

2023 Veterans Affairs Permanent Housing Conference

Meeting the Housing and Service Needs of Aging Veterans

Welcome and Introductions

Today's Presenters:

- Bobbie Shaw, LCSW
HUD-VASH Social Worker
N. Florida/S. Georgia VA Health Care System
- Joanna Shatlan, MS OTR/L
HUD-VASH Occupational Therapist
N. Florida/S. Georgia VA Health Care System
- Casey Boone, US Air Force (Ret.)
SSVF Program Manager
Volunteers of America



Who is in the room?

- **SSVF Staff**
- **HUD-VASH Staff**
- **VA leadership**



HUD-VASH and VFW Veterans Village Pilot Program:

VFW, PHA, SSVF and VA
Collaboration to provide stable
housing to aging Veterans
experiencing homelessness

FT. MCCOY, MARION COUNTY, FLORIDA

NORTH FLORIDA/SOUTH GEORGIA

VETERANS HEALTH SYSTEM

Almost half of Veterans enrolled with the Veterans Health Administration (VHA) are aged 65 years or older.

More than 60% of Veterans in the HUD-VASH program are older than 60 years.

It is expected that between fiscal year 2020 and fiscal year 2035, the subgroup of Veterans age 85 and older is expected to increase by 66%, and specifically the subgroup of women Veterans aged 85 and older is expected to increase by 159%.

Americans with three or more health challenges will double for populations between 65 and 75 years of age; By the age of 75, a majority of Americans have three or more chronic medical conditions.

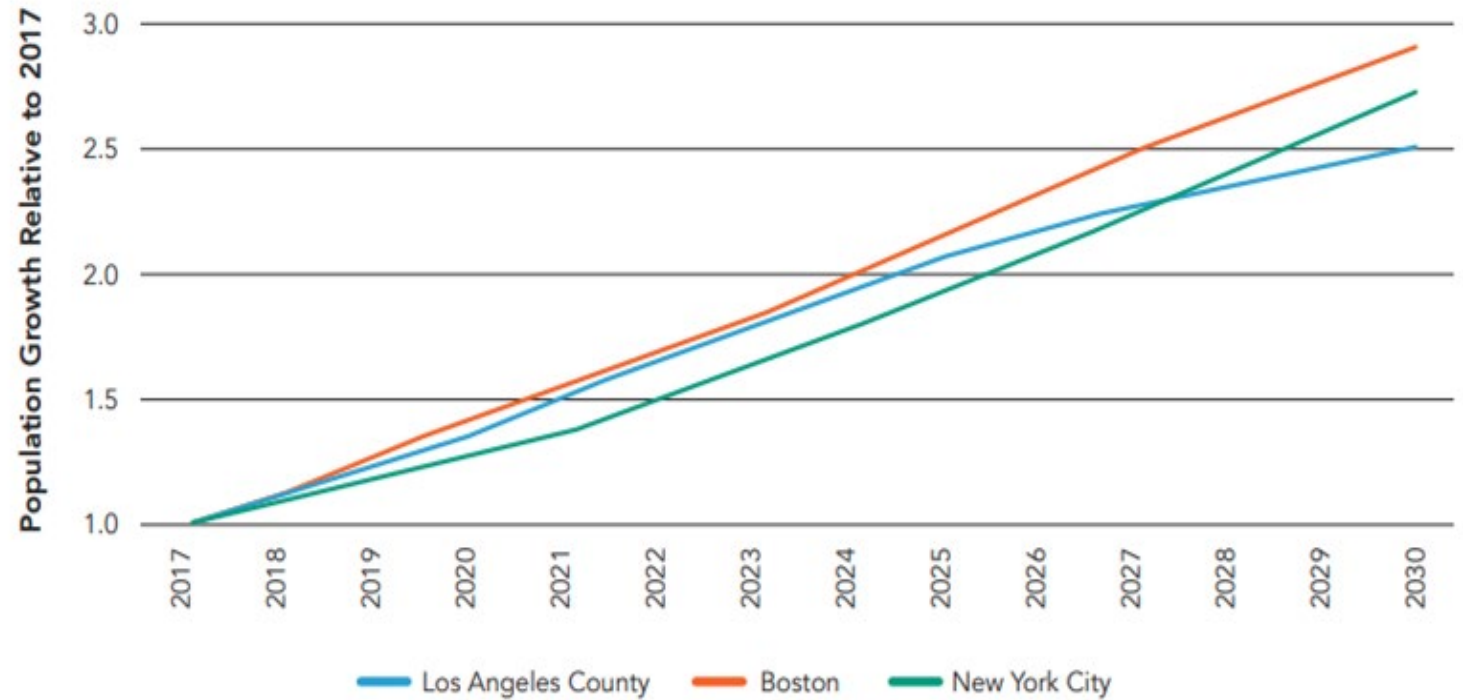
Aging Homeless Veteran Population

A growing need for services and support

- Research shows the population of seniors 65+ experiencing homelessness will double or even triple 2017 levels in some places before peaking around 2030.
- Source: Dennis Culhane, Professor and Social Science Researcher at the University of Pennsylvania, https://works.bepress.com/dennis_culhane/223/

