



No Wrong Door System Promising Practices: Supporting Community Living for Veterans





Agenda

I. Opening Remarks

- **Wendy Fox-Grage**, AARP Public Policy Institute

II. Interagency Partnership to Deliver Veteran Directed Care (VDC)

- **Caroline Ryan**, Administration on Community Living

III. VDC Program in Colorado

- **Brigitte Lee** - Department of Veterans Affairs Eastern Colorado Health Care System
- **Heather Kamper** - Denver Regional Council of Governments
- **Marsha Unruh** - The Independence Center

IV. “Ask The Question”

- **Jo Moncher**, Bureau Chief, Community Based Military Programs, Division of Long Term Supports and Services, NH Department of Health and Human Services

V. Questions & Answers

Who is in the room?

- Veterans
- Caregivers
- Military Family Members
- Area Agencies on Aging
- Aging and Disabilities Resource Centers
- Centers for Independent Living





Promising Practices and Toolkits

Objective

- Share promising strategies, policies and programs as well as state contacts and resources, so states can replicate these practices.

Topics

- No Wrong Door: Person- and Family-Centered Care
- Preventing Long-Term Nursing Home Stays
- Family Caregivers and Managed Care

AARP PUBLIC POLICY INSTITUTE

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Long-Term Services and Supports Scorecard Promising Practices

No Wrong Door: Supporting Community Living for Veterans

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Providence VA Medical Center and
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www.longtermscorecard.org





Veteran Directed Care (VDC): An Interagency Partnership

Caroline Ryan

U.S. Administration for Community Living





Veteran Directed Care (VDC)

The VDC program serves Veterans of any age who are at risk of nursing home admission, as well as their family caregivers.

- Veterans receive a flexible service budget they use to hire family, friends, and neighbors to provide long term services and supports (LTSS).
- Veterans also receive facilitation services from a Person Centered Counselor (Options Counselor) and financial management support from a Financial Management Services (FMS) organization.
- Veterans determine how to use their VDC budget and hire, schedule, direct, and fire their employees.



