

Veterans Support to Self-Reliance Pilot:

Creating Health and Housing Stability for Aging and High Acuity Formerly Homeless Veterans

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Veterans Support to Self-Reliance

PILOT PROGRAM



\$25 MILLION FUNDING 3-YEAR PILOT PROGRAM

Enhanced staffing and services in project based PSH such as:

- Assistance with Activities of Daily Living (ADLs) and habitability
- Increased peer support, mental health support, isolation prevention, and resource navigation
- Functional assessments, geriatric social work
- Transportation to medical appointments, pharmacy, groceries, and other errands



California Department
of Veterans Affairs

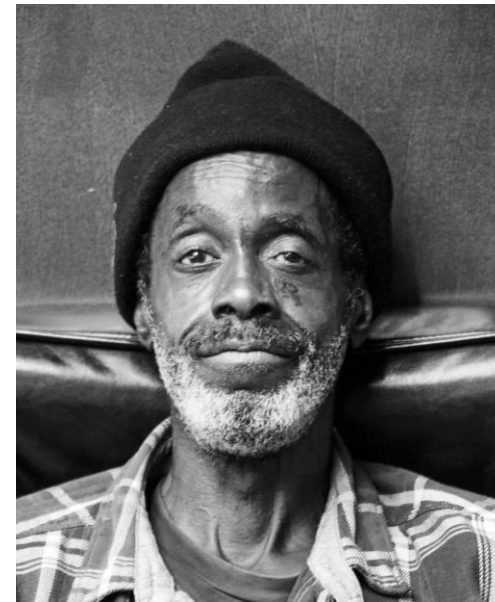


VSSR MISSION

Design, implement, and evaluate if an enhanced services model improves outcomes for aging and high acuity veterans; decreases housing displacement, and allows veterans to age in place in a community of care

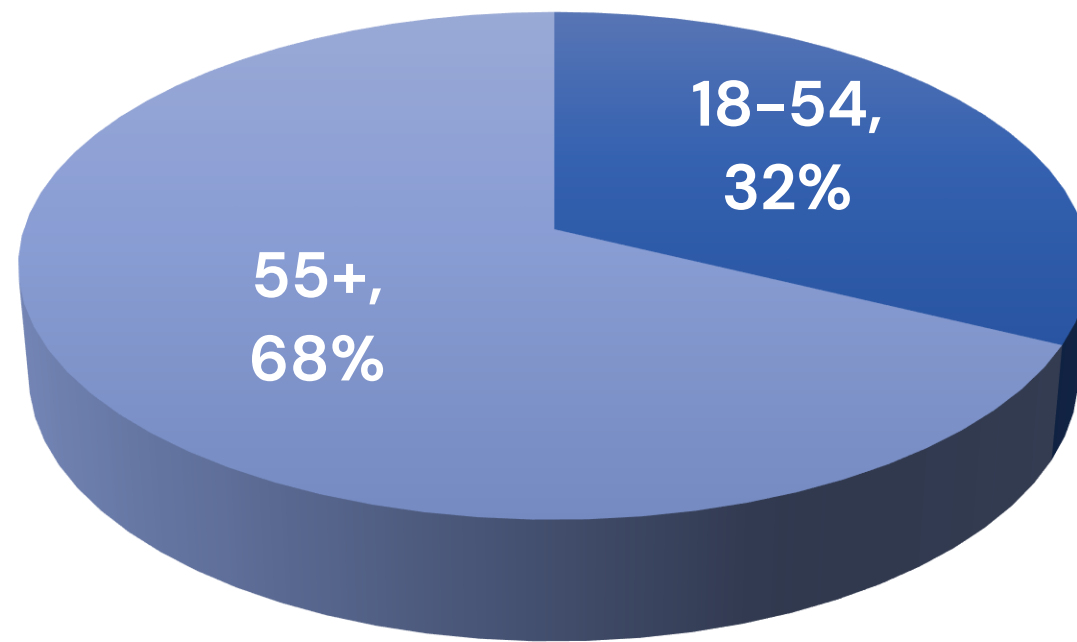
VSSR VISION

Create an equitable staffing model for enhanced services to mitigate/prevent pre-mature exits among high acuity, aging veterans



AGING VETERANS: **HOMELESSNESS AND RESOURCES**

OLDER VETERANS IN THE US:



- Nationally, veterans aged 55+ represent approx. 68% (12.17 million) of the veteran population (18 million).
- Approximately 24% are over 75 years old.

