NATIONAL COALITION FOR HOMELESS VETERANS

2020 NCHV ANNUAL CONFERENCE

Virtual Edition

SP 1: CONNECTING THE DOTS TO SERVE THE AGING VETERAN POPULATION

Connecting the Dots to Serve the Aging Veteran Population

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2020 NCHV ANNUAL CONFERENCE Virtual Edition

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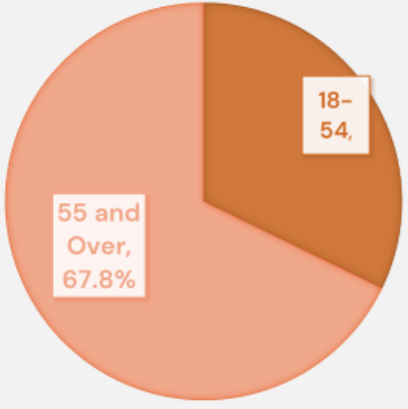
Swords to Plowshares

WHY WE'RE HERE TODAY

INFORMATION AND CROSS-COLLABORATION AMONG SYSTEMS OF CARE IS NEEDED TO:

- Recognize unique need among aging and Vietnam-era veterans
- Understand the needs of unsheltered aging veterans
- Address the medical, psychological and social service supports needed to address complex needs
- Explore how to develop services to address needs in supportive housing

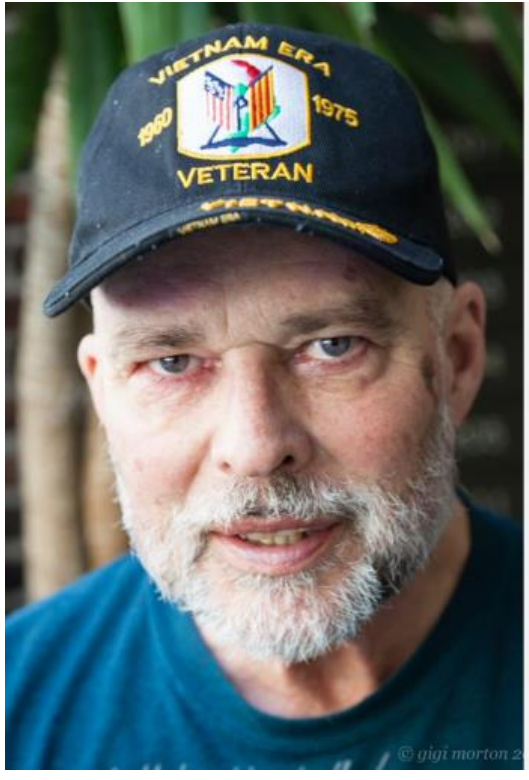
SENIOR VETERANS IN THE US



Nationally, veterans aged 55+ represent approx. 68% (12.17 million) of the veteran population (18 million).

Approximately 24% are over 75 years old.

Source: 2018 American Community Survey



HOMELESSNESS IN SENIOR VETERANS

- Homelessness is a risk for early death in older veterans
- Veterans aged 62 and older accounted for 16% of all homeless veterans and 60% of those using emergency shelters in 2016
- Hardest to place: Unsheltered, chronically homeless and those with severe medical and mental health issues present VA and community providers with greatest challenges in ending homelessness

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The Silver Tsunami in the Homeless Population

