

**Department of Veterans Affairs
18th Veterans and Community Oversight and Engagement Board (VCOEB)
Federal Advisory Committee (FAC)**

DATE: 10/19/2022

VCOEB Board Members Present

LTG (R) John D. Hopper Jr. (Chair)
Phillip Mangano (Vice Chair)
Dr. Joshua Bamberger
Robert Begland (virtual)
Aimee Bravo (virtual)
Stephanie Cohen
Jennifer Marshall (virtual)
Heidi Marston
Jim Perley
Kristine Stanley
Dennis Tucker
Shawn VanDiver
Larry Vasquez
Dr. Mark Wellisch

VCOEB Board Members Absent

Christine Barre
Keith Boyland
Joseph Sapien
Hamilton Underwood
Jim Zenner

VA Employees and Staff Present

Tanya Bradsher, COSVA
John Boerstler
Dr. Keith Harris
Dr. Steven Braverman
John Kuhn
Jason M. Melton
Alan Trinh
Matthew McGahran (virtual)
Eugene Skinner Jr., DFO
Chihung Szeto
Shilpa Desai (Evoke)
Christina Mooring
Fiona Hwang
Rika Brown
Nathalie Chavez (ECS)
Darrel Dardan
Claudio Diaz
Andrew Strain
Carl Horne

Tony Bowman
Deborah Carter
Darryl Joseph
Michael Fisher
Jennifer Amo
Schirete Zick
Jeff Tennen

Public Attendees

Rob Reynolds
Larry Loughlin
Jessica Miles
Kyle Orlemann
Decker Sims
David Echavarria
Diego Garcia
Theodore Lopez

Virtual Attendees

Raymond Arellano (Host)
Aimee Bravo
Jelissa Burney
Claudio Diaz
Billie Pacheco
Chelsea Black
Dick Southern
Janet Larner
Jerry Orlemann
Juan Hernandez
Kenitha Roberts
Kristin Roberts
Kristin Groteclass
Logan Lecastes
Scott Hathaway
Jess Banko
Jeanette Christian
Sha-Ron Haddock
Naomi Song
Patricia Harris
Hanna Mark
Ilana Marmon
Jennifer Marshall
C. Hagen
Christopher Lewis
Kevin Herrera
Abe Bradshaw
Janelle Woves
Jennifer Tuzinsky

Shantelle Jackson
Matt McGahran
Nicolas Rodriquez
Perter Muller
Richard Valdez
Bob Begland
Roberto Marshall

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| Attendance, Call to Order | <p>Lt GEN (Ret) John D. Hopper Jr., Chair; Mr. Eugene Skinner Jr. Designated Federal Officer (DFO); alternate DFO is Chihung Szeto.</p> <p>DFO Skinner welcomed everyone to the meeting and reiterated the rules of engagement.</p> <p><u>Rules of engagement:</u></p> <ul style="list-style-type: none">• To the greatest extent possible please hold all questions until the presentations are complete.• The Chair will ask for questions and/or comments throughout the meeting.• Turn your name card vertical to signify to the Chair your desire to provide comment or ask a question.• Allow DFO/VCOEB Chair to yield the floor to you prior to speaking.• These sessions are being recorded and we have those who will be taking notes and documenting action items so please identify yourself prior to speaking.• Allow the DFO support team to provide a microphone to you prior to speaking (we have a WebEx link to the alternate facility).• Public comments today will be in-person, for those that would like to provide public comments via WebEx that capability will also be available. <p>DFO turned meeting over to Lt GEN (Ret.) Hopper.</p> <p>Lt GEN (Ret.) Hopper lead the Pledge of Allegiance.</p> <p>He welcomed committee members, senior VA leadership and members of the public. A special thanks to Dr. Braverman and the GLA staff for hosting this meeting.</p> <p>They are getting ready to turn over the first group of buildings and getting Veterans into those homes and providing them with services and support.</p> <p>Special thank you to Ms. Serrano and Mr. Rosenfeld two members of the board that are terming out, their expertise will be missed, and two new members will be introduced later.</p> <p>He reviewed some of the topics/briefings to be discussed today such as:</p> <ul style="list-style-type: none">• Insight on services, |
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| | <ul style="list-style-type: none"> • Dashboard, • Service of placing Veterans in the right place at the right time regarding housing. <p>Lt GEN (Ret.) Hopper then introduced the Department of Veterans Affairs Chief of Staff (COS) Tanya Bradsher.</p> |
| VA Leadership presentation, Tanya Bradsher, COSVA | <p>Chief Bradsher indicated that it has been a very busy time at the VA. They are on track, percentage wise, with the Secretaries goal of having 38,000 permanent housing for Veterans across the VA. Next week the plan is to bring the Homeless Coordinators to meet with the Secretary.</p> <ul style="list-style-type: none"> • Los Angeles has set the tone based on the numbers which are so vital. • The second piece they are focused on is the PACT Act, it does link to our mission here. The PACT Act expands and extends eligibility for VA health care for Veterans with toxic exposures which means there are now 20+ additional presumptive conditions for service members who deployed, predominantly 911, however, it does apply to Gulf War and Vietnam Veterans. This is important for this population because it can make the difference of qualifying for benefits and being able to up the disability that they receive. They are also hoping to bring more Veterans into the VA pipeline through this because we do have Veterans out there that we do not touch at all. They may get the GI bill, a home loan, but they do not necessarily file for all their benefits. There have been 100,000 claims so far, per VBA, there is still a lot more to reach because the catchment area for this is in the millions. • The other piece is throughput and making sure that if we bring them in that we can take care of them. There are some very important hiring initiatives through the PACT Act: <ul style="list-style-type: none"> ○ Dual compensation; which means if you have a retiree, we can bring them back and still let them have their full retirement. ○ Direct hire; for military spouses and disabled Veterans. ○ Chief Bradsher meets with VHA, VBA and NCA every two weeks to discuss their ability to hire faster. This has been challenging because the federal government has three hiring authorities: <ul style="list-style-type: none"> ▪ Title 38 ▪ Hybrids ▪ Title 5 <p>It will take time but those are the current focuses they are looking at. Thanked the committee for having her.</p> <p>Lt GEN (Ret) Hopper thanked Chief Bradsher and introduced the sponsor Mr. Boerstler.</p> |

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| <p>Opening Remarks John Boerstler, Chief, Veterans Experience Office</p> | <p>Mr. Boerstler welcomed everyone and to the new members he wants to make sure they have everything they need to be successful as a VCOEB member. Over the next year they will have opportunities for everyone as they bring on even more members because of expiring terms for some existing members. So, that is the initial call-to-action is for everyone to help recruit passionate leaders and subject matter experts to help us drive on the momentum that general Hopper referred to and make sure that they continue to move forward.</p> <p>As Chief Bradsher had mentioned the implementation of the PACT Act, the new benefits and care available to Veterans that have been exposed to toxins, has been a priority. There will be supplies passed out so the board can take them back to their respective communities and share via social media and make sure that we get the word out to Veterans and survivors as to what benefits are available to them. He shared his personal experience filing a claim through the VA for his benefits and was impressed with the ease of filing, they are using accredited Veterans Service Organizations to help file the claims.</p> <p>He was excited to talk more about the progress being made at GLA and to see the tiny homes, CTRS and most importantly to hear from the community stakeholders and the voices of the Veterans that we represent and serve.</p> <p>Mr. Boerstler welcomed the new members again and then turned it over to Lt GEN (Ret) Hopper.</p> <p>Lt GEN (Ret) Hopper as the Vice Chair, Mr. Mangano, for comments.</p> <p>Mr. Mangano welcome the board members and new members. He wanted to pick up from what Lt Gen (Ret) Hopper had previously said; the primary services focus at this meeting and corresponds to the theme of the VCOEB from its inception and that is to be customer focused. Our concern is for the customer. The wellbeing of the Veteran who has served and those who have fallen into homelessness and much of our deliberation is focused on that population with the intentionality of restoring to them the nexus points of the receipt of services, namely housing. Some of the questions that are being raised about services are appropriate and resonate not only in Los Angeles but around the country in terms of</p> <ul style="list-style-type: none"> • What is the appropriate set of protocols for Veterans who are homeless to ensure their stability in their housing? • What is the trajectory to further capital in their lives? <p>He is looking forward to the focus of today on services and to hearing what that constellation of services is evolving to.</p> <p>Dr. Harris expressed his optimism despite some challenges as they get closer to the opening of the new buildings. The quality of the buildings and beauty of the buildings it will be exciting to picture Veterans moving in and living there. There is important work to be done on the ramp up portion of that which will be discussed</p> |
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| | <p>tomorrow. The theme from the last meeting was identifying service gaps and challenges and coming up with new solutions to address those:</p> <ul style="list-style-type: none"> • The DEMPS (Disaster Emergency Medical Personnel System) • Three different appointments of social workers to fill the gap around housing navigation and housing support services. There have been some positive impacts there and they also saw this in HUD VASH as well. • The medical center was able to award the housing navigation contract. • The speed up of new dollars to assist even further. • A request for additional staffing support for CTRS has been awarded and funded through VACO. Recruitment for these positions, case management, services side and management monitoring, is ongoing. <p>One of the recommendations from this board at the last meeting was a focus on attrition and loss of housing, this remains, and incredibly important concern and they will hear about the dashboard review.</p> <ul style="list-style-type: none"> • Looking at HUD VASH housing numbers, almost as many Veterans move out of HUD VASH as moved in, this makes the utilization numbers difficult to see those increases. • Renewed focus on rapid access to transitional housing and emergency beds. • Veteran action board remains in development <ul style="list-style-type: none"> ○ Want to create a structured spot for local veterans to provide input on both current state and future state. ○ Interested in hearing public comments about people's impressions on how that should work. <p>Dr. Harris thanked everyone.</p> <p>Lt GEN (Ret) Hopper: Thanked Dr. Harris and turned it over to Dr. Braverman.</p> |
| <p>Opening Remarks GLA Leadership Dr. Steven E. Braverman, Medical Center Director VA Greater Los Angeles Healthcare System</p> | <p>Dr. Braverman introduced two new members of their team.</p> <ul style="list-style-type: none"> • Mr. John Kuhn – Acting Deputy Director/Executive Director overseeing the master plan. <p>Mr. Kuhn: Expressed his enthusiasm for being able to join the group, talented staff, lots of energy. He also thanked Fiona Hwang for putting this meeting together.</p> <ul style="list-style-type: none"> • Deborah Carter (social worker) who replaces Matthew McGahran, as Acting Chief of CERS. Matt is on temporary assignment to the homeless program working on special projects. <p>Dr. Braverman wanted to put things in perspective in conjunction with the overall health care system, which is to take care of all the Veterans in the greater Los Angeles area by county locations.</p> <ul style="list-style-type: none"> • Detail of some things that occurred over the past FY (FY 2022): <ul style="list-style-type: none"> ○ More than 88,000 unique Veterans taken care of (numbers from September are still being counted). |

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| | <ul style="list-style-type: none"> ○ \$1.25 billion spent, which includes medical costs in addition to the master plan costs. ○ \$77.5 million on personnel, whether that is funded directly to VAGLAHS or through special purpose funds such as the wellness program, office of rural health, or other initiatives. ○ \$58 million for non-recurring maintenance projects. ○ \$34 million for master plan projects (infrastructure, preparation for the parcels, utilities, etc.). ○ \$27 million for equipment. ○ \$200 million for community care. ● On September 27th they started seeing patients in the new Ventura Community Based Outpatient Clinic (CBOC) which replaced the Oxnard clinic. <ul style="list-style-type: none"> ○ The focus is on primary care and they will be adding specialty care over the next couple of months. ○ Dedication ceremony scheduled for November 9th. ● Fire one month ago at CTRS due to a lithium battery that was charging and exploded. <ul style="list-style-type: none"> ○ Loss of 22 shelters currently in the process of replacing them. ○ John Kuhn will talk about safety process, procedure changes that have been put in place to prevent this kind of accident from reoccurring. ● Requesting help from those involved in city and county legislation regarding income level for Veterans <ul style="list-style-type: none"> ○ 90-100% disabled Veterans may not qualify for housing units on the EULs that are coming onto campus because they exceed the 50-60% amounts of the area median income. ○ Important to follow rules/laws that were put in place in order to designate these units as low-income housing but have a challenge when our most disabled Veterans cannot qualify because of the VA compensation they receive. ○ How do we address this? <ul style="list-style-type: none"> ▪ In every other VA system those most disabled qualify for more services not less. ▪ The uniqueness of the units on the GLA campus is they are proximate to services that some of these individuals need. ▪ What he would propose is to exclude VA disability pay from the income calculation of these Veterans. However, it does mean that Veterans that have other income would probably not qualify, but it also means that they probably do not have the same physical, psychological and medical needs as those whose primary/only income is VA disability. ▪ Who are the rule makers that determine what income is allowable in the calculation for income levels? So, we could potentially waive that disability income. <ul style="list-style-type: none"> ● Local and community government legislation issue, ● Agency issue, |
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| | <ul style="list-style-type: none"> • Executive decision, • HUD issue, • National issue? <ul style="list-style-type: none"> ○ Simplest answer may be waiver for VA project EULs. Low income housing should consider that Veteran disabilities do not set the stage for success far away from campus and need to address those inconsistent with practice of providing additional services for people with higher disability rates. ○ In order to get this issue addressed we need to know who to go to. He asked those that are engaged in these groups for assistance so they can continue to strategize to make this happen. <p>Lt GEN (Ret) Hopper thanked Dr. Braverman and followed with a few follow-up questions:</p> <ul style="list-style-type: none"> • Is your staff doing research on how many people can be captured by the exclusion? Or is that still to be determined? <p>Dr. Braverman's responded: They could potentially identify Veterans on their By Name List who are 90% disabled. It would be a floating list, but they can find some of that key information.</p> <p>Dr. Harris' comment: Concur with Dr. Braverman.</p> <ul style="list-style-type: none"> • Working on doing that research on the By Name List. • They have a very good partnership with the VBA regional office which has access to not only the benefit income but also to social security as well. • The social security information would be a manual look up, so they are not done. • They have taken the By Name List of about 2000 people and identified all the Veterans on that who show up in their system with service connection and what that percentage is. <p>They are getting close to have a complete picture of what is being asked.</p> <p>Dr. Braverman: He explains that there is a big jump in disability pay between 90%-100% rating. It goes from \$1900/month to almost \$3300/month. The different is what puts people over the edge and with an 8.7% cost of living (COLA) increase in January, if there is not an income recalculation, it's going to add to the challenge.</p> <p>Mr. Vazquez question: Asked if disability was a taxable income?</p> <p>Dr. Braverman's response: Disability is not a taxable income. He did not believe taxable income was the case but that might be another alternative.</p> <p>Ms. Marston comment: They did a lot of this work when she was at LAHSA and happy to help. It is largely an issue with the state and how the tax credits are structured, so she believes it is a broader conversation because most Veterans income is too high for these units. She offered to connect and figure out a strategy around Veterans incomes and exceptions to that.</p> <p>Mr. VanDiver comment: Expected in federal register before January 1st; removing disability pay from the income calculation for this purpose.</p> <p>Dr. Bamberger comment: He thought that the what part of the government should they engage with is the tax force, IRS. They make the decision as to where the tax</p> |
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credits can be allocated for construction. That is where the decision is made as to whether or not the developers can continue to use tax credits to build their buildings and if you can get the IRS to give a waiver that does not include their income to disable Veterans then the tax credits to the developers can continue to use as well.

Dr. Braverman comment: We've heard HUD, IRS, the state.