CRISIS OF CARE

FOR AGING AND HIGH ACUITY VETERANS

PHYSICAL HEALTH

- **Chronic Pain:** 50% have chronic pain (compared to 30% non-veteran peers).
- **Disability:** % with service-connected disabilities has more than doubled over past few decades.
- **Dementia:** Estimated 423,000 new dementia cases in veterans by the end of this decade.

MENTAL HEALTH

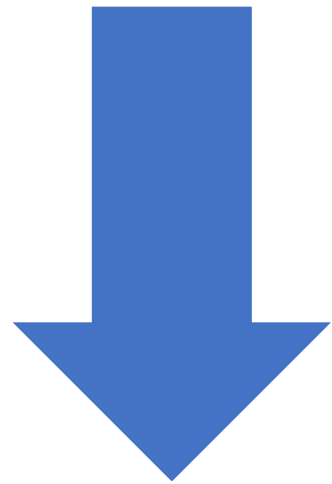
- Post Traumatic Stress Disorder (PTSD)
- Late Onset Stress Symptomatology (LOSS)
- Later-adulthood Trauma Re-engagement (LATR)
- Depression
- Suicidal Ideation

(Veitch, Friedl, and Weiner 2013)

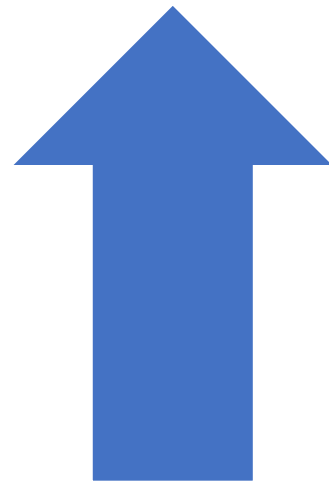


Housing: POPULATION SURGE

- Surge in the aging veteran population is part of the inevitable growth of the US aging population.
- National shortage of affordable housing for older low-income population.
- Many older adults lack access to a continuum of care and poor coordination among programs makes process of access cumbersome.
- **Not all aging veterans are eligible for Department of Veterans Affairs (VA) housing services.**



of veterans
experiencing
homelessness



older
homeless
veterans

50% of homeless veterans are >50.

Homelessness is a risk for early death in older veterans.

Hardest to place: Unsheltered, chronically homeless and those with severe medical and mental health issues.



WHAT'S MISSING?

- o Current VA benefit system doesn't provide funding for continuum of care.
- o Inability to manage health conditions may lead to premature move to skilled nursing.
- o Evictions due to behavioral health and habitability issues are greatest concern among PSH providers.
- o Veterans with higher levels of VA disability income not eligible for Medicaid services including In-Home Supportive Services.
- o Not all veterans are eligible for HUD-VASH.

CALOVET



**California Department
of Veterans Affairs**

**VETERANS SUPPORT TO
SELF-RELIANCE
PILOT PROGRAM**

VSSR Pilot

VALUES

Community: Safe and welcoming spaces that allow veterans to strengthen connections to their community.

Stability and Security: Enhanced care and services they need to gain stability and feel secure in their housing.

Dignity: The right to a permanent home and the care and services they need to maintain health and live with dignity.

Equity: All veterans receive services tailored to their specific experiences and have equitable access to the services they need in order to thrive and age in place.

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PROBLEM STATEMENT

Inadequate targeted resources create barriers for veterans who are aging, high-acuity, and who have experienced chronic homelessness to

- age in place,
- manage health,
- maintain housing stability,
- prevent housing displacement, and
- reduce the need for skilled nursing care.

VSSR Pilot

GOALS

Demonstrate that with this enhanced supportive services pilot:

1. High acuity veterans that have experienced chronic homelessness can age in place and enjoy the stable thriving quality of life that they deserve.
2. Future funding sources to support this model should be established within the construct of Housing First and evidence-based practices.