Calista Nabors, LCSW

Department of Veterans Affairs

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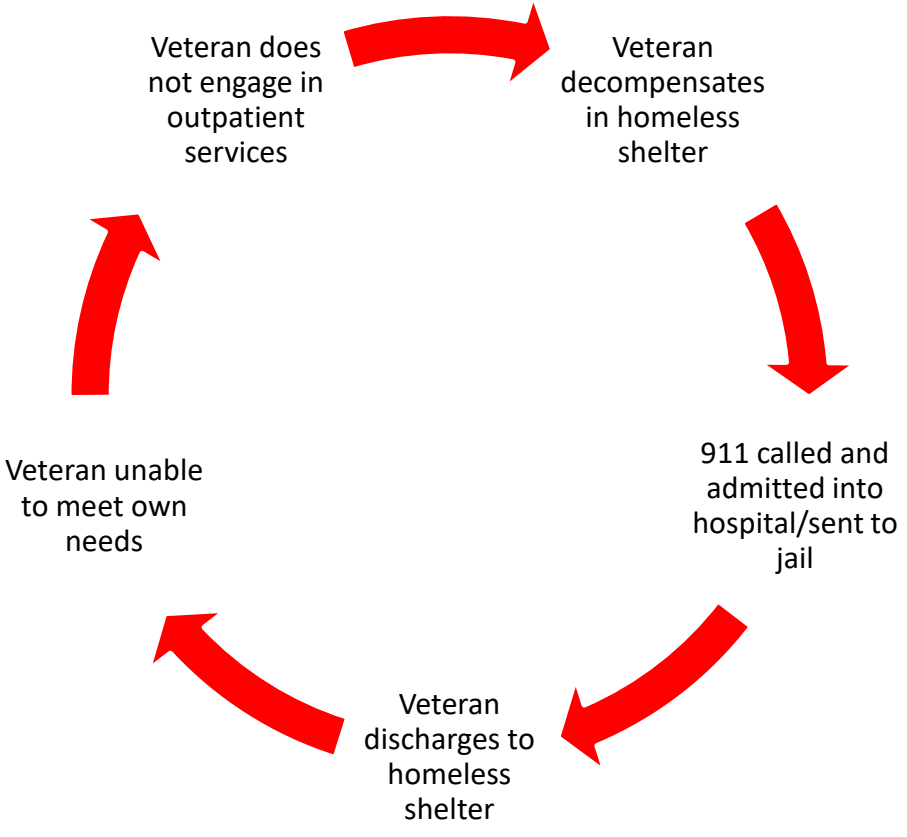
"Homeless and at-risk veterans need more than just shelter. We must give them the tools to empower themselves and reclaim the self-worth and dignity which comes from occupying a place in the American dream. It is a dream they fought so hard to defend for the rest of us." - Maria Cuomo Cole


Veteran does not engage in outpatient services
Veteran decompensates in homeless shelter
911 called and admitted into hospital/sent to jail
Veteran discharges to homeless shelter
Veteran unable to meet own needs

Scope

- HUD defines geriatric homeless person as one who is over **50** years of age and is homeless
- Multiple studies have shown that a 50-year old person living chronically on the streets has medical and psychological conditions that are usually only seen in persons who are 15 to 20 years older (Chau)
- Veterans ages 62-74 expect to increase by 50 – 250% (by 2020)
- Health care cost increases
  - Between $10,000 and $15,000 under 25-51 y/o
  - Over $15,000 over 55 y/o
  - Top 10% of geriatric homeless utilizers at VAPAHCS in FY17 averaged a cost of $176,007 per Veteran

Acuity

Data shows that our geriatric veterans experiencing homelessness are at risk:

- 39% difficulty with ADLs
- 38% global cognitive impairment
- 40% executive function impairment (managing complex tasks)
- 34% reported fall in past 6 months
- 48% screened positive for incontinence
- 45% visual impairments
- 36% hearing impaired
- Leading causes of mortality - all homeless 45 y/o plus
  - Heart disease and cancer
  - Managing chronic disease
    - » Medications, compliance, diets, activities,

Study done at UCSF overseen by Margot Kush, MD

Systems Change Desired

With the “Silver Tsunami” coming, it became clear that the unique needs of this population simply could not be met in a regular shelter setting

- Assistance with basic ADLs
- Medication reminders
- Nursing monitoring
- Unlike Medical Respite, this model is to address more chronic conditions while Medical Respite is structured to address time limited recovery.
- A very similar model to a licensed board and are *without providing licensed only care*
- Interdisciplinary nursing support to see Veterans’ cases in new ways