Lt GEN (Ret) Hopper: Stated the President had made a recent visit and asked if Dr. Braverman had an opportunity to interact with the President.

Dr. Braverman's response: The President's visit was not in conjunction with the VA. GLA supplied the parking and security assistance it was on the Metro placement construction location and he did not have any engagement with the President.

Chief Bradsher: The IRS tax code issue, they have an advisory committee on homeless Veterans that they meet with and have raised the income issue.

- Biggest concern is not being able to help 100% disabled Veterans.
- What in the tax code do we need to address?
- Where is it?
- The exclusion of disability pay when calculating income would be a plus.

She will take this back and continue to ask questions and figure out ways to work through this, because in a few months these buildings will be open, and they are going to have Veterans who need to be in those buildings and the way current system is structured they're not going to be eligible for housing.

Dr. Harris: These decisions are held at three entities:

- California tax credit allocation committee,
- Veterans Housing and Homelessness Prevention Program (VHHP),
- Los Angeles housing department.

These are the three funders of the buildings that are going to open, and they hold some of this decision making. Dr. Harris and company were on a call earlier this week with the LA housing department and they are open to reconsidering their part of the account. The next step is figuring out:

- How many units might apply to them?
- Is the number of units based on the amount of funding they put into that building?

The VA will need to partner with the developers to craft a letter seeking that, but that may be one way they might be able to get some flexibility with this.

Mr. Allman: Addressed the PACT Act and conversations with Veterans experiencing some health issues that are not enrolled in the VA system.

- Where should they be directed to?
 - Do they need to set up a screening first?
 - Do they have to enroll in VA health care first?

Chief Bradsher: If they deployed, they should:

- Get a screening appointment,
- File for their benefits,

- VA.gov/PACT

There are additional parameters and extensions that were granted for them to have access to VA health care that Chief Bradsher will look up and get those answers and circle back to the group.

Mr. Allman: Asked if the screener would be able to tell the Veteran that there has been an extension in VA healthcare enrollment, and this is what you can do. He did not want to sell the PACT Act as a way to increase their disability.

Chief Bradsher: The goal is for those Veterans that are not able to do all of their healthcare through VA that they will be able to do more or for those currently not using the VA for their healthcare it will allow them to apply so they can start being seen by the VA.

Mr. Allman: Should the Veteran contact their local medical center? Is there a national PACT Act hotline? Where do they go?

Mr. Boerstler: They can call 1-800-MYVA411 and any PACT Act questions, concerns, recommendations, or compliments or they can go to VA.gov/PACT. The Military2VA (M2VA) local offices should be prepared as well as the local screening coordinators. If they are not enrolled, then they need to make sure they go through that process using the enrollment office and to make sure they go through VA.gov or an accredited VA service organization to file a claim so they can continue to receive care from the VA. It may not increase their disability but if they've got that 0% which will give them care for life.

Dr. Braverman: Reiterated the PACT enrollment and screening process with some additional detail:

- If the screen come back positive this information goes into a portal to Environmental and Occupational Health Services.
- Environmental and Occupational Health Services will set up an exam for those Veterans.
- That exam can then be used to assist in any compensation claim through VBA.
 - This then identifies any service connectedness and which conditions might be service connected.
 - Diagnosis is needed for service-connected disability.
 - For Veterans already in the system, their Primary Care providers are assisting in that screening and claim to VBA.

Mr. Allman: For clarification:

- Screening is determining the eligibility for the PACT Act benefits,
- Exam is referring to the actual medical examination to determine if the Veteran was impacted by some sort of exposure or not.

Mr. Boerstler: Agreed.

Chief Bradsher: They should apply for benefits at the same time as the screening.

Lt GEN (Ret) Hopper: Thanked Dr. Braverman and introduced two new members:

- Stephanie Cohen attending in person today.
- Aimee Bravo (LAVC) attending virtually.

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| | <p>Ms. Bravo:</p> <ul style="list-style-type: none"> • Runs the LA Veterans Collaborative which is a network of organizations working together to remove barriers for Veterans and their families in LA county. • Looking forward to participation and being able to bring back the community input to look for real time solutions to the work being done. <p>Ms. Cohen</p> <ul style="list-style-type: none"> • Worked in the government and has worked closely with the VA for different elected officials that covered the West LA area. • Currently working for USC. • Looking forward to working with the board to get things done together. |
| CERS Dashboard Demonstration | <p>Darryl Joseph, Deputy Chief, Community Engagement and Reintegration Service (CERS), VA Greater Los Angeles Health Care System and Deborah Carter, Acting Chief, Community Engagement and Reintegration Service (CERS).</p> <ul style="list-style-type: none"> • Internal approvals completed. • The team is working through the aesthetics of getting it embedded into the master plan website. • The dashboard should be accessible on the masterplan website at www.westlamasterplan.org in a few days. • The dashboard is a view of the monthly progress of permanent housing data. There is usually a small delay in the monthly update, and they anticipate receiving September's data shortly. • The information on the dashboard corresponds with the Secretary's goal of housing 38,000 Veterans in calendar year 2022, and so GLAs goal is to house 1,500 Veterans. <p>Lt GEN (Ret) Hopper question: Will the "as of" date be displayed on the dashboard?</p> <p>Mr. Joseph's response: They can make that happen. He then continued with his presentation.</p> <ul style="list-style-type: none"> • As of today, only August data has been released. <ul style="list-style-type: none"> ○ West Los Angeles has permanently housed 851 veterans. <p>Explained the CERS Dashboard. The By-Name-List focuses on Los Angeles County. The presentation showed the number of Veterans experiencing homelessness in their most dense county, LA County. These Veterans have been confirmed to be working with a homeless service provider within the past 90-days. This list is a dynamic snapshot, and a work in progress in collaboration with LAHSA.</p> |

| Service Planning Area (SPA) | SPA Region | Sheltered | Unsheltered | Total |
|--------------------------------|------------------------|------------|-------------|-------------|
| SPA 5 | Santa Monica | 198 | 332 | 530 |
| SPA 4 | DTLA/Hollywood | 118 | 301 | 419 |
| SPA 8 | South Bay | 131 | 280 | 411 |
| SPA 2 | San Fernando Valley | 78 | 193 | 271 |
| SPA 7 | South East Los Angeles | 41 | 75 | 116 |
| SPA 1 | Lancaster/Palmdale | 21 | 86 | 107 |
| SPA 6 | South Los Angeles | 23 | 56 | 79 |
| SPA 3 | San Gabriel Valley | 17 | 51 | 68 |
| Not yet categorized by SPA yet | | | 26 | 26 |
| Long Beach | *Served by Long Beach | 1 | 1 | 2 |
| Total | | 628 | 1401 | 2029 |

- Live map and tracking list is broken down by service provider area.
 - Break down by sheltered/unsheltered.
 - Clicking on any area on the map will isolate that to see exact numbers in that service provider area.
 - Currently, a work in progress.
- Collaboration with LAHSA
 - By-Name-Lists and reconciling with database.

Lt GEN (Ret) Hopper question: Who are the collaborators on this?

Mr. Joseph's response: They are collaborating with Blossom on this endeavor.

Dr. Bamberger question: How are you getting this information and what is the accuracy?

Mr. Joseph's response: Some of that information is coming through outreach efforts, and some of that information is being shared through interagency efforts.

Ms. Carter's comment: There are several outreach programs throughout LA County, who have access to the Homeless Management Information System (HMIS), when they encounter a Veteran, they enter them into HMIS.

Mr. Joseph: Explained the importance of an accurate By-Name-List (BNL).

Ms. Carter is working on an action plan to create more access points for GLA.

Mr. Khun's comment: Expressed concerns whether the VA BNL matches LAHSA's.

Mr. Joseph: They are working on a more expansive list in to include spots where they currently do not have services.

Dr. Bramberger's questions/comments: There are fidelity mechanisms to determining how well the BNL does actually capture those Veterans. Some strategies:

- Do several randomized samplings of Veterans who are known to be homeless and see if those names are on the BNL.
- Built-in fidelity measures to determine how likely it is that the person on the list is representing the population.

What other information of the BNL do you have? Such as:

- Medications they take,
- Age,
- Risks, etc.

Ms. Carter's representative's response: They are working on a revamp of the VA Veteran Coordinated System to include those components as well as gender and whether or not that person is a Veterans because they need to work on the eligibility as well.

Ms. Cohen's question/comment: Is the BNL reconciled with LAHSA?

Mr. Joseph's response: He reiterated that the reconciliation of lists between VA and LAHSA is a work in progress.

Ms. Cohen's question/comment: Where are they on the reconciliation of the lists?

Mr. Kuhn: Clarified that there is 65,000 overall, about 3,500 in LA county.

Mr. Joseph: Explained the challenges they face with two different databases and reconciling those databases. They do have a work group that is addressing how they can make this move.

Ms. Cohen's question/comment: The VA has their data, LAHSA has their data through HMIS. How long will it take for both groups to sit down together and go through 2000 people? There should be one list of Veterans that are experiencing homelessness in LA county.

Mr. Kuhn's response: There is one list, his concern is how accurate is that list.

Ms. Marston's question/comment: What are you including in your count of the permanent housing numbers? Is it HUD-VASH? Veterans housed in section 8 housing or on their own? What is the scope?

Mr. Joseph's response: Those permanent housing placements include HUD-VASH and he will investigate the other information to provide to the group.

Mr. VanDiver question/comment: Is there one list that has been validated?

Mr. Kuhn's response: There is one list, but it has not been validated.

Mr. Joseph's response: There is a problem with validity. Ensuring that people are being added and removed appropriately.

Mr. VanDiver question/comment: What is the challenge? Is it people, process, technology? Do people not agree on what to share? How to share it?

Dr. Harris' response: There is a Veteran coordinator from LAHSA and a coordinated entry specialist on the service side. The two of them work virtually daily on reconciling the list so data sharing is not a problem. The problem is the process has not been automated and for two people to go line-by-line has required months of manual labor. And every day there are new Veterans contacted through outreach but there is not an efficient process for how to quickly add people to the list.

Mr. VanDiver's comment: Frustrated that neither state, federal nor local government is able to get the exact data required.

Lt GEN (Ret) Hopper's comment: The challenge is, it seems that they may have a list that is perfect one day and the following day it would be outdated and so on.

Ms. Marston's comment: Having worked on the LAHSA and service side, it is a 50-50 challenge. She wanted to acknowledge that the VA is sharing data and they are trying to build the technology to make the systems "talk", but the VA's control is limited compared to the scope and the HMIS system, which is not within the VA's control.

Mr. Joseph continued: Identified the total number of HUD-VASH vouchers that were allocated to GLA and within that allocation the total number of project-based vouchers and the utilization:

- HUD-VASH vouchers (excluding vouchers set aside for Project-Based voucher development)
 - vouchers allocated = 8,228,
 - vouchers available for use = 2,780 (33.79%),
 - vouchers issued to Veterans but not yet housed = 220 (2.67%),
 - current number of Veterans housed = 5,198 (63.17%)
- Project-Based vouchers (these vouchers become included in the 8,228 vouchers allocated 90-days after operations begin at the project site.
 - vouchers = 1,229,
 - vacancies = 156 (12.69%),
 - number of units occupied = 1,073 (87.31%)
- They will be adding a field in the charts to include the number of Veterans that are in process, so that data will be visible as well.

Dr. Bamberger's question/comment: The number of vouchers allocated is about the same number of Veterans that are experiencing homelessness in the LA area. He emphasized the importance of working with their colleagues to find housing for

these Veterans. How many of these allocated vouchers are expected to pay for the rental component of the units being built around campus?

Mr. Kuhn's response: Yes, the EUL projects are using section 8. He reiterated Dr. Bamberger's earlier comment, the number of vouchers allocated is about the same as the number of homeless Veterans and there are other resources available as well. The challenge is not every Veteran wants the housing they are offering.

He discussed their progress in homeless funded positions within HUD-VASH.

- updated on a quarterly basis,
- target is 90%,
- FY 2022
 - Qtr. 1 = 73.8% positions filled,
 - Qtr. 2 = 74.8% positions filled,
 - Qtr. 3 = 72.5% positions filled,
 - Qtr. 4 = 74.8% positions filled

Mr. Allman's question/comment: Suggested that when presenting the staffing data that they use the actual numbers vice the percentages. The numbers would be a little more helpful.

Mr. Joseph's response: They can include the staffing numbers on the dashboard. They are currently talking about is in the 300s, just over 350 specifically for HUD-VASH.

He explained the available housing options on the West L.A. campus.

- Buildings 205, 207 and 208 will be coming online soon, (end of year, beginning of new year).
- Program Capacity and Occupancy – the chart shows the number of Veterans they can temporarily shelter or permanently house on the main VA campus in West L.A.

| Program Type | | Program | Capacity | % Occupied | # Veterans |
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| Medical Beds | Building 217 | Domiciliary | 151 | 79% | 119 |
| | Building 214 | Domiciliary | 138 | 45% | 62 |
| Safe Shelter Tent/Parking Sites | | | 190 | 63% | 120 |
| Transitional Housing Beds | Building 116 | Service Provider ND | 161 | 49% | 79 |
| Emergency Shelter Beds | A Bridge Home | Service Provider CLA | 80 | 46% | 37 |
| Permanent Supportive Housing Units | | | 54 | 78% | 42 |
| All West L.A. Locations | | | 774 | 59% | 459 |

- Residential Care Facilities – Number of Veterans placed into our Community Residential Center (CRC). The CRC team helps place aging Veterans into residential settings designed to meet their unique needs.

| # of Veterans placed into Residential Care Facilities | | |
|---|------------------------------|--------------------------|
| FY 2020 | Non-Homeless Veterans Placed | Homeless Veterans Placed |
| Qtr. 1 | 8 | 8 |
| Qtr. 2 | 6 | 7 |
| Qtr. 3 | 2 | 5 |
| Qtr. 4 | 4 | 5 |
| FY 2021 | Non-Homeless Veterans Placed | Homeless Veterans Placed |
| Qtr. 1 | 8 | 8 |
| Qtr. 2 | 4 | 10 |
| Qtr. 3 | 10 | 6 |
| Qtr. 4 | 5 | 0 |
| FY 2022 | Non-Homeless Veterans Placed | Homeless Veterans Placed |
| Qtr. 1 | 4 | ? |
| Qtr. 2 | 3 | 12 |
| Qtr. 3 | 9 | 2 |

Ms. Marston's question/comment: What is the goal? Is it to see how many Veterans are coming from homelessness into CRC? Is it to see if CRC is being filled?

Dr. Bamberger responded: They talked about this in the services subcommittee and the VA does not have any mechanism to pay the patch for residential facilities. They can pay the patch for permanent supportive housing through HUD-VASH vouchers, they can pay for nursing home at the CLC but the federal government has not given the VA an opportunity to pay the patch for some of these higher level of care than a Permanent Supportive Housing (PSH) or a lower level of care than a schooled nursing facility. He explained that by having this information on a dashboard it continues to highlight this policy gap, that is also a national problem for people who need this service, and continues to give Dr. Braverman and his staff the opportunity to work with Medi-Cal to find a way to pay for this patch so that Veterans who need this level of care can get it.

Ms. Marston's question/comment: How is this being funded for those Veterans coming from homelessness?

Mr. Joseph will investigate that and get an answer back to the board.

Dr. Braverman comment: What might be valuable for the next meeting is to report on the pilot they are working on with another VA, was not sure if it was Ohio or Detroit.

Mr. Perley's question/comment: Is there any information on repeat HUD-VASH voucher owners?

Mr. Joseph's response: He believes that the HUD-VASH team does track that, but he would have to verify that with them.

