

# Transforming Programs to Build a Better Future for Aging Veterans Experiencing Homelessness

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# **Objectives**

- 1) Learn about contributing factors and trends associated with aging Veterans.
- 2) Gain an understanding of innovative strategies to prepare for the needs of Veterans who are aging, including the transformation of a transitional housing facility to better care for this population.
- 3) Explore best practices to support aging Veterans, particularly those who struggle with acute medical conditions, substance use and mental health disorders and activities of daily living (ADLs).





### New England Center and Home for Veterans



#### A Community-based Service and Housing Provider for Veterans

Founded in Boston, 1989





















# The New England Center and Home for Veterans (NECHV) is a multi-dimension service and care provider dedicated to assisting Veterans who are facing or are at-risk of homelessness

- Founded in 1989 by Vietnam Veterans
- NECHV offers a broad array of programs and services that provide support and services to Veterans experiencing or at risk of homelessness
- Commitment to Harm Reduction/Low Threshold approaches and Trauma Informed Care
- Over 100 employees
- Over 300 residents can reside at NECHV each night
  - 97 in permanent apartments and 200+ in transitional housing
- Various community based, prevention and outreach programs that cover Eastern MA and RI







#### **NECHV Model of Services**

# Robust Continuum of Care and Services

- One Stop Shop
- Comfortable, Supportive and Safe Environment
- Wrap-Around Services from Homelessness to Permanent, Supportive Housing and Prevention
- Population Specific Programing
  - Women, Seniors, Low Threshold,
     Recovery Based