VSSR Pilot

ASSUMPTIONS

- If we provide adequate targeted supportive services along with housing, more veterans will remain in permanent supportive housing and age in place.
- If we help veterans access much needed health care and benefits, more veterans will receive the services needed to increase stability and manage health.
- If we enhance services and supports for aging veterans, we can prevent housing displacement and reduce the need for skilled nursing care.

VSSR Pilot

STRATEGIES

Connect and Engage

- Use a trauma and culturally-informed care approach to decrease isolation and increase participation in services.

Serve and Support

- Engage veteran residents 'where they are' through multiple staff contacts and venues
- Connect aging and high acuity housed veterans to resources
- Provide veterans with targeted on-site resources to meet their needs.
- Provide assistance to pilot operators to meet goals through staff education, in-person and web-based convenings, and one-on one technical assistance.

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STRATEGIES, cont.

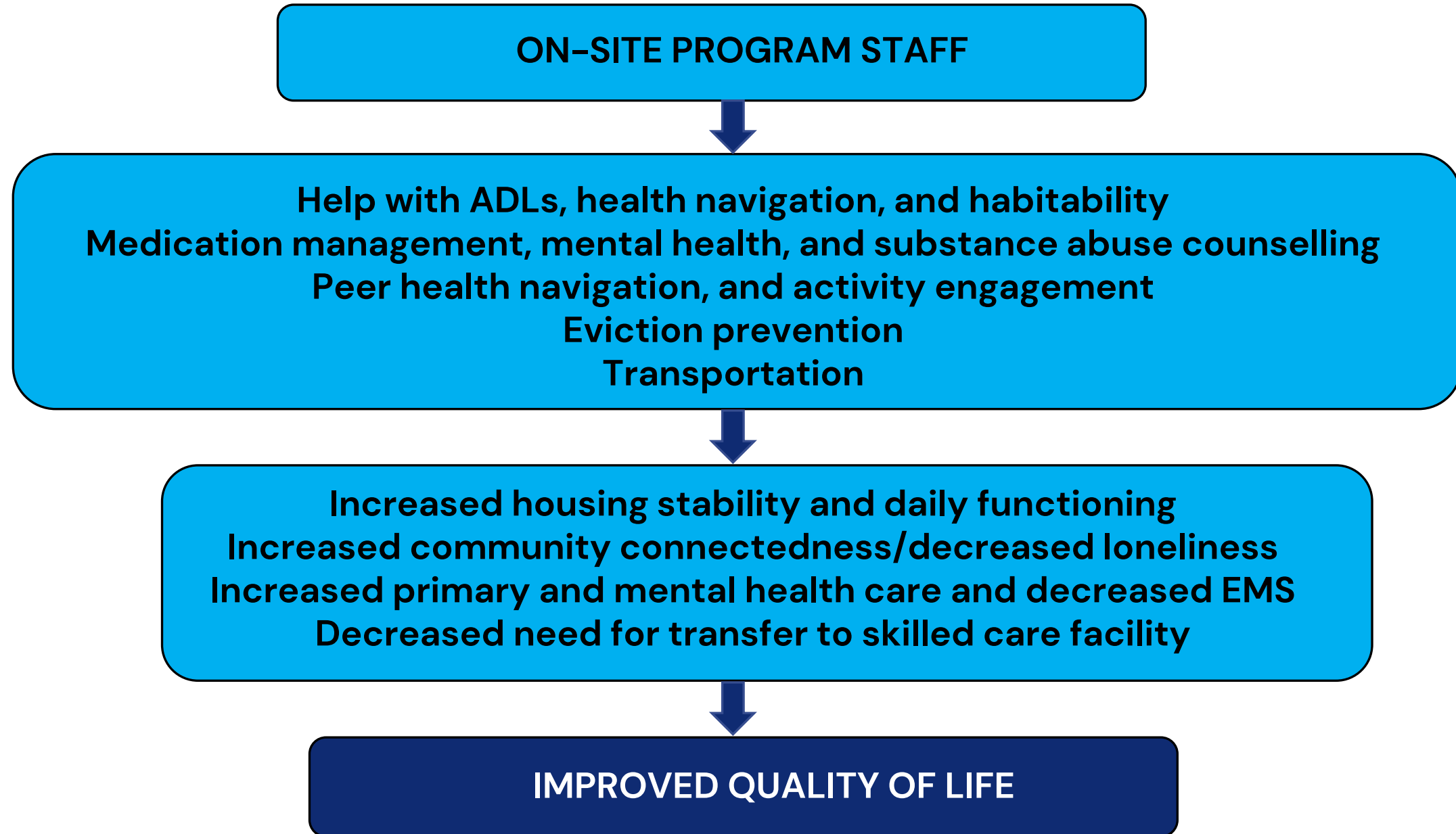
Apply Lessons Learned and Best Practices

