

Strategic Action Planning Group on Aging

Veterans Community Living Centers
Results of the 2020 Needs Assessment
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Elizabeth Mullins, MSW, NHA
Director, VCLC Division



COLORADO

Department of Human Services

Colorado's VCLCs

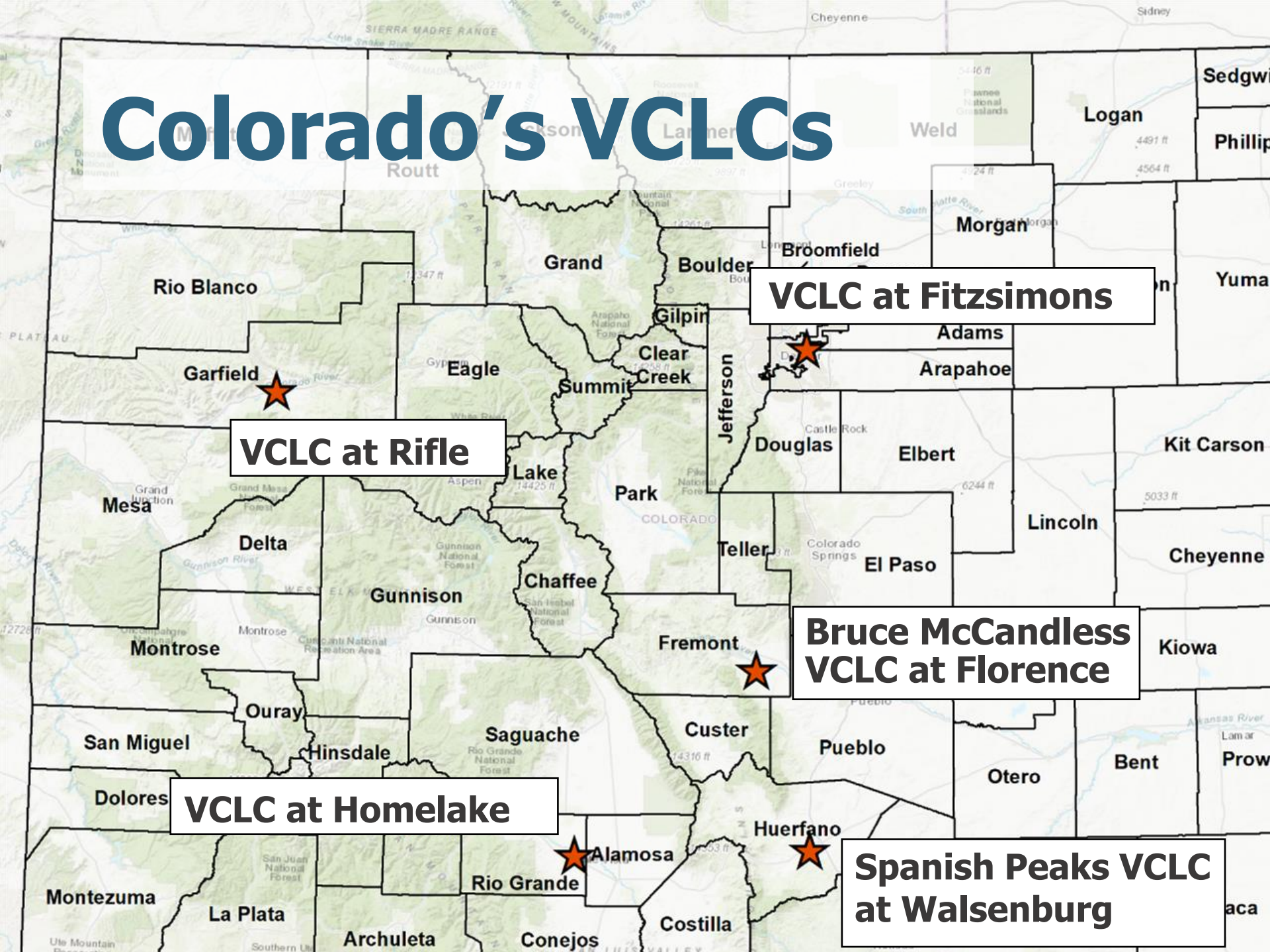
VCLC at Rifle

VCLC at Fitzsimons

**Bruce McCandless
VCLC at Florence**

VCLC at Homelake

**Spanish Peaks VCLC
at Walsenburg**



Guiding Research Questions

- What are the health and long-term care needs of Colorado's veterans?
- How can the VCLCs improve health care services for a growing veteran population?