17 Court Street – Main Hall



**Stand Down** 





# U.S. Military Veteran Demographics

Nationwide, within the Commonwealth of Massachusetts and at NECHV









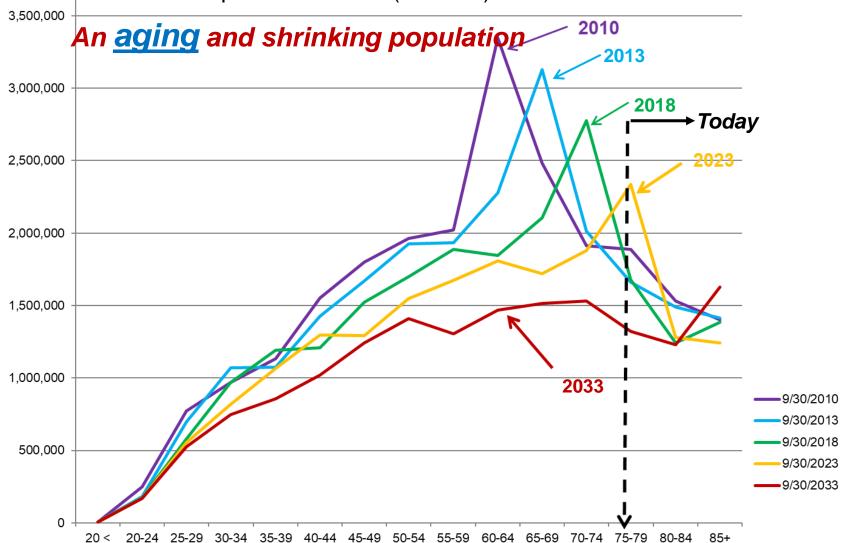










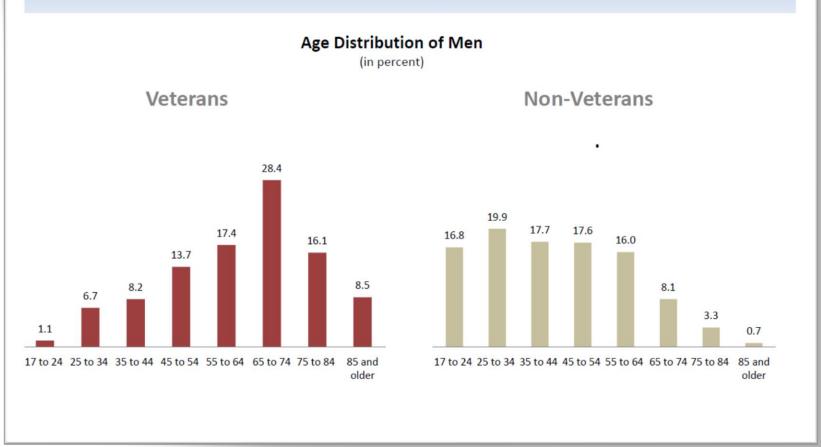






#### Veterans are <u>OLDER</u> than the general population (65 vs. 41)

Male Veterans on average are older than non-Veteran men. In 2016, the median age of male Veterans was 65 and the median age of non-Veteran men was 41.



United Stated Department of Veterans Affairs – Veteran Demographic Data

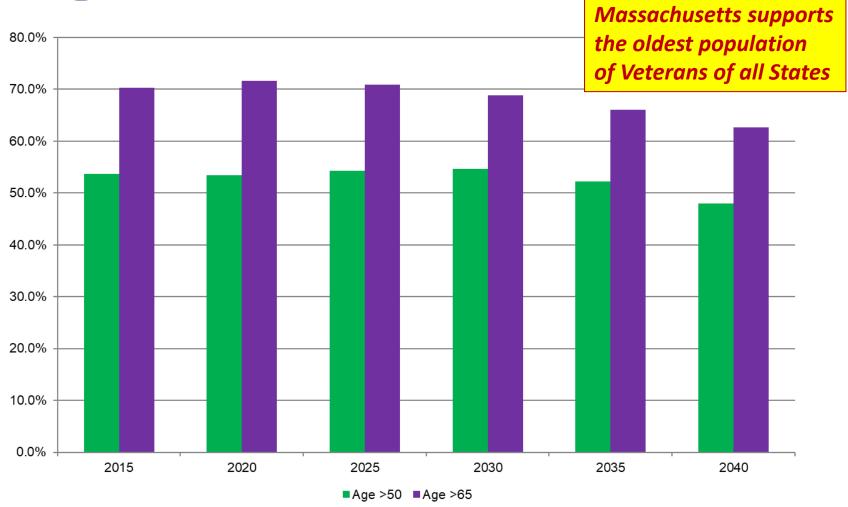






#### Veteran Population Trends – Massachusetts

(Percentage of MA Veterans over 50yrs and 65yrs)







### Age Distribution of Veterans Served at NECHV

May 1<sup>st</sup>, 2022, to April 30<sup>th</sup>, 2023 67% were over 51 years old

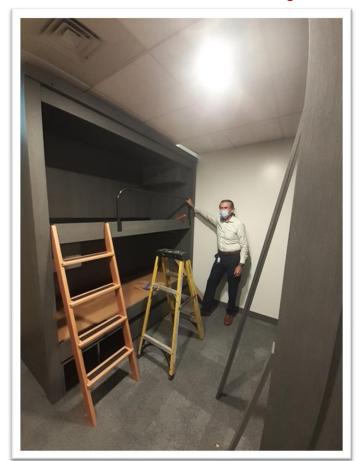


Age Range	Percentage of Veterans Served
18-24	~1%
25-30	4%
31-50	28%
51-61	30%
62 or older	37%





# **First Experience of Homelessness**



**Low Demand Program** October 2020

# Have you ever been **Homeless?**

From May 1st, 2022, to April 30th, 2023 Responded "No"

All Veterans: 16%

Veterans 51 and over: 17.5%

**Veterans 62 and over:** 23%





# **Examples of Veterans Being Referred to**Transitional Housing

- 82-year-old: Was living with daughter and was kicked out.
- 76-year- old: Veteran's home was condemned by the town. Veteran
  was removed from the home after a wellness check where he was
  found down last year and was brought to the hospital.
- 77-year-old: New ownership at trailer park he has been living at are asking him to leave by end of month.
- 83-year-old: Veteran currently refusing to return to apartment due to mold issue. Currently at the hospital.
- 73-year- old: Veteran was discharged from CRC due to ETOH abuse and violating the program rules. He was picked up on a warrant after defaulting/missing court and is currently detained.
- 70-year-old: Veteran evicted due to lease violations.





