

**G**ROWING OLD used to be less complicated than it is today. In the past, senior citizens usually resided with or near their children and other members of their extended family. Social Security helped offset the bills. Major health problems might have required a hospital stay, but minor ones were taken care of by the family physician, who made house calls. Counseling, when sought, was done by one's pastor. People tended not to live as long as today and usually died at home.

In the mid-1960s, with the advent of social programs such as Medicare and Medicaid, health care was expanded to include visiting nurses, medical equipment in the home, and nursing home care. More funding became available for social service agencies. Legislation such as the Older Americans Act of 1965 gave birth to Area Agencies on Aging, Meals on Wheels, and similar programs. As a result of improved nutrition and health care, among other causes, people began to live longer. Two-income families became the norm. The nuclear family splintered, producing fewer children and more divorce. The once-crowded family home is today often inhabited by a single senior burdened with medical problems, housekeeping duties, loneliness, and creeping impoverishment.

Programs have been created to help less-affluent seniors. The Program of All-inclusive Care for the Elderly, adult day and senior centers, prescription drug assistance, and family medical leave for caretaker children—to some extent, these provide the care once furnished by the extended family. Unfortunately, coordination of such elder-care programs and agencies is often absent or inconsistent.

However, consistent, coordinated care is a hallmark of St. Catherine's Manor, Dunmore, PA.

#### **St. CATHERINE'S MANOR**

St. Catherine's is a 60-unit housing project for people aged 62 and older. Developed by Catholic Social Services (CSS) of the Diocese of Scranton, PA, and Mercy Health Partners (MHP) Northeast Region, Scranton, it sits on 5.5 acres of land in a suburb of that city. St. Catherine's is

## A Project in Pennsylvania

*Catholic Health Care and  
Social Service Organizations  
Teamed Up to Construct  
Housing for Seniors*

**BY ROBERT WILLIAMS**

*Mr. Williams is administrator,  
Mercy Special Care Hospital,  
Nanticoke, PA.*



a two-story, colonial-style facility overlooking a lake. It has 50 one-bedroom units and 10 two-bedroom units. Six units are wheelchair-accessible and three are equipped for the hearing and vision impaired. Five percent of St. Catherine's nearly 47,000 square feet is community and common areas. All units have fully furnished kitchenettes and showers equipped for the handicapped.

A county-sponsored bus provides transportation to and from St. Catherine's front door. St. Catherine's was the first housing project in Pennsylvania to offer a service-enriched model of care that meets senior's social and medical needs under a single roof.

Not an assisted-living facility, St. Catherine's attempts to provide the supportive services needed by elderly people who, though frail, are in general good health. The site includes a fully equipped medical examination room for a nurse practitioner who visits several times a month. During these visits, which are funded through MHP's Community Health, a community-out-reach program, the nurse practitioner takes residents' vital signs, monitors their blood glucose, and makes physician referrals for residents who need medical care.

A podiatrist visits St. Catherine's frequently to provide residents with foot care. Health educators come to present in-service sessions. A social worker from CSS conducts ongoing individual needs assessments. If they choose, residents can arrange privately to get help with light house-

keeping, laundry, meal delivery, nurse-aide services, and bathing and other personal care needs. St. Catherine's has a building manager on site daily.

### FINANCING THE PROJECT

Although Catholic social services agencies and health care providers have always shared a common vision, close collaboration between them is a fairly recent phenomenon. Before creating St. Catherine's, MHP and CSS had collaborated on a few small projects—for example, meal services to the homebound, employee assistance programs, and health prevention and promotion programs—in northeastern Pennsylvania. But they had attempted nothing of the magnitude of a multimillion-dollar affordable-housing project.

However, it became clear that many of the region's low-income seniors needed such housing. In 1998 the leaders of MHP and CSS began meeting to discuss what their organizations might do to meet this need. They decided to construct a housing development that would, for an affordable price, allow seniors to maintain their independence in a homelike setting that also met their social and medical needs.

The partners' common culture allowed them to work together smoothly. The Sisters of Mercy have been present in northeastern Pennsylvania for more than 100 years. As part of Catholic Healthcare Partners, Cincinnati, the congregation currently cosponsors three area hospitals and a number of community health entities. CSS, which is part of Catholic Charities USA, has been active in the area for nearly 75 years. A key project planner was CSS's director, Steve Nocilla, who had experience with the Low Income Housing Tax Credits (LIHTC).<sup>\*</sup> Nocilla had earlier led the rehabilitation of two housing facilities for low-income people. LIHTCs, administered by the U.S. Internal Revenue Service (IRS) in conjunction with state agencies, are allocated to each state at the rate of approximately \$1.25 per resident. The agency in this case, the Pennsylvania Housing Finance Agency, administers about \$20 million in LIHTCs annually.