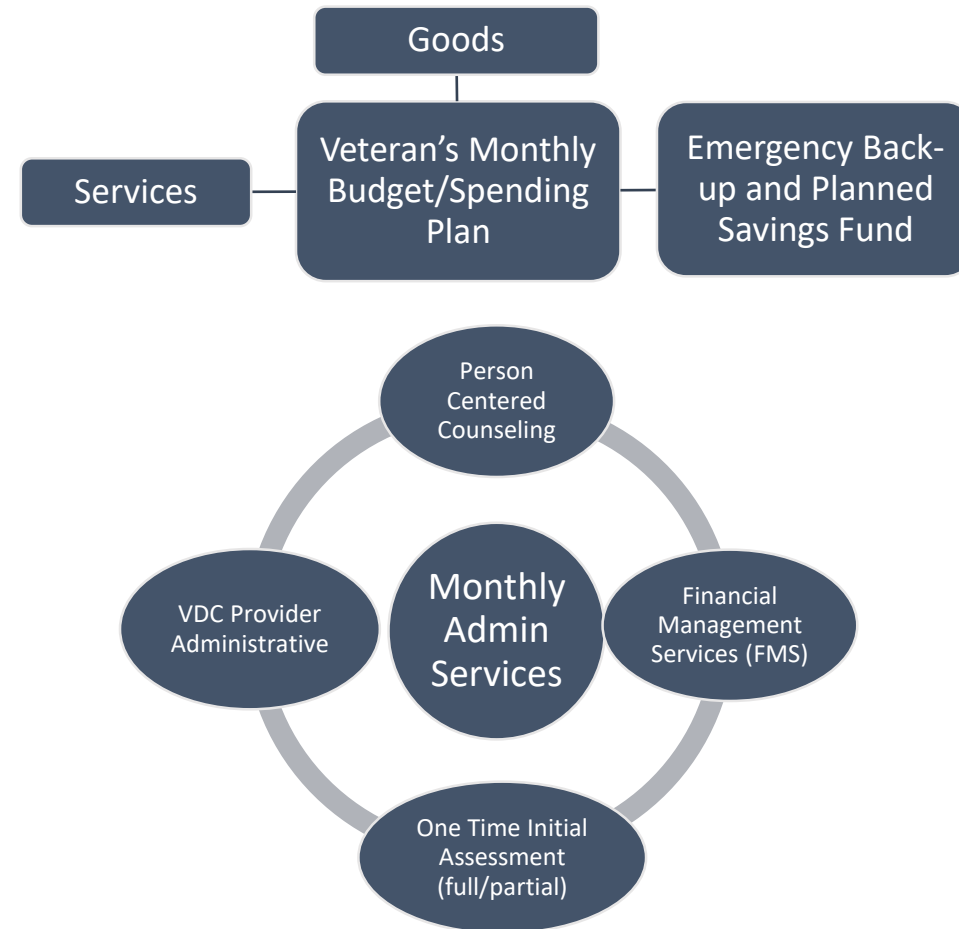
VDC Framework

- VA Medical Centers (VAMCs) purchase the VDC program from Aging and Disability Network Agency (ADNA) Providers, including:
 - Area Agencies on Aging
 - Aging and Disability Resource Center/No Wrong Door Systems
 - Centers for Independent Living
 - State Units on Aging