[Emerging-Crisis-of-Aged-Homelessness-1.pdf \(upenn.edu\)](#)

Figure 2: Forecasted Relative Change in the 65 and Older Homeless Population Compared to 2017



Aging Accelerated

Studies have suggested that prolonged exposure to economically adverse conditions such as extreme poverty and homelessness intersect with racial marginalization to age individuals faster when compared to individuals who have not experienced extreme poverty or racial marginalization.

Sources:

- [The weathering hypothesis as an explanation for racial disparities in health: a systematic review - PubMed \(nih.gov\)](#)
- ['Weathering': The health effects of stress and discrimination \(medicalnewstoday.com\)](#)



VFW Veterans Village is Independent Living

- What does this mean?
- There are no medical personnel or personal aides on site. Due to this, cost is much lower than an assisted living placement, making it a viable option for a larger pool of veterans.
- While veterans can have impairments, they need to be safe without medical support staff available 24/7
- Veterans can be wheelchair bound, but must be able to transfer independently
- Veterans can be incontinent but need to be able to clean and redress themselves
- Veterans can be oxygen dependent but if they smoke, they need to show they can do so safely
- It is OK to have support services like skilled nursing, OT, PT, Hospice, Home health, etc..
- It is OK to have support staff come in and pack a pill cassette, but veteran must be able to take these medications independently

Section 8 and Congregate Living

Allowance for this type of placement can only occur if it is stated in the Public Housing Authority's (PHA) Admin Plan (every PHA has their own)

- Allowance for utilizing the section 8 voucher in congregate housing situations allowed by HUD, but local PHA has some discretion. 24 CFR 982.606 and 607

Only applies to the rent and utilities associated with the placement, not the services/accommodations provided so this will not work for every veteran due to income.

For VFW Veterans Village, Private living space is viewed as a 0 bedroom voucher with all utilities included. Ocala PHA has determined that \$850 is "rent reasonable" for the private living space and all utilities for each unit at Veterans Village

For other congregate living situations, such as an assisted living, family care home, group home, etc., PHA may use a Single Room Occupancy (SRO) payment standard.

Veterans Village costs \$1490 a month

\$850 rent:

300 sf of private living space

Living/sleeping area

Walk in closet (or 2)

Private bathroom with a tub/shower combo or walk in shower

Heat/air conditioning unit

Water, sewer, trash, electricity

Rooms come standard with a bed, nightstand, chair, large closet, linens, pillows, blinds, lamps, television and a small refrigerator.

Toilet paper is also provided for each private bathroom.

This rent and utilities is what is subsidized by PHA.

PHA contributes \$350-\$450 a month depending on veteran's income.

\$640 Amenities:

All meals and unlimited access to snacks and beverages

Landline phone in room, cable, Wi-Fi

Laundry machines, once weekly housekeeping

Transportation to Ocala CBOC and Gainesville VAMC

Weekly trip to Walmart

Large library, fitness room, puzzle room/multipurpose room for bingo, meetings, etc.

Large U.S. Mail quality mailroom with a sitting area, pool table, juke box (free), that joins a Florida room and an outdoor courtyard

Many social events throughout the year

Veteran must be able to pay this amount on their own

Many VFW posts, Elks Clubs and other groups sponsor

Example: A Veteran making a non service connected pension of \$1336 a month.

Ocala PHA's portion of the rent/utilities will be approximately \$375 a month.

Out of pocket costs for the Veteran will be roughly \$1100, leaving about \$150-\$200 left over for incidental spending.

Veterans who make more will pay a higher portion, but still have more left over for any spending needs

Veterans who are making less than \$1150 a month will not have enough money to pay for this placement

So How Much Does this Cost Our Veterans?

Supported Services for Veteran Families(SSVF) - Brief overview of what is provided

Assist qualifying veterans and their families with:

- ❖ Rapid re-housing, for veterans who meet the federal definition of homeless.
- ❖ SSVF assists veterans with case management, budget counseling, job searching, finding housing, security & utility deposits and rent to become stably housed in their new home.
- ❖ Prevention services, for those at imminent risk of losing their housing.
- ❖ SSVF assists with case management, budget counseling, job searching, rental & utility arrears, to become stably housed.
- ❖ When SSVF and HUD-VASH partner together, veterans can be housed in less than 48 hours of housing being identified.

SSVF and HUD-VASH Collaboration:

How does this work for a placement that provides services?