Mr. Kuhn's comment: They have been doing is talking to and understanding landlords, they taking risks because many of the Veterans they do serve have challenging credit histories, they may have been evicted in the past and there is a need to incentivize the landlords for taking that risk. They can provide an incentive either through a contract and through grants which can provide two months' rent or \$3,000.

Mr. Perley's comment: He shared his negative experience as a landlord accepting HUD-VASH vouchers.

- They did not know the level of acuity.
- There did not seem to be the level of support for the Veteran (psychological, social services, etc.).
- When the VA does a resident evaluation for these vouchers and identifies the services needed for the Veteran this information is not shared with the landlords, so they do not know what they are getting into and that is a problem.

Mr. Kuhn's response: Some of the Veteran medical information cannot be shared but they can be responsive to landlords. It is important for us to have a relationship with the landlord and understand their tolerance. And when there is a problem, there is a phone number, a person you can call so you can tell us the issue so we can respond and take action.

Mr. Perley's response: There should be more money for social services vice just blankly adding more HUD-VASH vouchers without the social services support.

Mr. Kuhn's response: Agreed, they must provide housing plus service. Some actions they have taken to address the services challenge:

- Recruitment of additional staff, this has been challenging,
- Offering recruitment bonuses,
- Retention bonuses,
- Contracting out the services,

They are looking at every possible mechanism to bolster their services and strengthen them.

Mr. Mangano's question/comment: He asked Mr. Perley. Where the service providers you were alluding to non-profit service providers or related case management services from the VA?

Mr. Perley's response: They were VA service providers. This was in San Bernardino county, but my sense is that this is a problem everywhere.

Mr. Mangano's response: Agreed. He spoke about the recidivism issue and the comparison between recidivism for people who are placed with VA case management vs. recidivism of those who are placed with community-based

organizations. That kind of research would be helpful. What he has found in meetings is that the VA would say “we’re going to provide the case management”, but what does that mean? It usually meant the VA would provide case management 9 to 5 on weekdays. The community-based organizations have a broader sense of what case management should be and they have a greater capacity to build social connectivity into the community, which is a critical element in providing stability and housing. He asked if there has been any movement on that comparison in terms of community-based organizations and VA success?

Mr. Joseph’s response: He can only provide partial data pre-COVID.

- They saw a range of 10-15% coming back to VA for any homeless service.
- Impoverished Veterans experiencing homelessness here it was about 9%.
- Community providers do very well, they are embedded in the community, have established a web of relationships and not just case management.
- The VA is moving forward with:
 - Hiring peers,
 - Utilizing contracts,
 - Blending services

Mr. Mangano’s question/comment: He acknowledge this was a work in progress. He also mentioned that a center in Philadelphia had done some work on making the comparison between VA case management and community-based case management and they had some conclusions which the group could use to better understand the situation. The use of a business model would allow the group to invest more in what works best. Is there any sense of when there might be HUD-VASH data available?

Dr. Harris’ response: There is no formal data at this time, it is something they remain interested in evaluating. He went on to explain that GLA is close to a quarter of the vouchers contracted under case management and is a much earlier adopter of contracting this out.

Mr. Mangano’s comment: That is great because then a comparison could be made between VA and community-based case management to find out which one of those is working better.

Mr. Joseph continued: Reviewed the slides:

- Exits from Public Housing Authorities: HCLA and LACDA in FY 22 – reasons for exiting housing for voucher holders served by the city and county PHAs.
 - Housing Authority of the City of Los Angeles (HCLA):
 - Self-Termination/VA Discharge = 84 (26.09%),
 - Self-Sufficient = 25 (7.76%),
 - Program Violation = 205 (63.66%)

- HCLA: Monthly Exit Breakdown: see slide.
- L.A. County Development Authority (LACDA):
 - Self-Germination = 67 (25%)
 - Self-Sufficiency = 28 (10.45%)
 - Non-compliance with VA Case Management = 2 (.075%)
 - Voucher expired = 32 (11.94%)
 - Abandoned unit = 4 (1.49%)
 - Deceased = 51 (19.03%)
- LACDA: Monthly Exit Breakdown: see slide.

They review this information and currently trying to work through those that are listed as non-compliant some maybe case management, failure to provide documentation, so they are trying to work through and minimize those, this is low hanging fruit that can be worked through with the Veterans to bring them into compliance..

Not a formal VCOEB request but is good info for public to remained informed; processing HUDVASH times broken down by housing authorities in catchment area and total number housed; explanation of breakdown.

- VA and Public Housing Authorities (PHAs): HUD-VASH processing times in FY 22: The VA's goal is for homeless Veterans to be housed within 90-days from HUD-VASH admission to move-in. The chart tracks shared goals with PHAs, from a Veterans admission to HUD-VASH case management, to moving through the PHA to permanent housing. See slide.
 - Information is broken down by housing authorities in our catchment area,
 - total number that have been housed
 - date of admission to HUD-VASH,
 - date of voucher issued
 - data about move in.

Mr. Mangano's question/comment: What is the level of exits from HCLA?

Mr. Joseph's response: For the month of September the number of exits was 31.

Mr. Mangano's question/comment: Is there cumulative data? Is there any data over a full year on what percentage of Veterans who are placed with HCLA depart?

Mr. Joseph explained that he did not have that data to display but that it is available.

Mr. Mangano's comment: It would be interesting to know the recidivism rate from the housing authorities. The recidivism data would be critical to improving outcomes.

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| | <p>Mr. Kuhn's question/comment: He asked Ms. Marston, because of her experience with LAHSA, is this data that HCLA could pull?</p> <p>Ms. Marston's response: At LAHSA they calculated returns to homelessness based on people losing their voucher for reasons other than self-sufficiency, moving to another permanent option or death. In her opinion, this is the best indicator of how many people are falling out of housing and how much of it is because of program violation, services or something else and if there is any kind of increase.</p> <p>Mr. Kuhn question/comment: Would it also be able to break it down in to time frames? So, they would know if someone came back a year vs. five years from now. This would allow discussion regarding at what point do they stop counting it in the recidivism percentage.</p> <p>Ms. Marston's response: The VA should be able to tell you who had a housing voucher and came back through the system or through another housing authority.</p> <p>Lt GEN (Ret) Hopper's comments: Provided some input on the dashboard.</p> <ul style="list-style-type: none"> • dashboard information should be usable and goal oriented, • have info that is actionable that makes things move in right direction • experts should add what they believe is important information to pass-on. <p>Dr. Bamberger's comments: He thanked Mr. Joseph and his team for all the hard work they have been doing. Provides Mr. Kuhn the opportunity to see these numbers overtime and see how they are evolving.</p> <p>Ms. Marston's questions/comments? Is it possible to add occupancy for the interim and transition housing? Length of stay? Exit destination? So, how long are they staying and where are they going once, they exit is its permanent housing, etc.?</p> |
| <p>Presentation from Community experiencing considerable progress on reducing homelessness.</p> <p>1. Lesson Learned</p> <p>2. Successful strategies and processes</p> | <p>Sha-Ron Haddock, LICSW; Ilana Marmon, LICSW and Christopher Lewis, LICSW District of Columbia via WEBEX</p> <p>Ms. Haddock: Introduced herself, she is the Healthcare for Homeless Coordinator at the Washington D.C. Medical Center. She introduced Illana Marmon who is the Coordinated Entry Specialist and Lead Outreach Specialist. She also introduced Christopher Lewis who is the lead for their HUD-VASH D.C. Housing Team.</p> <p>Provided a snapshot of the resources and makeup of their Veteran homeless population in D.C.</p> <ul style="list-style-type: none"> • VA Housing Resources <ul style="list-style-type: none"> ○ 1,228 HUD-VASH Vouchers <ul style="list-style-type: none"> ▪ 2 Project-Based facilities (60 and 29 units) ▪ 1 DC-VASH contract for high acuity Veterans (75 vouchers) ○ 3 SSVF Grantees ○ 2 GPD Programs (115 beds) |

- 2 CERS Program/Safe Haven (53 beds)
- D.C. Department of Human Services Local Veterans PSH
 - 150 Units
- Walter Reed Project-Based PSH (Local Rent Subsidy)
 - 75 Units
 - Pandemic Emergency Programs (PEP-V) run by the district
 - Single Room Occupancy Units (Access Housing, Inc.)
- Washington D.C. “By-Name-List” – their actively homeless population.
 - July 2017 – 441 Veterans
 - July 2022 – 262 Veterans
 - Current challenge – the need outflow to outpace inflow but inflow is trending upward.

Ms. Marmon: Discussed their coordinated entry process in D.C.

- Key Elements of Coordinated Entry – Coordinated Assessment and Housing Placement (CAHP). See Slides.
 - Government Structure – “Vets Now” Committee – made up of the local government in the D.C. area, inter-agency council on homelessness as well as VA representatives, the D.C. Continuum of Care representative from Community Solutions are also part of the leadership structure.
 - Establishes policies and procedures CAHP policy and create workplans (monthly meetings).
 - Decide on system-level goals/aims, reviews progress.
 - Communicate about new initiatives, monitor goals, problem-solve system-level challenges.
 - Updates on resources and capacity.
 - Updates on non-Veterans system.
 - Review aggregate data Reviews and discussed trends reflected in the data.
 - Outreach Coordination – Outreach Work Group and Assignments – Successful housing placement begins with quality outreach for veterans who are unsheltered or staying in low barrier shelters in D.C. who are disconnected from services. Strong, coordinated outreach process, different outreach providers connecting, identifying Veterans, ensuring that those Veterans are placed on the By-Name-List.
 - VA Team works in collaboration with DCVAMC Eligibility Department to complete eligibility determinations on new Veterans entering the system on a biweekly basis.
 - Goal of CAHP outreach
 - Help Veterans move from the identification phase of the CAHP process to service connection for progressive engagement.
 - Identify housing goals, build rapport, provide linkage to VA healthcare and other needed services, assist with document collection.

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| | <ul style="list-style-type: none"> • VA Peer Support Specialists work actively with Veterans on list. • Veteran outreach teams are assigned caseload from BNL to avoid duplication and confusion, referrals are tracked and exited as appropriate. ▪ Outreach Work Group meets monthly as a community to track progress. ▪ Avoids delays in “matching” Veterans in CAHP if the Veteran’s preferences are unknown. <p>○ Coordinated Assessment and Housing Placement Process (CAHP) – Cover all the essential elements for a coordinated entry system that are recommended.</p> <ul style="list-style-type: none"> ▪ Shared Assessment Tool - VA and community use a standardized assessment tool but recognize its limitations and have adopted a prioritization process that focuses more on chronicity of homelessness and other prioritization criteria. ▪ HMIS Participation - VA and Community use HMIS to enter and review data on Veteran whereabouts and assessments. ▪ Active Registry “By Name List” (BNL) – managed by the CoC, VA works closely with CoC on management. <ul style="list-style-type: none"> • BNL is generated every other week by CoC. • The list includes all Veterans that have been experiencing homelessness over past week. • Not a Waitlist ▪ CAHP meetings <ul style="list-style-type: none"> • Bi-weekly meetings, live matching to Housing Resources (VASH, SSVF, Community PSH) • VA must take an active role in the meeting by providing information about: VHA eligibility and collateral information pertinent to the success of referral. • In addition to CAHP meetings, VA and community, often case conferencing offline to address the needs of cases where the Veteran has been on the BNL for a long period of time or where the household faces many barriers to housing stability. ▪ Prioritization – that is agreed upon by the community and reviewed annually in terms of how they prioritize Veterans for VASH resources the district. ▪ The VA and the Washington VAMC dedicate 100% of their VASH resources to the coordinated entry process. So those VASH referrals are made through the CAHP process. ▪ Case Conferencing process - This ensures that Veterans are included on the list who may not utilize mainstream services and are not captured via HMIS. They have a process to ensure Veterans who are interested in reporting |
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| | <p>in from other areas or re-experiencing homelessness from other areas of the country the process will ensure that those Veterans are also reviewed.</p> <ul style="list-style-type: none"> ○ Post-Match Process/Warm Handoff – team approach it involves the Outreach and Coordinated Entry Team ensuring that the housing team is provide with all the necessary information needed in order to successfully engage and house the Veteran that is referred to them. <ul style="list-style-type: none"> ▪ Housing Team is provided with Veterans’ contact information, whereabouts and all primary community points of contact. ▪ VA Outreach and CAHP Specialist remain available for any questions or assistance from VASH Team to support linkage. <p>Mr. Lewis: Discussed the key elements of VASH housing placement. In the Spring of 2022, they implemented a new housing team to focus on the first phase of housing navigation for all Veterans who’ve been matched to VASH permanent supportive housing.</p> <ul style="list-style-type: none"> • The team is comprised of: <ul style="list-style-type: none"> ○ four Licensed Independent Clinical Social Workers (LICSW), ○ team lead, ○ a housing specialist who helps with completing housing applications, unit searching, landlord engagement and other duties under his purview. ○ ancillary team – coordinated entry specialist who is also the liaison to the D.C. housing authority and two other ancillary team members who function as housing authority liaisons as well. • Overview and Goals <ul style="list-style-type: none"> ○ Transition unhoused Veterans to permanent supportive housing <ul style="list-style-type: none"> ▪ Quickly engage and provide intensive clinical case management services and supports to Veterans regarding any of their medical or behavioral health needs. ▪ Provide housing navigation services from the HCVP application phase to successful lease-up/move-in. ○ Provide tools and resources to prepare Veterans to maintain housing after move-in. <ul style="list-style-type: none"> ▪ Orientation about HUD-VASH program. ▪ Housing readiness skills groups, education that include topics such as finances, debt management, credit recovery, representatives from VBA come to help Veterans navigate the benefits process as well. ○ Community Collaboration Strategy <ul style="list-style-type: none"> ▪ Rapid sharing of case management assignments with community stakeholders to facilitate team collaboration. ▪ Partnership with community providers to assist with document collection in a timely manner so they can get the Veterans applications completed as soon as possible and forwarded to the housing authority. |
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| | <ul style="list-style-type: none"> ▪ Coordination with local social service providers, shelters, outreach teams and other stakeholders involved with the Veteran. ○ Public Housing Authority (PHA) Collaboration – VASH team tracks referrals from HCVP submission to lease-up/move-in. <ul style="list-style-type: none"> ▪ Internal data management system to track progress as applications move through the PHA process (from eligibility to lease-up). ▪ Bi-weekly case review meetings with PHA <ul style="list-style-type: none"> • Review RFTA submissions, scheduling inspections, processing/expediting lease-ups, identifying barriers. • Trouble-shooting complex cases. • Created FAQ document to provide guidance to VASH team, prospective landlords and on PHA lease-up process. ○ Landlord Engagement Strategies and Plans <ul style="list-style-type: none"> ▪ VASH Housing Specialist <ul style="list-style-type: none"> • Compiles/Maintains Resource List of existing and new landlords. • Conducts outreach to recruit new prospective Landlords. ▪ Landlord Education/Technical Assistance Support ▪ Payment standard for HCVP is 175% FMR (with proposal to increase to 189%). Huge incentive for many landlords to want to rent to Veterans that have vouchers. ▪ Plans for additional Housing Navigators (SSVF Grantees Awarded) Fall 2022. <ul style="list-style-type: none"> • Housing Navigators to provide added landlord engagement support. <p>Ms. Haddock: Discussed serving special populations and lessons learned.</p> <ul style="list-style-type: none"> • Pathways to Housing – they manage 75 of their D.C. vouchers – VASH contract for Veterans with severe and persistent mental illness (team level support). • John and Jill Ker Conway Residence – 60 Project-Based units for the elderly and medically vulnerable Veterans. • District Housing Resources <ul style="list-style-type: none"> ○ Walter Reed - Project Based Units (Non-VASH eligible and high acuity). ○ Abrams Hall – D.C. Department of Human Services Assisted Living for Chronically Homeless (non-Veterans and Veterans). • Fendall Heights - Project Based units for Veteran families. <p style="text-align: center;">Lessons Learned</p> <ul style="list-style-type: none"> • Coordinated Entry/Outreach |
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| | <ul style="list-style-type: none"> ○ Dedication of VASH resources to Coordinated Entry Process. ○ Transparency with partners/stakeholders. ○ Shared use of HMIS very helpful with locating Veterans and communicating between agencies on who's doing what with the Veteran. ○ Use of outreach to help with successful identification/engagement. ○ Need for team-based approaches for high acuity Veterans. ○ Use of GPD/CRS and local hotel programs for Bridge housing. • HUD-VASH <ul style="list-style-type: none"> ○ Implementation of dedicated Housing Team. ○ Regular PHA meetings and reviews to move lease-ups forward. ○ Dedicated PHA points of contact for VASH. ○ Collaboration between all programs both within and outside VA. ○ Variety of housing types is critical; not a "one size fits all" approach. ○ Ensure integration of supplemental Housing Navigation services with VASH Team (to ensure continuity of care and effective communication). <p style="text-align: center;">Challenges</p> <ul style="list-style-type: none"> • Staffing – Hiring delays. • Managing homeless inflow volume. • Complex needs of the Veterans <ul style="list-style-type: none"> ○ High Acuity Veterans, ○ Insufficient specialized housing resources. As the Veteran population ages there is a higher acuity level of care needed and often insufficient specialized housing for these Veterans. • PHA related issues <ul style="list-style-type: none"> ○ HCVP application processing delays, ○ Communication inconsistencies at time due to leadership changes, ○ Lack of clarity on Housing Policies and Procedures at the PHA. <p>Dr. Bamberger question/comment: Congratulated this team on reducing the number of people on their BNL by 50% over a short period of time. How much do you think Community Solutions being a partner in this process has helped to move things forward? How do you decide who goes to the next level of care? What the clinical criteria that gets someone out of the usual strategy to Pathways to Housing?</p> <p>Ms. Marmon's response: Community Solutions has been a very helpful process especially helpful:</p> <ul style="list-style-type: none"> • to the local CoC, • they provide a lot of technical assistance and guidance with the district CoC, • they also have representation on their Vets Now leadership committee which provides for a consistent person who is involved, • helps keep the CoC engaged in the data and process. <p>Ms. Haddock's response: Concurred and added, it has also been helpful in setting the Vets Now goals, procedures, etc. that have helped to make them successful.</p> |
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Ms. Marmon's response: Regarding Pathways to Housing, they have a few different ways they identify Veterans for the higher level of services:

