

THANK YOU FOR JOINING THE 13TH VETERANS AND COMMUNITY OVERSIGHT AND ENGAGMENT BOARD

PLEAE BE PATIENT THE MEEITNG WILL START SHORTLY



VETERANS AND
COMMUNITY
OVERSIGHT AND
ENGAGMENT
BOARD

Rules of Engagement

- Mute your phone line and silence cell phones
- Mute microphones on your desktop
- ▶ The Chair has requested to please turn on your camera if your system is equipped
- Allow DFO/VCOEB Chair to yield the floor to you prior to speaking
- The Chair will ask for questions and/or comments throughout the meeting.
- Please hold all questions until the presentation is complete
- Identify yourself prior to speaking
- After speaking be sure to mute your microphone and turn your camera off if required
- A roll call vote will be used for all proposed recommendations
- Minimize background noise while speaking
- Note: this session is being recorded

	3:00 pm – 3:05 pm	Call to Order, Attendance, Welcome, Pledge of Allegiance, Opening Remarks	LTG (R) John D. Hopper, Chair, Eugene W. Skinner Jr, Designated Federal Officer
Г	3:05 pm – 3:10 pm	VEO Update	Mr. John Boerstler, Chief Veterans Experience Officer
	3:10 p.m. – 3:25 pm	Department of Veterans Affairs	Ms. Tanya Bradsher, Chief of Staff, Department of Veterans Affairs
	3:25 pm — 4:05 pm	Opening Remarks Revised timeline based upon Engineering challenges. Include potential choke points and strategy to overcome. Include target date to house next compliment of Veterans as a result of executing the DMP. Housing homeless Veterans now. Plan to work with State/County/City considering recent rebalance of State Budget (\$7 -\$8 Billion) to support housing the homeless Strategy regarding encampment of Veterans located outside campus gates. Drone flyover video excerpts	Dr. Steven E. Braverman, M.D., Medical Center Director/ Mr. Robert McKenrick, Deputy Medical Center Director
	4:05 pm – 4:25 pm	Colma Veterans Village	Dr. Anne R. Fabiny, ACOS, Geriatrics, Palliative and Extended Care
	4:25 pm – 4:45 pm	Hope of the Valley	Rowan Vansleve Chief Finance & Administration Officer Hope of the Valley Rescue Mission
	4:45 pm – 4:55 pm	Services and Outcomes Subcommittee recommendation brief discussion and vote	Services and Outcomes Subcommittee Chair (Dr. Joshua Bamberger)
	4:55 pm – 5:05 pm	Master Plan Subcommittee recommendation brief discussion and vote	Master Plan Subcommittee Chair (Mr. Anthony Allman)
	5:05 pm – 5:55 pm	Public Comments Session	Mr. Chi Szeto (Alternate DFO)
	5:55 pm – 6:00 pm	Wrap up & Adjourn	LTG (R) John D. Hopper, Chair

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

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GLA Presentation to the Veterans and Community Oversight and Engagement Board (VCOEB)

June 29, 2021

GLA Responses to VCOEB Request

Presentation Agenda

- 1. Timeline of upcoming Enhanced Use Leases
- 2. Due diligence activities to prepare parcels as "turnover ready"
- 3. State Budget initiative
- 4. San Vincente strategy
- 5. Campus drone flyover video

1. Upcoming Enhanced Use Leases (EULs)

- OAEM leads EUL program for VA
- GLA and OAEM work on projects to meet "turnover ready" requirements (rather than transferring parcels to EUL program "as is")
- GLA turns parcels over to OAEM for EUL activity
- GLA refers Veterans for housing and GLA monitors housing operations with OAEM



- > B209 54 units operational since 2017
- > B205/208 120 units
 - Construction start date Q4 2020 CY
 - Occupancy anticipated Q4 2022 CY
 - ➤ Shangri-La: Non-Principal Developer (PD) construction
- > B207 59 units
 - Construction start date Q4 2020 CY
 - Occupancy anticipated Q4 2022 CY
 - Designated for Veterans age 62+
 - > First PD (West LA Veterans Collective) construction
- ➤ MacArthur Field Phase 1: 74 of 148 units
 - Construction start date anticipated Q4 2022 CY
 - > Developer applying for financing
 - ➤ Phase 2 includes +74 units; follows approx. 1 year later
 - Core Affordable/Walsh: Non-PD construction