- Engage in rigorous data collection and analysis of pilot services to inform broader service model initiatives and adapt the service delivery model as necessary to meet veteran needs.
- Assess the scalability of services to recommend a service delivery model in California and nationally.

Promote Model

- Disseminate best practices developed from the pilot service model to providers, state and federal policymakers, funders, the VA, and the greater community to highlight the need for veterans to age in place in permanent supportive housing.

VSSR PILOT INPUTS, ACTIVITIES, AND OUTCOMES



VSSR Pilot Prep:

PSH PROVIDER NEEDS ASSESSMENT

Questions focused on barriers to meeting needs of aging and high acuity residents:

“What are the need of your tenants who are aging and/or high acuity that you are unable to address because of staffing and/or funding?”

“What are the top 3 reasons aside from non-payment of rent that veterans may exit the program?”

“What services would you like to provide that would minimize evictions and/or increase housing retention and stability?”

“What might be the barriers to retaining new staff?”

VSSR Pilot Prep:

PSH PROVIDER NEEDS ASSESSMENT RESULTS

What are the top 3 reasons aside from non-payment of rent that veterans may exit the program?

“ 1. Unit condition, 2. Behavior, 3. Needing another level of care.”

Other responses:

4. Failure to follow PSH rules

5. Anti-social behavior such as either not participating or conflicting with neighbors

VSSR Pilot Prep:

PSH PROVIDER NEEDS ASSESSMENT RESULTS

What behavior or impairment most adversely impacts your housing program's operations?

- *Behavioral and mental health*
- *Substance use and associated aggressive or erratic behavior*
- *Habitability*

VSSR Pilot Prep:

PSH PROVIDER NEEDS ASSESSMENT RESULTS

Unmet needs of tenants who are aging and/or high acuity because of staffing and/or funding

- Cleaning and hygiene assistance
- Habitability issues related to dementia—specifically around hygiene and hoarding
- Medication management
- Transportation
- Isolation

VSSR Pilot Prep:

PSH PROVIDER NEEDS ASSESSMENT RESULTS

Primary challenge for case managers and property management staff to keep veterans stably housed

- Uneven VA workers *“from exceptional to highly inadequate”*
- Need for mental health and substance abuse treatment
- In-home support services for ADLs
- Community and services engagement
- Hygiene and hoarding issues
- Barriers for veterans to ask for or accept help

VSSR Pilot Prep:

PSH PROVIDER NEEDS ASSESSMENT RESULTS

Prioritizing staff positions

#1 Geriatric social worker. Others: LVNs, transportation, peers

What might be the barriers to retaining new staff?

- “Lack of experience with working with mental health residents, veterans, and drug/alcohol abuse.”
- “There have to be enough people hired to fill the needs. If we stretch people too thin, we will see a high rate of turnover.”
- Lack of physical space on-site for staff and service delivery

VSSR Pilot Prep:

PSH PROVIDER NEEDS ASSESSMENT RESULTS

Predictive characteristics about a veteran's participation in the program that indicate if they remain, leave, or the length of time they remain in PSH

"Engagement is paramount coming from any source. Many vets are isolated, some by choice but not so for many others who would thrive under more direct engagement and access to relevant off and on-site activities/opportunities."

"In our experience, the Veterans in our PSH development are not all geriatric. Some are still young and able enough to work in the community. Others may not be able to work, but are relatively young and vibrant. I would suggest looking at the age range of prospective residents to see what services might be needed for younger Veterans."

