

VETERANS' HOME AT ROCKY HILL: RESIDENTIAL SERVICES

Legislative Program Review and
Investigations Committee

Staff Update

October 1, 2014

Presentation Overview

- Study Purpose
- Overview
 - Background
 - Types of Care
- Budget and Staff Resources
- Areas for Further Development

Study Purpose

- Assess Veterans' Home operations and programs
 - Funding and staffing
 - Admissions process
 - Occupancy rate and outreach
 - Program participation and outcomes
 - Discipline
 - Residents' feedback
 - Management
 - Compare to other states

Home Overview

Home Overview

- Founded 150 years ago
- Rocky Hill since 1940
 - 90 acres: 40 buildings, open spaces

Home Overview

- Run by state Dept. of Veterans' Affairs (DVA)
- Overseen by DVA Board of Trustees
- Federal Dept. of Veterans Affairs (VA) gives some financial support, most healthcare
 - Also inspects the Home, as do a few state agencies

Home Overview: Eligibility

1. Active service in armed forces (including reserves)
2. Honorable discharge or released under honorable conditions

Home Overview: Two Types of Care

1. Domiciliary: Food, shelter, rehabilitative programs
 - Several different settings
2. Nursing: 24-hour care

Main Residential Facility



- General population
- 362 capacity
- Multi-person rooms

Fellowship House



- Residential substance use treatment
- 75 capacity
- Single-person rooms

Fellowship House photo: 2005 Master Plan.

STAR Accommodations



- Working full-time off-campus and seeking to move into the community
- 12 capacity*
- 5 apartments with private rooms

West St. photo: DVA brochure.

West Street Houses



- Families and single women**
- 7 veteran capacity, plus family members
- 5 single-family three-bedroom houses
- Services from nonprofit, not Home

Health Care Facility

- 24-hour nursing and rehabilitative care for up to 125 veterans
- Built 2008
- Licensed as Chronic Disease Hospital
- Special settings
- Uses same admissions application as domiciliary care



