

VETERANS' HOME AT ROCKY HILL: RESIDENTIAL SERVICES

Legislative Program Review and
Investigations Committee

Staff Findings and Recommendations
December 19, 2014

Presentation Overview

- Study Purpose
- Federal Approach to Housing Veterans
- Domiciliary Care: Assessment and Recommendations
- Nursing Care: Assessment and Recommendations
- Overarching Issues

Study Purpose

- Assess Veterans' Home's operations and effectiveness
 - Domiciliary and Nursing Care
- October 1 staff update provided detailed background information and preliminary analysis

Federal Approach to Housing Veterans

Federal Approach to Housing Veterans

- Federal VA funds three major housing programs for veterans
 1. HUD-VA Supportive Housing (HUD-VASH)
 - Joint program between two federal departments
 - Vouchers through HUD for permanent housing and supportive services through VA
 - Connecticut: 679 vouchers; 63 available

Federal Approach to Housing Veterans

2. Supportive Services for Veteran Families (SSVF)

- For families and single veterans in danger of losing housing or who have become homeless
- Short-term assistance for homelessness prevention and rapid rehousing to ensure permanent housing
- Connecticut: 4 nonprofits assist ~700 households

Federal Approach to Housing Veterans

3. Grant and Per Diem (GPD)

- Payments to nonprofit providers of transitional housing for veterans
- Maximum stay: 24 months (waiver available)
- Connecticut: 16 nonprofits offering 167 beds
 - 75% occupancy rate
 - Average stay: just under 5 months

Federal Approach to Housing Veterans

- HUD-VASH and SSVF use *Housing First* approach
 - No preconditions as to sobriety or engagement in treatment before permanently housed
 - Other eligibility requirements exist
- GPD uses “housing readiness” model
 - Period of sobriety usually required
 - Mandatory treatment participation

Domiciliary Care

Domiciliary Care

1. General domiciliary care
2. Limited transitional housing
3. Residential substance use treatment

Domiciliary Care

- Each type assessed
 - Program goals
 - Occupancy
 - Can be related to outreach, demand in community, quality
 - Partially determines Home's funding
 - Resident satisfaction
 - Comparison to VA, other states

General Domiciliary Care



- Main Residential Facility and STAR apartments
- Residents: 188
- Capacity: 362

General Domiciliary Key Findings

- Two resident populations: Short-term and long-term
 - 60% of survey respondents have lived there longer than 3 years
 - 17% for at least 10 years
 - 36% for 5-10 years
 - 24% do not intend to ever leave

General Domiciliary Key Findings

- Dual populations match Home's missions
 - Rehabilitation
 - Long-term housing
- Neither resident group is being appropriately served

	The Home	VA Transitional	VA Permanent Supportive
Exit goal	2-3 years	6-9 months	---
Exit deadline	None	2 years	---
Start exit planning	3 months	First day	---
Case manager: Client ratio	1:96	1:25	1:25
Case manager contact frequency	Monthly if exit planning; 3 mos. otherwise	Weekly	Monthly
Monthly cost	\$200 with first 3 mos. free	Varies from \$0-300	30% of income

General Domiciliary Comparison

- Federal VA's domiciliary care is much more intensive
- Other states' large domiciles
 - Most do not offer similar programs
 - Among those with “rehabilitation” goal:
 - One has higher behavioral health staffing
 - One is under review

General Domiciliary: Resident Views of Services for Short-Term Residents

	% of Survey Respondents Satisfied
How well Home has helped them achieve goals to move out	21
Help in finding employment	10
Help in locating housing	11

	The Home	VA Transitional	VA Permanent Supportive
Alcohol restrictions	Yes	Yes	No
Vehicle allowed	After 1 st 3 mos., if staff approve	Yes	Yes
Curfew	Yes	Yes	No
Rooms	Share with 12 people; 4 in immediate area	Vary	Own apt.