VSSR Pilot

PLANNED EVALUATIONS

PROCESS EVALUATION

Will determine if the program's components have been implemented as planned and are meeting the program's aims.

- It answers the Who, What, When, Where, How of the program.

SCALABILITY ASSESSMENT

Will help determine if program meets effectiveness goals and to what extent.

- Can identify unintended consequences or disparate effects on populations or sites
- Can help determine if the program can be realistically scaled up.

IMPACT EVALUATION

Will be conducted by a third party, will determine effectiveness and impact of the model.

Process Evaluation DESIGN

MIXED METHODS

○ Quantitative:

- Individual and aggregate data collected by staff

Potential data collection tools:

- Shift logs: front desk and other staff
 - Transportation logs
 - Surveys/formal measuring tools
 - Incident reports
 - Repair reports (requests)
 - Eviction related reports and procedural reports
 - Meeting/event participant lists
- Survey completed by residents

○ Qualitative:

- Interviews with staff and residents

DATA COLLECTION

EXAMPLES OF DATA COLLECTED BY STAFF

Individual level data	Aggregate data
<ul style="list-style-type: none">• Primary health conditions• Use of outpatient or emergency medical services• Assistance with ADLs needed and/or receiving• Habitability of apartment• # of complaints about condition of unit• Safety of apartment (unsafe -> very safe)• Hygiene (very poor -> o excellent)• How often veterans come out of apartment• Meals eaten per day.• How often engages in activities or programs	<ul style="list-style-type: none">• # of evictions per month• # of participants needing assistance with ADLs• # diagnosed with specific health conditions• # of 9/11, emergency/ambulance calls past 6 months• Heavy cleaning costs past 6 months• # of pest control incidents• Staff retention

DATA COLLECTION

Survey data from residents

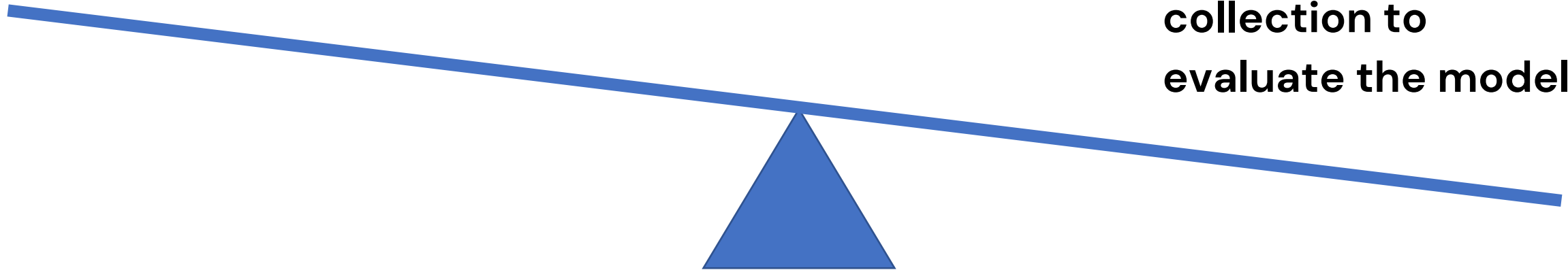
Measures include:

1. CDC Health Related Quality of Life
2. UCLA 3-Item Loneliness Measure
3. Social Connectedness Measure
4. WHO Quality of Life Measure (WHOQOL-BREF)
5. Housing history
6. Housing security
7. Demographics

RECOGNIZING AND BALANCING

The burden on
existing and
new pilot staff

The need for
vigorous data
collection to
evaluate the model



EXISTING DATA AND POTENTIAL DATA

Anticipated Change:

California veterans in the pilot program will have increased housing habitability, stability, and security