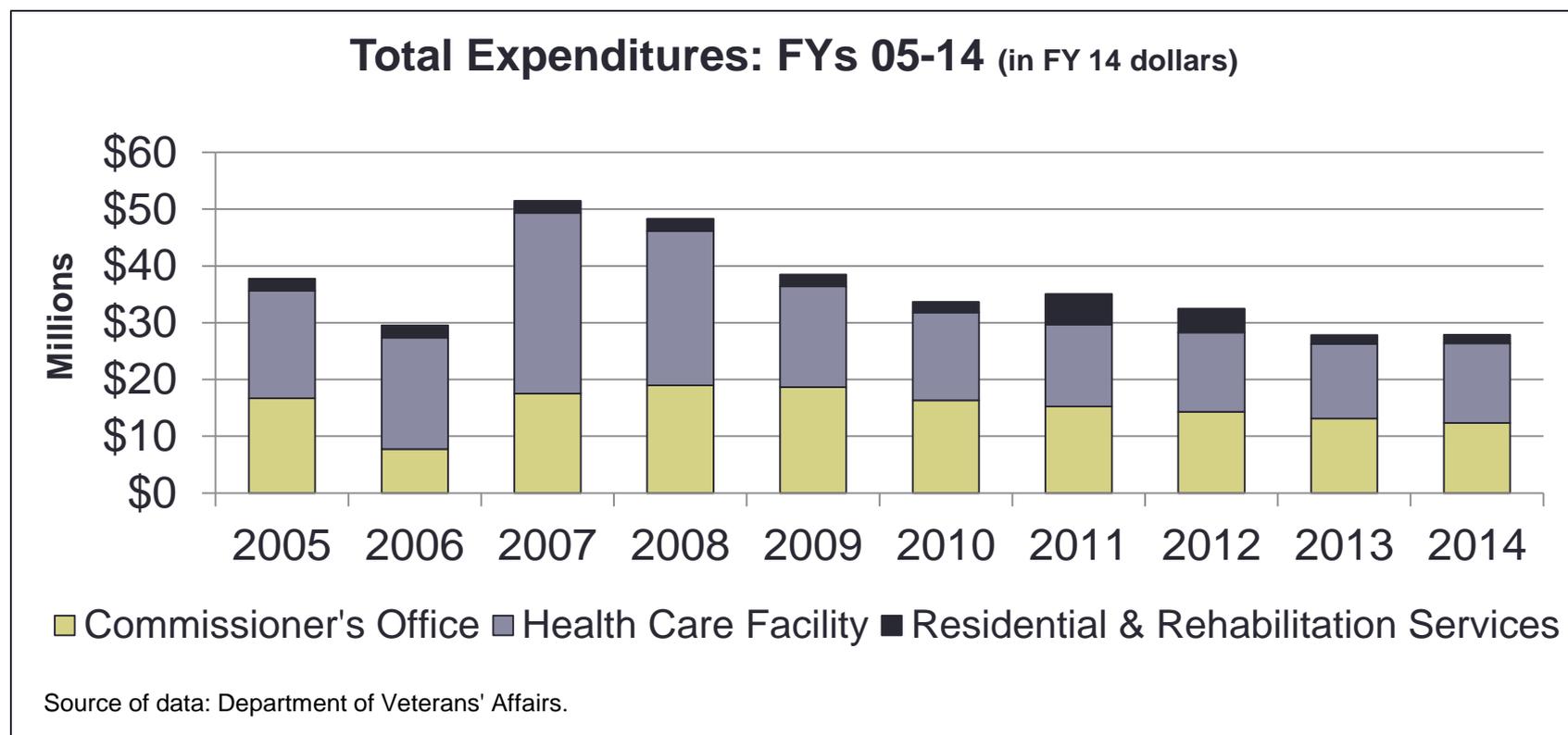
Budget and Staff Resources

Expenditures

FY 14 Snapshot

- DVA total expenditures: \$28.8 million
- Veterans' Home expenditures: \$27.9 million (97%)
 - Health Care Facility: \$14m (50%)
 - Commissioner's Office: \$12.3m (44%)
 - E.g., centralized administrative services, facilities and maintenance, food services
 - Residential and Rehabilitation: \$1.5m (6%)
 - Domiciliary administration and programs

Total Expenditures



Personal Services

FYs 05-14

- Total staffing expenditures: -19%
 - Residential/Rehabilitation Services: -24%
 - Health Care Facility: -17%
 - Commissioner's Office: -20%

Revenue

FY 14 Snapshot

- Total revenue: \$11.3 million
(not including Medicaid and DSH reimbursements)
 - VA per diem: \$8.5m (75%)
 - Resident billings: \$2.6m (23%)
 - Other (2%) (e.g., burial headstones reimbursement)

Revenue

FYs 05-14

- Revenue to the General Fund: +5%
 - Yearly totals range from \$7.6m to \$9.3m
- Institutional General Welfare Fund: -21.5%
 - Yearly totals range from \$2.6m to \$4m

Staffing

- Since FY 08, DVA filled/paid positions dropped just over 17%, from 379 to 313
- Relatively high overtime and pool costs for Health Care Facility
- State staff is supplemented by residents participating in therapeutic work program
 - Program may not be sustainable given low occupancy rate and increasing age of domiciliary care residents