2. Phase 0 Turnover Work

	Building 205 & 208	Building 207
Utility connections	Water connectionsRe-route power linesAboveground storage tanks	Water connectionsAbove ground storage tankEmergency generatorSteam line
Staff & Equipment Moves	Complete	Complete
Abatement/Demolition	Complete	Complete

2. Phase 1 Turnover Work

	Parking Lot 38 (B402)	Parking Lot 48 (B404)	Building 156	Building 157
Utility Connections	 Solar Panel removal Research nearby water line, sewer line and drainage areas 	 Research nearby sewer line, storm drainage Reroute steam line Photo voltaic lines present 	 Research storm drainage Reroute/disconnect steam line Photo voltaic lines present 	 Research storm drainage Reroute/disconnect steam line
Staff & Equipment Moves	184 parking spaces	• 99 parking spaces	• None	• None
Abatement/ Demolition	 Underground monitoring equipment Define arroyo boundary 	 Demolish and relocate B233 (hazardous waste processing) 	 Short term hazardous abatement Long term Hazardous Abatement Confirm status of emergency generator 	 Short term hazardous abatement Long term Hazardous Abatement Equipment removal

2. Phase 1 Turnover Work cont.

	Building 300	Building 258	Parking Lot 49 (B400)	Building 158	MacArthur Field Phase 1
Utility Connections	 Reroute/disconnect water line Research underground ducts 	 Reroute/disconnect steam line Research underground ducts 	 Research nearby water line, sewer line, storm drainage Solar Panel removal 	 Research storm drainage Research underground ducts 	Reroute water line
Staff & Equipment Moves	Kitchen staffIT staff & equipment	CERS staffCenter for staffAssociated equipment and storage	88 parking spaces	30 staff members	• None
Abatement/ Demolition	 Underground storage tank Hazardous materials Aboveground storage tank Active emergency generator 	Research required	Research required	Hazardous material abatement	Fill removal