Methods

- Key Informant Interviews
 - Veterans Service Officers
 - Veterans
 - VCLC Administrators
- Data Analysis
 - Medical Expenditure Panel Survey
 - American Community Survey
 - Behavioral Risk Factor Surveillance Survey
- Health Care Need Projections
- Nursing Home Bed Need Projections



Veterans have health needs that may require long-term supports, including nursing home care.

Who Are Colorado's Veterans?

- Veterans are more likely to live in urban communities than rural.
- The veteran population is becoming more diverse.

Table 4. Total Veteran Population Over Age 65 is Projected to Shrink, but Female Veteran Population is Projected to Grow

	Male	Female	Total
2020	153,459	9,042	162,501
2025	141,573	12,206	153,779
2030	129,938	15,141	145,079
2040	104,079	18,225	122,304

Veterans Have Higher Rates of Chronic Disease

	Colorado Veterans	Colorado Non-Veterans
Diabetes	10.9%	6.6%
Cognitive Disabilities	7.7%	4.1%
Ambulatory Disabilities	12.8%	5.0%
Chronic Obstructive Pulmonary Disease	7.7%	4.1%
Heart Attack or Heart Disease	9.5%	3.4%
Stroke	3.7%	2.0%

Veterans Have Different Emotional Health Needs

62,000

15%

Colorado Veterans
With Depression
(2025)

Black Veterans >25%
Hispanic Veterans 19%
White Veterans 15%

53,000

11%

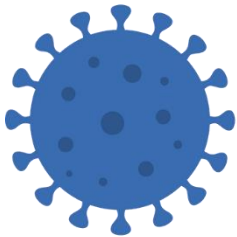
Colorado Veterans
With PTS
(2025)

Women are **twice as likely** as men to have post-traumatic stress

The future of long-term care services is uncertain.



- Long-standing goal to reduce institutional care, increase home care.



- COVID-19 challenges congregate care settings.



- Veterans want to live at home.



**The VCLCs could expand services
and adapt the institutional care
model.**

Framing the Needs Assessment

GUIDING PRINCIPLES

Veterans need services that support their unique health and well-being needs, and there must be a shared commitment across stakeholders to meet veteran's needs.

Behavioral health services must be improved for veterans, and services for veterans of all ages must account for veterans' complex behavioral health needs.

Services for veterans with long-term care needs must be organized in a seamless continuum, from community-based services to nursing home level of care, and provide veterans meaningful choices to live in the least restrictive living environment.

All services and supports should equitably support veterans of different races, ethnicities, genders, and backgrounds.

GOALS

Maximize residency, services, and community connections at the VCLCs.

Objective A: Increase residency at VCLCs

Objective B: Provide new services at VCLCs

Adapt the institutional care model to the evolving health needs and preferences of the veteran population.

Objective A: Adapt physical structures

Objective B: Adapt location and purpose of structures

FOUNDATIONS FOR SUCCESS

Workforce Expansion

Data Collection and Systems

Equity in Policies and Practices



VCLC Needs Assessment: Goal 1

GOALS

Maximize residency, services, and community connections at the VCLCs.

Objective A: Increase residency at VCLCs

Objective B: Provide new services at VCLCs

Goal 1: Maximize Current VCLCs



- Build stronger connections to the community



- Create a service planning registry



- Enhance current services
 - Telehealth
 - Behavioral health supports
 - Memory care
 - Adult day health care

Foundations for Success

- **Workforce** to ensure high quality, compassionate, and efficient care for veterans.
- **Data** collection and systems to strengthen our understanding of the needs of veterans and the success of the system.
- **Equity** to ensure all veterans, regardless of their race, gender, or background, have equal opportunity to maximize their health.



Data do not indicate a need to increase bed capacity within the VCLC system.

VCLC Needs Assessment: Goal 2

GOALS

Adapt the institutional care model to the evolving health needs and preferences of the veteran population.