- Look at Veterans who were previously housed with HUD-VASH and are re-experiencing homelessness and might need a more intensive level of case management support in order to be successful and maintain housing.
- Pathways to Housing also has their own eligibility criteria; the Veteran must have a severe and persistent mental illness.
- The VASH team will also look at the Veterans they are currently working with the housing team to give feedback on any of those Veterans that might need a step up in care.
- Sometimes Veterans are identified directly from the BNL through their CAHP process, based on the criteria the Pathways to Housing has for Veterans with severe mental illness and their need for more intensive team level support.

Mr. Allman's question/comment: Explain more about the 175% Fair Market Rent (FMR) vs. what the cap might be for your locality? There is a distinction between FMR and maximum allowable rent under section 8, correct?

Mr. Lewis' response: He believes it is because the cost of living in D.C. is very high and this is an effort to allow D.C. residents affordable housing within the D.C. boundaries. So, the voucher limit rates are set at a higher percentage of FMR so they could compete with the market rate tenants for units in D.C. It is used to incentivize owners to rent to voucher holders.

Mr. Allman's question/comment: Is this something that was going on working in conjunction with D.C.?

Ms. Marmon's response: She believes this was specifically through HUD for the special purpose voucher for HUD-VASH that PHAs could apply through HUD for this option of receiving additional funding to be able to pay that rental amount.

Mr. Allman's question/comment: Like D.C. the L.A. area is expensive and in L.A. they are not allowed to exceed FMR. He was uncertain of this.

Mr. Lewis' question/comment: What is the FMR are the vouchers set at in L.A.? Is it 100%?

Mr. Mangano's response: Believes the L.A area is 140% above FMR.

Mr. Allman's question/comment: They can have an internal conversation about that. They may be able to catch up to D.C. regarding this. What are some lessons learned in terms of dealing with landlords to ensure more landlords are participating in the program?

Ms. Haddock's response: They have not had an issue; the landlords want to rent to Veterans.

- One way the PHA has engaged landlords is to have Landlord Days:
 - Landlords that have signed up to take housing choice vouchers can pair up with Veterans.
 - Veterans can view the property and lease-up that day.
- Any issues that may arise are handled immediately so that they can keep the landlord happy and keep the Veteran placed where they are.
- Housing specialist has been good about seeking out landlords. It is good to have a position that can directly focus on bringing landlords into the fold who are willing to rent to Veterans.

Mr. Lewis added that the housing specialist is aggressively marketing the HUD-VASH program to some of these landlords. There is much real estate development taking place in the D.C. area and they are interested in having Veterans as tenants. So, once they are alerted to new properties coming online, they will send their housing specialist to meet with the leasing team and informing other landlords about the program and encouraging them to reach out to the team if they have units available.

Mr. Mangano's question/comment: What is the joint assessment tool you use?

Ms. Haddock's response: VI-SPDAT.

Ms. Marmon's comment: When they first started coordinated entry it was used as a method of identifying Veterans with certain scores to determine if they go to HUD-VASH or rapid re-housing, etc. However, their prioritization process breaks it down by length of time homeless vs. the VI SPDAT and the more chronic Veterans are prioritized over the non-chronic and then the case conferencing process is used as well for Veteran's submitted to case conference. So, they are using the VI SPDAT less and will eventually move away from using it.

Mr. Mangano's question/comment: He applauded the evolution of what they are doing in that regard as there have been a manner of difficulties with the VI SPDAT. When you say that you move the VASH resources into the coordinated assessment, what resources are those?

It was mentioned in the presentation that VASH resources were moved to the coordinated assessment system, correct?

Ms. Marmon's response: They dedicate those resources to that shared process; they are not making referrals outside of that process.

Mr. Mangano's question/comment: The VASH resources that they alluded to; are they service dollars that are available to support HUD-VASH tendencies? Or is it broader than that?

Ms. Haddock's response: They do not make any HUD-VASH matches outside of the coordinated entry system.

Mr. Mangano's question/comment: In the housing that you do for homeless Veterans, who does the case management?

Ms. Haddock's response: It's still HUD-VASH it is not just vouchers; the VA does the case management and the voucher.

Mr. Mangano's question/comment: Do you know what the recidivism rate is in HUD-VASH housing?

Mr. Lewis' response: He did not have the data at this time.

Mr. Mangano's question/comment: The numbers presented in terms of the general decrease (47%) seen is that all based on Point in Time (PIT) counts?

Ms. Marmon's response: In terms of looking at how many Veterans are on the BNL, they will use the PIT data. The BNL and PIT data are in line with one another. The 47% decrease data is based on the BNL, but the PIT data closely reflects that. The PIT data is one-day-in-time whereas the BNL is continuous.

Mr. Mangano's question/comment: The data from 2017-2022 went from 441 to 262 but there is a note that states "the inflow is trending upward". Is 262 the current number?

Ms. Marmon's response: The current number is closer to 280, this fluctuates month-by-month.

Dr. Bamberger's question/comment: If the veteran is living in a shelter, down by Capitol Hill and states that he wants to live in an apartment in Adams Morgan, what you do? How do you make that work? So that the Veterans can end up living where they want to be?

Ms. Marmon's response: A Veteran may let the team know where they specifically want to live, and the team will do their best to honor that choice. But with a competitive market in D.C. that could be a challenge since landlords do have a choice in addition to other issues such as credit checks, if a person is on the sexual abuse registry, etc. these add to the challenge.

Ms. Carter's question/comment: How many access points do you have? Is one of them your CRC?

Ms. Marmon's response: The CRC is one access point for coordinated entry. All the D.C. low barrier shelters, all day centers in D.C, the both Veteran and non-Veteran outreach communities are access points.

Ms. Haddock's comment: In D.C. there is "no wrong door" in which to access their coordinated entry system. The homeless program in D.C. is located at the CRC and providers know the process if a Veteran access their shelter, etc.

Lt GEN (Ret) Hopper: Thanked the presenters.

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| Public Comment | <p>Mr. Skinner addressed the ground rules for the public comment session.</p> <p>Lt GEN (Ret) Hopper: The first person scheduled for public comment was Mr. Francisco Juarez, they have been informed that he is unavailable. Mr. Ryan Thompson experiencing technical difficulty with Webex. He announced the Mr. Reynolds would be up next.</p> <p>Mr. Rob Reynolds: "Great, just first I would like to say I am thankful to hear that there's some work that is being done on the income limits. I know that's been a big concern of mine and others. We have Veterans that have 100% disability and then also social security on top of that and definitely need, we need them to be able to get in. I know some of them personally that don't even have access to the money, they have a fiduciary. So, those are the ones that, I think benefit the most from housing on the VA and also, you know, I think this board needs to take into consideration with how the housing placement is going to go. We have a lot of veterans that have been waiting for this housing and watching everything that's been happening since there are...(inaudible). There still in CTRS, they're constantly asking me about housing, and I know a few of them personally that have already gotten HUD-VASH vouchers in the community it didn't work out and now they're back in CTRS. And I think a lot of that has to do with going somewhere, not having a support network, no vehicle being far away from where they get their services. Those are things I would like to see the VA do to prioritize, look at people that have already had HUD-VASH vouchers in the community that didn't work out and are now back in CTRS. And I think a lot of that has to deal with going somewhere, not having the support network, you know, vehicle being far away from where they get their services. Those are things that I would like to see the VA do, prioritize look at people that have already had HUD-VASH vouchers in the community that did not work, that do better in the community setting. Um, and I also, I think it was good Andrew Strain and Alan Trihn put together a meeting with the Veterans of CTRS to go through a tour of the buildings on the property. I think there needs to be more of that just informing all the different programs and the directions, the domiciliary staff there about what's going on, how the process is going to work when the housing opens. Because I think that's been a big thing that just hasn't been a lot of communication and everyone hasn't been on the same page of how things are going to work. Um, that said I really want to make sure we continue to keep the 24-hour emergency shelter access open. I know after the fire there was a gap in that service for a while. But that is very important when we have Veterans show up, they need to get access as soon as they, as soon as they're asking for it. I don't, just the other night I ran into an issue where a Veteran showed up after hours in the drop-in shelter, it was full, and we had him stay in another Veterans vehicle. So, I think these are things we need to be thinking about. I know at one time they put some cots in the day room when the drop-in shelter would get full to accommodate any overflow. So, I think that would be good as well. I just don't want to see getting into a position where people are being turned away. That's the big thing when they</p> |

show up and they need help just try and make it happen right there. Also, um, it would help if we had an idea, maybe on a weekly basis of how many beds are open in different programs, how many tiny homes are open. Because a lot of times that I get contacted and I'll bring people down here and the program would be full and there is a waitlist. So, better communication on what's available on any given day, what's available during the week would definitely help. Um, just so we're not bringing someone that's going to get turned away. And, you know, I think just a big thing through all of this then is communication. There needs to be good communication between the VA advocates, also with the Veterans on the property, they really need to feel like they've been heard. I know a lot of times they don't feel like they're heard, or they don't feel like their concerns are addressed. So, anything the VA can do as a whole to get down there and spend time speaking with them and see what it is they're going to need, what they're going to want and what's going to work best for them. I think that would really help, will help the Veterans a lot. And it's really important their voices matter. And I, you know, for a long time, I feel like the homeless Veterans voices have been drowned out. And that can't happen. When you start listening and take into consideration what it is, it's going to set them up for success. However, we can make thing work for them. And well, we go forward right before we get to housing. I really want to make sure that the Veterans over at CTRS get an opportunity for that. I know several of them and even if you took them and put them into a voucher somewhere else, they will just come back. And, it's they've been homeless for a really long time, it's really important that they get the opportunity to get into those houses the minute when they're opened you set up a success. A lot of them depend together. Now, for years and they have a strong bond with one another. And I know, I really believe that if they have the opportunity to move together into a situation like that, that it would be in the best, it would be best for that it would work out well for them and these are the type of things I want to see happen. I know that you guys are going through on this, this, By-Name-List, um, but we have Veterans here on property that want housing, let's just, let's just given them the housing they are here. I think that makes the most sense to a lot of us, um. They're already here, they need it, they want it. Let's get them in and make sure that they get what they, get, get what they need, and we also need to get this, sorry, I'm going over time here. We need to see what we can do to expedite the housing timeline. Um, I know I've said that before, but anything we can do to get the housing done, if you can get the housing done faster, and also work on the messaging to ensure everyone and all Veterans that you're here and you're committed to get the housing built. That you're here and committed to return this property to the way it's intended. Thank you."

Lt GEN (Ret) Hopper: Informed Mr. Thompson that they are ready for him to speak.

Ms. Cohen: Informed Mr. Thompson that she can hear him on the online version, but believes they're having connectivity issues in person. She sent a text to Chi and hopefully they'll be able to work it out.

Lt GEN (Ret) Hopper: Informed Ms. Cohen they can hear her. Working through technical issue so Mr. Thompson can speak.

Mr. Ryan Thompson: "Okay, so you acknowledge that you can hear me then the audio is fine?"

Lt GEN (Ret) Hopper's response: Informed Mr. Thompson that they could hear him.

