services staff interact extensively. The two groups meet monthly to discuss ALP participants and they also communicate informally between meetings. Monthly meetings focus on participants of particular concern to staff who may have either medical or social issues that need to be addressed. During these meetings, members of the Northgate II staff may discuss at-risk residents who they believe might benefit from participating in the ALP.

Sometimes, staff from CARING and Northgate II will develop a joint plan to address a resident's identified needs. For example, the two organizations collaborated to enroll a resident who was in danger of being evicted because she was not taking medications for her psychiatric issues and was causing extensive disruptions to the community. The resident's housing is no longer in jeopardy because CARING has been able to stabilize and monitor the resident's medications and address her other care needs.

CARING also participates in the quarterly meetings Northgate II convenes with all its service partners. CARING believes it is important to be aware of all the resources in the building so it can encourage clients to participate in other programs that may potentially benefit them.

Members of the CARING staff characterize Northgate II as their most proactive housing partner. One component of the partnership's success, they believe, is Fair Share's leadership in establishing the goal of helping residents age in place, and then setting the tone and providing the support to allow staff to achieve that goal. As a result, Northgate II staff members are more aware of residents and their needs and refer residents to services, collaborate with CARING to address clients' comprehensive needs, and call on other programs that can help bolster residents' overall wellness and functioning.

Congregate Meal Program

Northgate II serves as a congregate meal site for the Camden County Nutrition Program, which is administered by Senior Citizens United Community Services of Camden County, Inc. Lunch is served Monday through Friday in the property's multi-purpose room and is available to residents 60 years or older at a suggested donation of \$2 per meal. Approximately 25 people currently participate in the congregate meal program.

Cultural issues have presented challenges as Northgate II social services staff attempts to increase participation in the program. Residents of Puerto Rican descent, who are large portion of the resident population, are less likely to participate in the program due to a cultural bias against eating in front of others, according to staff.

Food Pantry and Cooking for Health Programs

TOUCH New Jersey (NJ) provides Northgate II residents with access to free groceries and offers them a healthy cooking class. TOUCH NJ is a partner agency of Philabundance, a large Philadelphia hunger relief organization that collects excess food from local grocery stores and redistributes it through a weekly food pantry and direct donations to shelters. TOUCH NJ reached out to Northgate II as part of its effort to find additional partners that could distribute the organization's surplus of food.

Northgate II residents are invited to shop at TOUCH NJ's weekly food pantry, located at the Fairview Community Baptist Church in Camden. Because getting to the pantry and carrying groceries can be difficult for some residents, the group also does a periodic mobile pantry at the property. In both pantry's, residents "shop" and select the items they want, rather than being given a pre-selected bag of groceries. TOUCH NJ also delivers food donations from Panera Bread to the property each week.

A volunteer chef working with TOUCH NJ hosted a healthy cooking class that taught residents about different cultural foods and spices, and demonstrated techniques for making cooking fun and healthier. The class was initially open to 10 individuals and held at TOUCH NJ's building. Due to residents' positive responses and interest, TOUCH NJ has expanded the class to accommodate up to 50 participants and is conducting it onsite at Northgate II to allow greater access. Residents who participated in the initial class help teach the onsite class, which is offered once a month, except during the summer months.

Chronic Disease Self-Management Program/Tomando

In fall 2013, Northgate II contracted with the Camden Area Health Education Center (AHEC) to offer the Chronic Disease Self-Management Program (CDSMP) at the property. CDSMP is a six-week, evidenced-based wellness program designed to give people the skills and confidence to manage the challenges of living with a chronic health condition. Social services staff members advertised the class to the whole property. They also reached out to specific residents who they thought could benefit from the course. Sixteen residents participated in the first session. AHEC conducted a Spanish-language CDSMP class called Tomando in fall 2014.

In fall 2014, the Northgate II service coordinators became certified to lead CDSMP. They will soon be certified in Tomando. CDSMP and Tomando certification will allow Northgate II to continue offering these evidence-based programs periodically without the cost of contracting with an outside organization.

Wellness Support Group

Residents who participated in CDSMP felt they needed ongoing support after the program ended. Two participants decided to start a resident-led support group that discusses health and nutrition-related topics and helps members practice the skills they acquired during the CDSMP course and through other health-related programming.