VDC Product Components

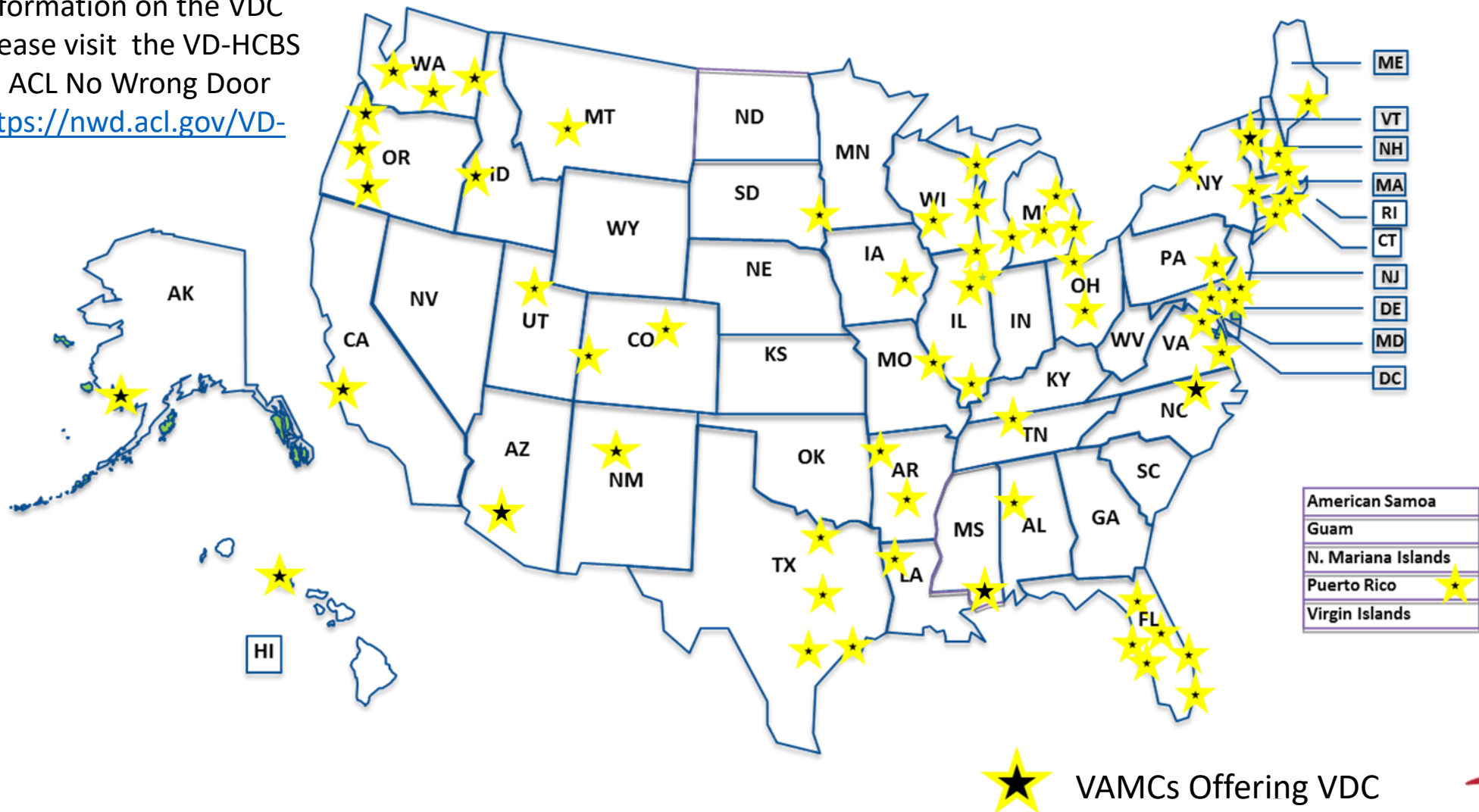
- **Veteran's Budget**
 - Spending Plan
 - Emergency Back-up and Planned Saving Fund
- **Administration**
 - One-time:
 - Facilitate Veteran-centered Assessment
 - Recurring:
 - Person Centered Counseling
 - Fiscal Management Services
 - Program Administration