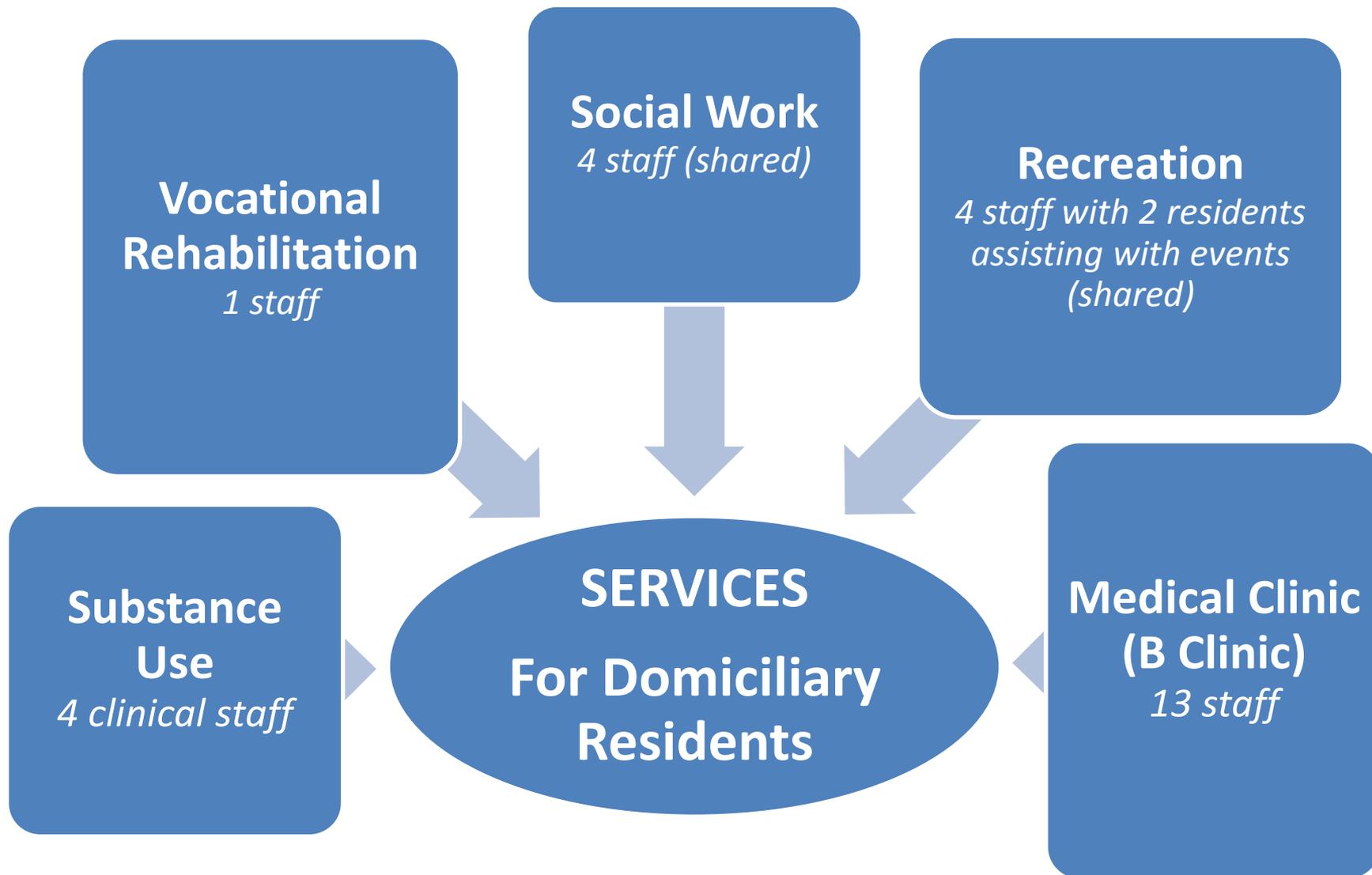
Budget and Staff Resources

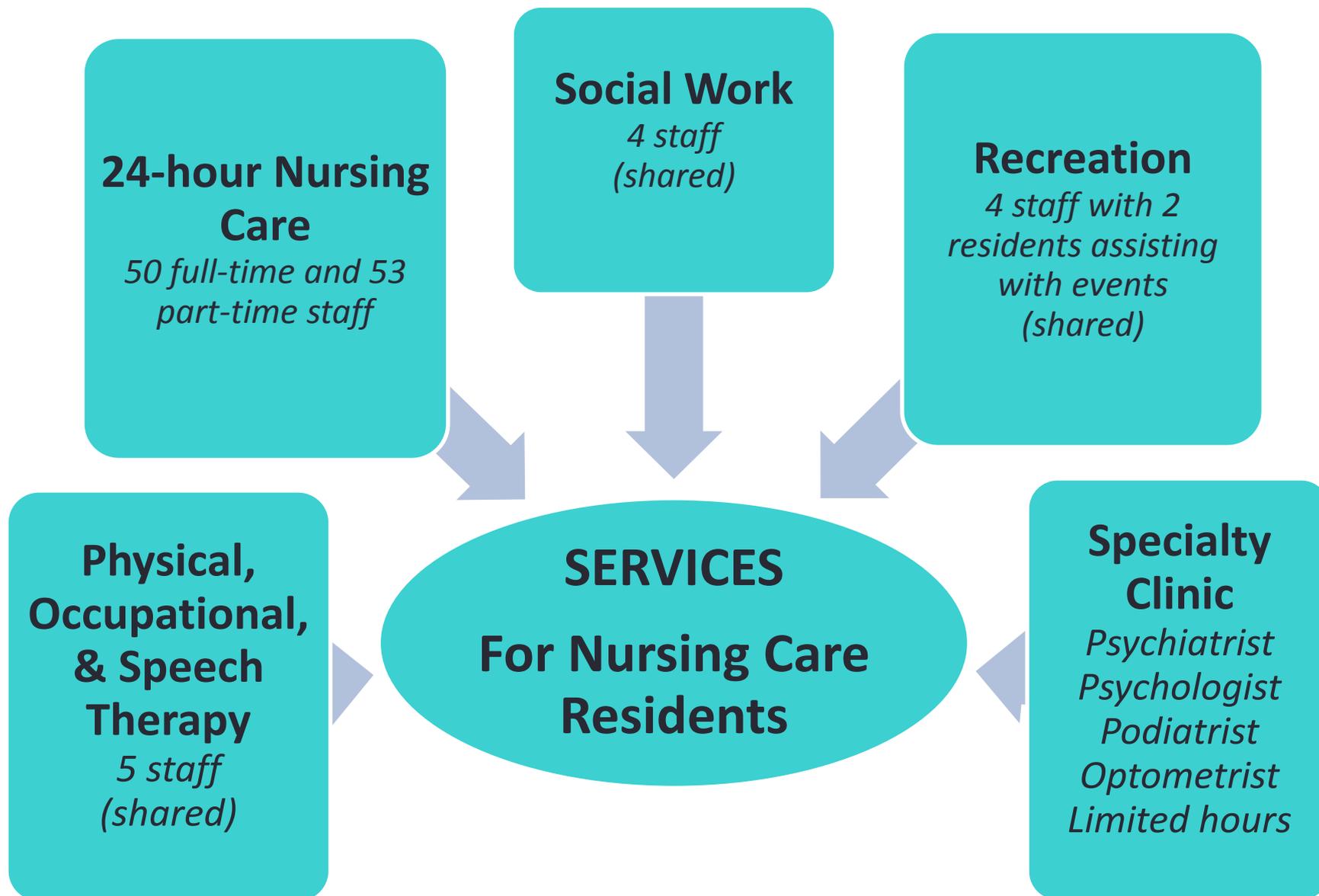
- *Is the current level of budget and staff resources adequate to provide quality services to residents?*
- *If staffing changes are needed, particularly at the Health Care Facility, what would be the costs?*
- *Is the balance between state employees and resident workers appropriate, and will it be a sustainable model in the near future?*