# Common Themes of Older Veterans Experiencing Homelessness

- Unaffordability of housing
- Lack of savings/retirement
- Change in family dynamics (e.g.; death of a spouse, divorce/separation, can no longer live with a family member, etc.)
- Behavioral health challenges
- Inhibitable and condemned homes
- Inability to care for oneself
- Histories of incarceration
  - What else?







Any informed and meaningful discussion of Veterans' issues today, and the challenges they face in this country, must be largely about the <u>issues and complications associated with</u> aging, and how to ensure that people can age with dignity and with supports in a community

The homelessness system and settings are often not appropriate to take care for the needs of aging Veterans







# NECHV Transitional Housing Programs







#### The Need

Bunk Bed/congregate style housing – typical in shelter/transitional housing settings are not meeting the needs of Veterans, particularly those who are aging

- Lack of dignity and privacy
- Can exacerbate symptoms of trauma, anxiety and other mental health disorders
- Interpersonal conflicts with others in a congregate/dormitory setting
- COVID-19 and other respiratory illnesses and other infectious diseases









# The Population of Veterans is Shrinking and Aging

Older Veterans experiencing homelessness for first time

- Estrangement from family and/or family losses
- Age related health conditions or issues
  - Challenges with mobility
  - Cognitive limitations
  - Medication Management
  - Other ADLs (bathing, toileting, feeding assistance)
- Behavioral Health Challenges
  - Substance Use
  - Hoarding
  - Trauma









#### New England Center and Home for Veterans Transitional Housing Reconfiguration Project

#### Background

The almost eight years since the New England Center's transformational Permanent Supportive Housing and Recapitalization Project (PSH&R Project) has seen significant shits in the landscape of need among Veterans who the Center supports. Responding to those changes, and incorporating many of the important health and safety lessons from the last three years of the COVID-19 Public Health Emergency; the NECHV is undertaking an important reconfiguration project within its 17 Court Street, Boston facility. The importance of having greater capacity to safely serve older and more medically vulnerable Veterans in transitional service programs, featuring private rooms has been made apparent. To ensure that the Center can safely and effectively serve ALL Veterans experiencing homelessness and enrolled in transitional housing programs, we have initiated an ambitious reconfiguration and conversion initiative to create as many as 20 private (non-congregate) rooms to support Veterans in our transitional housing programs......





# **Transitional Housing Redevelopment Project Phase 1 – GPD Clinical Treatment, Capital Project**







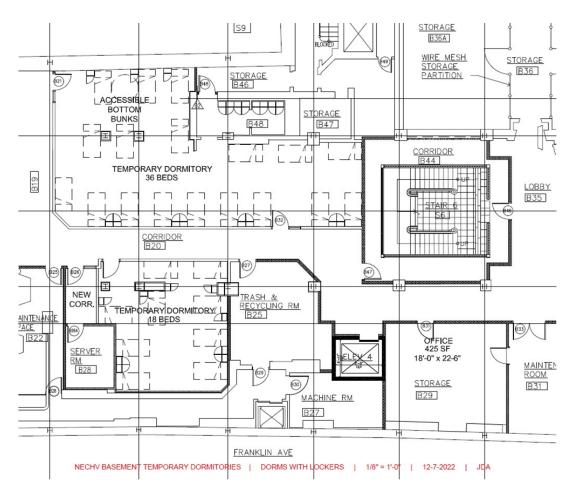


- Publicly financed: 2.5 million dollars: VA, HUD & City of Boston
  - VA GPD Capital Grant: \$500K (\$50K per unit)
  - Congressional Earmark (CPF) HUD: \$1.0M
  - City of Boston Community Preservation Funding: \$1.0M
- Historic building
- 10 rooms with private bathrooms 2 bathrooms ensuite and 8 are across the hall
- Intended for older or disabled Veterans who would benefit from private bathrooms and overall privacy
  - Ability to use Home Health Aid Services: VNA, Homemaker, etc.
- Screen out those who are high risk for overdose those
   Veterans will be referred to one of our Low Threshold Programs with 24-hour intensive human services oversight