3. Plan to Work with State/County/City Budget Rebalance

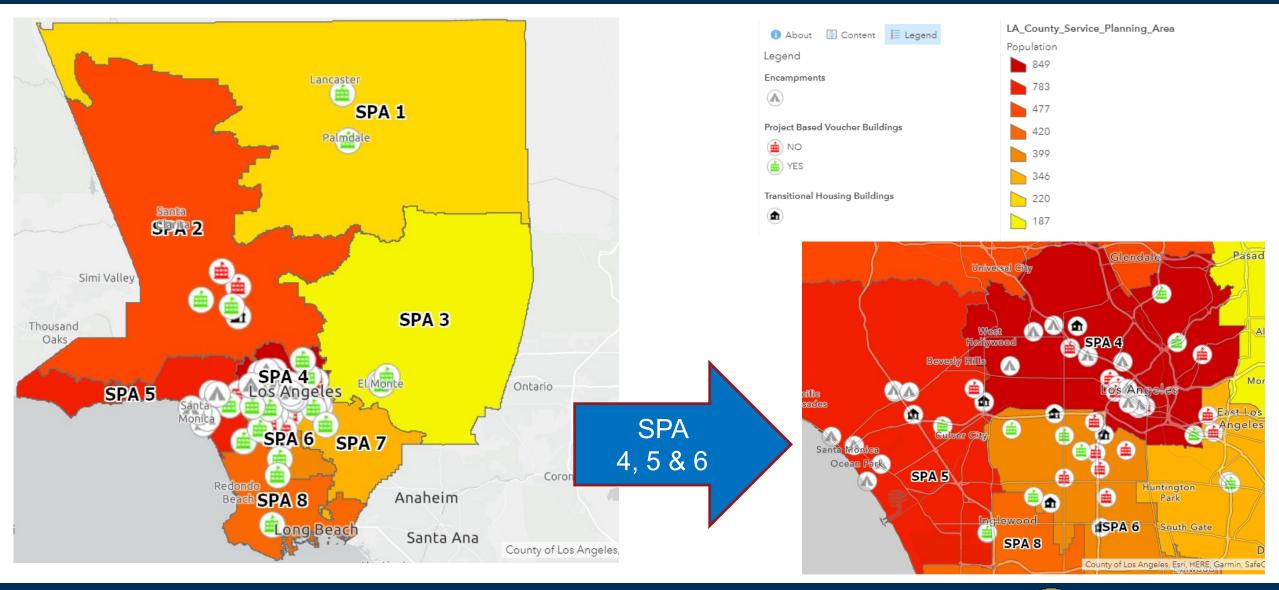






- Ending Veteran homelessness in the Greater Los Angeles Area will require a coordinated effort between federal agencies, state and local government as VA continues to remain engaged:
 - With the State regarding their ability to donate trailers
 - With the City regarding their ability to partner on Tiny Homes
 - With local agencies (Public Housing Authorities, LAHSA, Councilmembers) on solutions for homeless
 Veterans
 - With Community Members and local non-profits on supporting homeless Veteran initiatives (e.g., meals, donations, volunteer opportunities)
- The Enhanced Use Lease strategy for redevelopment of the West LA Campus is reliant on local financing to include the financing proposed in the budget rebalance; the Principal Developer team has vast experience navigating and applying for these financing sources
- GLA has successfully partnered with state and local agencies on HUD-VASH projects throughout the community as shown on the following slide, as well as on the West LA Campus to include the 'A Bridge Home' partnership
- Congress enacted the West Los Angeles VA Campus Improvement Act on Wednesday, June 23, 2021; this act broadens VA's authority on the West Los Angeles Campus to:
 - Supporting construction, maintenance, and services at the Campus relating to temporary or permanent supportive housing for homeless or at-risk veterans and their families.
 - Renovating and maintaining the land and facilities at the Campus.
 - o Carrying out minor construction projects at the Campus.
 - Carrying out community operations at the Campus that support the development of emergency shelter or supportive housing for homeless or at-risk veterans and their families.

3. Plan to Work with State/County/City Budget Rebalance



4. San Vicente Strategy



- In May 2020, community activists assisted in the expansion of a disorganized encampment into an organized "Veterans' Row" encampment along the VA West LA fence line
- The encampment has grown from 16 to 40 Veterans to include those not eligible for VA healthcare services
- All Veterans are offered homeless services through the GLA outreach staff who continue to regularly meet with and engage these Veterans to encourage benefits of GLA's homeless services
- GLA currently has resources to house all Veterans on Veterans' Row
- Approx. 90% have used VA services concurrently while staying on Veterans' Row
- On June 4, 2021, VA CERS hosted a San Vicente Veterans Town Hall with community activists and Veterans to discuss opportunities to engage in VA services
- VA is committed to monthly Town Hall meetings with those living and supporting this encampment, with the next scheduled for July, to ensure homeless services remain available/publicized and concerns are responded to in a timely manner

4. San Vicente Strategy

A unique component of GLAHS' COVID response, CTRS provides *low-barrier* entry to high-risk homeless Veterans with healthcare, case management, peer support, meal services, a clean environment and transitional housing assistance in a designated tenting area



- Participants are provided access to VA medical and behavioral health care services, three daily meals, clean water, soap, bathrooms, showers, weekly laundry services and housing assistance to stay healthy during their participation in the CTRS Initiative
- ADA-accessible accommodations are available for those with impaired mobility
- Site includes 100 space capacity proximate to 24hr on-site security
- All participants are screened for the COVID-19 virus upon entry to the site. Veterans
 who test positive or who exhibit symptoms of
 COVID-19 are placed in separate accommodations until they fully recover
- 461 total Veterans admitted (86% continue with VA or VA sponsored program)
- Exploring opportunities to evolve the CTRS initiative into a longer-term program