Other Areas for Further Development

Service Quality

- Numerous services
 - Both domiciliary and nursing care, with some services and staff overlap





Service Quality

- Additional services
 - Food
 - Security
 - Pharmacy
 - Chaplains
 - Barber

Service Quality

- ***Are the Home's services high-quality and efficient?***
 - Examine data and records from the Home, including outcomes if possible
 - Conduct own survey and interviews
 - Compare to relevant standards where available

Domiciliary Mission / Model of Care

- Mission, Part 1:
 - “...to facilitate rehabilitation in all its residents to the greatest extent possible and at the fastest rate possible.”
 - *Implication: Quick rehabilitation of all residents is first focus*
 - *Rehabilitation: Needed and valuable*

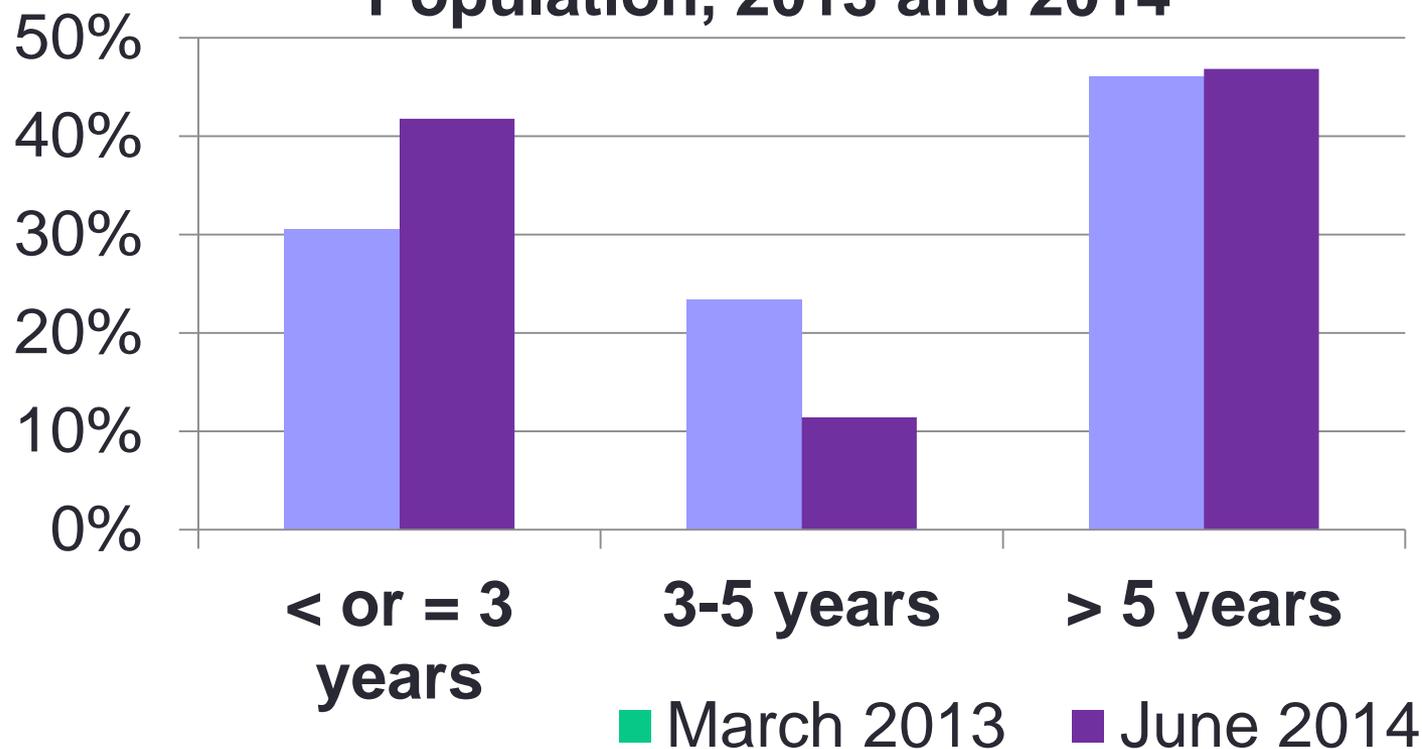
Domiciliary Mission / Model of Care

- Mission, Part 2:
 - “The ultimate goal is to **return as many residents as possible** to society as productive citizens, capable of independent living.”
 - *Implication: Some will not be able to leave as productive citizens living independently*

Domiciliary Mission / Model of Care

- Goal: New residents successfully exit within three years

Figure V-4. Domiciliary Care Residents' Length of Stay, By Share of the Resident Population, 2013 and 2014