Mr. Thompson: "I'm going to start talking now, so the annual budget for the U.S. Department of Veterans Affairs it's \$338 billion, \$730 million. The West L.A VA soldiers home budget is well over \$1.1 billion. Since 2010 or 11 Congress has appropriated over \$500 million for the West L.A soldier's home construction, including housing for Veterans. So, now let's look at all this money and then, let's think, okay, so we've got \$400 million of that \$1.1 billion a year going to the hospital, the medical center what's left? You know what exactly, what are the expenses that remain? And then amid all of this money, we're supposed to believe that the few million bucks that UCLA and Brentwood school pays is desperately needed. And then of course, pursuant to HR 711, I guess that desperately needed for them to maintain their own buildings and they're taking up all that land. In the nation's capital of Veteran homelessness. While homeless Veterans are staying in flammable, plastic sheds. And, God forbid one of them tries to charge up a scooter in an outlet and a fire starts, he gets evicted into homelessness. It's blamed on him, it's not blamed on the fact that it's a suppressed fact that Village for Vets and Brentwood school, have control of that land and their revocable leases, right. And that they never thought about putting fire hydrants there or thinking about the materials, they never thought, maybe it's a bad idea to take oil-based paint and paint all these sheds, even though no one asked us to? This is utter insanity. So, now let's talk about the housing, right. So, in 2015, after a two-year construction period VA renovated building 209 for under \$30 million and they filled it with homeless Veterans. They didn't have to wait to get vouchers and disability and income, become patients become a form of lab rats, you know, they didn't have to feel like their losing their minds paying at least \$1600 a month to rent a VA apartment that VA renovated, the building VA built on land that is deemed restricted for only the federal government to permanently maintain as a home for disabled and unemployed Veterans. And that's without laundry building 209 to Shangrila step up. And a bunch of other crooks, who make a monthly lease payment on that building to the VA of \$1650 not the price of a studio unit. And not only does that cartel sit there and collect all those rents and get their tenants provided for them for nothing receive tens of millions of dollars for a case management that, I mean, the only case management I've seen is them filing lawsuits and trying to evict people to talk to the press about the slum that they're running over there. And, if that's not enough, they then subversively and fraudulently file in December 2021 with the state of California, under their new company, all the same people basically, except for the...(inaudible). Friendship for affordable housing said they are planning for \$20 million from state taxpayers saying that they want to renovate a quote,

unquote, “empty office building”, building 209. That’s a criminal fraud, they are criminals. And then, not only that, they sit there and do practically nothing. I mean, does Rebecca Richie cost \$35 million every 5 years? Because that’s about how much step-up was received in grants to do case management. You know, and then what happens right? So, what happens for all this work that they don’t do? They get rewarded with buildings 205 and 208. And then you get another cartel, the West L.A Veterans collective with Thomas Saffron, and a bunch of century housing and Housing Corporation of America and U.S. Vets and then they start taking 207, and even thought VA spent \$30 million did a 2-year construction job on 209 that was fantastic. As just, as the federal government has done a fantastic job building stuff there for 157 years. These people have not renovated a single, solitary studio unit of housing for Veterans in the soldier’s homes 157-year history. Yet, they took between buildings 207, 205, and 208, what, about \$200 million dollars in homeless housing subsidies from the state the city and the county? This is incredible. And let’s now get back to Veterans, right. You’ve got all this money floating around, they build nothing? Where’s all the money the VA has in their budget? And then you’ve got 2 or 3 food preparation facilities, industrial strength food preparation facilities at the West L.A. Soldier’s Home, suddenly they stop making hot meals for Veterans there. They start making hundreds to thousands of meals for Veterans at the Long Beach VA and start shipping them over there. And then behind our backs, behind the hospital, that they are going to tear down soon, they’re building a 100 or 100 to \$300 million Dietetic Center. Which it turns out, it’s a building for a new UCLA program to do clinical research about food. And you know what food research seems to be pretty popular these days because even though the West L.A. Soldier’s Home doesn’t spend one penny, one penny, on food for Veterans in those flammable sheds that Brentwood school and Village for Vets have a revocable license on and also have liability insurance, that I don’t see them filing a claim for that fire. Not one penny, and then the Congress says “hey guys we’re concerned about student’s security with Veterans, let’s throw a ton of taxpayer money in studying food insecurity of Veterans for a couple of years and see what we think about it. Did you say my times up? Okay, thank you very much.”

Lt GEN (Ret) Hopper: Thanked Mr. Thompson and announced Mr. Bradshaw as the next speaker.

Mr. Abe Bradshaw: “Hello, thank you for giving me the opportunity to make another public comment to the Veterans Community and Oversight Engagement Board. Once again, my name is Abe Bradshaw and I served as an officer in the U.S. Navy. Although I’m greatly concerned about the massive responsibilities that you have to deal with, in regards to such tremendously important issues that you have in front of you regarding housing etc. in my public comment on the 22nd of June, I raised my concerns about the current and future plans for two of the many beautiful structures on the West L.A. campus quite possibly the two most beautiful buildings on campus, the Brentwood and Wadsworth Theaters. And I would like to use my time to give you a quick update for the past several years I've been more

than a little concerned at the beginning of every fire season, like we are currently in the midst of here in Los Angeles, that all of my wildest dreams of saving these theaters, could all be for not if random fires should happen to occur in the vicinity of either the Brentwood or the Wadsworth Theaters. So, I pitched the idea, to the 501c3 not for profit, Veterans in Media and Entertainment, where I volunteer as the Director of Community Engagement, that we should submit an application to the VA, so that some volunteers could help out at one of our community service days to all meet up on the West L.A. campus to clean the areas around each theater on some Saturday before the 2023 fire season begins. Here's some friends I was able to get in touch with; Assistant, Fire Chief, Brian, Martin of the Aaron Winland division into Pacoima who has offered to join us in our efforts to clean these two areas of debris, dead grass branches and trees and other tinder that could quickly take these two legendary theaters up in smoke in the blink of an eye. Chief Martin sent a representative to meet with me, on the campus to inspect, the area surrounding the building's firsthand. Captain Randy Zimmerman, prescribed fire and fuels manager in Flintridge, drove over to meet me at the Brentwood Theater. He very clearly saw the need for my proposed cleanup day and he very enthusiastically volunteered the assistance of the Los Angeles Fire Department to help do the bulk of heavy lifting for us on whatever day we schedule for the event. All we need to do is figure out the logistics of getting some large, waste containers to the two locations, and then on to their disposal, They said that a Saturday in February of March would probably work best for the fire department. But Chief Martin also reiterated the fact that they are willing to help us even if we happen to get approval earlier than that. I am asking the board to please continue to think about the future for these historically significant theaters, and please let me know if there's any way I could help. Once again, I will be happy as long as they are given a thoughtful and caring plan, even if I'm not involved. In the meantime, I'll work with the VA and the Los Angeles Fire Department to help clean up and preserve these structures so that we can still have two safe buildings to discuss and make plans for. And I look forward to having the privilege of speaking with you again at your next meeting. Thank you for your time and for all you're doing to help Veterans in the West Angeles area."

Lt GEN (Ret) Hopper: Thanked Mr. Bradshaw and announced Mr. Loughlin as the next speaker.

Mr. Larry Loughlin: "I have a first name."

Lt GEN (Ret) Hopper: "Mr. Larry Loughlin".

Mr. Loughlin: "My name is Lawrence Laughlin. When in Chicago, my hometown, I joined the Army on December 7th, 1954 no one told me if I became homeless, the US government would provide sheltered for me for the fact that my government is doing that here I am proud and grateful. That now I learned that in 1888 land that later became the West L.A., VA medical center was deeded to the U.S. government with land use restrictions to be used as a National Home for Disabled

Veteran Soldiers and now I am a member of the NHDVS coalition. In our goal is to enforce the deeds restrictions as a home, not as a Brentwood school or two UCLA, baseball stadiums or for an oil well energy company and the deeded land included beachfront property which has been claimed by the City of Santa Monica in my last five minutes speech before you, I urged the VA leadership to protect the beachfront property for Veterans. Did they? No, just like they give away our home in 99 year, leases to developers in lieu of payment to build or rehab the VA buildings. The U.S. government gives the West L.A. VA millions of dollars every year as you just heard from Ryan Thompson. What has happened to all this money sent for building or maintenance of the buildings? I call upon the VA office of Inspector General to do an audit and investigation of where that money has gone. If not used as an intended by Washington. And the VA leadership has no business of granting leases to anyone, if they want to hold, or if they want to build or rehab a building, all they need to do is hire a construction manager who will hire the contractors and oversee them. The way the VA leadership has been doing things, is a disgrace and indefensible this has resulted in housing Veterans in eight, by eight feet, tiny shacks without a sink, a toilet or shower, and the VA doesn't even feed these unhoused Veterans in my rock and my friend Ryan Thompson, has reported on the poor condition on the poor Veterans in building 209 who paid market rate rent for a building that would be red tagged if not on federal land. I urge putting Veterans, like myself, in charge of land use issues. They will align the land to conform to the deeds. It was the travesty of justice to have had Ryan Thompson arrested for sitting down after his five minute speech in in what is supposed to be an open form and maybe he was feeling and maybe he wasn't feeling well and needed to sit. Lastly, I want to commend in the medical center for the best medical care available anywhere. I know as I am a patient here, I just wish the land use services were half as good as the medical services. End of my speech."

Lt GEN (Ret) Hopper: Thanked Mr. Loughlin. Announced Mr. Jerry Olemann was next and would be virtual. Technical difficulties preventing Mr. Olemann to be heard.

Mr. Skinner asked Ms. Cohen if she was able to hear Mr. Orleman.

Ms. Cohen's response: She could not hear Mr. Orleman and when the board members were speaking, she informed them that they sounded muffled. And it did not look like Mr. Orleman was online.

Lt GEN (Ret) Hopper: Thanked Ms. Cohen and said they would "circle back" if Mr. Orleman comes online. He then announced the next person Ms. Jessica Miles.

Ms. Miles: "Hello. So, this is my second time up here. First time, I was completely ignorant to the master plan, to the bully of Veterans, to everything. So, last night I tossed and turned because you all exacerbate my disabilities the say you try to take advantage of Veterans. So, you're a little tour that they gave us on Monday, gave me clarity back, they truly do not care about the Veterans. So, I realized I

have questions multiple, multiple questions that no one is giving Veterans answers to. Dr. Braverman, definitely does not care, Dr. Simon the whole sixth floor. No one on this campus ground listen and effectively communicate with the Veterans. Who are you people? You don't even interact with Veterans or soldiers because they're the same people to even know what their needs are. What I see here is blame discrimination against disabled, Veterans, ongoing and Veterans have no support. So, I really hope this makes it to you too. And I encourage everyone to support your Veterans and go to AFTPfoundation.com/help-Veterans again at AFTPfoundation.com/help-Veterans, please sign our petition more Veterans, please get involved soldiers, need to know that Los Angeles California has 900 acres just for the black sheep's of the family. Because I know for certain that when the army puts you out, there's no guidance, there's no direction, there's no support. So again, that's AFTPfoundation.com/help-Veterans. We need people sitting at this table who actually communicate with the people that it affects. And I will also like to know that 1200 units, with a three to five year revision plan is not conducive nor does it compensate for the 4,000 veterans that you manipulate off of this land from the earthquake that affected Sipolta. You're literally praying on the ignorant, one more time AFTPfoundation.com/help-Veterans, please sign the petition."

Lt GEN (Ret) Hopper: Thanked Ms. Miles. And announced that Mr. Orlemann was on the phone.

Mr. Orlemann: "Good afternoon and I thank you for the opportunity to speak. My name is Jerry Orlemann and I am the Vice President of the Vietnam Veterans of America... (inaudible). My intention today is to clarify the long history and position my organization the West L.A. VA and the ongoing housing construction here. There is a lot of misconceptions as to where we stand and what we do. From an historical point-of-view, VVA, (inaudible), members were some of the earliest protestors to return the West L.A. campus to its intended purpose, the National Home for Disabled Volunteer Soldiers, (inaudible)...a 1991 resolution...(inaudible)...1997 (inaudible) regarding the proper use of real estate on the West L.A. VA...(inaudible)...Veterans of America opposes the use of undeveloped property at the West L.A. VA medical center other than those consistent with the intentions of the original donor...(inaudible)...VA real estate or capital planned assets...(inaudible)...continued services for Veterans and most especially for those service connected disabled Veterans. In June 2011 a lawsuit was filed against the VA, Valentini vs. Shinseki, ...(inaudible)...this coalition developed a roadmap for the master plan...(inaudible)...letter to the then VA Secretary McDonald...(inaudible)...expressed support of the master plan...(inaudible)...draft final West Los Angeles plan as presented in the October 2015 Federal Register announcement. The letter went on to say ...(inaudible)...intimately involved in the master plan process during which time...(inaudible)...all the documents...(inaudible)...past legislative amendments...(inaudible)...limitations and restrictions on the use of enhanced use leases and sharing agreements on the West L.A. VA campus. We also reviewed in great detail...(inaudible)...we found the bills

not only to be accessible but necessary, these bills, as you probably realize, were the groundwork of the West L.A. Leasing Act of 2016. During the first week of October 2019, representatives from...(inaudible)...took part in a series of meetings...(inaudible)...VA Central Office, Office of General Counsel regarding funding for supportive housing on the West L.A. VA campus. Later that month...(inaudible)...was part of a brainstorming session with Congressman...(inaudible)...the results of those were part of the West L.A. VA Improvement Act in 2021...(inaudible)...sent a letter to then VA Secretary Wilkie for support...(inaudible)...West Los Angeles Collective Veterans Community Plan...(inaudible)...regarding the construction of permanent supportive housing. Hope this is clearing up the involvement of the Vietnam Veterans of America California State Council and where we stand on the issue surrounding the construction of housing. It's costing more than anticipated, it's taking more time than we would like...(inaudible)...Thank you."

Lt GEN (Ret) Hopper: Thanked Mr. Orlemann. Announced Ms. Kyle Orlemann.

Ms. Orlemann: "And now, for something completely different, my name is Kyle Orlemann and I am the local liaison for Vietnam Veterans of America. Okay, I am also, the wife of a totally disabled veteran and have been a full-time caregiver since, I've actually September of 2001 since the day of the 9/11 attacks, Many of, you know, my husband, you just heard him. And many of you have seen us around the campus with his service, dog and my service dog. And I wanted to talk to you about the dog issue today because that's one of the things that you're going to have coming on the campus. But people coming into live on the campus, you're going to have service dogs that are going to be here. You are also going to have emotional support animals that will be able to better that will be able to live in the supported housing. Also, if you have an opportunity here that I think is unique and that I really think needs to be taken care of as fast as possible. There is currently a dog park on campus and it's on the far side of the...(inaudible). So, it's not part of camps because you get actually walked you here. One of the things that's important for service dogs and emotional support dogs, that will be coming out of the campus is that sometimes they end up having health problems. They may break a leg. They may end up with some kind of a medical treatment that is needed. That the Veteran will not have the money to pay for. There is a problem with the way that those services are given, and I believe I have an answer to that problem. Congress put something in place a number of years ago, so, that an animal, that is a service dog that is trained by a member of certain organizations is eligible to get what is called a true companion card and I'm going to hold one up right now. It looks like this. My husband's service dog had this card issued to him in 2015, at that point it was policy number 814. So, this policy for this program is not very well known and it needs to be. The reason is because if a service dog is ill and the Veteran doesn't have the money to pay for the medical care and that service dog passes away you can't just go to Walmart and get a security and come home with another service dog. It can be three to five to eight years in order to

get a dog from a properly trained program and it can be anywhere between 20 and 35, or 40,000 dollars to train that dog. The other part of it, and this is why this is so important to us in line giving our own personal story. My husband service dog that this card was issued to came down with a very rare autoimmune disorder. If we had not had this card which covers wall, the wall that veterinary care anywhere anytime for any condition that dog had died because we could afford the payment for him. My husband would have been a suicide and there would have been nothing I could do to stop him. So, first of all, people need to be aware of this companion program it's very important. The rules pertaining to this can be found on the federal register that was published on September 5th, 2012 and effective on October 5th, 2012. And one of the things that Congress did and with this final rule, that was well intended but had unintended consequences there were many people at that point who were saying, I could get you a service dog and I could train it and I can give it to you in that will all be fine. And those people were backyard breeders and they were competent to train the dogs. So, the reason that this final rule was put into place was to assure that the dogs were properly trained and the way that they did that and that final rule is that in order to get this Truepanion policy and have the recognition that dog is accepted by the VA, and I need to be very clear here I am not talking about public access, your dog does not have to have this card to have public access to come in here. But in order to get this insurance policy under the final rule, your dog has to be trained by a trainer who is a member of Assistance Dogs International. At this time, there are only 82 Assistance Dogs International programs in all of North America. So, if you have a dog that needs multiple trainings, say, for example, it needs to do diabetes alert, it might be trained in San Francisco, and then it might need to go to Canada for mobility assistance training, there might need to go to somewhere in Mexico for a different kind of training and the Veteran has to go and be housed while that training is being done. So, where does the VA here come into play with all of that? Here's your answer. You have that land that the dog park is on right now? One of the members of Assistance Dogs International so they are qualified and would be able to train trainers so that the Veterans involved would be able to get this assistance card is local here it's the Sam Simon Foundation. My suggestion would be that you contact the Sam Simon Foundation, which is right up here in Malibu, and you get their certified trainers to train Veterans on this campus who perhaps have been service dog handlers or military working dog handlers or trainers. Use the facility that you have over there for the dog park to turn it into the training facility. Also, the veterans who are here onto campus would be able to take their dogs there and get training for them. Also, there could be the ability for the veterans living here, 30 seconds that's out. Okay, Veterans who are living on the campus here could be trained as dog walkers or groomers, that could give them a career opportunity and it could also bring in income for people who would come in here to use those services. The dog walkers or the groomers or whatever. So, you have an opportunity here to use the facility that you already have to grow it into an organization that would be certified by Assistance Dogs International. So,

the dogs trained here would have access to this veterinary care policy and it's a win-win all the way around. If you need more information, I can provide it. And, also, one last quick comment, there's an organization called American Humane and they are an international organization, and they also supply mobile veterinary services. Perhaps they could be contacted to make arrangement to bring their veterinary care vans onto the campus to take care of the animals who will be living here. Thank you very much for your time."