General Domiciliary Key Finding

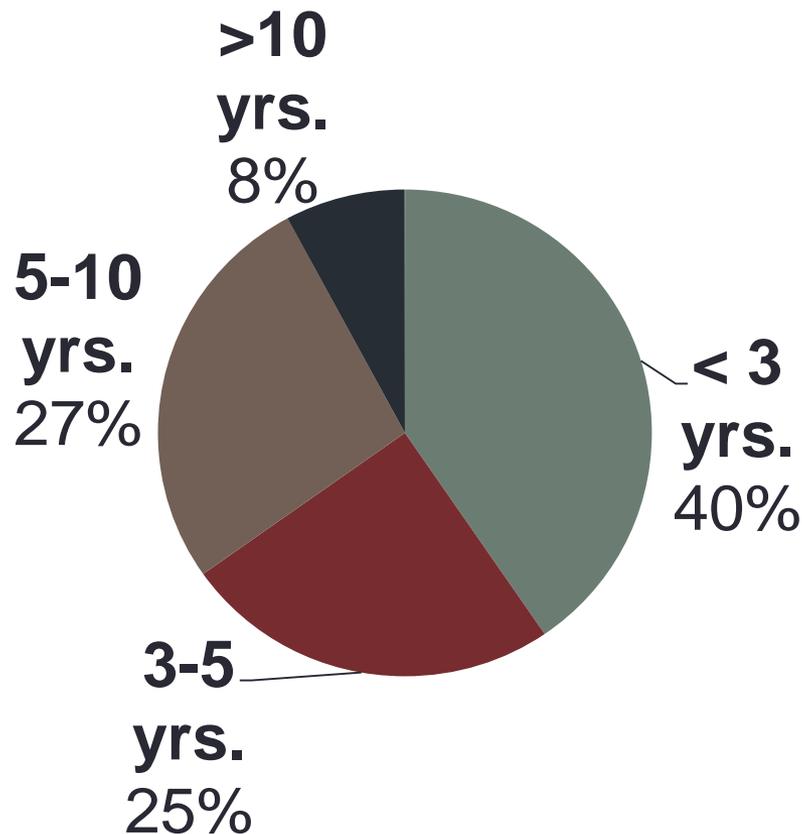
- Occupancy
 - Relatively low, at 54%
 - Down from 89% in 2009, with biggest slide from 2009-11 (to 61%)
 - Some possible reasons within Home's control
 - Home's services, rules, facilities might not be attractive
 - Admissions criteria somewhat restrictive regarding suicidality
 - Little/no outreach

General Domiciliary Care Key Finding

- Veteran Worker program – 93 residents (38%) – is not reaching its goals
 - Key goal: Help residents become employed
- Veteran Worker program details
 - Part- and full-time work for minimum wage
- Must contribute to Home through a work program
 - Veteran Worker: 38% of residents
 - Detail program: 45%
 - Uncompensated, minimal chore: 17%

Veteran Worker Tenure

- Most (60%) Veteran Workers have been in program for more than 3 years



Data source: DVA.

General Domiciliary Care Key Finding

- Long Veteran Worker tenure creates problems
 - Complacency
 - Few openings
 - Tension with regular DVA workers
- DVA overall needs the work they provide

General Domiciliary Recommendations

Goals Home Should Have for Residents

1. Sensible housing based on current evidence-based and best practices
2. Appropriate physical and mental health care
3. Personal freedom, dignity, and choice, balanced with individual responsibility
4. Personal growth and fulfillment, leading to a veteran's highest possible level of independence
5. Resident representation in governance and decision-making

Overall General Domiciliary Recommendations (#1)

- **Replace current program with two programs**
 - **Transitional housing**
 - **Permanent supportive housing**

Overall General Domiciliary Recommendations (#2)

- **Figure out how many staff are necessary and pursue needed resources**
- **Once resources are in place, implement the recommended programs**
 - **Transitional should involve much more intensive services and an emphasize exit planning from the start**
 - **Permanent supportive housing should offer more independence and privacy**

Transitional Housing Recommendation (#13)

- **Stay limits**
 - **9-month limit, with 3-month extension possible, for new residents**
 - **2-year limit, with 1-year extension possible, for current residents employed or enrolled 30 hours per week by 20th month**
- **Return limit: One time, may be consecutive**

Transitional Housing Recommendation (#13)