- 22% had lived there for more than 10 years, in March 2013

Domiciliary Mission / Model of Care

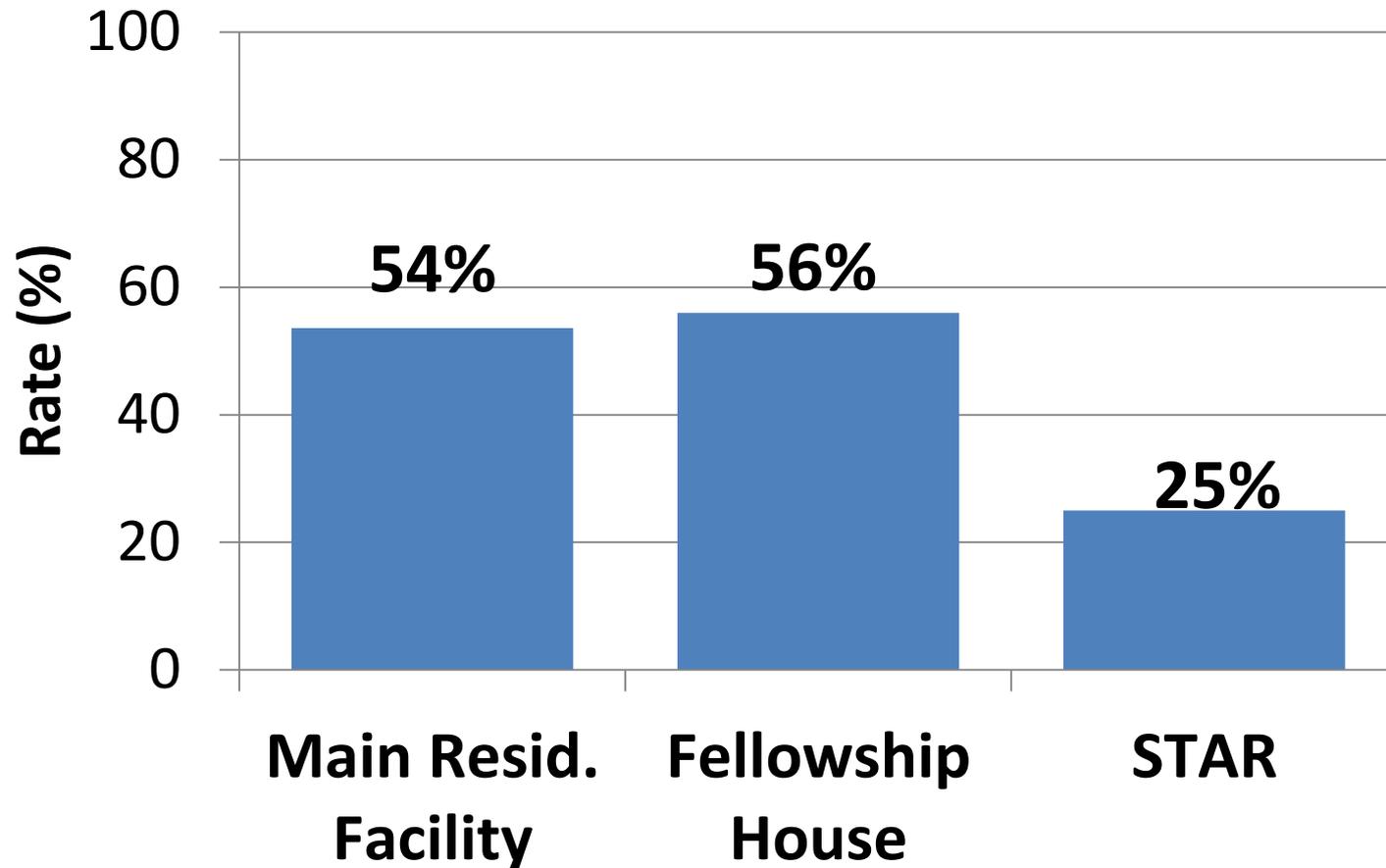
- Home location
 - Gated facility
 - Outside smaller suburban town

Domiciliary Mission / Model of Care

- ***Is the Home meeting its mission – and can it?***
- ***Are the Home's mission, model, and program goal in line with current thought, or is a paradigm shift needed?***
- ***Does the model match what today's veterans are seeking?***