Lt GEN (Ret) Hopper: Thanked Ms. Orlemann. Next up Mr. David Echeverria.

Mr. Echeverria: "Good afternoon, this is the second time I've been here. Oh, I do much better without this stuff. Well, as I look around and I see I realize this really isn't a Veteran location because everything gets addressed except Veterans. We get left behind, we get left out and all of a sudden, it's like, oh yeah, that's who we're supposed to serve. On the other hand, I think some new generation of leaders come along and you're saying it's one of them, he's helping us a lot he's more transparent doesn't always have the answers you want to hear, but he tells us the truth. And that's appreciative because he's more in front of us we're not. But I'm beginning to realize that, that we really don't matter is Veterans. The whole purpose for this whole facility being here is for us, actually. You know, and I don't think about this time when it came time when I separated from the service, and I was going to go for my evaluation. I almost didn't go because I was so tired from all everything, red tape, paperwork. How it is in the military. We just started, or actually kind of finishing around in Iraq. The first Iraq, right. And I was just done with it. On the other hand, I'm glad I went, because the things that does for my, my physical wellbeing, my mental wellbeing, you know, um, those are good. One of the things I'm grateful for, though, is I'm not an inpatient here. You've got homeless Veterans housed in CTRS who last year this time were on the street just outside of... (inaudible), because the VA didn't want them. So, the Sherriff had to come and clear the sidewalk because the people of Brentwood we're having a marathon, like on the 7th of November. So, they had to have us out for a week for the turnaround point was right down here on Brentwood not far from the VA. So, I mean that's, that's homeless Vets, twice on camera at the turnaround point, can't have that right? Bad optics for the city of L.A. but they have to have the right direction because the Sherriff got us on to our home property, where we should be. He left us in tents at first and then all of a sudden, they got this idea of these tiny little shelters, tiny little metal shelters that are very flammable, very dangerous. In fact, they're dangerous before they got here nobody really didn't work. But not only with that did they put them up and stuff and some extra stuff 'oh, we got something' you know and of course it was cold and stuff so not bad. But then again, what happened, we had a fire a couple of months ago, people realized that they didn't put in the proper system, or the proper supports, that kind of covered that stuff. Nobody thought of those things, right. Or, did they, because we were moving in, they had to make sure they had fire extinguishers, no smoking in the area, because those tents that we were in first would go up really quick. Not that we had any burn

out on the street before, because we had fire watch, we took care of that stuff. But once we became patients, the level of care kinda went down, security went down. Mayhem broke out, I mean we can get into the details later. That's not good. But yet the terror of Veterans, and the ones who had the fire, didn't realize that there was no fire suppression, no fire extinguisher or fire hydrants and stuff. So, I guess they're digging the trench after the fact, right. Thank God not Veterans lost their life. My God, but then again it wouldn't have mattered because we could have swept it under the carpet like everything else that we do around here. But why is it that Veterans get the end. You know, um, last week Boris was here, you know Boris, the panhandler of the United States, and I got the message to prove that he's always asking for money now. Doesn't want votes, he wants your money. In fact, last night I got \$20 he'll win the election in the midterms. I don't figure that out. You know you're buying votes, but, um. As Veterans we weren't invited, we weren't invited to attend and when we did try to attend, we were refused. And these are non-entities, people who have nothing to do with the VA or don't want anything to do with the VA. Ted Lou is here, who's the representative in Congress, they had no big news, they tried to avoid us. In fact, and in fact, he told us in February things will change in February. Come January, this is no longer his responsibility because we're out of his district. So, that makes sense for me to say, talk about February. Karen Bass is running for mayor of L.A. wants to come up with a line similar to Maxine Waters, not in my district, not my district, not my bets. Actually, it's kind of what they're saying. I guess she want to be Mayor of L.A. and what happens when this problem becomes hers? And her contender is no better, talking about he's a builder, but he only goes retail couldn't spot the trend and realize that affordable housing is what we really need in Los Angeles, Los Angeles County. Now, again for Veterans there's a solution, we're sitting here, we have everything we need, except the will to build the houses. We had a good tour on Monday, but you know what? By the time those things open up and if they open up there's not enough. It's like everything else the engineers do around here and I'm talking about all over. Widen the roads but as soon as you open them up there's more cars on the road. When we do, if we ever have housing here for Veterans more Veterans and I'm talking about just being a Veteran qualified you, not how much you make or don't make just being a Veteran qualifies you because you need something for that time, right? Long term, short term is it going to be adequate enough? We're talking about 20-years of war in Afghanistan. We have to begin to see the effects of that war on the streets. Now, when that happens, once again we're not going to be prepared because nobody's thinking about that. Thank you."

Lt GEN (Ret) Hopper: Thanked him. Called on Mr. Garcia.

Mr. Diego Garcia: "Hello everyone, thank you very much for the opportunity to speak here today. Um, again, my name is Diego Garcia. I'm a little bit different than most other Vets, or most of the people here. In the sense I'm actually a West side native. I was raised here, I'm from Core City went to elementary and middle school there graduated from Venice High. I used to operate the rides at Santa Monica pier,

right up until I left to the Marine Corps. Believe it or not, on September 11th 2001, when those planes hit the towers I was at MEPS just a few miles away from LAX. So, I saw those towers hit while sitting down at MEPS to sign my final contract. Everyone else went home except for the Marines because the Marines just had a bus ride we didn't have to hop on a plane. The planes got grounded, and it was just a hop on the bus. So, I stayed back joined the Marines, uh, as a, as a Marine as a combat engineer with the Marines and Bush said "go" and March of 2003, and we invaded Iraq I was 6 miles away from that boarder. Dressed in full combat gear, sleeping honestly in a trench. So, when he said "go" we jumped into the back of our trucks, and we stormed that boarder that night lit up with all kinds of freaking missiles, right. I was front row to a "shock and awe". Fast-forward to 2005, I got out, came back home. I've had issues, mainly I couldn't sleep my mind could not shut off, humming, non-stop you could hear it. Tried to get some help, you weren't able to help me out, whatever, went away. Um, ended up finding a good outpatient clinic that, uh, ended up helping me out. Found a good job as a risk management professional, safety dude. Uh, then I got tired of that job trying to go into a family business as an electrician. Went to school for electrical engineering, was doing great right up until it came to where I had manual stuff, it turns out I can't really turn wrenches and stuff. Two or three minutes of turning some wrenches my hand locked up, literally my fingers locked up. I can't open, came back to the VA and I was like "Hey, something weird is going on with my fingers, my hands are locking up. I don't know what's going on. It's kinda weird, man. I'm sorry. I don't think this should happen." The VA doctor's like "I don't see anything wrong". Weren't able to help me out. Go to my civilian doctors, right, a few year later. Anyway, turns out to be fibromyalgia, right. Um, right now fully disabled can't work because of my fibro because of my sleep issues. Uh, cause pretty much I'm all messed up. But I did get, uh, about 20 year in a good risk management work in and during that risk management work, I, I learned a lot about manufacturing and what not. So, as my health was on a steady decline, starting about manufacturing something, I started a nonprofit called Semper Utilis. What I do with Semper Utilis is I take in recycling. So, all these, uh, water bottles and what not and for right now, I just cash that stuff in. And what I do with the proceeds is I help out disabled Vets. So, I started my nonprofit in 2018, 2020 the pandemic hits, right. I start seeing all kinds of articles about Veterans row, about 50 tents, that just popped up along San Vincente all covered in the line with freaking American flags. I was like, wow, that is the most beautiful thing I've ever seen my brothers sleeping on the sidewalk. Can you imagine those American flags, those beautiful American flags and they're out there sweeping and what not and I was like, well, man, I got this little nonprofit, I got a little bit of money let me go out there and start helping these guys. So, I did. Started going out there in 2020, taking them hygiene kits, clothing. It evolved into pressure...(inaudible) services, it evolved into barbecues. I still go to this day. We go over to the rose garden and do nice things for these guys but one thing that baffled me, one thing that really baffled me is in 2020 when the pandemic hit, I'm working as a risk management consultant for a worker's comp insurance company. So, I'm

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| | <p>helping my clients, right, everything's shut down except for critical employees, right now, right. So, I'm helping all my clients out with their pandemic response plans, auditing their pandemic response plans. I'm writing infections, illness preparedness plans and whatnot, and I'm showing up doing all kinds of training whatnot and then I show up to this, up to this billion-dollar medical facility I think that completely shut down. And my brothers and sisters were kicked out to the streets. I was like "what the heck is going on". I was like whoever's in charge must be either heartless or incompetent or must have the biggest cojones just not, give up on all the disabled veterans. Because I mean to shut down a billion dollar medical facility in the seventh, largest economy of the world in the home, in the capital of homelessness to shut it down and keep all these guys out the street and ignore them. Right, so that's why we started doing when we started doing it out there with all services. Long story, short, uh, people, um, we need a home, we need a place, uh, where Veterans come in and help each other out. Because that's when, that's what, we kept those guys out there alive was other veterans showing up like, they like, Rob like Larry, like myself, we kept each other going that administration turned its back on us. That the community turned its back on this, everyone turned its back in us except other Veterans and now we're sitting here talking about, do we want to build a community town center for Brentwood? Do we want Promenade? Do we want the, you know, public parking spaces for public train? No, we need a home for Veterans where we can come in and, and, and heal. The last thing I would, I cannot sum it up better than this Vietnam Veteran, just please, it's just a short quick video. This is during the clean up when the Sherriff was actively, uh, with the bulldozers tearing down, the, the, the sets..." (inaudible).</p> <p>Lt GEN (Ret) Hopper: Mr. Garcia you are out of time. Thank you. He introduced the next presentation from the City of Detroit.</p> <p>Technical difficulty group cannot hear Jennifer. Chantelle will start the presentation.</p> |
| <p>Presentation from Community experiencing considerable progress on reducing homelessness.</p> <ol style="list-style-type: none"> 1. Lesson Learned 2. Successful strategies and processes | <p>Ms. Chantelle Parker-Jackson: Introduced Jennifer Tuzinsky, the Coordinated Entry Specialist for the Detroit VA Medical Center. And Chantelle's role is the Supervisory Program Manager for the HUD-VASH program.</p> <p>Some items they will be covering:</p> <ul style="list-style-type: none"> • Detroit's Coordinated Entry System <ul style="list-style-type: none"> ➤ Overview ➤ Lessons Learned ➤ Current Challenges • HUD-VASH <ul style="list-style-type: none"> ➤ Team Structure and Staffing ➤ Voucher Utilization/Veteran Engagement ➤ Landlord Engagement ➤ Sustaining Housing |

The Coordinated Entry System, Jennifer works in tangent with another staff member and covers a large area for the Detroit VAMC, which is Detroit in addition to Highland park and Hamtramck which are too smaller cities, within the larger city of Detroit. And then they have a second coordinating entry specialist who works the out-county areas, which are a little smaller setting for outside of that larger urban area that we have.

Ms. Tuzinsky: (Note: portions of Ms. Tuzinsky's audio were difficult to decipher). She briefed on the Detroit Veteran Coordinated Entry Process. They refer to what they call a Coordinated Assessment Model. First they are contacted through the shelters via phone camp or we actually have a person on site at the VA hospital that can connect with the individual, so that person's going to do the initial homeless assessment they will run the SQUARES report for VA eligibility. If they are not eligible, they will refer to VA registration procedure or non-VA processes. If they are eligible and the Veteran is literally homeless, they will divert to the Homeless Prevention, SSVF. If they are unable to support, they will provide production services and move forward with completing a full assessment (see slide). When they canvas their homeless assessment, the information is entered into CAM HMIS this assessment alerts BMLC. The Veteran is added to the BNL, refers based on housing track; Self-Resolved, Rapid Rehousing, Permanent Supportive Housing.

Some of the CES lessons learned:

- Forming relationships and building trust between community providers.
- Veteran coordinated entry system and community coordination entry system.
- Assessments – They had to work through how the process would flow. They have a progressive engagement policy, to shift Veterans as needed within their system.
- BNL/HMIS – Their BNL is in the HMIS system and now able to run reports which have the ability to look at that data.
- Improvement team – They walked through some things that they could do to at the forefront of customer service.
- GPD Strategy team
 - GPD AD HOC committee – currently their GPD utilization rates have gone down. They are operating about 30-40% utilization of the sites over the past 4-years.
- Housing First – Front and Center
- Bridging SSVF to HUD-VASH – Building that trust with their partners and understanding the different requirements regarding their inspections.
- Consistent ongoing assessing of the system – Ensuring that they do have consistent ongoing assessments every day. She's analyzing it looking to see where we need to make improvements. They have a SharePoint site in their system that all staff have access to procedures, flow charts any tools that help them to do their job.

Current Challenges:

- CAM changing hands – Their community partner CAM so they are going to go up a bit. They do have another agency and are working through that.
- LOS in GPD Programs – Their average LOS is about 225-days, the goal is 90-days. They are looking at the criteria and benchmarks and creating a policy that will really support Veterans being able to move more quickly to permanent housing.
- Recidivism – They have had several Veterans on the BNL who have been in the system multiple times. They are doing some data clean-up and the goal once that is completed is to look at all the dimensions that address the multiple time issue, because there's something that is not working so they are going to do a deep dive to determine what it causing this problem.
- Affordable Low Barrier Housing – They were able to convert from (inaudible) housing to affordable low barrier housing which opened last month. Veterans who were not able to get housing because they may have had multiple evictions or backgrounds, or whatever the case is, now are able to move into those low barrier housing units. These are things that they have done partnering with local cities.

Ms. Parker-Jackson: The HUD-VASH program has experienced several the same challenges as CES. They have been trying to develop the program to address the Veteran's needs in real time. The previous team structure and staffing was not effective for the area the area that they were responsible for covering which covers the Detroit VA and five different counties.

They developed a new staffing structure:

- program manager,
- three separate teams,
- three separate supervisors,
- three team leads,
- each team also has two dedicated social workers called the Engagement Team.

The Engagement Team or Engagement workers are meeting the Veterans where they are when the Veterans are referred to the program. They are ensuring that they have the documentation required in order to complete the application. They work with the Michigan Housing Authority ensuring that all the documentation is in order to move forward with a briefing.

When a Veteran is referred to the program:

- They want to make a decision regarding eligibility admission within 7-days.
- Ideally, they have the application sent to the housing agents office within a week this allows the housing agent additional time to review.