Current Status of the VDC Program

For more information on the VDC Program, please visit the VD-HCBS page on the ACL No Wrong Door Website: <https://nwd.acl.gov/VD-HCBS.html>





Evidence Base for VDC

- Reductions in health care costs
- Delays institutional placement
- Increases client and caregiver satisfaction



VA Evaluation Activities

- Partnered Evidence-based Policy Resource Center (PEPReC) and Providence and Durham VAMCs
- Evaluating outcomes on healthcare utilization, implementation of VDC for new sites and experiences of Veterans and caregivers.



Best Practices in Serving Veterans in CO

Brigitte Lee

Department of Veterans Affairs Eastern Colorado Health Care System

Heather Kamper

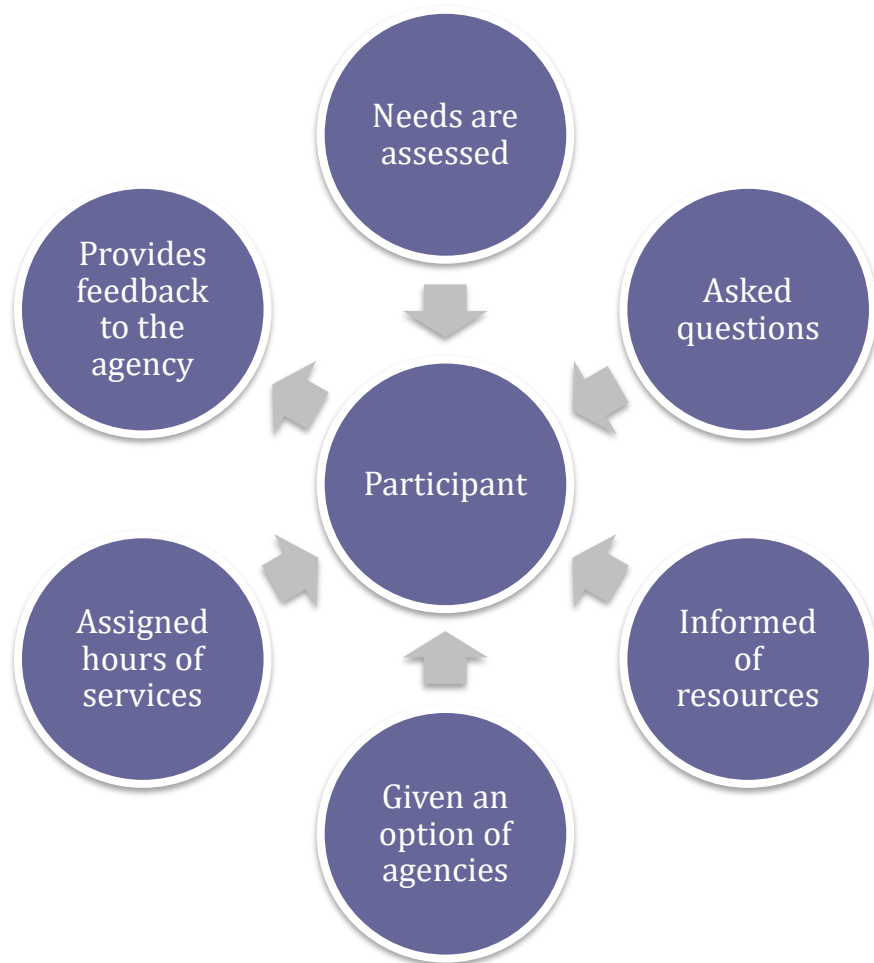
Denver Regional Council of Governments

Marsha Unruh

The Independence Center



Traditional Services vs. Self Directed Services



Social Model vs. Medical Model

We strive to educate communities, rather than changing people who have disabilities.

	Social Model	Medical Model
Problem:	Dependence on others; attitudes and environments create limitations for people with disabilities	Physical or mental impairment; perceived limited skills or abilities
Source of Problem:	Attitudes: disability is a common part of the human condition	Attitudes: individual needs to be “fixed”
Solution to Problem	<ul style="list-style-type: none">• Barrier removal• Civil Rights and advocacy• Veteran control over services• Peer models and support• Self-help	Treatment from professionals

Best Practices

- Startup phase of Veteran Directed Care
 - Be ready when the opportunity arises
 - Develop and trust the partnership with the VA
 - Statewide collaboration
 - Clear expectations for your Financial Management Services
 - Dedicated staff for billing and invoicing
- Reaching Veterans
 - Military culture
 - Advertising to Veterans directly
 - Word of mouth from Veterans
 - Have you ever served in the military?
- Teaching Veterans self-advocacy and empowerment

VA / Community Collaboration

Keys to Success in Delivery of Care & Services to Veterans

- Confidence and trust in your VDC Program Coordinator and vice versa
- Patience and tolerance with / for gradual change and correction within the VA when challenges arise
- Understanding that “if you’ve seen one VA, you’ve seen one VA”
- Mutual and reciprocal respect and flow of information at all times

Lessons Learned

- Caregiving in rural communities
- Internet access in rural areas
- Age of Veterans and internet capabilities
- Each VAMC is different and funding is controlled locally
- Not all Veterans who are eligible are connected to the VA
- VA oversight & compliance vs. Veteran empowerment & dignity of risk
- Impact of Veterans using non-VA care on Veteran Directed Care

VDC Case Study ... before and after

About the Veteran:

- 68-year-old Vietnam Veteran, Purple Heart recipient
- Diagnoses: spinal cord injury, post-traumatic stress disorder, anxiety, depression, suicidal ideation
- Uses two canes to walk, is in constant pain, isolated
- Veteran's wife quit her job to care for her husband

After enrollment in VDC:

- Spouse can now receive pay for the work she was already doing, greatly helping their financial situation
- Used his budget to purchase hand controls for his vehicle and can leave the house more often
- Receives monthly contact from DRCOG case manager, who is also a veteran, could connect and began speaking about his military service and how he struggles with PTSD, anxiety and depression
- Case manager connected Veteran to PTSD clinic and Vietnam support group



BENEFIT & VALUE

ADRCs and CILs have programs to assist Veterans, know community resources, and understand self-direction.

VAMCs have Veterans who need LTSS.

The program is cost effective.

Serving three Veterans in VDC Program vs. one in a SNF.

More services provided under VDC.