Intervention in Action

73-year-old, male, Vietnam Era veteran

- Prior to admission into Geriatric Program:
  - Average stay in a residential program was 5 months.
  - 3 GPD programs, 2 HCHV CERS programs which resulted in veteran being discharged from the programs for needing a higher level of care.
  - Veteran was also in the Medical Respite program for more than one admission totaling 8 months, with the same results.
- Multiple denials to CALVET Homes (even with appeals supported by VA mental health staff)
- Hospital Events:
  - 28 ER visits totaling 57 bed stays in hospital
  - 2 ER visits a month in 2018 in a medical respite program
  - Each ER visit, veteran presented with an average blood Glucose of 372

Intervention in Action

- The program provided scheduled medication prompting, keeps track of medication as required, and assisted the veteran with testing.
- Diet is tailored to address chronic medical conditions.
- Veteran attended all medical and mental health appointments with support.
- Veteran was connected with VBA and assisted with applying for benefits
- Veteran had ZERO ER visits or hospitalizations during admission to the GHP: Blood glucose is in average range
- Veteran was able to reconnect with Family and now has social support.
- **Housed in an appropriate setting, with additional assistance to set veteran up for *success in his optimal level of independence.***

New Emergency Housing: The Geriatric Program

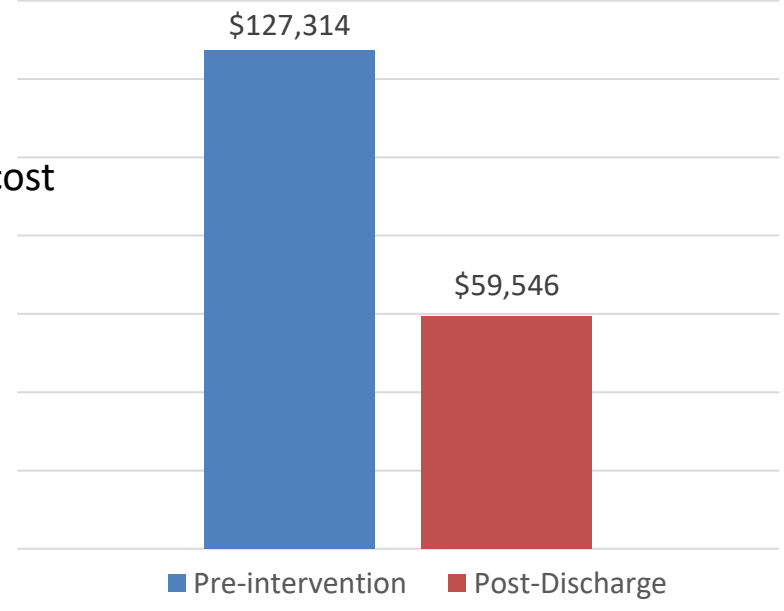
Geriatric homeless programs should provide:

- Medical oversight
- Nutrition programs
- Coordinated care with mental health and medical providers
- Connection to VBA, IHHS, fiduciary services, local options for both veteran and non veteran programs
- Placement: residential care facilities, board and care homes, independent living facilities, State Veteran Homes and HUD-VASH
  - Geriatric program providers need to be connected to board and care and care home facilities
- Intensive Case Management
  - Behavioral modification, providers should be comfortable working with the veterans who are experiencing homelessness.
  - Medical oversight including: one-person assist, extensive education for medication and condition, assistance at doctors appointments…. Education, advocacy, and empowerment.