A Resident's Experience

A 63-year-old male has resided at Northgate II for three years. He is a former teacher's aide and home health worker from Virginia who appreciates the security, convenience and camaraderie of Northgate II. The resident has participated in nearly all of the property's service offerings, including zumba, yoga, nutrition and cooking classes, CDSMP, and massage therapy.

This resident reports that participating in CDSMP inspired him to set health-related goals, including changing his lifestyle and eating habits to reach his target weight of 200 lbs. So far, he has lost more than 50 pounds.

Through a resident-led wellness support group, he helps motivate others to take advantage of the services at Northgate II. He reports seeing a big change in himself after participating in the programs, and loves noticing small behavior changes among other residents, including one resident who now drinks water rather than soda.

Residents recently convened a Spanish-language support group, in addition to the English-language group. During any given week, approximately eight residents participate in the English-language group and 12 residents participate in the Spanish-language group. The social services department provides refreshments and administrative support to both groups.

Exercise Classes

The Camden Coalition contracts with a certified exercise specialist to provide onsite, weekly exercise classes for residents of Northgate II. Classes are held on Mondays in the multi-purpose room and include stretching and aerobic exercises tailored to the abilities of participating residents. Four to six residents participate currently, and the social services staff is working to build additional interest in the classes. One social services staff member leads a DVD-based Zumba class for six to eight residents. Many participants in the exercise classes also have participated in CDSMP.

Massage Therapy

Camden-based Healing SPIRIT provides onsite massage therapy at Northgate II. The organization was started by medical missionaries who believed that holistic health practices can empower and heal the individual. The organization's programs focus on touch, compassionate listening, body and breath work, and meditation or prayer.

Healing SPIRIT focuses on serving individuals who have experienced significant trauma during their lives. A fiscal agent for a grant the organization received recommended Healing SPIRIT approach Northgate II as a potential partner and place to work with individuals who have experienced extensive adversities.

This seemed to be a good fit for Northgate II. Since it conducts the Adverse Childhood Experience survey as a part of its resident assessment, social services staff are aware of residents who have had traumatic experiences and can refer them to the massage therapy program as a possible resource. Healing SPIRIT services are open to all Northgate II residents, though. Once a resident expresses interest in the program, the Healing SPIRIT massage therapists meet with the resident to learn more about him or her and determine which type of massage is most appropriate. Massage therapists also identify at-home exercises residents can do to boost their functioning.

Healing SPIRIT relies on grants to provide approximately 12 hours of service per week at Northgate II. Healing SPIRIT staff is holding a focus group with residents about the possibility of charging a nominal fee to help support the service. The massage therapists currently serve between 20 and 40 residents, but have the capacity to serve approximately 60 residents. Barriers to continuing this service include lack of sustained funding and the need for a bilingual massage therapist.

Counseling

The assessment process at Northgate II indicated that a number of residents were dealing with possible depression and/or had experienced high degrees of trauma during their lifetime. With grant support, Northgate II partnered with Catholic Charities of the Camden Diocese in early 2014 to provide onsite clinical counseling to those residents.

Social services staff approached residents identified as having a potential counseling need about their interest in receiving counseling support. If a resident expressed interest, Catholic Charities sent either a Spanish-speaking or English-speaking counselor to the property to connect with the resident. Northgate II initially referred approximately 10 residents to the service.

Despite the general stigma in the African-American and Spanish-speaking communities around mental health, staff found that residents were willing to see a counselor and excited to have access to the service in their homes. Unfortunately, due to staff turnover and challenges filling counselor positions, Catholic Charities discontinued the service in late 2014.

In March 2015, service coordinators at Northgate II were trained to deliver PEARLS, an evidence-based program designed to help address minor depression in older adults. PEARLS helps individuals understand the link between unsolved problems and depression. It teaches an approach to solving problems and encourages participants to engage in social and physical activities.

Social services staff members also coordinate a support group for residents dealing with depression.

Transportation

Northgate II residents have consistently identified transportation as a barrier to accessing health care. Some individuals are able to receive transportation to health care appointments through the Medicaid program. However, residents frequently complained about the service's limited availability and poor reliability.