LIHTCs are awarded to housing developers and their investors as incentives to construct housing for people who otherwise could not afford it. St. Catherine's cost of construction was estimated to be \$6 million. In return for investing \$3 million in the project, St. Catherine's chief

### SUMMARY

Through collaboration, Mercy Health Partners (MHP) of Southwest Ohio, Cincinnati, and Catholic Social Services (CSS) of the Diocese of Scranton, PA, built a housing complex for low-income seniors and developed a variety of supportive services for residents. St. Catherine's Manor aims to meet elder adults' social and medical needs through offerings such as on-site health assessments, meal services, and transportation help.

In order for the collaboration to be a success, MHP, CSS, and their partners had to trust one another. They also had to be clear and deliberate about their roles and responsibilities, thereby establishing expectations well in advance of the project. Their partnership was enhanced because they shared a common culture.

<sup>\*</sup>For more on the Low Income Housing Tax Credit, see Chuck Wehrwein and Melinda Pollock, "Health, Housing, and Public Policy," p. 23.

investor will receive tax credits spread over a 10-year period. The Pennsylvania Housing Finance Agency will monitor the project to ensure that income requirements are met and that the building is well maintained, reporting any instances of noncompliance to the IRS.

In addition to the tax credits, St. Catherine's benefited from several "groans"—grants that become loans only in the event that prearranged conditions are not met. These include \$1.5 million from Penn Homes, a Pennsylvania Housing Finance Agency subsidiary; a Community Development Block Grant of \$200,000; and \$480,000 from the Federal Home Loan Bank, a deferred developer's fee, and a short-term loan from CSS. From this patchwork of sources the \$6 million necessary to construct St. Catherine's was brought together.

### TRUST IS A NECESSITY

A collaborative project like St. Catherine's requires trust and mutual respect from the partners. CSS's and MHP's leaders began their partnership by discussing the skills that each organization would bring to it. On its side, CSS provides services for the poor and elderly, case management, housing assistance, and other programs in northeastern Pennsylvania. MHP offers the region's widest variety of postacute services, including inpatient care, outpatient care, skilled nursing and long-term care, home care, and hospice care. Community Health offers pastoral outreach for the homebound through local churches and synagogues. Health Quest, a community-outreach program for seniors, has more than 20,000 enrollees in the region.

Legal assistance was necessary from the start. Two law firms were engaged to perform a variety of tasks, including overseeing the land purchase; forming the corporate entity through which CSS and MHP would share ownership of St. Catherine's; and dealing with county administrators, housing agencies, and social service directors, all of whom required a memorandum of understanding or contract. Stacked together, these documents are about a foot high.

The creation of St. Catherine's proved to be an education for CSS's and MHP's leaders. They learned a good deal about negotiating with local planning boards and state and federal funding agencies, for example. Such organizations do not always give one a lot of time to complete applications. Missing deadlines or not having the necessary information can delay a project for months, at the cost of thousands of dollars. CSS's and MHP's leaders also learned that, in collaborative arrangements, duties should be spelled out clearly

**A collaborative project requires trust and mutual respect.**

and concisely. In a project like St. Catherine's, a fear of stepping on toes or holding people accountable can be disastrous. Promises made to complete a task on schedule must be kept.

### ST. CATHERINE'S IS COMPLETED

To be eligible for LIHTCs, a developer must promise to limit for a period of 30 years the rent charged for some of the housing units developed. St. Catherine's developers planned 12 units to be rented at 40 percent or less of area median income, 25 units at 50 percent or less of median income, and 23 units at 60 percent or less of median income. This average unit rent would be approximately \$139 a month.

Construction of St. Catherine's began in April 2001 and was completed in January 2002, nine months later. During this time, the project's planners met every other week to discuss everything from color schemes to the quality of workmanship and the approval of invoices. A representative from the Pennsylvania Housing Finance Agency attended each meeting. (When one deals with funding agencies, meetings, audits, regulatory reviews, and the completion of forms becomes part of everyday life.)

The Lackawanna County, PA, Housing Authority was engaged to manage St. Catherine's and advertise for potential residents. The first resident was admitted in January 2002. Currently, St. Catherine's has a nine-month waiting list for apartments. Most residents are women; their average age is 76. The highest monthly rent paid is \$287 and the lowest is \$3; the current average is \$139.

CSS's and MHP's leaders sometimes ask themselves: Would we do it over again? Their answer is yes, without hesitation. But, they are quick to point out, without their two organizations' collaboration and without the assistance of many others, St. Catherine's Manor would have never materialized, and the community would have one less housing choice for low-income seniors. ■

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, March-April 2005  
Copyright © 2005 by The Catholic Health Association of the United States

---