- SSVF and HUD-VASH work closely together to ensure veterans are receiving needed level of care.
- Since COVID pandemic began, SSVF provided flexibility in paying for 1st month's rent in the Rapid Rehousing Packet so that veterans could be housed ahead of the HUD-VASH voucher and thus exit the street or shelters more quickly.
- VFW Veterans Village presented a problem due to the monthly cost of the program consisting of rent, utilities and services.
- Funding for some costs was provided through the General Housing Stability Assistance (GHSA) Expense allowances.
- The HUD-VASH social worker needs to submit two separate agreements....one for the rent and one for the services and accommodations....the PHA is requiring this as well.
- Separate checks are issued for the deposit, rental portion and the services portion.

Practices to create a collaborative partnership between HUD-VASH and SSVF:



Communication- Weekly informal contact; monthly formal meeting with GPD and HUD-VASH



Trust- HUD-VASH referrals are accurate and delays in leasing up are communicated. Promises to pay are honored.



Common goal- We are all working to house veterans! Lets get out of our silos and work together!



Flexibility- Running checks to landlords, dropping off paperwork, transporting veteran to complete application, etc....Whatever it takes to house a veteran.



Resource sharing- What housing resources are coming up? How do we work together to ensure that not one precious affordable housing unit goes to waste.

Ongoing collaboration between SSVF and HUD-VASH

Monthly meeting Every 2nd Monday of the month with local SSVF, GPD and HUD-VASH

- ❖ What rentals are open or coming open
- ❖ Match rentals with veterans based on income and challenges related to background and credit checks
- ❖ Focus on VISPDAT to ensure veterans will highest need for case management and veterans who have been homeless the longest are prioritized.
- ❖ Problem solve challenging cases and identify a plan of care to get housed.

It takes a Village to support Veterans at VFW Veterans Village

HUD-VASH specialties:

Occupational Therapist- Essential specialty for this time of placement. Additional slides to follow.

Registered Nurse- Pack weekly pill cassettes for veterans. Order medications. Obtain vitals and communicate concerns to SW and PC Provider for follow up medical care.

Nurse Practitioner- Can provide immediate medication prescription while waiting for both MH and PC appointments. Bridges caps in care as needed.

Peer support Specialist- assists Veterans with means of transportation for vital medical and mental health appointments. Engage in weekly outings to run errands and engage in recreational activities. Vital to help give Veterans a better understanding of why it's important to seek help for ongoing struggles from a Veterans point of view.

Other VA programs and Community Care:

Home Based Primary Care (HBPC)- additional slides to follow.

Skilled Nursing- for Veterans who need skilled services such as: skilled nursing, case management, physical therapy, occupational therapy, speech therapy, wound care, or IV antibiotics.

Home Health Services- Assistance of a trained person who can come to a Veteran's home and help the Veteran take care of themselves and their daily activities. Homemakers and Home Health Aides are not nurses, but they are supervised by a registered nurse who will help assess the Veteran's daily living needs.

What are some critical attributes for an Occupational therapist working with aging homeless veterans?

Flexibility,
Flexibility,
Flexibility!!!

Strong holistic
background

Positive
professional
attitude

Sophisticated
interpersonal
skills

Ability to work
independently

Open
mindedness

Always willing
to think outside
the box!!!

Creativity is
key!

Occupational Therapy- Assessment for capacity for independent living

The HUD-VASH team utilizes their occupational therapist to determine if a veteran is capable of independent living and what level of support may be indicated. OT helps determine if Veteran is an appropriate candidate to enter HUD-VASH Program.

ADL/IADL:

- DME and Assistive Devices needs recommendations:
- Functional mobility needs (rollator, cane, manual wheelchair, recommendation for electric scooter assessment)
- Medication management/ Pill box set up
- Safety/emergency management/ Guardian Alert Plus
- Personal hygiene
- Keeping room clean outside of weekly light housekeeping

Transition to housing- Community Reintegration

Occupational therapy continues assessment and interventions from time of move in:

Community outings

Facilitation of social skills development

Interpersonal skills

Leisure/avocations

Acclimating to new neighborhoods

Continuous assessment of functional abilities

Occupational therapist generally visits VFW Veterans Village on a weekly basis. Continuing to work with veterans both in and out of the facility, assisting with skill development/assessment in the following areas:

- Socialization with fellow veteran

- Navigating local stores

- Changes in cognitive and physical function

- Providing additional DME or assistive devices or new strategies

Home Based Primary Care (HBPC)

Health care services provided to Veterans in their home. A VA physician supervises the health care team who provides the services. Home Based Primary Care is for Veterans who have complex health care needs for whom routine clinic-based care is not effective or possible.

The program is for Veterans who need team based in-home support for ongoing diseases and illnesses that affect their health and daily activities. Veterans usually have difficulty making and keeping clinic visits because of the severity of their illness and are often homebound, but that is not required.