The “Ask the Question” Campaign

*Improving Access to Services for
New Hampshire’s Service Members, Veterans and their Families*

Jo Moncher, Bureau Chief, Community Based Military Programs

Division of Long Term Supports and Services

NH Department of Health and Human Services



Background

NH 2012 – 2013 Veteran Survey

- 1,200 NH Veterans responded
- Top Barriers in accessing resources
 - Stigma, Embarrassment & Shame
 - “I do not feel understood by the providers who serve me.”
 - “I don’t know where to go. There is nothing available to help me.
I will only speak to another veteran. No one wants to help.”



LtCol Stephanie Riley, NH National Guard



Program Goals

- **Improve access to services for NH's service members and veterans, extending beyond the VA**
 - Of the 105,000 NH veterans, just over 32,000 receive care at the VA
- **Reduce stigma* and lack of understanding**
 - Military Culture Trainings
- **Engage and support military families**
- **Develop a comprehensive database of services for service members, veterans and military families**

**SAMSHA recommends using words like discrimination or bias in place of stigma.*





The “Ask the Question” Campaign & Military Culture Trainings



“Have you or a family member ever served in the military?”

- Print, billboards, television, web advertising
 - www.AsktheQuestionNH.com
 - Managed by Easterseals of NH
- “Ask the Question” Outreach Team
- 50 Military Culture Trainings (**Aligned with “Ask the Question”!**)
- Promotion Across the Military-Civilian Network





“Have you or a family member ever served in the military?”

The banner features a navigation bar at the top with links for Home, About, Providers, Get Involved, and Connect, along with social media icons for Facebook, Twitter, Instagram, LinkedIn, and YouTube. The main image shows a family of four in a forest. A large white arrow graphic on the left contains the text 'ASK THE QUESTION'. On the right, there are vertical buttons for 'Call Us' and 'Email Us'. The central text reads 'ONE QUESTION can make a big difference.' Below this is a section titled 'Select your profession to see how:' with five circular icons and their corresponding service names: a caduceus for 'Health Care & Medical Services', a brain for 'Mental Health & Substance Abuse Services', a police badge for 'Law Enforcement & First Responders', scales of justice for 'Legal & Advocacy Services', and a house for 'Housing & Homelessness Services'. Navigation arrows are on the far left and right of this row.





Results

- Engaged over 2,000 civilian providers
- Conducted 50 Military Culture trainings – Over 2,500 staff trained
- Included “Ask the Question” in all DHHS Sponsored Military Culture trainings.
- Recognized NH Community Mental Health Center Military Liaison Initiative as 1st in the nation - over 18% of clients (out of 22,000 clients served monthly) are military connected.

Strengthening the Civilian Service Delivery Structure for our Country's Service Members, Veterans and their Families!

- 7% (pre-contract survey) were “asking the question”
- 72% (post-contract survey) are “asking” or intend to “ask”
- Bureau of Drug and Alcohol Services will “ask” in 2018
- ServiceLink Aging & Disability Resource Centers all “ask”
- NH Hospitals are starting to “ask”
- Community Mental Health Centers all “ask”
- Military Resources – on the NHCarePath Website

The billboard features a smiling man in a dark hoodie on the left. To his right, the text reads: "HAVE YOU EVER SERVED IN THE MILITARY?" followed by the tagline "One question can make a big difference." Below this is the website "www.AskTheQuestionNH.com" and a small note "An Initiative of the NH Department of Health and Human Services". On the right side of the billboard, there is a logo that says "ASK THE QUESTION" above a stylized chevron graphic. In the bottom right corner, there are logos for "NH Care Path" and "NH Department of Health and Human Services".



Definition of a Veteran

A Veteran is someone who at one point in their life wrote a blank check made payable to the United States of America for up to and including their life.





“Ask the Question” Campaign

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- Hospitals throughout NH are starting to “Ask the Question”
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Strengthening the Civilian Service Delivery Structure for our Country's Service Members, Veterans and their Families!





Questions and Answers

- For additional information, please visit ACL's No Wrong Door Website at **www.nwd.acl.gov** or email the No Wrong Door inbox at **nowrongdoor@acl.hhs.gov**