Objective A: Adapt physical structures

Objective B: Adapt location and purpose of structures

Goal 2: Adapt the VCLC Model and Structures



- **Renovation:** Infection prevention and small home model approach



- **Administration:** New models to boost census and financing

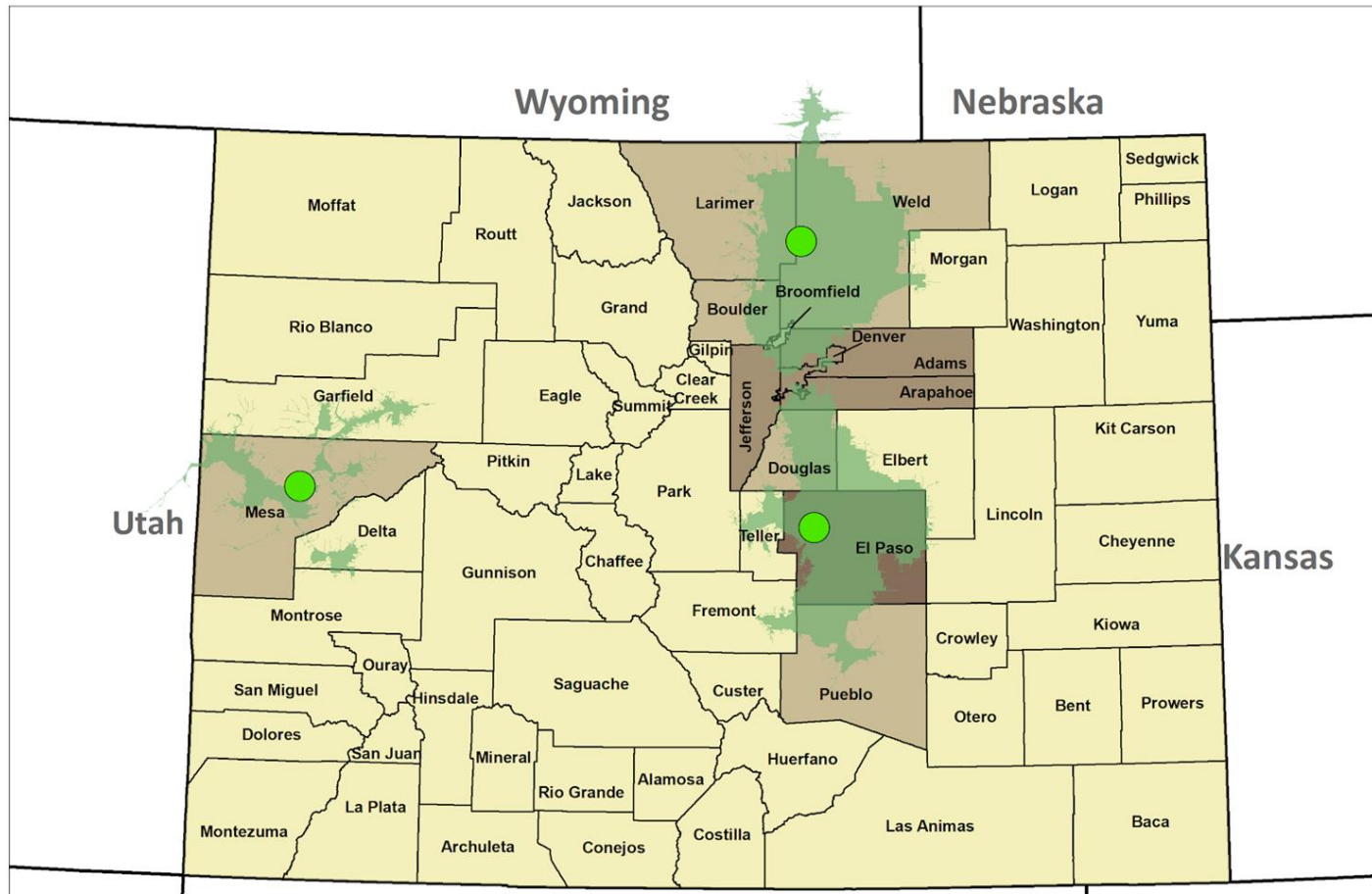


- **Relocation:** To larger cities



- **Creativity:** Using VCLC physical spaces for substance use treatment, other unmet needs