- They have briefings twice per month to ensure that a Veteran comes through within two weeks that Veteran will have a HUD-VASH voucher.
- The engagement social worker is meeting with the Veteran providing them with three to four viable housing options.
- They like to see that when a Veteran is scheduled for their briefing that they've already selected housing, so when they attend the briefing
 - They are able to complete the landlord packet.
 - Submit that packet to the landlord's housing agent's office.
 - Get started with the inspection process and keys in hand.
- Once a Veteran has gone through that process to keys in hand that Veteran is transitioned to another social worker within the team.
- The Veteran is then connected with ongoing resources.
- They also have one peer support assigned to each team which allows them to use those empowerment, teaching skills, life skills that the one-on-one peer support can reach that social workers may not be able to reach because there is a connection with peers.
- They have additional specialties, not necessarily assigned to each team.
 - two psychiatrists,
 - an occupational therapist,
 - a nurse,
 - a SUD therapist,
 - a psychologist and they are in the process of hiring a second psychologist.
- Their structure is set up to cover five different counties, 912 vouchers are provided to their area.

She discussed voucher utilization; this is an ongoing issue that has been seen across the nation and is that sometimes they just have not "right sized" areas. They are currently in the process of right sizing:

- Their area has not crossed over more than 83-84% utilization of vouchers,
- They are in talks to do a recapture and what that would look like.
 - In Wayne County and outside of Wayne County the utilization is 77%.
 - Which means they have 407 Veterans that they call actively being case managed.
 - These Veterans are being seen once or twice per month, once every quarter and then before they transition to that graduation phase.
 - If a Veteran gets to the graduation phase and they are no longer in need of the ongoing case management services provided, then they are allowed to utilize that subsidy and that portion of the program. They have 265 Veterans in that program.
 - What they did find is that some Veterans may not meet the criteria for ongoing case management but may have had issues with paperwork, engaging with their landlord, etc.

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| | <ul style="list-style-type: none"> ▪ Two staff members per team focus solely on those engagement cases. ▪ They follow-up with those Veterans once every 6-months. ▪ If it is determined that the Veteran is in greater need of those services, they then transition back into their team and continue that ongoing case management. <ul style="list-style-type: none"> • A number of Veterans have been speaking to their PHAs and paperwork is an ongoing issue, recertification, so they are meeting those Veterans whether it's through telehealth, on station or in the community ensuring that they can keep those vouchers in their hands and a roof over their heads. • They usually have about 63 Veterans with vouchers that are searching for housing. <p>Landlord Engagement they have recently transitioned into the Ability Housing, where shared housing is not an option. Their PHA did not support this and they are having conversations on how to begin that structure to allow Veterans to enter those types of settings if they desire.</p> <ul style="list-style-type: none"> • They continue to have virtual landlord fairs one a month. • They are also in the process of developing a landlord database to assist with identify availability within a particular county. <p>Sustaining Housing</p> <ul style="list-style-type: none"> • Aftercare – make sure Veterans maintain housing • Recertification process -meeting with PHAs and developing a better collaboration. • Quarterly PHA meetings – Reconciling data together to ensure that the information and data are correct for Veterans that are accounted for. <p>Dr. Bamberger comment/question: What is FMR percent for HUDVASH vouchers?</p> <p>Ms. Parker-Jackson's response: They recently went up to 180% FMR. Then not only is the voucher affordable, but it's within the market rate for Veterans. It was helpful to admit Veterans that were 100% service connected, whereas, that's something that was not an option before.</p> <p>Dr. Bamberger comment/question: Is the person who does the landlord engagement function, is that a VA person? Or do you contract that function out?</p> <p>Ms. Parker-Jackson's response: They are VA staff. In addition, they have added a landlord line which is a direct connection to the VA hospital where potential landlords can leave a message, inquire about the program and a VA staff member will contact them. It is also used for active landlords that may be having concerns about a Veteran.</p> |
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| | <p>Mr. Mangano comment/question: What is the percentage of Veterans who don't sustain housing?</p> <p>Ms. Parker-Jackson's response: That is something they have recently been working on, so they would have a better understanding of the recidivism rate. She would estimate that their number is probably about 8%.</p> <p>Lt GEN (Ret) Hopper: Thanked them for their presentation.</p> |
| <p>CERS Update Veteran Coordinated Entry 1. Tenant selection plan 2. Details of the process 3. Selection criteria to be used to select tenants</p> | <p>John Kuhn, Acting Deputy Medical Center Director, VA Greater Los Angeles Health Care System. Maggie Lo, Coordinated Entry Specialist – SPAs 1, 3, 6, 7 VA Greater Los Angeles Healthcare System. Deborah Carter, Acting Chief, Community Engagement and Reintegration Service (CERS).</p> <p>Needs Assessment process improvements:</p> <ul style="list-style-type: none"> • Clearly articulated mission and priorities - an understanding by stakeholders, staff and those external to the organization. • Strengthen communications between internal and external stakeholders Improve staff support – transparency so everybody has and understanding what the mission is or it will not be achieved. This requires communication with external stakeholders (PHAs, funded grantees, etc.). • Build capacity with improved staffing and focused strategy – increase in staff salaries and discussions on how to integrate services to become more efficient and how they worked with all partners. • Improve staff support – ensure the staff have the tools and resources to do their jobs and leadership support and acknowledgement of all the hard work they do. <p style="text-align: center;">Clearly Articulate the Mission</p> <ul style="list-style-type: none"> ➤ Priority 1 Veterans must be safe and off the street <ul style="list-style-type: none"> ○ GLA and community stakeholders must be able to provide same-day access to emergency housing. ○ Must be widely accessible with a range of options. Same-day emergency housing does not necessarily mean CTRS, community shelters, and if needed hotels and motels. ○ Emergency Housing (EH) must be well understood and socialized ➤ Permanent housing is the goal <ul style="list-style-type: none"> ○ Planning starts immediately after urgent safety needs addressed. ○ Veteran may elect rehabilitative setting (GPD or Dom), but EH remains brief. ○ Housing First - Racism, health and mental health issues contribute to vulnerability, but do not cause homelessness. This all existed before 1980. |

Dr. Bamberger comment/question: You cannot have emergency rooms full of people traveling. Why haven't all those people in CTRS and tiny homes been housed by now?

Mr. Kuhn's response: Many of those individuals do not want to go to some of these other programs.

Mr. Kuhn continued with the presentation. They start by addressing the basic needs.

Maslow's Hierarchy of Needs (Housing First)

- Psychological needs – air, water, food, clothing, shelter, sleep
- Safety needs – personal security, employment, resources, health, property
- Love and Belonging – friendship, intimacy, family, sense of connection
- Esteem – respect, self-esteem, status, recognition, strength, freedom
- Self-actualization – desire to become the most that one can be

People are much more effective when their lower needs are met (psychological, safety, etc.).

➤ Strengthen Communication

Critical for Coordination & Service Delivery

- Coordinated Entry must work quickly
- By Name Lists (BNLs) used to identify and track care assignment – Helps to break-down a complex system.
- Regular case conferencing updates planning and tracks progress - Needs to be a dynamic process with lots of eyes on this, so during the case conference there are a number of people who know the people on the BNL and can make adjustments as needed.
- Leadership meetings to review ongoing efforts to address systemic barriers and operational needs.
- Localized (by SPA) with overarching design.

➤ Build Capacity

- Add Staffing
 - Contracting – EUL services provided by contract.
 - Disaster Emergency Medical Personnel System (DEMPS) - The Veterans Health Administration's (VHA) main program for deployment of clinical and non-clinical staff to an emergency or disaster. Around the country there is a list of individuals that can be deployed in response to hurricanes, other kinds of natural disasters, and in this case, it is the homeless emergency in the state of California. It is not supposed to be a fill-in for vacant staff.
- More efficient processes

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| | <ul style="list-style-type: none"> ▪ SSVF/VASH co-enrollment – need these two resources to collaborate because their resources are complimentary. ▪ Not all homeless Veterans need intensive services – main focus should be on helping Veterans pay the rent. <p>➤ Staffing vacancies: CERS is now 76.3%</p> <ul style="list-style-type: none"> ○ Total vacancies – 108 (29 positions in the pipeline with 6 positions starting in Sept.) ○ HUD-VASH positions filled = 74.8% Currently working with the GLA Social Work Service to complete a salary survey for all GLA Social Workers. Increased salary will make the VA SW salaries more competitive with the non-VA salaries. <p>➤ Disaster Emergency Medical Personnel System (DEMPS)</p> <ul style="list-style-type: none"> ○ 31 Staff totals deployed from 22 VAMCs. ○ Goal:120 Veterans housing ready in 7 weeks. ○ Outreached to a total of 501 Veterans. <ul style="list-style-type: none"> ▪ CERS has 350 Veterans in various stages of the permanent housing process. <ul style="list-style-type: none"> • 166 working with Case Managers to get document ready. • 58 Veterans Document Ready to apply for vouchers to date. • 85 Veterans now have tenant-based vouchers. • 41 matched to PBV and are processing applications. ▪ 61 Veterans did not respond to outreach attempts. ▪ 32 Veterans identified as permanently housed or report not needing assistance. ▪ 58 moved out of the area. <p>The data is available as of September 16, 2022.</p> <p>➤ How do we build capacity?</p> <ul style="list-style-type: none"> ○ More PH Resources <ul style="list-style-type: none"> ▪ EULs and PBVs ▪ Landlord incentives for community-based units ○ Address Consumer Needs <ul style="list-style-type: none"> ▪ Move-in incentives ▪ Match to consumer preference/need, but do not keep homeless ➤ Perhaps not preferred location but benefit still great. <p>This is a team part of the solution, even after the 1,200 units are built that will help but not solve the homelessness problem in L.A. County. They need to think more expansively when discussing capacity. They need to attract private landlords with incentives and reassurance. They are not going to build their way out of this by only what they do on campus.</p> |
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➤ Staff Support

- Building staffing and capacity
 - Training opportunities – there may be opportunities to send staff to different programs to see what those programs are doing and bring that expertise back.
- Staff empowerment – they have great expertise empower them to set policy that drives the discussion about how they can improve services.
 - Workgroups are critical to planning
- Celebrating success – staff recognition is a powerful tool.

➤ Workgroup Formation

- Develop plan for same-day access to EH
 - Options not limited to CTRS
 - Workgroup commenced 9/30/2022
- Review systemic barriers to permanent housing
 - Improve outreach and access to care (coordinated entry)
 - Ensure BNLs are accurate and regularly updated and include the status of all homeless Veterans, regardless of their entry point
 - Establishment of regular case conferencing to support service delivery for Veterans on the BNL
- Strengthen HUD-VASH/SSVF coordination
 - SSVF to use landlord and tenant incentives to expedite placements, PH not delayed while waiting for HUD-VASH processes
 - Elimination of HUD-VASH interest lists separate from BNL

Options outside of CTRS, think about systemic permanent housing.

Ms. Debra Carter: There is a need to set up areas where Veterans can come into their own neighborhoods and get access to all the homeless services. Through the workgroups they are identifying locations and they have community partners working with them so when the Veteran walks in they have access to their coordinated system.

Mr. Kuhn: Created the partnership between SSVF and HUD-VASH to develop housing navigators in the HUD-VASH department.

Dr. Bamberger comment/question: Thanked John as this has been a huge shift in this sort of attitude that can-do desire bringing best practices. The one thing he would add is that currently in this model they don't identify that different Veterans need different services. The opportunity with the model for the L.A. campus has also been focused around the intensity of services available on campus.

Ms. Maggie Lo: The Coordinated Entry Specialist and will be providing a background of what CES looks like here in L.A. and an overview of the design work.

- In 2013 HUD required that all communities develop a CES for all homeless individuals including Veterans.
- Prioritizing the most vulnerable individuals with limited resources.
- Homeless Management Information System (HMIS).

Currently in Los Angeles County:

- GLA VA participates in local CoC's CES via case conferencing, By Name Lists updates, and data sharing.
- LAHSA develops and manages the BNL. VA supports the BNL with Veteran updates.
- CES has 3 systems: Adult, Family, and Transitional Aged Youth

LAHSA is our continual care here in Los Angeles County and the VA participates in case conferencing, and meetings, helping with BNL updates, as well as data sharing between VA data and HMIS.

For the landscape in Los Angeles County, they have service planning areas which meet twice a month. The Los Angeles CES is divided into three systems, adults, family and transitional age group. Think of that Veteran population as a special population that falls within our adult CES system. They do have some families that access family CES, but most are Veterans that fall within their adult system.

Current CES in Outlying Areas

- Kern County – Kern County has a robust Coordinating Entry System (CES) for the County homeless services. Veterans CES is led by SSVF provider California Veteran's Assistance Foundation (CVAF). CVAF also hold the grant for transitional housing in Kern County. They manage the by-name-list and coordinate services and report to the CES collaborative.
- San Luis Obispo – San Luis Obispo Veteran CES system is led by Community Action Partnership, San Luis Obispo (CAPSLO). They manage the by-name list for the county and are also the SSVF service provider.
- Santa Barbara County – Santa Barbara County CES system for Veterans is managed by Santa Barbara County staff. They manage the by-name-list and Homeless Management Information System (HMIS). They work closely with the SSVF providers local to the County.
- Ventura County – Ventura County CES system for Veterans is managed by Ventura County staff. They manage the by-name-list and HMIS and work closely with the SSVF providers local to the County.

All their local CLC leads manage their BNL.

They are currently able to connect Veterans with resources in LA County:

- Veteran service providers with HMIS access are invited to attend BNL meetings.
- HUD-VASH Tenant Based referrals done by VA staff.
- Walk-in services available at the Welcome Center and HPACT.
- HUD-VASH Project Based vacancies are shared weekly with community partners.
- Direct referrals to Transitional Housing Programs.
- VA Homeless Outreach email.

She discussed the Guiding Principles of Veteran CES Design as a:

- A high functioning Veterans homelessness response system.
- Considering Racial Equity in all aspects of design, implementation and refinement.
- Increase the utilization of HUD-VASH and maximize all Veteran housing resources Data-driven design and implementation.

The Future Goals of Veteran CES:

- Building a network of access points through our partners like VPAN and SSVF grantees.
- By Name List as a centralized tool for outreach and accessing Veteran housing resources. Right now, the BNL is existing in parallel to the current system.
- Prioritizing Veterans 55+, households with minor children, DV/IPV, case transfers from SSVF. They were finding out, that they might be more critical case management than SSVF, can provide. So, they want to ensure that they take those transfers from our SSVF partners in a timely fashion.
- Simplified assessment tool for referrals.

Note: Technical difficulties with audio during this portion of meeting. Unregistered public comment.

Mr. Shawn VanDiver comment/question: Is larger VA doing this or is this just local?

Ms. Lo's response: It is local.

Mr. VanDiver comment/question: He wondered if they could take the lessons learned here and use the power of the federal government to encourage facilities to operate together more like this.