This program is also for Veterans who are isolated, or their caregiver is experiencing burden. Home Based Primary Care can be used in combination with other Home and Community Based Services.

HUD-VASH and HBPC Collaboration

Weekly screening TEAMS meeting with HUD-VASH and HBPC to address any treatment or safety concerns. Establish initial plan of care.

HUD-VASH social worker present for initial visit with HBPC staff to facilitate introductions and can continue to meet with HBPC staff for subsequent visits if safety issues are a concern.

For Veterans who do not have a caregiver or who reside at VFW Veterans Village, HUD-VASH social worker functions as main contact for HBPC staff to coordinate needed care and follow up.

For example, specialty care, labs or diagnostic testing may be needed and HUD-VASH addresses logistics regarding travel/transportation and completion.

HUD-VASH staff can also set up calendar reminders or weekly check ins to follow up regarding HBPC recommendations.

VFW Veterans Village Pilot Program:

WHAT HAVE WE LEARNED IN THE LAST TWO YEARS: 2021-PRESENT

VFW Veterans Village Pilot Program

What has worked well:

Referrals- OT assessment prior to moving forward; on-going OT involvement

Weekly informal debriefs with Veterans Village staff

Partnership with HBPC- difficult to get started, but once in place, has been working well

What problems have occurred:

Need to be more clear about what specialized veteran population this placement is for:

- This is not a SUD treatment program
- This is not an inpatient psychiatric unit
- This is not an ALF or a nursing home

No margin for behavioral error

No clear plan of where to place Veterans when level of support needed is beyond what Vet Village can provide (we are working on solutions!!)

VFW Veterans Village Pilot: Who have we served?

18 Veterans formally admitted. 9 currently being served

Many more referred, however, often Veterans are waiting too long to consider this option and are more suited for a true ALF and need medical staff on site

Of the 18, 4 identified as African American, 14 identified as White and none identified as Latino/Hispanic

Age range: 64-97

1 married, same sex couple was referred, but decided they preferred to live closer to town

9 presented with history of stroke

4 with COPD

8 with significant co-occurring substance dependence

5 with some type of dementia/cognitive decline

4 deceased

3 were forced to leave due to disruptive behavior

2 voluntarily decided to seek other housing option

Time for pilot program to expand to other congregate living options

Ocala Housing Authority now open to expanding pilot program to Medical Foster Home placement and family care home placements.

A Veteran at Veterans Village with worsening dementia and alcohol dependence has been identified and is willing to move to a higher level of care.

Medical foster home has been identified in town.

Currently working with PHA to determine payment standard for SRO and how they will inspect this unit given that placement has a shared bathroom.

Concern lies with Veteran who are not eligible for VA Pension and Aid and Attendance.

Only option is long term Medicaid through state of Florida - VASH team currently working with a private non-profit agency to teach how to apply for long term Medicaid.

Problem to be solved: How to fund for Veterans with limited income?

HUD-VASH needs to have change in thinking.....must step out of silo and learn state systems

- States with resources vs. states without
- Long term Medicaid

Challenging cohorts: Limited options for Veterans who did not serve during war time:

- 2/1/1955-08/04/1964 (between Korean Conflict and Vietnam War)
- 05/08/1975-08/01/1990 (between Vietnam War and Gulf War)

HUD-VASH serving Veterans who are not VA healthcare eligible since October 2021

Aid and Attendance- further discussion on next slide

VA Benefits

[Elderly Veterans - Veterans \(va.gov\)](https://va.gov)

Aid and Attendance (A&A) is an increased monthly pension amount paid if the Veteran meets one of the following conditions

- Require help performing daily functions, which include bathing, eating, and dressing
- Veteran is bedridden
- Veteran is a patient in a nursing home
- Veteran's eyesight is limited to a corrected 5/200 visually acuity or less in both eyes

The PHA does not count Aid and Attendance as income

Challenging cohorts:

- ❖ 2/1/1955-08/04/1964 (between Korean Conflict and Vietnam War)
- ❖ 05/08/1975-08/01/1990 (between Vietnam War and Gulf War)



Exercise in how to Cobble Funding together

Let's say Veteran is looking at a Medical Foster Home placement which costs \$4000 a month

They get \$1200 a month in Social Security and qualify for Aid and Attendance

Aid and Attendance views MFH as a medical expense, thus nullifying the \$1200 a month Social security so veteran is awarded the maximum Aid and Attendance amount of \$2,229 (2023)

PHA may also view this as a medical expense and nullify the income as well, paying 100% of the payment standard for a Single Room Occupancy (SRO)

Social security of \$1200 plus Aid and Attendance of \$2,229 plus SRO payment standard of \$700 equals: \$4,129

Questions/feedback

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