In response to these concerns, Northgate II became a pilot site for the Preferred Provider Program implemented by LogistiCare, the state's coordinating entity for Medicaid-funded transportation. Through the pilot, four resident-recommended transportation providers are assigned to the property to provide all Medicaid-funded transportation. To prevent potential problems with the service, LogistiCare sends a daily report to the property listing all residents who are scheduled to receive transportation the following day so that any potential problems can be prevented. LogistiCare also designated one of its staff members as a point person for Northgate II who can resolve any problems that residents encounter with the service.

Social Activities

The social services team at Northgate II organizes several social activities for residents, including an annual "Senior Prom," holiday programs, parties and other social events. Staff members also support residents who want to start a club, such as a recently created Keno Club. Staff members believe these activities can motivate isolated residents to leave their apartments and come down to the community rooms to interact with fellow residents.

Communication with Community Partners

The social services director at Northgate II believes it is important for the property's multiple community service provider partners to be aware of and communicate with each other and the property's social services team. The director invites all partners to quarterly "chat and chews." These forums provide an opportunity for partners to learn about fellow service providers and their offerings, share information about program changes, identify trends in resident needs, and discuss gaps in services.

Engagement Between Property Management and Social Services Staff

The management of Northgate II wants to keep residents housed. This makes the proactive social services department a valuable partner to the property manager, who believes that social services staff is addressing many resident problems before those problems reach his office. In particular, members of the social services staff are:

- Helping residents budget and connect with resources like food stamps, food pantries and prescription plans. These resources can help enhance the financial situation of residents, which enhances their ability to pay their rent.
- Helping residents address their health and functional care needs and connect to physical and mental health care and supportive services. This help can improve the ability of residents to maintain their apartments and interact appropriately with their neighbors.
- Hosting and bringing activities to the housing property. These activities help combat isolation and build a sense of community in the property. For example, 40 residents came together in the property's community center to watch last season's Philadelphia Eagles opening game. The property manager reports that this has never happened before.

Not all issues can be prevented. However, Northgate II's property management works with the social services staff to try and "redeem" most situations. This work often begins after security officers or other property management staff complete incident reports documenting such events as ambulance calls, police visits, noise complaints, harassment, poor housekeeping or violations to a resident's lease or the building's rules. The director of social services receives a copy of each incident report.

In the event of repeat incident reports, the property manager begins laying the groundwork for a potential eviction. The manager notifies the resident by letter about the lease violation and connects with the social services staff. Members of the social services staff will attempt to work with the resident to identify and rectify the offending behavior or action. The property manager gives social services staff time to work with the resident. However, the eviction process continues, since some residents need this threat to convince them to take action.

Lease violations are most common among residents under age 65. Most lease-related problems seem to result from mental health issues that are usually aggravated by drug and/or alcohol use. In cases where addiction is the primary problem, residents typically become delinquent in their rent. The lack of mental health services in the community makes it challenging for property and social services staff to resolve these issues.

Northgate II has occasional problems with hoarding. The property addresses these cases by asking fire inspectors to provide residents with objective and measureable standards to prevent hoarding-related hazards. These standards include guidelines such as maintain access to all apartment windows with a minimum 30-inch walkway.

Challenges with Service Provision

Cultural stigmas represent a primary barrier keeping Northgate II residents from accepting and using services. Many older ethnic minority residents are reluctant to acknowledge that they need support, to use specific kinds of services, particularly mental health services, and to be seen accepting services.

Other barriers to service utilization and provision include:

- **Mistrust:** Residents have a general mistrust of service providers. In many cases, this mistrust has grown out of previous unreliable and uncaring encounters. Some Northgate II residents had poor experiences with the failed health clinic at the property, and are now distrustful of the property staff's recommendations and new partnerships. Staff members have addressed this lack of trust by working hard to build relationships with residents, improve the reliability of services, and maintain staff continuity in the building. Staff members hope that once trust is built, residents will take their advice and utilize more services over time.
- **Language and culture:** Because Camden is a diverse city, some service organizations have bi-lingual staff. However, the social services staff at Northgate II often has trouble finding language-appropriate resources.
- **Mental health resources:** Camden lacks mental health and substance abuse supports, particularly for ethnic minority older adults. Northgate II initiated a counseling collaboration with Catholic Charities of the Camden Diocese, but the organization had problems staffing the program and it was forced to end.
- **Funding:** Northgate II supports many of its services through grants and other fundraising efforts. Several community partners fund their programs through grants. Northgate II would like to identify mechanisms to support its services through more reliable and sustainable funding streams.