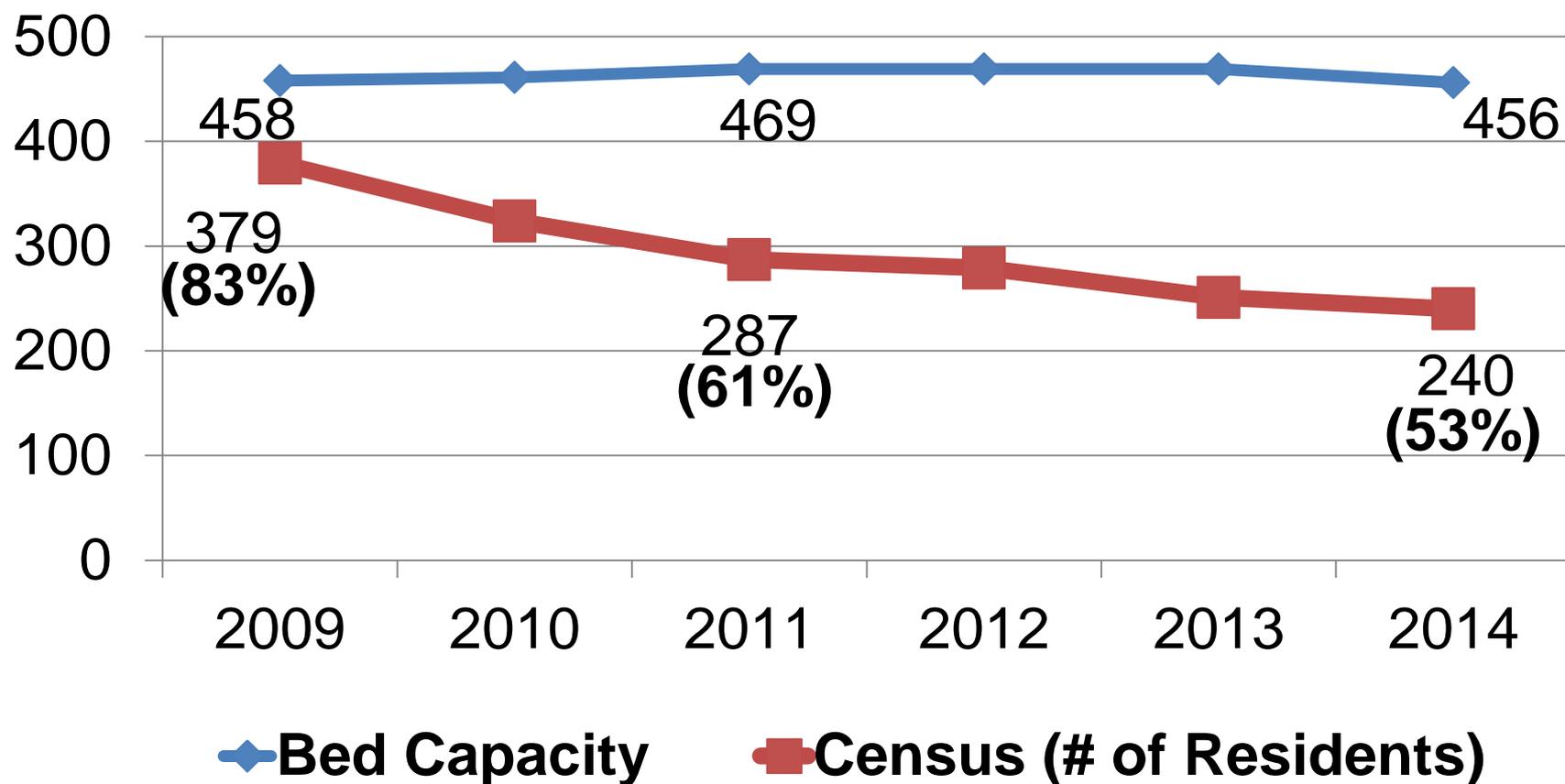
Domiciliary Occupancy Rates

Figure V-2. Rates on July 31, 2014



Domiciliary Occupancy Rate

Figure V-1. Capacity, Census, and Occupancy Rate:
2009-2014 (through July)