Results

Cost savings:

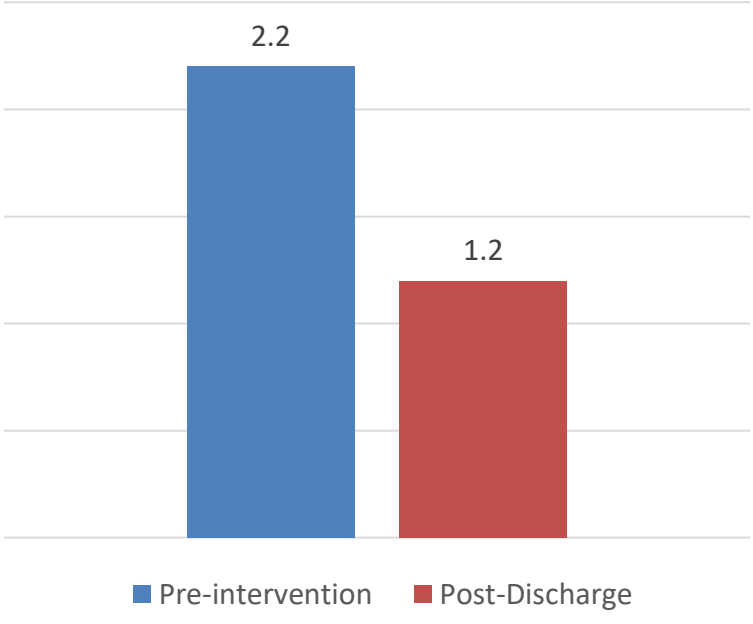
- 53% decrease in the combined cost of ER and hospital care.



Results continued

Utilization of emergency services

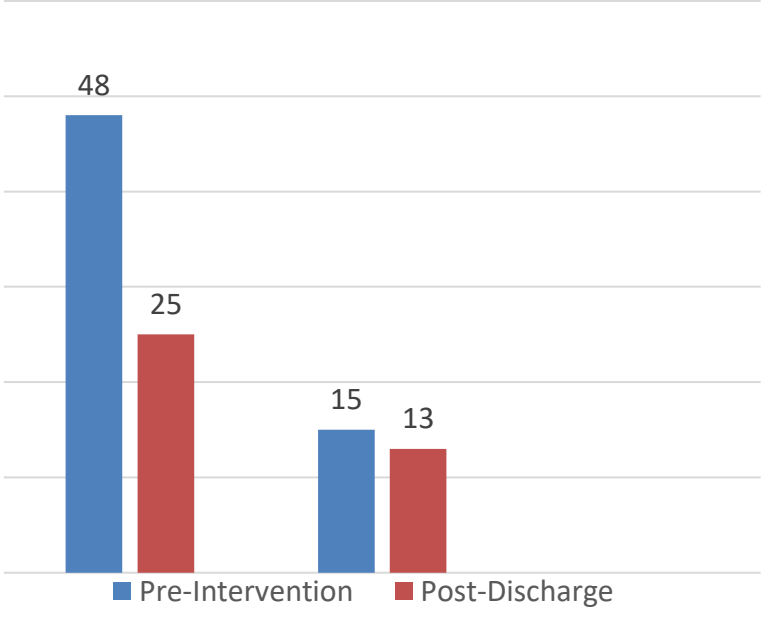
- 46% reduction in emergency department visits



Results continued

Hospital Admissions

- 48% reduction in overall admissions
- 14% reduction in length of stay during admissions



Results continued

Above all, this program is **life changing** for veterans**.** By stopping the cycle of homelessness, geriatric veterans are becoming more **stable** and experiencing an **optimal level of independence**. By treating veterans with an appropriate intervention, we give them the **dignity** they deserve.