Areas for Opportunity



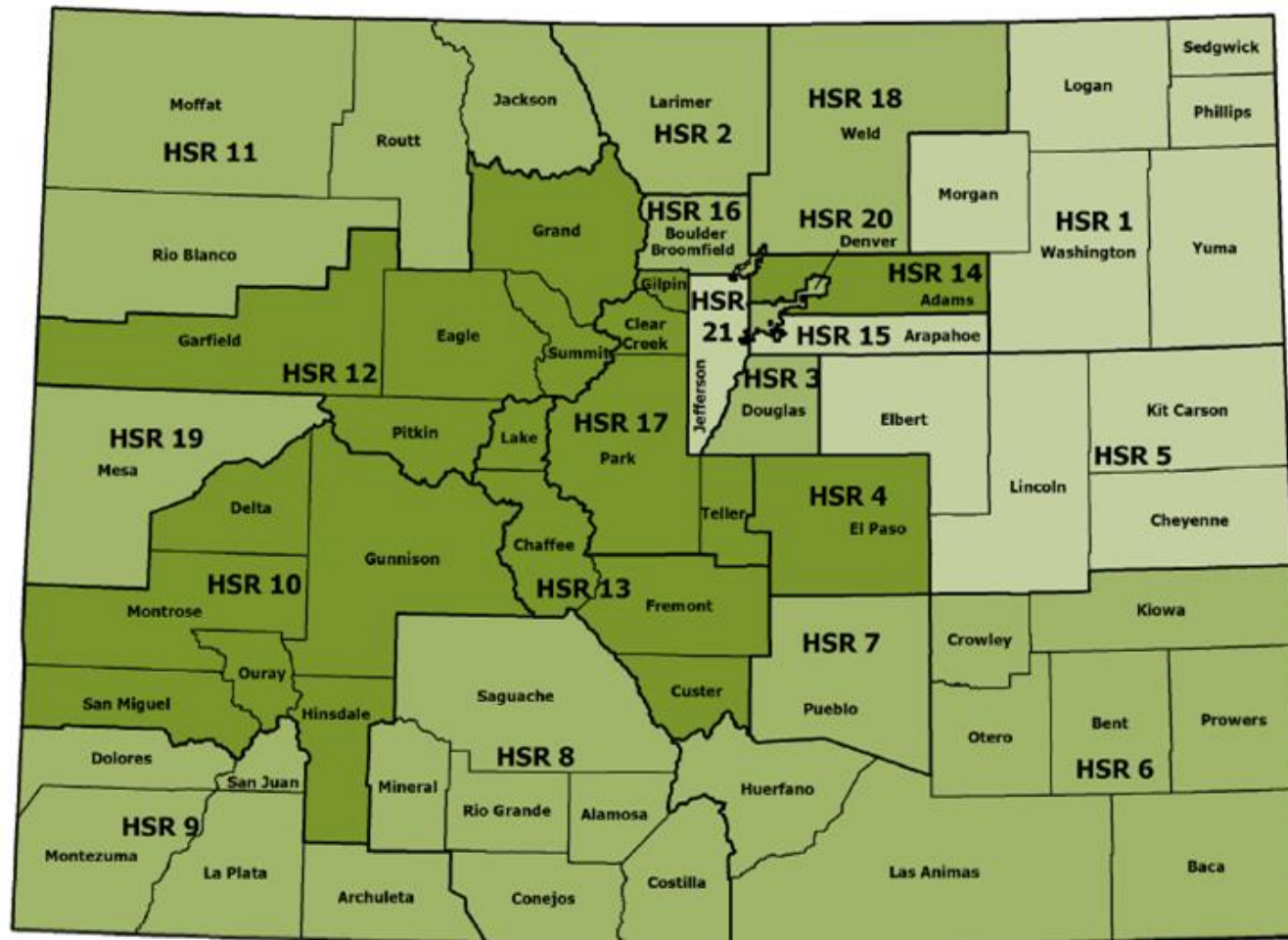
Number of Veterans per County, 2025





Regional data on veterans' health needs and available services

Aging Services by Region



Number of Aging Services per 1,000 Veterans



* Aging services are defined as all adult day services, assisted living facilities, all nursing homes. These are not limited to VA facilities.

Source: CDPHE Health Facilities

Just the beginning

- Monitor and respond to system capacity based on downward and upward pressures
- Involve partners, stakeholders, and policymakers across the state

Veteran / Age Friendly Communities

- **Know where veterans and their families live**
- **Recognize the military culture**
- **Gratitude, Service, Family**
- **Veteran don't all serve in conflicts**
- **Effects of service**
- **Comradery**



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Contact

Elizabeth Mullins, MSW, NHA
Division Director, VCLC
Office of Adult, Aging and Disability Services
Elizabeth.Mullins@state.co.us
303-963-6796



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