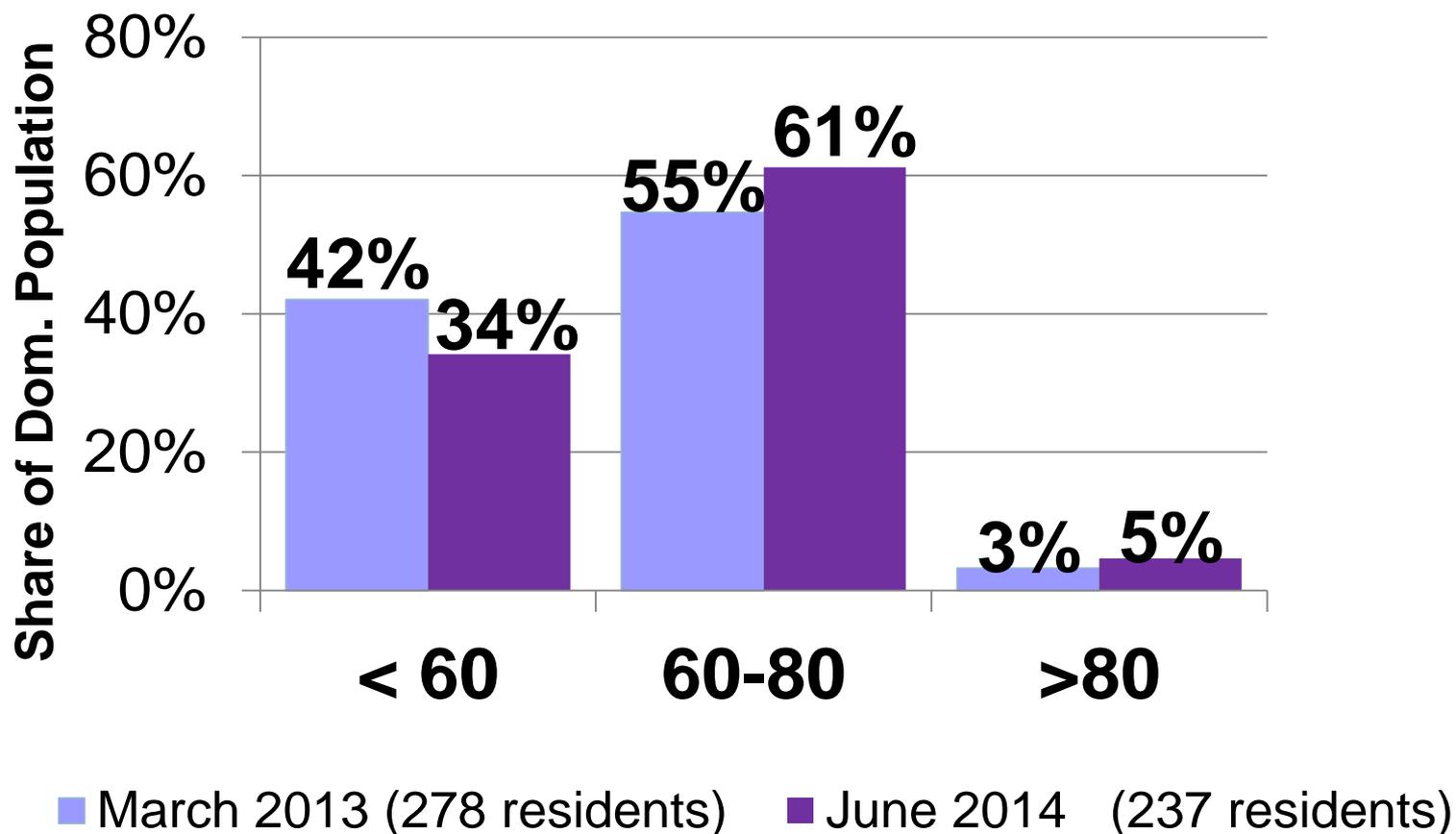


Domiciliary Occupancy Rate

- ***Why is the domiciliary occupancy rate low?***
- ***Could – and given the model, should – efforts be made to increase occupancy?***
 - ***If so, what should those efforts be?***

Domiciliary Aging in Place

Figure V-3. Domiciliary Care Residents' Ages, 2013 and 2014



Domiciliary Aging in Place

- Residential Plus Program
 - Some nurse aide assistance with daily living activities
 - Limited
 - Size and frozen admissions
 - Staffing
 - Discussion with Dept. of Public Health regarding applicable regulations
- Impact on Health Care Facility admissions

Domiciliary Aging in Place

- ***How can the Home's older veterans best be served?***
 - ***If at the Home, what buildings and services changes would be necessary?***
 - ***What resources would be needed?***

