

Senior Veterans in San Francisco: Systems of Care, Needs, and Recommendations

Presentation to the Long Term Care Coordinating Council (LTCCC)

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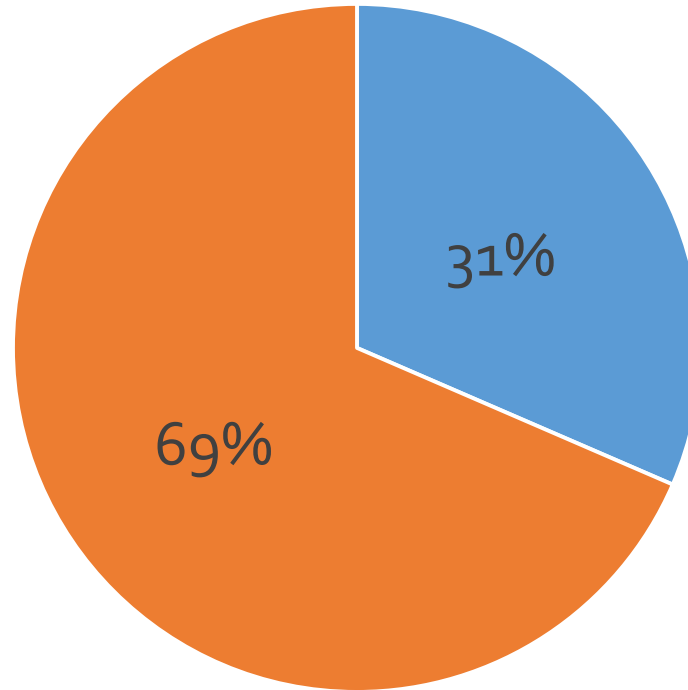


**Swords to
Plowshares**

VETS HELPING VETS SINCE 1974

SWORDS TO PLOWSHARES
www.swords-to-plowshares.org

Percentage of Senior Veterans in California



■ 18-54 years ■ 55 years and over

- In California, veterans aged 55+ represent approx. 69% (1.18 million) of the veteran population.
- Approx. 25% are over 75 years old.

- From 1989-1994, the VA provided care to 4.7 million veterans.
 - Now (2018) that's doubled to 9 million veterans.
- The VA cares for a much higher percentage of elderly veterans – the average age of a VA patient is 62 – than the rest of the U.S. health-care system.
 - These veterans also have more complex health-care needs. The average Medicare patient, for example, has between three and five health challenges.
 - The average Vietnam War veteran has *nine to 12*.

Aging Veterans Health Challenges

- Providers are seeing increase in age-and-veteran-related issues (i.e. late-onset stress symptomology (LOSS), poverty, diabetes, cardiovascular disease, mobility issues, dementia, traumatic brain injury, etc.)
- Some veterans lose housing due to limited care services onsite (Ex. accessibility resources and case management).
- Behavioral health issues prevent veterans from participating in and retaining transitional/permanent supportive housing and programs, adult day health services, and in-home supports
- Isolation and care reluctance: Older veterans with PTSD are more likely to report little or no social support and a higher prevalence of suicidal ideation

- Because of its vast experience in treating aging veterans, the VA has become a leader in providing geriatric services that are generally unavailable to those not covered by VA care.
 - However, the system of care is tightly rationed.
- Now VA delivers care to elderly veterans through its “Geriatric Patient Aligned Care Teams,” or GeriPACTs.

THE POVERTY DRAFT

- **76% of the men** sent to Vietnam were from lower-middle/working class backgrounds.
- **Draft deferments** were for college attendance and a variety of civilian occupations that favored middle- and upper-class whites.
- The vast majority of draftees were **poor, under-educated, and urban-blue-collar** workers or unemployed.

(Encyclopedia of the Vietnam War, 1998)

DECADE OF NEGLECT

“Last Hired, First Fired”

Vietnam service acted as a negative screening device in the labor market as Americans reacted to an unpopular war and embraced common misconceptions about veterans.

(Schwartz , 1986; Angrist , 1991; Ruger, Wilson, & Waddoups, 2002)

Vietnam: Legacy of Neglect

- Programs and services for veterans were woefully inadequate.
 - Lack of federal support: Not given same care as WWII.
 - Lack of support from WWII veteran service organizations.
 - Vietnam veterans were not seen as deserving as prior era.
 - Other than Honorable Discharges/bad paper
- Vietnam veterans were the most neglected generation of veterans.
 - The Poverty Draft
 - Decade of Neglect
 - Health & Economic Consequences