- **1:25 case manager ratio and weekly meetings**
- **Weekly meetings with employment specialist if not employed or enrolled; monthly otherwise**
- **Exit planning from first day**
- **Post-exit follow-up**

Permanent Supportive Housing Recommendation (#14)

- **No stay limit**
- **Long-term: Studio or one-bedroom apartments**
- **Freedom, rights, and responsibilities of a lease**
- **Tenants' Council**

Permanent Supportive Housing Recommendation (#14)

- **1:35 case manager ratio, and monthly meetings**
- **Encourage life skills development and exploration of other housing options**
- **Fee: 30% of adjusted income**

Program Placement Recommendation (#3)

- **For current residents: Assessment process**
 - **By team of contracted VA / nonprofit case managers**
 - **Inform about other housing options and the Home's new programs**
 - **Recommend most appropriate option**
 - **Resident can choose preferred living arrangement**
 - **No one has to move out of the Home**

Program Placement Recommendation (#4)

- **For new applicants: Modified assessment process**
 - **Inform about other housing options, including on DVA's website**
 - **Recommend most appropriate option**

Domiciliary Occupancy, Resident Needs Recommendation (#5)

- **Consider what behavioral health resources would be needed to accept more veterans with mental health problems**
 - **Work with VA and DMHAS**
 - **Deliver analysis to DVA Board of Trustees and DMHAS by June 1, 2015**

Domiciliary Occupancy, Resident Needs Recommendation (#6)

- **Construct private or semi-private rooms**
 - **With resident's own door**
 - **If semi-private, pair based on preferences and compatibility**

Other Domiciliary Recommendations (#9, 10)

- **Frequently and routinely offer life skills classes to all residents (#9)**
 - **Consider opening the classes to all veterans**
 - **Assess whether equipment is sufficient**
 - **Seek volunteers to assist**
- **Offer increased volunteer opportunities, for the public and (off-campus) for veterans (#10)**
 - **Goal: Reduce isolation**

Domiciliary Fees Recommendation (#8)

- **Change terminology to “resident care fee”**
- **Change from first 3 months free to first month, on January 1, 2015**

Domiciliary Fees Recommendation (#8)

- **For transitional housing residents:**
 - **Adjust the \$200 rate for inflation (has not changed since 2008), starting in 2016**
 - **Waiver still available if income <\$600, but change waiver request process from monthly to every six months**
- **For permanent housing residents:**
 - **30% of income after taxes and court-ordered payments**

Domiciliary Fees Recommendation (#8)

- **Transparency on how the fees are used by giving residents a semiannual plain-language summary**
- **Resident input on how the fees should be used by offering them the opportunity to weigh in, semiannually**

On-Campus Work Recommendation (#7)

- **Assess need for each resident work position**
 - **Consider working with DAS, OPM, or contractor**
- **Determine which positions will be:**
 1. **Converted to state employee positions**
 - **Preference to current Veteran Workers**
 2. **Converted to time-limited paid state internship / apprenticeship-type positions for transitional housing participants**
 3. **Eliminated, possibly through assigning small tasks to all Home residents (e.g., 1-2 hours weekly)**

On-Campus Work Recommendation (#14f)

- **Consider starting a compensated work therapy program for permanent supportive housing residents (#14f)**
 - **Centered on evidence-based or best practices**

On-Campus Work Recommendations (#7, 14f)

- **Results:**
 - **Eliminate the current Veteran Worker and Detail programs**
 - **Some new state employee positions**
 - **For transitional housing residents: A paid internship / apprenticeship-type program**
 - **For permanent supportive housing residents: Possibly a compensated work therapy program for permanent supportive housing residents (#14f)**

Rules Violations Recommendations (#12)

- **Eliminate pass restriction system on January 1, 2015**
- **Replace with a three-strikes, non-punitive response**
 - **Meetings with multiple staff: Case manager, employment specialist; administrator at 2nd strike**
 - **Plans to correct / avoid problem**

Security Recommendations (#11)

- **Sign out via log in building; no permission needed**
- **Move to swipe-card door-locking system for residents, using IDs**
- **Discontinue mandatory inspections of resident packages and vehicles upon campus entry**
 - **Inspection only when is reason to believe necessary, with written guidelines distributed to residents**
- **Vehicles allowed from first day**
 - **Permit valid for entire stay (vs. re-issued every year)**

