



Veterans' Home at Rocky Hill: Residential Services

Background

In May 2014, the program review committee voted to authorize a study of the Connecticut State Veterans' Home. The study is evaluating the Home's operations and effectiveness.

The Home offers 24-hour nursing care (similar to a nursing home) as well as domiciliary care to those who served in the Armed Forces. Domiciliary care consists of shelter, food, and services that aim to prepare residents to successfully rejoin the wider community. The Home charges domiciliary residents \$200 monthly, which can be waived. Nursing care residents must use public insurance (e.g., Medicaid) and self-support to pay for their stays. Free respite services also may be provided to families caring for veterans themselves.

Most domiciliary care residents live in the main Residential Facility (often called "the Domicile" or "the Dom"). Others participate in a residential substance use treatment program with separate housing, live somewhat independently in apartments, or reside in one of several single-family houses across the street from the main Home campus. The nursing care residents live in a separate building, the Health Care Facility.

The Home is the centerpiece of the state Department of Veterans' Affairs (DVA). The Connecticut Veterans' Home was the first of its kind. It was founded in 1864 and moved from Darien to its current Rocky Hill location in 1940.

To complete this update, program review committee staff: interviewed Home and DVA personnel; met with the Home's resident council; observed certain Home staff meetings; reviewed a variety of documents and websites; analyzed data provided by Home and DVA managers; communicated with some other state agency staff, as well as with a person from the federal Department of Veterans Affairs (VA); and interviewed a limited number of veteran and homeless advocates.

Main Points

The Home's nursing care facility is nearly full, while multiple domiciliary care residences have substantial vacancies. The domiciliary care occupancy rate has fallen recently, from 83 percent in 2009 to 53 percent as of June 2014. As of July 31, the largest domiciliary components – the main Residential Facility and the residential substance use treatment program – were both just over half-occupied. Across domiciliary care options, 240 of the 456 beds available to veterans were full. In contrast, the 124-bed nursing facility has a short waitlist.

The Home's domiciliary care population overall is older, dealing with a variety of health or ability challenges, and somewhat likely to live there long-term. Two-thirds of the residents are 60 or above. Health challenges include cognitive impairment (31 percent of residents), heart ailments or signs of it (87 percent), psychiatric diagnosis (87 percent), and impaired ambulation (17 percent). Nearly half the Home's veterans (47 percent) have lived there more than five years.

Domiciliary care residents can receive a variety of services, and must abide by a rules and discipline system. Among several other services, there is a medical clinic as well as education and job search assistance. The Home has rules that must be followed, partly due to the substantial number of residents living in large shared rooms.

The budget and staff levels have dropped. In real terms, the Home's budget fell 25.6 percent over the last ten fiscal years. In FY 14, the DVA generated revenues of \$23 million and spent \$28.8 million. Nearly all this revenue flows to the state's General Fund. The Home's effective staffing level fell 17 percent from FYs 08-14, to 313.

Aside from the newer nursing facility, the campus's buildings and infrastructure are aged; several designed as residences are not used that way. Nearly all the buildings were constructed in the 1930s, and a 2005 assessment found most to be in some level of poor condition. Two duplexes, three houses, and two apartment buildings (aside from the old hospital building) are used as offices and storage.

Next Steps

PRI staff will continue research. Staff anticipates surveying residents, meeting with advocates for and non-Home personnel who serve veterans, interviewing Home staff, and learning about other states' homes.

Several potential issues, listed below, will be considered, and staff will analyze data and records to assess services.

1. Domiciliary care: Mission/model of care, occupancy rate, residents' aging in place, therapeutic work program for residents
2. Nursing care: Respite care availability
3. Overall: Resource level and balance, facilities use and conditions, information technology and management, resident transportation, and connections with the federal VA