4. San Vicente Strategy

VA Greater Los Angeles Healthcare System

Bed & Unit Capacity for Programs Targeting Homeless Veterans

(as of May 2021)

Housing Type		
Bridge/Transitional Housing	Beds	% Occupied
VADomiciliary	212*	110 (52%)
Grant and Per Diem/Healthcare for Homeless Veterans	1,019*	540 (52%)
Residential Treatment	1,019	340 (32 /0)
Permanent Housing	Units	% Utilized
VASH Allocations (including vouchers attached to project-based	7,214	5,113 (71%)
programs)	7,217	0,110 (7170)
Non-VASH PBV, Veteran-specific apartments in the Community and non-	1,083	812 (75%)
VASH housing vouchers	1,003	012 (7370)
Total: All Beds and Units	9,528	6,575

^{*}Capacities adjusted due to COVID Social Distancing / Staffing

More details available at the following link (updated monthly in status reports table): Veterans Affairs Greater Los

Angeles Healthcare System Draft Master Plan (westladraftmasterplan.org)

5. West LA Campus Drone Flyover



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Colma Veterans Village (CVV)

Anne Fabiny, MD Alice Jia Son, LCSW Adriana Der, LCSW John "Paul" Rosales, RN Anna Oh, PhD, RN Colin Purmal, MD

Objectives

- Identify the components of the Colma model that can be applied within your HUD-VASH site.
- Recognize the importance of an onsite interprofessional team in providing wrap-around care to socially and medically complex elderly Veterans and adults with disabilities.
- Describe the characteristics of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) Veterans who are appropriate for enrollment in a care model similar to the Colma Veterans Village.









Presentation Outline

Part 1: Team approach

• Part 2: Evaluation



Part 1: Team approach, the "secret sauce"



San Francisco VA Health Care System (SF VAHCS)

MD (PCP) (0.2 FTE)

RN (1 FTE)

HUD-VASH

Psych NP (0.5 FTE)
Social worker (2 FTE)
Peer support specialist (1 FTE)



Community Partners

Mercy Housing, Inc.

Public Housing Authority (PHA) of San Mateo County

Brilliant Corners (7 COC units)

San Mateo County Aging and Adult Services

Floating, support staff

Interprofessional Team



Paul Rosales, RN
Art Hunt, RN
David La Rosa-Presume
HUD-VASH Nurses (1.0 FTE)



Anne Fabiny, MD Team leader/Geriatrician (0.2 FTE)



Adriana Der, LCSW
Jennifer Darlington, LCSW
Clare Rudolph, ASW
Gilberto Diaz, LCSW
HUD-VASH Social Worker (2.0 FTE)



Cedric Thurman, PMHNP Laurel Barber, PMHNP HUD-VASH Psych NP (0.5 FTE)



Sharmayne Yusuff Recreational therapist (0.2 FTE)



Kevin Short
Peer Support Specialist
(1.0 FTE)



Julia Gray, OT HUD-VASH Occupational Therapist



Anna Oh, PhD, RN Colin Purmal, MD Fellows



Consultants (palliative care, specialists)

Geriatrician (Team leader)

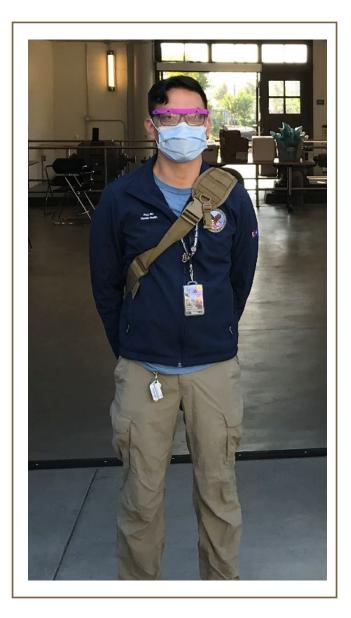
- Provide comprehensive on-site primary care to Veterans who enroll in the Colma Veterans Village Patient Aligned Care Team (CVV-PACT):
 - Medication + chronic disease management
 - Population health/ panel management
 - Subspecialty care referral
- Act as team leader for the interprofessional team
- Leverage geriatrics and palliative care knowledge to manage complex Veterans at end-of-life