Consideration for Adaptation

- The San Francisco Bay Area and outlying communities have a housing crisis, which affects moderately priced board and cares (both licensed and non-licensed), assisted living units, independent living units, and Medicaid/MediCal long term beds.
  - Your area may or may not face the same challenge. But, the geriatric population is increasing and aging veterans are becoming more vulnerable.
- Scaling down of services offered at Residential Care Facility for the Elderly vs. asking homeless shelter provider to provide increased services they are not familiar with
  - Is your department familiar with your local RFCE Networks?
  - Are the RFCE providers familiar and prepared to work with the homeless population? What about the homeless veteran population?
- Make **community connections**, engage with providers and support veterans' needs

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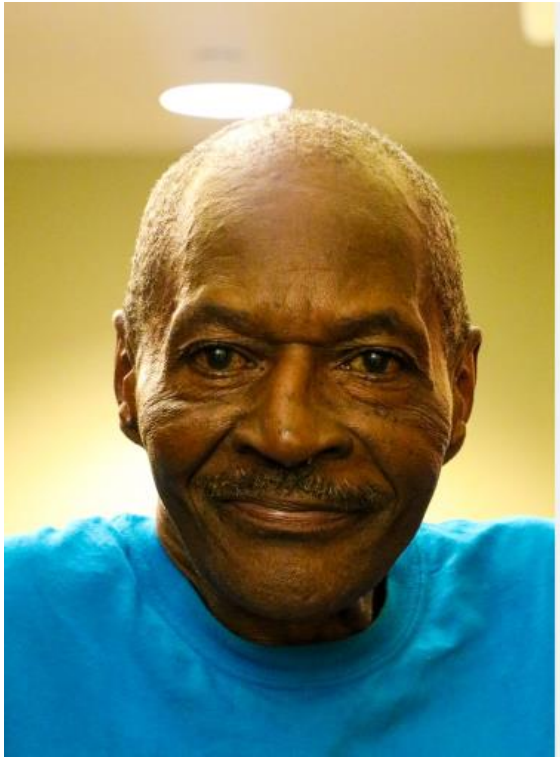

A LEGACY OF NEGLECT

- Mental Health
- Physical Health
- Homelessness
- Community Neglect
- Social Isolation
- Unemployment

Swords to Plowshares

VETS HELPING VETS SINCE 1974

SWORDS TO PLOWSHARES: CARING FOR HOMELESS VETERANS

- We operate 421 units of housing today - 379 are permanent supportive housing with the remainder are stabilization for severely impaired veterans
- 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.
- Nearly 40% of our residents are Black compared to 6% of all San Franciscans

STAFF LISTENING SESSIONS

"When we talk about aging, it's aging homelessness and aging hopelessness."

- Assistance with ADLs
- Medication management
- Isolation
- Onsite geriatric care
- Food insecurity
- Bureaucratic barriers
- Lack of VA eligibility

"I am praying we can have a place where we can send aging veterans and give them an alternative to what is being offered in the community."

CHALLENGES AND OPPORTUNITIES OF IN-HOME HEALTH SUPPORTS

CHALLENGES

- Veterans resist hiring IHHS workers
- Reluctant to accept help
- Distrustful of strangers
- Language and cultural issues
- Life-limiting illness, frailty, or disability associated with chronic disease, aging, or injury.

OPPORTUNITIES

- Onsite staff support
- Develop trust over time
- Familiarity with housing site and veteran culture

CHALLENGES AND OPPORTUNITIES:

VA GERIATRIC CARE

EXCELLENT CARE AND EXPERTISE IN VETERAN-SPECIFIC AGING

BUT under resourced
AND needs to be deployed in housing environments
AND does not account for needs of ineligible veterans

EXAMPLES:

- Veterans Village of Colma
- HUD/VASH PSH with onsite geriatric and nursing services
- Stanford Hotel – Swords housing on site VA nurse

MORE IS NEEDED

MAINSTREAM AGING RESOURCES

Traditional aging services dollars should be available for veteran providers.

SAN FRANCISCO DIGNITY FUND STRATEGY

- Ballot Proposition
- Targeted aging communities, LGBT, veterans, immigrants

DAS CONTRACT

- Added staffing and services to
  - Assist with ADLs
  - Prevent isolation

Thank You!

Q&A