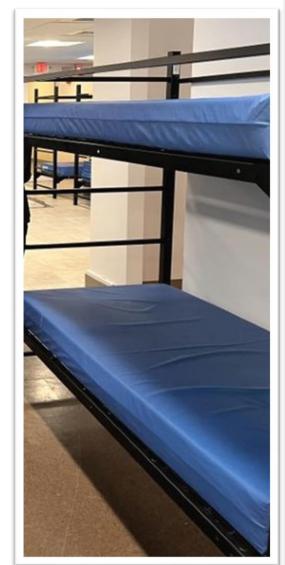
### **Lower Level/Temporary Dorms**







EDUCATION | SUPPORT | EMPLOYMENT | HOUSING



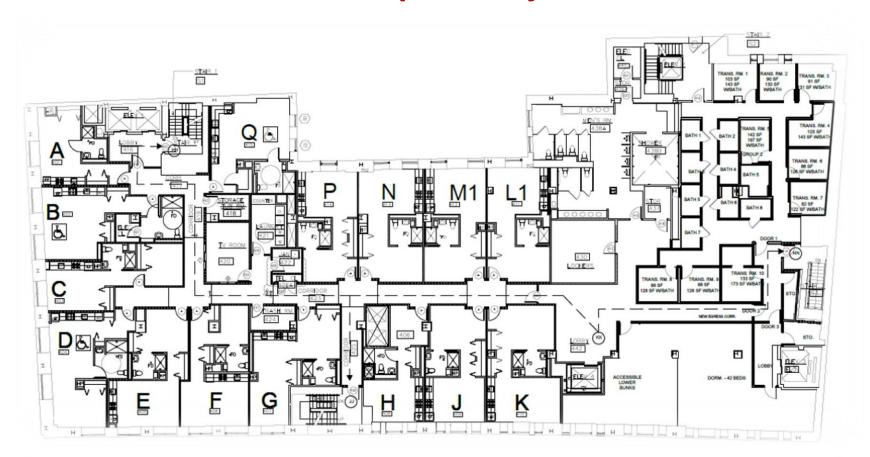








# **GPD Capital Project**







**April 28, 2023** 







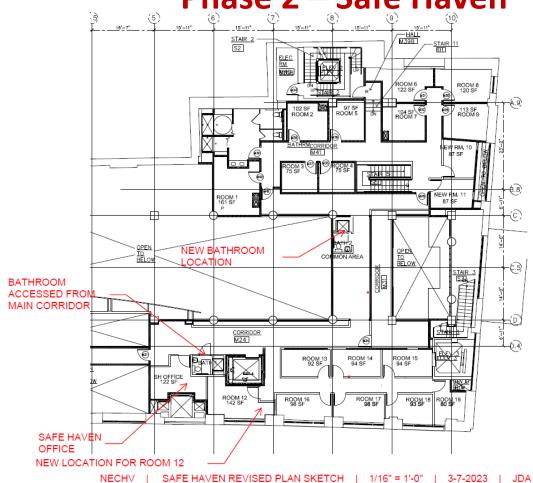






### **Transitional Housing Redevelopment Project**

Phase 2 - Safe Haven









#### Safe Haven

- Accommodations: Fourteen single room occupancy units with shared bathrooms. Veterans of any
  gender identity are welcome.
- Target Population: Chronically/long term homeless Veterans with mental health or/substance use challenges. May not be ready to engage in behavioral health care, may not be successful in dormitory settings and would benefit from intensive staff support..
- Services: This is NECHV's most intensive level of care, with 24 hour dedicated human services
  professional staff. Each Veteran has a case manager and housing worker assigned to them.
- Eligibility: Full VA Health Care eligibility. Screened and approved by VA liaison.