Other Types of Domiciliary Care at the Home

Limited Transitional Housing: West Street Houses (Patriots' Landing)



- Five 3-bedroom houses
 - Case management by contracted nonprofit agency
 - Residents: 3 families and 1-2 single women
 - Capacity: 8 veterans plus family members
- Positive indications but not fully evaluated: new, small

Residential Substance Use Treatment: Fellowship House



- Four phases
 - Phase I (4-6 months)
 - Phase II (6 months)
 - Yrs. 2 and 3 by application
- Residents: 35
- Capacity: 75

Photo from Friar Associates Inc., 2005
Master Plan for the Home's grounds.

Residential Substance Use Treatment: Fellowship House Key Findings

- Completion goal: 57% completed at least Phase I (of FY 2009-13 cohorts)
 - Data quality issues past 12-month mark
 - No data available on what happens after Fellowship House
- Occupancy: 57% occupancy on average in FY 14
 - 29% of occupied rooms: 2nd and 3rd year residents

Residential Substance Use Treatment: Fellowship House Key Findings

- Comparison: Different in some ways from private and DMHAS programs
 - Programming
 - Length
 - 21-day sobriety requirement
- No communication with VA, DMHAS about program design

Substance Use Treatment Recommendation (#15)

- **Develop and implement a plan by January 1, 2016 to improve substance use services**
 - **Work with VA and DMHAS**
 - **Foundation of evidence-based and best practices**
 - **Include:**
 - **Consideration of extending services to other Home residents and community veterans**
 - **Clear missions**
 - **Performance measures and how data will be collected**

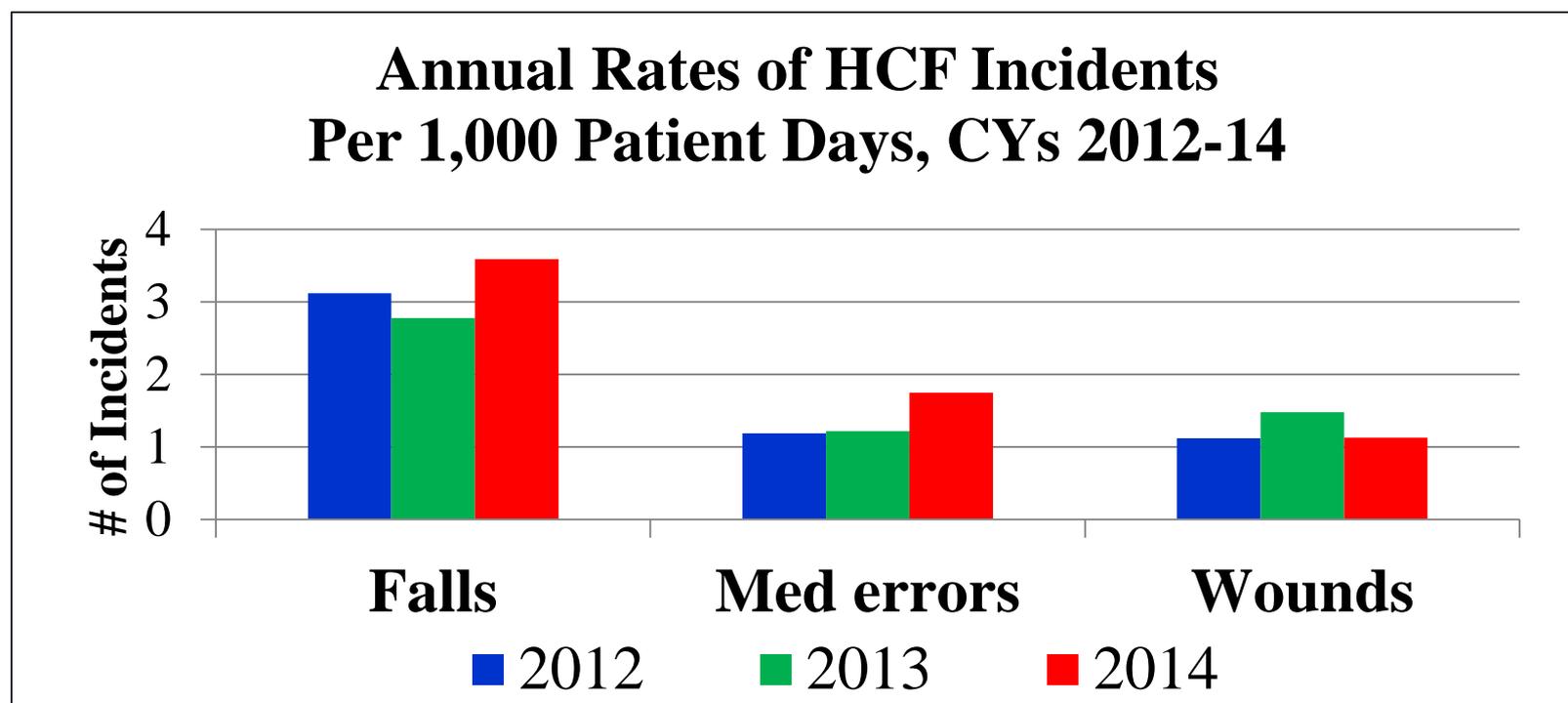
Nursing Care (Health Care Facility)