HUD-VASH Nurse:

Redefining the HUD-VASH RN Role

- Primary Care
 - Establishing a PACT
 - Care coordinator
- Triage
- Health Education
- Home Health Support
 - Home Assessment
 - ADL & IADL support; End-of-life care
 - Labs, Vital signs
 - Observed Med therapy
 - Collaboration with CVV Team
- Mental Health
 - Long-acting injectables (LAIs)
 - Assessments
 - Psychosocial support
- Relationship building





HUD-VASH Social Workers

Social Workers

- Clinical Case Management, Team model, Intensive
 Psychotherapy, Case management,
 Palliative/Hospice care coordination
- Care coordination with community resources/ programs and VA programs
- Liaison between San Mateo PHA and Mercy Housing property management

HUD-VASH Peer Support Specialist

- Creates a collaborative relationship
- Provides reassurance and support
- Facilitate Groups
 - Kevin's Café
 - Gardening







Recreational Therapist

- Facilitates Group
 - Sit and Stretch
 - Arts and Crafts
 - Bingo/Board game fun
 - AA NA
- 1:1 Whole Health home visits
- Veteran and caregiver engagement

What has worked well for the team

- Constant collaboration to keep everybody in the loop/ coordination
 - Text with encrypted VA phones
 - TEAMS chat/video
 - Weekly VA Team Meeting
 - VASH Huddle 3x weekly
 - Weekly Blended Meeting with Mercy Housing (property management)
- Telemedicine
- Balancing need for on-site faceto-face visits vs. virtual visits





What challenges have we experienced?

- With property management
 - Boundaries & Rigid rules
 - Confidentiality
 - Need to clarify HUD-VASH roles with property management
 - Lack of education and experience with homeless Veteran population
- Lack of transportation in a suburban setting
- High burden of care needs
- County-based transfer for MediCal services
- Lack of In-Home Support Services (IHSS) availability
- Community awareness of Veteran complexity



VA Shuttle Bus

- Began May 10, 2021
- Reservation line
- Shuttle stops at CVV 8 times to go to San Bruno CBOC or SFVA Fort Miley
- Must have:
 - Appt scheduled
 - Picking up prescription medications
 - Going to the ED for minor issues

Case Study

MI, hip fracture, ischemic L foot ulcer due to Type 2 diabetes mellitus (DM), bilateral foot amputation, CKD, HTN, worsening vision loss, urinary incontinence



71 y male Vietnam Era combat Vet Uses wheelchair, cane, walker

Reports on average 2 falls per week

Smokes 15 cigs/day, cannabis, and ETOH daily. Relapsed on meth x 2. Denies other illicit substance use

Ongoing nightmares (has h/o barricading room), paranoid delusions ("followed by Lt. Colonel")

Receives Supplemental Security Income.

Comes by the office to report he is hungry and needs ride to grocery store

After 6 months...



Diagnosed with poorly controlled Type 2 DM & urinary incontinence

Dementia (cognitive impairment and functional impairment)

Referrals: optometry, podiatry, occupational therapy



Medication adherence

Daily dressing changes

Arrange appointments and transportation

After 6 months...



Medication changes – discontinued risperidone as not needed

Counseling



Transferred MediCal between counties

Applied and coordinated Redi-Wheels, IHSS, Meals on Wheels

Coordination with OT for Durable Medical Equipment (DME)

Helped set up bank account to manage finances



Provided transportation for shopping and medical appointments



Part 3: Evaluation

SMART AIM

• Ensure 90% of current Colma residents (at least 58 out of current 65 total residents) renew their lease one-year after move-in

Measures

Process measures

Outcome measures

- ↓ Number of lease violations
 - Paying rent
 - Keeping apartment clean
 - ↓Noise disturbances

Increased length of stay for Veterans in permanent supportive housing

Reasons for missing medical appointments
When do Veterans go to the ED?

