



Veterans' Home at Rocky Hill: Residential Services

Background

In May 2014, the program review committee authorized a study to evaluate the Connecticut State Veterans' Home's operations and effectiveness.

The Home offers veterans 24-hour nursing care (similar to a nursing home) as well as domiciliary care. Domiciliary care consists of shelter, food, and services intended 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.

Most domiciliary care residents live in the main Residential Facility. Others participate in a residential substance use treatment program with separate housing, live somewhat independently in campus apartments for a short time, 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). It accounted for 97 percent of the department's budget in FY 14, with a total cost of nearly \$28 million.

To complete this study, the committee's staff: interviewed Home and DVA personnel; obtained residents' views, mainly through surveys and public hearings; observed certain Home staff meetings and a DVA Board of Trustees meeting; reviewed a variety of documents and websites; analyzed data provided by DVA and the federal Department of Veterans Affairs (VA); communicated with several other state agencies' staff, multiple VA personnel, and some managers of other states' homes; toured a few other veteran housing options; and interviewed a number of advocates, researchers, and service providers involved with veteran housing / homelessness issues at the state and national levels.

Main Findings

The Home's major domiciliary care program has the goal of helping residents successfully move to independent housing, but not the features needed to support that goal. For example, currently there is one full-time equivalent social worker for every 96 residents at the Home, when the generally accepted ratio is 1:25. Only about 10 percent of residents are satisfied with how well the Home staff has helped them try to find employment or housing.

Domiciliary care has become permanent housing for many residents, but its rules approach, accommodations, and services are inadequate for permanent supportive housing. Roughly 60 percent of residents have lived at the Home longer than three years; overall about half have been there at least five years. About one-quarter of the residents do not intend to leave. They must live with the same restrictive rules and lack of personal space (12-person rooms) as the short-term residents.

Demand is low for the Home's domiciliary care, for many reasons. The federal VA has boosted resources to prevent homelessness, which combined with its policy shift toward permanent housing, may be translating into fewer referrals from VA staff. Others may not want to live there because of strict rules and/or the campus's institutional feel. The recent upswing in the economy may mean fewer veterans need the Home.

The Home's Health Care Facility's quality is strong. The facility performed well on recent federal and state inspections, which are more thorough than for domiciliary care (due to being a long-term care facility). Residents generally are satisfied. Recent direct care staffing changes, however, could impact quality, and need to be closely monitored.

The Home has been isolated and deficient in oversight, program monitoring, public relations, and vision. The Home's shortcomings have gone largely overlooked due to limited attention to performance by the Board of Trustees and the legislature. Antiquated data systems and other data problems have also contributed.

PRI Recommendations

Many recommendations are made to strengthen the Home's services and sustainability, as well as improve residents' lives. The recommendations, centered around five key goals, would:

1. **Transform the Home's domiciliary care into transitional and permanent supportive housing**, in terms of program design, staffing, rules, responsibilities, fees, and accommodations;
2. **Ensure the Home's substance use treatment services are high-quality and possibly accessible to more veterans;**
3. **Maintain quality at the Health Care Facility; and**
4. **Improve collaboration, oversight, program monitoring, and opportunities for residents' views to be heard.**