Quality Care: Key Findings

- Facility meets program goal and ensures residents' safety and satisfaction
 - Performed well on almost all standards in most recent federal and state inspections
- Direct nursing care staffing standards exceed state licensure requirements, but recently reduced as cost-saving measure

Quality Care: Key Findings

- Rates of falls and medication errors increased to three-year highs in 2014

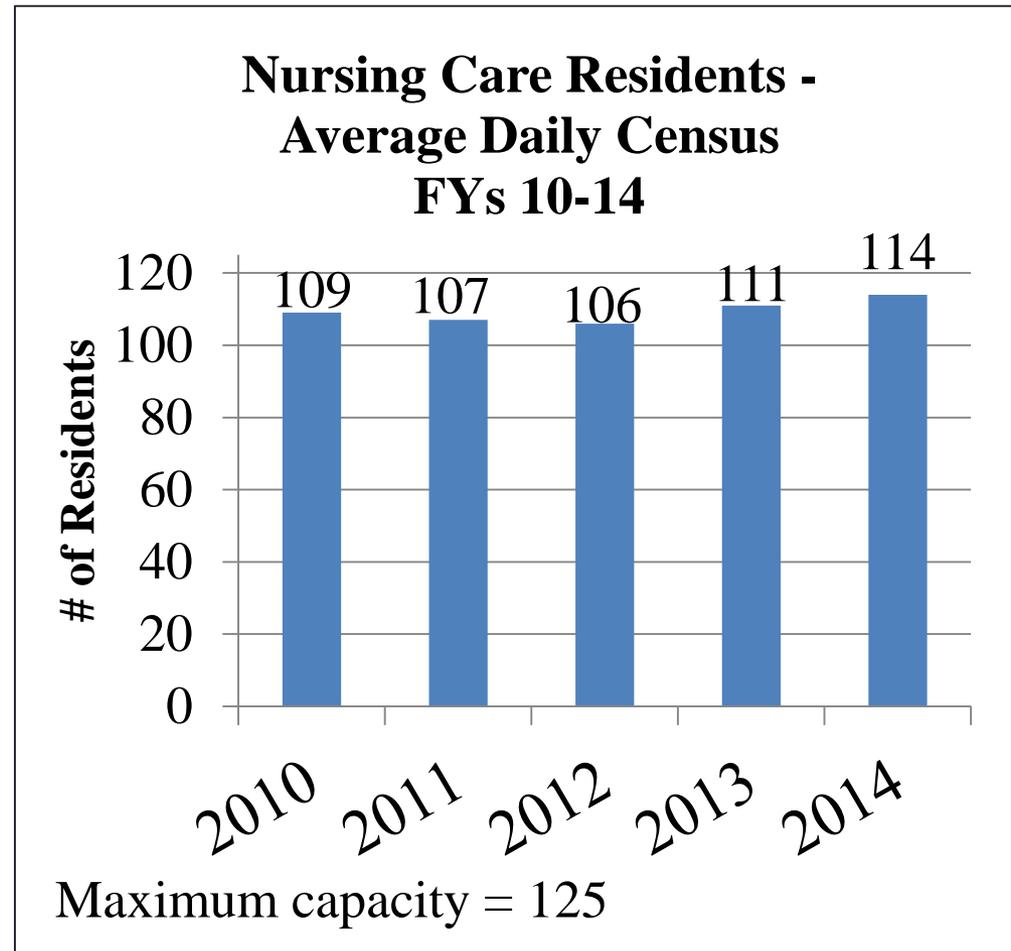


Quality Care Recommendation (#16)

- **Health Care Facility continue tracking overall performance and working toward continuous improvement**
- **DVA commissioner and Board of Trustees carefully monitor direct care nurse staffing levels to ensure performance not compromised due to recent cost-reduction measures**

Occupancy: Key Findings

- Facility experiencing backlog in admissions
- Short waitlist for first time since facility opened in late 2008
- Operating at almost maximum capacity, causing some issues



Occupancy Recommendation (#17)

- **Department of Veterans' Affairs fully assess long-term care program needs to identify ways to alleviate capacity issues**

Resident Satisfaction: Key Findings

- Almost all residents surveyed were satisfied with care given
 - All felt safe
 - Some areas for improvement
- Facility lacks formal mechanism to collect feedback from residents or their families

Overarching Issues

Leadership: Key Findings

- Home viewed as “isolated” by many stakeholders
 - Intermittent contact with various housing-related organizations
- Some recent actions by DVA considered positive, but additional work needed

Leadership Recommendation (#18)

- **Department coordinate and collaborate with key stakeholders to continually identify ways to improve the Veterans' Home**
 - **Use evidence-based methods and best practices to make improvements**
 - **Strengthen working relationship with VA**

Leadership: Key Finding

- Two critical internal issues need attention
 - Health Care Facility direct care staffing standards recently lowered as cost-saving measure
 - Problems with design and implementation of Home's new program to care for residents aging in place

Leadership Recommendation (#19)

- **DVA work with Board of Trustees to address issue of domiciliary care residents aging in place**
- **Develop strategic plan by October 1, 2015**