Utilization (\uparrow primary care, \uparrow specialty care, \downarrow ED, \downarrow hospitalizations)

Caseload, team characteristics, roles, responsibilities, communication

Experience

- Staff (↓ stress/burn out, ↑satisfaction)
- Veteran (↑satisfaction)

Measures

Process measures

Outcome measures

\downarrow	Num	ber	of	lease	vio	lations
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- Paying rent
- Keeping apartment clean
- ↓Noise disturbances

Physical health, mental health, functional disability needs

Reasons for missing medical appts When do Veterans go to the ED?

Caseload, team characteristics, roles, responsibilities, communication

Increased length of stay for Veterans in permanent supportive housing

Services and supports (interprofessional team and community services)

Utilization (\uparrow primary care, \uparrow specialty care, \downarrow ED, \downarrow hospitalizations)

Experience

- Staff (↓ stress/burn out, ↑satisfaction)
- Veteran (个satisfaction)

Plan-Do-Study-Act (PDSA) Cycle #1: Establish Colma baseline profile

Plan

 Initiate interprofessional team at Colma in November 2019

Do

Needs assessment of Colma staff and Veterans
 Determine the functional impairments identified by each interprofessional team member and determine gaps in services available to meet those needs

Chart review (35 Veterans)

Interviews (10 Veterans, 6 staff)

Observations

	HUD-VASH n=58 (%)	Fabiny n=33 (%)
Average age, in years (standard deviation) Range, min-max	65.6 (10.9) 35 - 86	67.8 (10.0) 43 - 84
Male	57 (98)	33 (100)
Race/ethnicity breakdown		2.4-1
White Black/African American	34 (59) 14 (24)	24 (71) 7 (21)
Asian	3 (5)	1 (3)
Native Hawaiian or other Pacific Islander	3 (5)	1 (3)
Unanswered/refused	4 (7)	0 (0)
Service connection (SC)		
No SC	38 (66)	23 (70)
SC<50%	12 (21)	6 (18)
SC>50%	6 (10)	3 (9)
SC=100%	2 (3)	1 (3)
Average income*	\$17,600	\$17,980
Has Medi-Cal (Medicaid)	28 (48)	17 (51)
Has In-Home Supportive Services, or in process	10 (17)	10 (30)

^{*}Includes Social Security, Supplemental Security Income, VA pension, and Other

Study

Most Common Medical Problems:

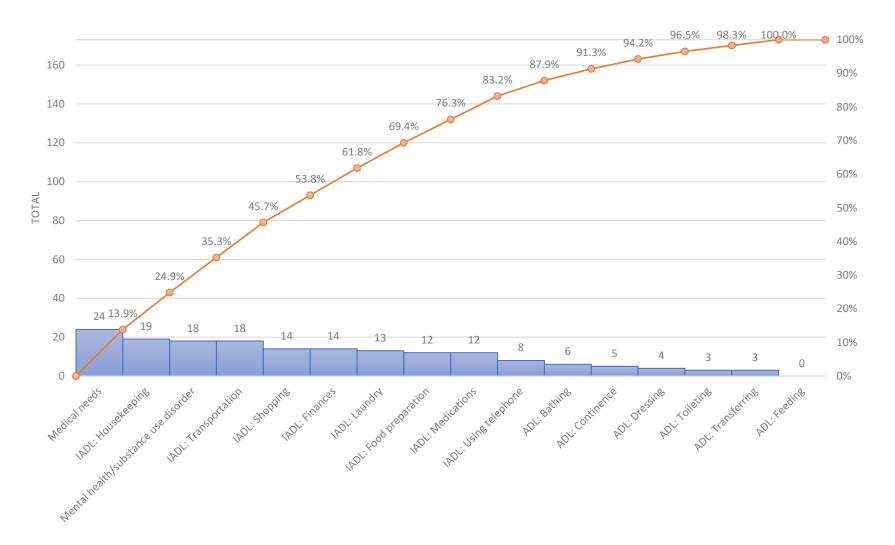
- 1. Genitourinary (GU) problems (Benign prostatic hyperplasia, erectile dysfunction; n = 14)
- 2. Hypertension (n = 13)
- 3. Mild cognitive impairment (n = 11)
- 4. Type 2 diabetes mellitus (n = 10)