Chief Bradsher's response: Leadership has been having conversations regarding this and currently the plan is:

- bringing all coordinators to DC,
- share best practices and share areas of improvement,

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| | <ul style="list-style-type: none"> • focusing on GLA today but throughout VA doing best to share best practices and will be first time gathering post COVID (which will be first of many conversations). <p>The ultimate goal is to share best practices identify areas that they can all improve.</p> <p>Dr. Harris comment: Explained the Homeless Program Policy is that they participate in the local coordinated entry system. Some are more developed than others.</p> <p>Mr. Allman comment/question:</p> <ul style="list-style-type: none"> • VA should go beyond itself and potentially and work in conjunction with county to reach a greater audience. • People understand VA is working on issues. • Inviting the VSO leaders – this is what we’re doing to address homelessness, and this is the mechanism. • Doing broader community outreach shows VA cares and making progress on the BNL. • Employee recognition and landlord recognition is not talked about enough. • VA should think about how it can leverage people’s patriotism to participate in the program in a way that’s more than just money. • VA should adopt that model to recruit landlords because money is not enough in LA; need to use another tactic. • End goal is landlords can get recognition for helping Veterans. <p>Mr. Perely comment/question:</p> <ul style="list-style-type: none"> • Have 4 or 5 awards but doesn’t help if Veterans are acting up and the landlord also has a responsibility to each resident. • Frustration with calling to sign up to do VASH in L.A., the process needs to be easier for landlords to obtain information and sign-up. • Lack of trust in LA because of how they’ve treated owners and penalties for payments in the past. • Noticed in DC and Detroit presentations that they have cooperation with the county, that is not happening in LA. It appears there is a respect for owners in DC and Detroit. • Solvable and real but will have some resistance <p>Mr. Allman comment/question: The current methods of attracting landlords is not working. They need to recognize landlords’ concerns. The project-based vouchers are not going to solve the problem alone.</p> <p>Mr. Mangano comment/question: In San Bernardino started out with 441 Veterans experiencing homelessness. The community, CEO of the town and all county housing offices in the same room and those 441 Veterans were housed within 5 months.</p> <ul style="list-style-type: none"> • Impediments knocked out because county resources were there. • They engaged landlords with the thought that the civic will to house Veterans would be enormous. |
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- They were informed that there were about 200,000 units represented in the room among the people there.
- Hard reality: big landlords can say yes but once applications went thru screening, guys could not go through screening process and so got none from big landlords and smaller landlords had some.
- Scaling of units will make difference.
- In California opportunity to partner with state with home key initiative is the scaling device we need to get job done for vets here.
- Need to have a plan to get it done.

What is the specific plan to increase the utilization of HUD-VASH?

Mr. Perley comment/question: The law required landlords to have same standards for residents whether they are Veterans or non-Veterans and there is a risk of violating the housing laws if you make that choice outside of your normal standards.

Mr. Mangano comment/question: He was not aware of that and would like to hear more about that at another time.

Ms. Lo: Thanked the group for that feedback. She briefed on some of the workgroups that were developed for the new CES design:

- Process and procedures design workgroup – receiving feedback from the frontline staff on what the features would be.
- Drafted a Veteran CES policy that will clarify all the decisions that need to come together as a group to present to the larger CES to ensure they are aware of it and that they are in alignment.
- BNL workgroup to improve on upon data quality and making sure the meetings are efficient.

She discussed how they are going to make referrals to buildings 205, 207 and 208.

- Building vacancies will be tracked through the Resource Management System (RMS).
- Potential referrals will come from BNL and sent to on-site building case manager.
- Building case manager will work with eligible Veterans on application to submit to property manager (PM). Onsite case management.
- PM will review application and complete background check.
- Applications accepted by PM will then move to submission to housing authority. They have also created an email for any of the future vacancies and the PMs would be able to submit that email to them with notification of a vacancy.

Lt GEN (Ret) Hopper comment/question: Are there times associated with moving from step-to-step?

Ms. Lo's response: They do have the timeframes in their plan. The timeframe for getting the referrals over to the case manager is three business day, turnaround time to funnel and go through their BNL of potential eligible Veterans. After the case manager receives the list they have about a week, she was a little unsure, to review and see who would be eligible moving on. Afterwards, the PM would receive the application, she did not know the exact timeframe for this, but ideally it would be ASAP but by contract they may have 120-days.

Mr. Mangano comment/question: You must be working on the list already and have there already been Veterans cleared and somehow being tracked.

Ms. Lo's response: They haven't gotten that far as of yet. Currently, the buildings have started submitting their units into the RMS system. They know what the criteria is for the Veterans and they are looking at that. When all the units are in their RMS system, they will be ready to start receiving referrals. The buildings also need to have their own on-site managers ready to receive the referral.

Mr. Mangano comment/question: When do we anticipate these units to be available? End of December? A concern is that they know these units are coming online but they won't have sufficient Veterans to populate which we know is already an issue in Los Angeles. There is a legitimate concern about the process of filing those units and even potentially alienating others who have been waiting for referrals.

Dr. Bamberger comment/question: He believes that the criteria for who is getting prioritized is clear, it has not been mentioned what the individual characteristics of people who will be selected from the pool of people looking for housing who are going to be prioritized. Once that is determined then this should be made clear to everyone, so someone doesn't think that another is getting special dispensation.

Mr. Kuhn's response: They need clarity on the AMI list. Currently, there is a group of 100% service-connected Veterans that are in the EUL that we would like to get into one of those units, however, they would not qualify. So, they do not want to announce criteria that would exclude them. So, they are hoping for a little more time to work through this and it may or may not work out.

Mr. Mangano comment/question: A lot of this is predicated on the CES certificate for Veterans. Is there any sense of a timeline for that being developed?

Dr. Harris' response: What they do know is that it will not be developed in time to determine the entries for the first three buildings. That will have to be made outside of CES.

Mr. Mangano comment/question: So, more than four months?

Dr. Harris' response: Yes. They must develop different population criteria.

Dr. Bamberger comment/question: This is a top tier issue for the VCOEB. We are responsible to the community to bring these criteria to the community.

Dr. Harris' response: There is active discussion underway between all the different parties in the planning office and the building operators. Everybody is in this discussion right now.

Mr. Kuhn comment: They need to support Maggie with staff, this is not a "one man show". They have been looking at the structuring needs and are working on it. They are working on a contract to get Maggie additional help.

SSVF Shallow Subsidies:

- Offers 50% rental subsidy of "rent reasonableness" for 2-years, increasing supply of affordable units.
- Can be used to keep Veterans at imminent risk of homelessness in their apartments.
- Veterans with incomes of up to 80% of area median income eligible. So, there is not issue with service-connected disability.

These Shallow Subsidies will keep people in housing. What is a concern is that we see this population of Veterans aging and on a fixed income. The rent can be cut in half, this is not based on FMR, it's based on actual rent.

National Veterans major health conditions changes SSVF

- Chart of pre-COVID and during COVID
- Trauma of COVID
 - 50 % pre-COVID and now 61%
 - Comparison of each pre vs during COVID
 - Obvious dislocation and opening motels/hotels = people coming from encampments and those that never wanted service
 - If provided the right resource, can engage
 - PBB = project-based backgrounds
 - 20 open units of affordable housing not filled because Veterans did not want to go because of poor location.

This is the challenge that they are working on the inability to fill project-based programs and owners want to collect their money or be released from this contract because they are losing money due to unfilled units.

Chief Bradsher comment: It is important to go back to the criteria and could potentially help with those that are in CTRS with other options.

Dr. Bamberger comment/question: A strategy that has been done across the county is people are offered three different options, and that they must choose one of the three options and if they do not chose then they go back to the bottom of the list to wait for another opportunity. Some people will not take the options, but it is fair to

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| | <p>offer three decent options and know what the consequences are for those choices and then move along.</p> <p>Mr. Kuhn: That is part of what we need to do, they are going to need to start delivering some “unpopular truths” and they will get some pushback. They will need to tell people they can not stay in CTRS it is not permanent housing it is temporary housing.</p> <p>Mr. Mangano comment/question: Information on child subsidy, all the recent work has been on adult homelessness in the region. Denis has been thinking about interacting with lots of communities, including Los Angeles. Regarding the choice issue they must be creative with landlords, offering them many incentives to take in homeless people. And maybe offering something to the people experiencing homelessness such as a bigger television or something else.</p> <p>Mr. Khun: That’s why they have consumer incentive so they can go into unit when offered, it may not be their first choice housing, but they will make sure you have something so you can feel good and be comfortable.</p> <p>Mr. Mangano comment/question: Do a good job incentivizing landlords and the same should be directed to consumers to get them to response.</p> <p>Mr. Kuhn: The consumer can use \$10,000 to get what they want to outfit the apartment.</p> <p>Mr. Mangano comment/question: Spending more on consumer will be well worth it.</p> <p>Lt GEN (Ret) Hopper comment/question: Covering recurring costs such as high-speed internet.</p> <p>Mr. Mangano comment/question: Great experiment to incentivize consumer.</p> <p>Dr. Harris: This is unique to SSVF funding. It’s not something that is across the board, but that’s what’s so important about SSVF.</p> <p>Mr. Kuhn continued the presentation. They have talked a lot about clinical services but there is also a lot of concrete thing they do, and therefore it’s important that blended service structure with SSVF.</p> <ul style="list-style-type: none"> • Facilitate access to VA and community health care and mental health services; • Individual professional counseling, self-care skills, vocational rehabilitation; • Financial planning and credit counseling; • Assistance in obtaining VA benefits; • Assistance in obtaining legal assistance; • Assistance in obtaining transportation; • Assistance in obtaining and coordinating other public benefits; • Crisis response; |
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- EULs offer group activities – examples include group therapy, social skills training, Alcoholics Anonymous, Narcotics Anonymous, vocational counseling and physical activities as appropriate.

Prevention services for imminently at-risk:

- Rapid Resolution (Family Reunification) training. Evidence-based practice that was pioneered by the mediation center.
- Divert from homeless system, preventing trauma and opening alternative housing resources.
- Conflict Mediation and reduction in social isolation.
- Modest financial assistance.
- Household members (Veteran's family) eligible for services. Trying to create housing with family and friends.

The fire in CTRS was scary and they were very fortunate that no one got hurt. A memo went out to all residents and November 1st they will need to go through and throw stuff out to reduce the clutter to reduce the fire hazards and ensure there is a clearing for emergency vehicles to get through.

- Charging stations for bikes but away from residences to prevent fire hazard.
- Must have rules and make it safe.
- Vets complained of harassment and fear; when rules enforced, may need to have vets leave and will offer alternatives that they may/may not elect to take.
- They want to ensure the environment is safe.

Chief Bradsher comment/question: Before you roll this out you need a comms plan, you need to tell the community, the media what you are doing and why so you will avoid being in the reaction mode.

Mr. VanDiver comment/question: Concur; important to communicate to avoid problems from lack of communication. Some residents helped during CTRS fire; will they get recognized/highlight their efforts?

Mr. Kuhn: He was unsure if they were recognized.

Mr. Mangano comment/question: He was interested in the prevention and rapid resolution, is there a rental subsidy involved in that? This is the practice in some cities in the U.S. and Europe that is making an impact.

Mr. Kuhn: Yes, money can be a part of that. Although they discovered that money was secondary it was the engagement that made the difference.

Mr. Mangano comment/question: If they were to take \$800 a month to family or friends and get some housing that is a viable option that is working in cities like New York and Seattle and parts of Europe.

Mr. Kuhn: Asked if there was a study they could reference.

Mr. Mangano: Referred him to Denise.

Mr. Allman comment/question: Chief Bradsher discussed the concern regarding fires and partnering with L.A. County fire. Maybe, reach out to do a service.

Mr. Kuhn: they have a fire inspection plan/schedule for CTRS & based on expert recommendation will make sure place is safe.

Mr. Allman: PBB and PUL – ADU accessory dwelling units are not popular in California; maybe there are programs like VA home loan programs for Vets to become homeowners and incentivize to build ADU.

Lt GEN (Ret) Hopper comment/question: What is an ADU?

Mr. Kuhn's response: Accessory Dwelling Unit (ADU), if you're a homeowner, you can build a small unit in your backyard and rent them. It doesn't go through the zoning process.

Mr. Allman comment/question: California is offering a lot of incentives especially for lower income individuals to build ADUs. And will pay \$30,000 to \$40,000 but if they have a pool of Veteran, homeowners through the VA home of programs, could they be incentivized to build an ADU and rent to low income Veterans?

Lt GEN (Ret) Hopper comment/question: If it is a low-income price, will they have that acreage in order to build. And if they have an HOA the rent would need to be higher.

Mr. VanDiver comment/question: He believed what they were saying is there's an opportunity for an administrative change to allow additional home loan for Veterans, who are homeowners to develop ADUs, to house their brothers and sisters.

Mr. Allman's response: Obviously, there would be different localities to deal with, but there may be ways to incentivize Veteran homeowners to jump through those hoops. It's all designed to increase supply.

Mr. VanDiver comment/question: This idea is looking at the broader issue, it's not just Veterans it's everybody. California is in the middle of a housing emergency and this is a way to look at this issue from a broader standpoint.

Lt GEN (Ret) Hopper comment/question: Wasn't it said earlier that there was plenty of housing?

Mr. VanDiver's response: There are plenty of vouchers, not housing.

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| | <p>Mr. Mangano comment/response: California is supporting the development of ADU units and it does come down to Los Angeles, making their rights around it and other counties coming out, but it's being incentivized. You can get money to do that. What about the family caregiver program? Is that another way to get people linked back up to their family? Is there a VA program here?</p> <p>Ms. Carter's response: There is a caregiver program, but they are already taking care of their Veterans.</p> <p>Ms. Orlemann comment/question: They've applied and were denied the caregiver program.</p> <p>Ms. Carter's response: Suggested she reapply now for the program.</p> |
| Review/ Wrap Up/Adjourn | <p>Lt GEN (Ret) Hopper, VCOEB Chair, Tanya Bradsher, VA Chief of Staff, John Boerstler, Chief Veterans Experience Office, Dr. Harris, Senior Executive Homelessness Agent for GLA, Phillip Mangano, Vice Chair VCOEB</p> <p>Lt GEN (Ret) Hopper: Pointed out that they had some great presentations and excellent discussions. You can feel the energy that was present filled with optimism if they run it on a good track here they need to understand that it's going to take a little more time and that the first buildings delivered, as the Chief said, they need to be transparent so everybody knows what is going to happen, why it is happening and the criteria as it's being further refined. And that won't be an easy task, but they will try to get that done.</p> <p>Chief Bradsher: Thanked GEN Hopper. It was a good day, very informative. She was appreciative of the great conversation and to see the progress and just the education alone was super helpful. The math problems that we have for us were crystalized today in a way that she was not fully aware as they look at the master plan but how they are also going to help Veterans.</p> <p>Mr. Boerstler: He wanted to echo GEN Hopper and Chief Bradsher, but also thank the public comment participants. That's always incredibly important for us to hear from the voice of the Veteran and their family. The concerns and compliments on the care that you're receiving here at GLA, we also hear you so thank you.</p> <p>Dr. Harris: Very pleased with John Kuhn and with Deborah Carter in bringing to coordinate entry an interest that leadership has taken, and the energy right now is exciting and is exactly what is needed, appreciate and very much.</p> <p>Mr. Mangano: Concur with the Chief and with the General that today's discussions were substantive and really create trajectories for the work that we must do. There's still more work that we must do in terms of routing all of this and the customer and consumer. But I think we are on our way to that and certainly the resources that the customer consumer needs and their homelessness, that is certainly the center of our attention and certainly appreciate the energy. Thanked</p> |

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| | <p>Dr. Braverman for creating a very stable environment here at the medical center to allow all these additional conversations to take place.</p> <p>Lt GEN (Ret) Hopper: Thanked everyone very much. He echoed Mr. Mangano's comments regarding Dr. Braverman. He has been doing the "heavy lifting" particularly in moving this project forward and more tactical levels in operations for them to be able to be here. He thanked the audio-visual folks. And appreciates what they go through trying to make all these things come together.</p> <p>Meeting adjourned.</p> |
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/s/ John D. Hopper, Jr.

Approved

LTG (R) John D. Hopper Jr. (Chair)

Eugene W Skinner
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Eugene Skinner Jr., DFO