THE LEGACY OF NEGLECT

Social isolation

Divorce

Community neglect

Unemployment

Homelessness

Mental illness

Physical disabilities

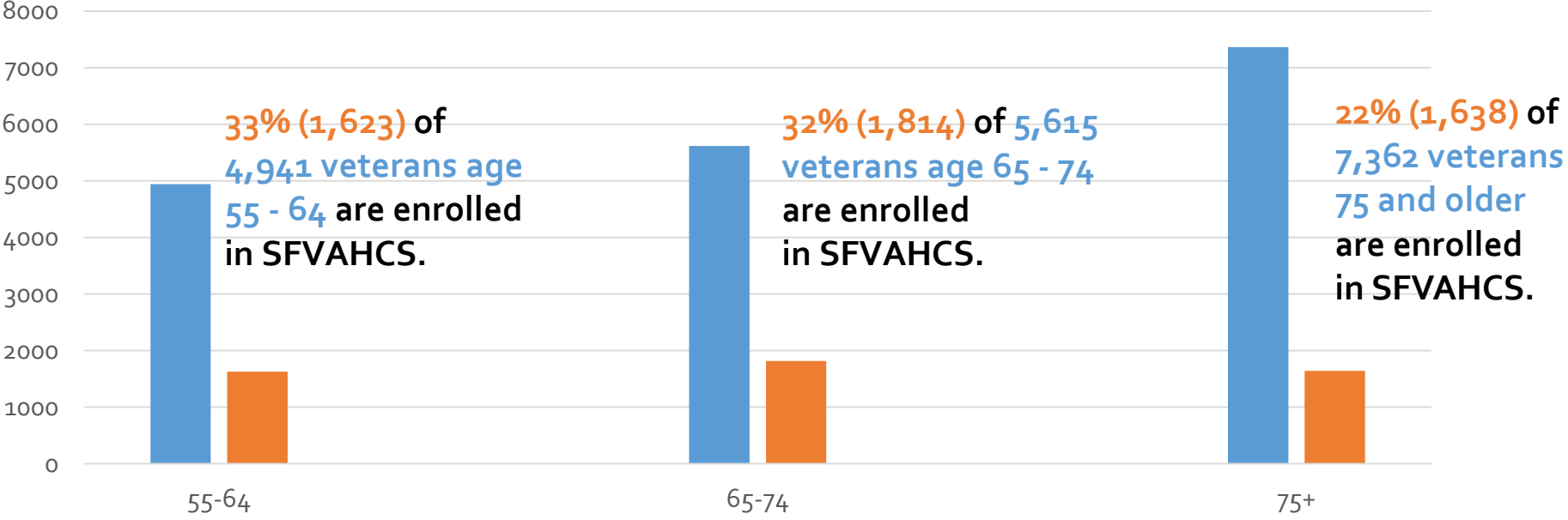


False: All Veterans are Eligible and Receive VA Care

- A distinct majority (72%) of San Francisco senior veterans are not enrolled in VA health care
- Eligibility is based on numerous criteria, including service connection, discharge type, income... a complicated and lengthy process
- Rationed system of care: may not be eligible, or may require copays

...It is worth taking the trouble to get veterans enrolled, because if they receive VA care, it is world-class care.

San Francisco Senior Resident VAHCS Users



72% of San Francisco senior veterans are *not* enrolled in VA health care

61% (3,089) of those enrolled also have non-VA insurance coverage.

We need better understanding of the landscape of care for older San Francisco veterans

- Disconnect between VA and community services.
- Lack of understanding of how aging veterans access multiple systems of care.
- Systems of care are fragmented, with lack of “warm hand-offs” between VA, county, and community-based services.
- Veterans and providers may not be aware of the benefits of veteran-specific care.
- Need for increased veteran cultural competency and knowledge of systems of care.

Housing at Swords to Plowshares

- 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.
- Nearly 40% of our residents are African American compared to 6% of all San Franciscans.

One of the main reasons that veterans exit our permanent supportive housing is the necessity for higher levels of care than can be provided by Swords to Plowshares, such as access to:

- Skilled nursing care
- Hospice care
- Live-in aides
- Board and care
- Medication management

Client Case Study:

Veteran JH: 67 y/o Caucasian Male Veteran housed at the Stanford Hotel after long stay on the streets and in the Powell St. Bart station. He ultimately lost his housing at the Stanford Hotel due to an inability to care for himself and habitability issues in the unit that created safety issues for other tenants.

Client Case Study:

Veteran MK: 66 y/o Caucasian male Veteran was on the second floor at Veterans Academy and uses a walker to get around due to mobility issues. He has issues cooking and cleaning for himself and is currently using substances. His income puts him over the cap for IHSS (In Home Support Services) and he will not pay for these services out of pocket (rates can be as high as \$20-27/hr).

Recommendations:

- Increasing training for support service staff in gerontology care and services, hoarding issues, end-of-life decisions, etc.
- Look for funding to provide additional supports to aging veterans through the local Department of Aging and Adult Services or potentially the Department of Public Health.
- Building housing with aging veterans in mind where they can age in place.

- Seniors and adults with disabilities: systems of care need to identify number of veterans they are serving
- The state and local planning agencies do not identify or target veterans in systems of care.
- **So, the State of California cannot pinpoint the number of veterans within its system– this makes it hard to create a needs assessment for vets in California and identify service gaps.**

Overall Recommendations

- Systems of care needs cultural competency in veteran experience and health outcomes to engage veterans productively and make appropriate referrals.
- Need for cross training in VA, public, and private systems to understand eligibility and access points.
- Need resources for staffing and ADA accommodations in housing programs.
- Increased access to veteran in-home supportive services.

The policy makers' proposed solution: give veterans the option of private sector care.

This alters the existing Veterans Choice Program in two crucial ways:

1. Financing
2. Guardianship

Financing

- With this plan, money to pay for outsourced care will be siphoned straight from the same pot that funds VA care.
- When a veteran uses non-VA care, the local VA will be required to foot the bill.
- Over time, as local VA funds are cut to pay for outsourced care, their providers, programs, and clinics will be eliminated and staffing will be diminished.

Guardianship

- The VA will no longer be the guardian of veterans' healthcare.
- Under the proposed plan, veterans can bypass the VA, even if a nearby VA facility is fully capable of providing comprehensive, specialized care as quickly and at lower cost.

Veteran-focused care will be lost in the private sector

VA providers are the experts on military-related problems:

- Toxic exposure to burn pits in Iraq
 - Agent Orange in Vietnam
 - Traumatic Brain Injury
 - Military Sexual Trauma
 - PTSD

Providers in the private sector typically don't have the training or experience to care for veterans post-deployment health concerns.

Outsourced care will also lead to reduced eligibility for care

Because this care is *three times* more expensive than the current system, current and future veterans would lose eligibility.

What does it mean to lose eligibility?

The VA would move towards a less integrated model, and only provide care for service-connected injuries and conditions.