Study

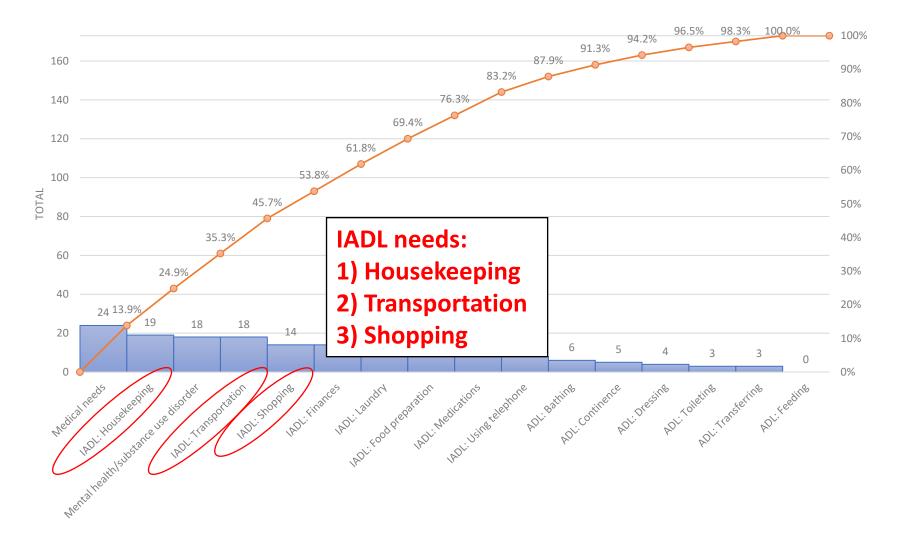
Most Common Mental Health Problems:

- 1. Substance use disorders (n = 14)
- 2. Major depressive disorder (n = 11)
- 3. Post-traumatic Stress Disorder (n = 11)
- 4. Alcohol use disorder (n = 10)