#### Safe Haven

- Low Threshold/Harm Reduction Model, HCHV (VA) Funded
  - Those who may not be successful in congregate/dorm settings
- 24-hour human services staffing
- Started with 10 rooms in 2013, added 4 in 2018
- Maintains ~100% occupancy







#### **Safe Haven Expansion**

- Other Boston provider ceased services in fall 2022
- There is a need for these types of rooms
  - Aging population as well as other Veterans who struggle with behavioral health challenges
- NECHV is committed to this model of care – proven success
- Plan to add about 10 11 rooms
- Private funding

https://vimeo.com/821003355?sh are=copy





#### Transitional Bed Capacity Projection – Stages and Phases of THRP

Type Beds	Current	4th Floor – Lower Level Move	3rd Floor Plumbing Impact	Re-Occupied 4th Floor	Safe Haven Construction	Final
Male Transitional						
3 <sup>rd</sup> Floor TB	34	37(+3)	32(-5)	34(-3)	34	34
3 <sup>rd</sup> Floor BB	34	37(+3)	32(-5)	34(-3)	34	34
Worth TB	4	4(3rd Flr)	4	4	4	4
Worth BB	4	4(3rd Flr)	4	4	4	4
4 <sup>th</sup> Floor TB	36	0(construction)	0	21	21	21
4 <sup>th</sup> Floor BB	36	O(construction)	0	21	21	21
LL Temp TB	0	27	27	N/A	N/A	N/A
LL Temp BB	0	27	27	N/A	N/A	N/A
Female Transitional						
2 <sup>nd</sup> Floor TB	12	12	12	12	12	12
2 <sup>nd</sup> Floor BB	12	12	12	12	12	12
Low Barrier						
Safe Haven	14	14	14	14	12(-2)	24(10 new)
Low Demand	20	20	20	20	20	20
GPD Private Suite			2	10(10 new)	10	10
Total	206	194	184	186	184	196

Private Rooms: 14 14 14 24 22 34







Re-configuring space is just one piece There are larger systems issues









# Need a higher level of care than the Homelessness System can provide

- Doesn't meet the need for inpatient care
- May not meet the criteria or be interested in a higher level of care such as nursing home or assisted living
- May not have access to funds or resources for nursing home or assisted living
- Lack of affordability or availability
- Barriers due to criminal records, behavioral health challenges, hard to place
  - What else?





## **Transition into Permanent Housing**

Need to think of unique care and support needs

- Ongoing Case Management VASH, GPD Case Management or other
- Connection to needed supports Senior Centers,
   Meals on Wheels, VA Care, Hoarding Specialists
- Home Health Aids
  - VNA, Homemaker
- Proactive follow up/outreach/prevention
  - SSVF, Massachusetts Veteran Connect







# Permanent Supportive Housing Example NECHV SROs



- Developed in 1990s
- Aging Population:
  - 82% over 50
  - 40% over 62
- Some Veterans have been in the SROs for 20+ years
- Resistant to higher level of care or even health care
- Enjoy community, independence and "don't want to be a burden"







#### **Strategies with the SROs**

- Weekly medical rounds conducted by NECHV & Boston Health Care for the Homeless Program team members
- Meals on Wheels
- Developed strong relationship with one Home Health Care Agency who understands the unique needs and challenges of the population
- Room inspections and deep cleaning





### **Final Thoughts**

- Need to think more strategically and plan for an older population of Veterans experiencing or at risk for homelessness
- Need to re-think and/or re-configure spaces to meet the needs
- During transition into permanent housing, need to work with the Veteran to link to needed supports and services
- On a systems level, increased advocacy for older Veterans to ensure the right levels of care are accessible (even for those with multiple challenges/barriers)
- The homelessness system often isn't an appropriate setting for aging Veterans





## **Questions/Comments?**

**Contact info:** 

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Thank you!