 - **Forward plan summary to legislature**
 - **Include summary in board's 2015 annual report**

Performance Oversight and Monitoring: Key Findings

- No strong program evaluation efforts by department
- No internal / external performance accountability
- Board of Trustees insufficiently active
 - Some progress being made
 - Overall role needs strengthening

Board of Trustees Recommendation (#20)

- **Members must fully understand role and request necessary performance information**
- **Develop timely annual reports**
- **Membership**
 - **Appoint full membership**
 - **Include representation from residents**
 - **Appoint chairperson**
- **Members' lack of attendance grounds for removal**
- **Make board's actions fully transparent**

Performance Oversight and Monitoring: Key Findings

- Information management system issues impede data collection and analysis
 - Some progress, but additional work needed
- No formal feedback mechanism for domiciliary or nursing care

Performance Oversight and Monitoring Recommendation (#21)

- **Establish diverse internal workgroup to closely examine information management system**
 - **Develop appropriate performance measures, collect relevant data, and analyze outcomes**
 - **Report findings to Board of Trustees**

Performance Oversight and Monitoring Recommendation (#22)

- **Beginning January 1, 2016, develop annual Results-Based Accountability-style report card**
 - **Distribute to Board of Trustees and legislature**
 - **Post on department's website**

Performance Oversight and Monitoring Recommendation (#23)

- **Collect residents' feedback through annual survey (domiciliary and nursing care)**
 - **Formally share results with all residents and Board of Trustees**
 - **Include results in board's annual reports**

Public Relations: Key Findings

- Deficient public outreach and public relations hinders Home
- Department seeking two positions, which should help with public's perception of Home

Long Range Planning: Key Findings

- Additional work beyond this report needed to fully determine Home's philosophical and practical future
 - Several other initiatives underway
- Collaborative / coordinated effort needed to develop long-term vision for how the state provides residential services to veterans seeking assistance

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