<p>Outcomes:</p> <p>Increased sense of housing security through long term housing retention and increased community of support</p> <p>Improved ability to maintain clean, hygienic, and safe individual unit habitability</p>	<p>Cross reference with current commonly required data collection:</p> <p>(VASH case notes are unlikely to be available)</p> <p>Current HMIS annual updates and exit forms related to retentions and exits</p> <p>Documentation of property damage, pest control need, hoarding related costs</p>	<p>Potential new sources developed by pilot data collection methods:</p> <p>CNA and service assistant shift logs</p> <p>Front desk and site monitor shift logs</p> <p>VSSR staff notes</p> <p>Incident reports</p> <p>Surveys/interviews with staff and residents</p>
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Anticipated Change:

Long term health care costs for California veterans in the pilot program will be decreased

Outcomes:

Decreased use of emergency services, inpatient medical care, or transfer to skilled nursing

Increased staff retention and decreased staff burnout

Cross reference with current commonly required data collection:

(Very little current PSH wide collection source)

HMIS exit data

Possible aggregate data from VA regarding emergency and other utilization

Potential new sources developed by pilot data collection methods:

CNA and service assistant shift logs

Front desk and site monitor shift logs

Incident reports

VSSR staff notes

Surveys and interviews with residents and staff

Agency retention records

Anticipated Change:

California veterans in the pilot program will have equitable access to services to meet their needs for housing, daily living, community, and aging in place

Outcomes:

Increased participation in internal and external recommended supportive programs/services and activities

Decreased perceived loneliness and improved community connectedness

Cross reference with current commonly required data collection:

(Very little current PSH wide collection source)

Annual HMIS updates may yield some information regarding income, disability and wellness

Potential new sources developed by pilot data collection methods:

Sign in sheets, logs

Peer and transportation specialist reports

Interviews and surveys with residents

Case and staff notes

Anticipated Change:

California veterans in the pilot program will have decreased premature health decline and improved ability to age in place

Outcomes:

Decreased untreated chronic medical conditions and early veteran deaths due to preventable health decline

Decreased premature housing exits, isolation, health consequences, and suicide

Improved management of chronic health conditions and behavioral health through increased case management and health care utilization

Improved daily functioning through assistance with activities of daily living and increased utilization of primary medical care

Cross reference with current commonly required data collection:

(VASH case notes are unlikely to be available)

Current HMIS annual updates and exit forms related to retentions and exits

Potential new sources developed by pilot data collection methods:

CNA and service assistant shift logs

Front desk and site monitor shift logs

Incident reports

VSSR staff notes

Surveys and interviews with residents and staff



VSSR PILOT: NEXT STEPS

- Finalize design and staffing model based on needs assessment with PSH providers and literature review
- Finalize Notice of Funding Availability (NOFA)
- Prepare training materials (veteran culture, data collection, engagement methods)
- Anticipated NOFA Summer 2022
- Anticipated Pilot launches Fall 2022

VSSR PILOT DISCUSSION

TELL US YOUR THOUGHTS

- What challenges are you facing in your PSH sites?
- What challenges do you see for pilot sites?
- Are there other needs we have missed?
- How shall we organize data collection so it is manageable for staff?



The California Department of Veterans Affairs (CalVet) works to serve California veterans and their families. With nearly 1.6 million veterans living in the State, CalVet strives to ensure that its veterans of every era and their families get the state and federal benefits and services they have earned and deserve as a result of selfless and honorable military service. CalVet strives to serve veterans and their families with dignity and compassion and to help them achieve their highest quality of life.

Mission

To serve and honor all California veterans by connecting them and their families with their earned benefits through education, advocacy, and direct services.

Vision

CalVet provides innovative leadership in veteran advocacy and veteran services in California and sets the national standard for connecting veterans and their families with the rights and benefits they have earned through their military service.



VETS HELPING VETS SINCE 1974



- Swords to Plowshares is a community-based not-for-profit 501(c)(3) organization. We are dedicated to supporting nearly 3,000 homeless, low-income and at-risk veterans in the Bay Area every year. We offer employment and job training, supportive housing programs, permanent housing placement, counseling and case management, and legal services.
- We operate 421 units of housing today – 379 are permanent supportive housing with the remainder being stabilization for severely impaired veterans.
- We know that our residents are representative of the San Francisco homeless veteran population.
- **65% are over 55 years old, but we also know that veterans are significantly aged beyond their years as are all homeless individuals.**