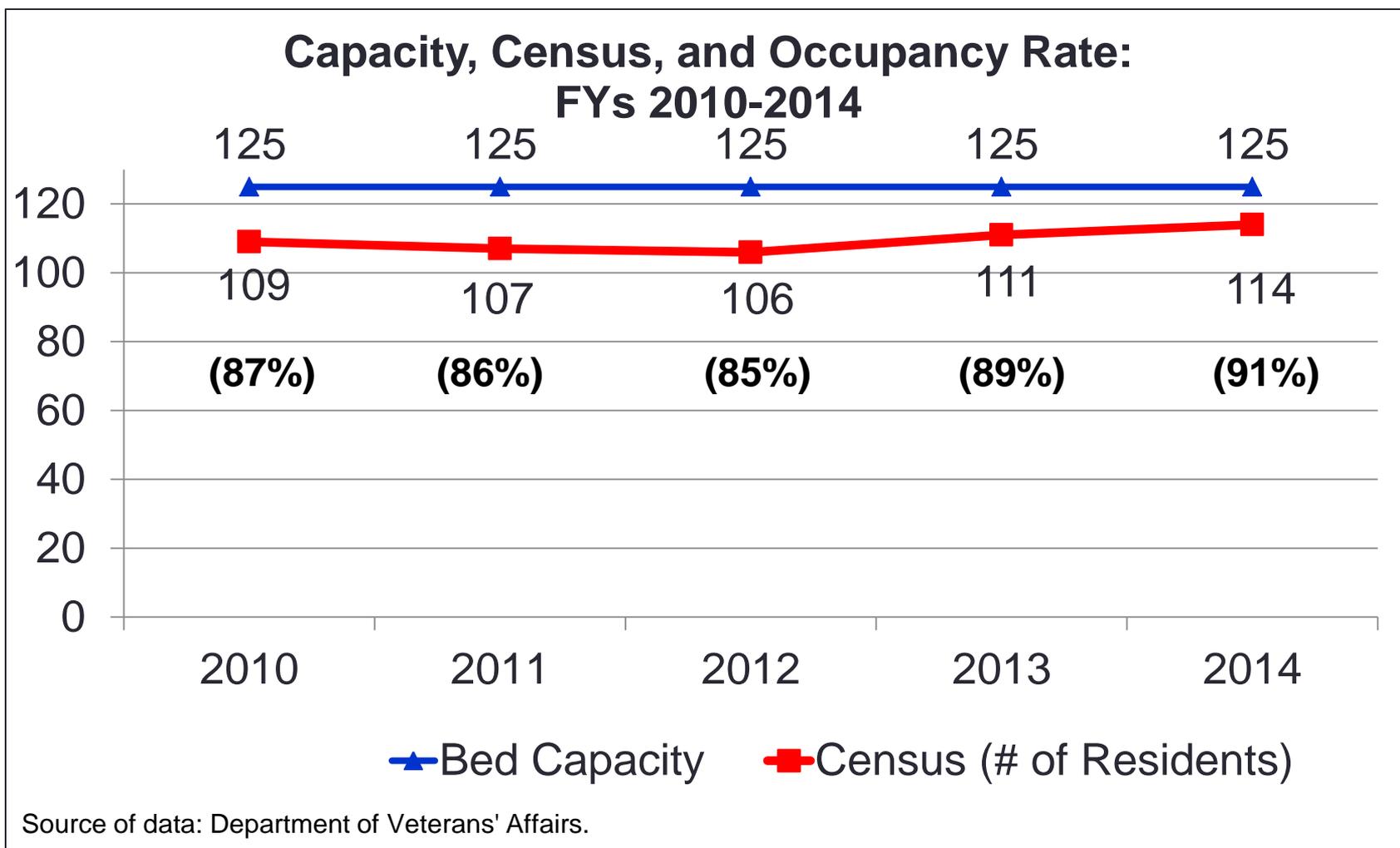
Domiciliary Therapeutic Work Program

- Veteran Worker Program problems (not for all workers or departments)
 - Work ethic
 - Position shortage
 - Tension

Domiciliary Therapeutic Work Program

- ***How is “success” measured and defined?***
- ***What, if anything, could be done to solve the challenges, balancing residents’ needs with Home operational needs?***

Health Care Facility



Health Care Facility: Respite Care

Respite Care: FYs 10-14		
FY	# Veterans	Total # of Respite Days
2010	23	245
2011	21	204
2012	5	64
2013	6	59
2014	0	0

Source of data: Department of Veterans' Affairs.

Health Care Facility

- ***How well is the Health Care Facility meeting its three-fold role?***
 - 1) ***Long-term Care***
 - 2) ***Short-term rehabilitation for domiciliary care residents***
 - 3) ***Respite Care***
- ***Should the Veterans' Home prioritize Respite Care availability? What would be the impacts?***
- ***To what extent is the Health Care Facility serving veterans beyond the Veterans' Home's domiciliary care residents?***

Facilities and Fleet

- Most buildings are approaching 80 years old
- 2005 review found substantial work/replacement needed; some work's been done, but much is left
 - New review in progress
- Fleet is considered old, in frequent need of repair, and may not be adequate to meet residents' needs

Facilities and Fleet

- *How might the levels of building use and condition play into considering the model of care and current occupancy rates?*
- *Are there alternative uses for unused buildings that can benefit and/or infuse financial support into the Veterans' Home?*
- *What resources are necessary to bring the Home's current fleet to an acceptable level?*

Information Technology

- Limited electronic systems
 - Program data, resident information primarily maintained through paper records
 - Possibly impeding management analysis and oversight
 - Progress towards electronic health records being made
- IT management transferred to Dept. of Administrative Services in mid-2013
 - Still working on transition

Information Technology

- ***What improvements are underway or needed to upgrade the Veterans' Home's electronic record keeping systems to ensure effective program management?***
- ***How have the efforts to improve IT migration proceeded smoothly and adequately?***

Connection to Federal VA

- Healthcare
 - Prior to early 2000s, many health care services provided on-site
 - Moved to a shared effort with federal VA (i.e., care co-management)
 - Both advantages and disadvantages for residents and the Home
- VA's expectations of domiciliary care not yet explored

Connection to Federal VA

- ***Could anything be done to ease the logistical and cost burden of co-management, without sacrificing residents' care quality, care continuity, or independence?***
- ***What are the federal VA's standards or expectations, if any, regarding the domiciliary model of care, programs, and staffing?***

Other States

- Veterans' Home in every state, but they vary
- Intend to compare CT Home's policies, rules, and programs to selected other states
 - Focus: Domiciliary care

Other States

- ***Should the Home adopt anything done by other states that seems to work well?***

Next Steps

- Public hearings today and Nov. 12
- Hear more from residents
- Interview other stakeholders and research different states' homes
- Analyze Home data and records
- Monitor related efforts

VETERANS' HOME AT ROCKY HILL: RESIDENTIAL SERVICES

Legislative Program Review and Investigations
Committee

Staff Update
October 1, 2014

Full update available at:
<http://www.cga.ct.gov/pri/index.asp>