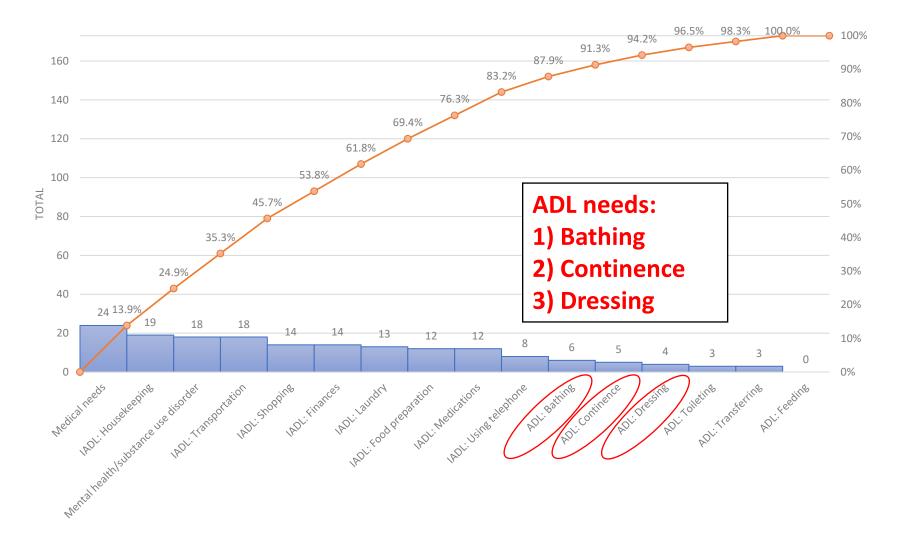
Veteran needs at CVV

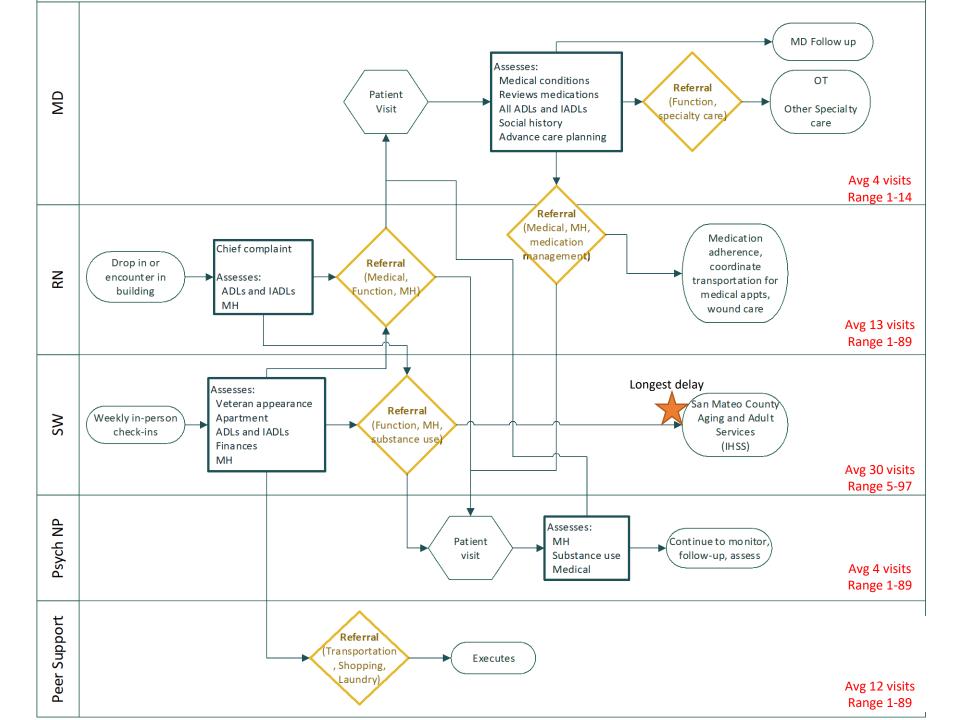


Veteran needs at CVV



Veteran needs at CVV





PDSA Cycle #1: Establish CVV baseline profile

Celebrating victories!
Gaining momentum
Dissemination internally and externally

PDSA Cycle #2:

Analyses on primary and specialty care utilization

Future Directions for Evaluation

- Opportunities for collaboration between VA sites
- Use CDW data to compare health services outcomes between usual HUD-VASH/clinic-based care and housing sites using models similar to CVV with on-site primary care:
 - Primary care utilization
 - Specialty care utilization
 - Emergency department utilization (both within VA and through the Office of Community Care)
 - Inpatient services (both within VA and through the Office of Community Care)
 - Preventive Services: e.g. vaccinations, ageappropriate cancer screening

Summary

- CVV Veterans are older, medically complex, and frail with many medical, functional (ADL, IADL) and social needs
- Innovative model at CVV improves individual quality of Veteran care with interdisciplinary teamwork and high job satisfaction
- CVV is made possible through:
 - Interdisciplinary collaboration and communication
 - Team members' commitment to high-quality Veteran care
 - Flexibility
 - Supportive leadership

Additional slides

COVID-19 Testing

 58 VASH Veterans (2 vacancies with Veterans working on the process to move in)

Day 1:

• 35 tested, 8 refused

 9 not in the building (hospital, rehab treatment facility, vacation, missing, work, etc.)

• 6 no response

Day 2: (Door to Door to 9 Veterans)

• 5 got tested, 3 declined

1 did not answer door (circled around 3x)







Covid-19 Vaccination

Dose #1 January 19, 2021

- 58 VASH units (4 vacancies working with Veterans on the process to move in)
- 38 Veterans Vaccinated

Dose #2 February 16, 2021

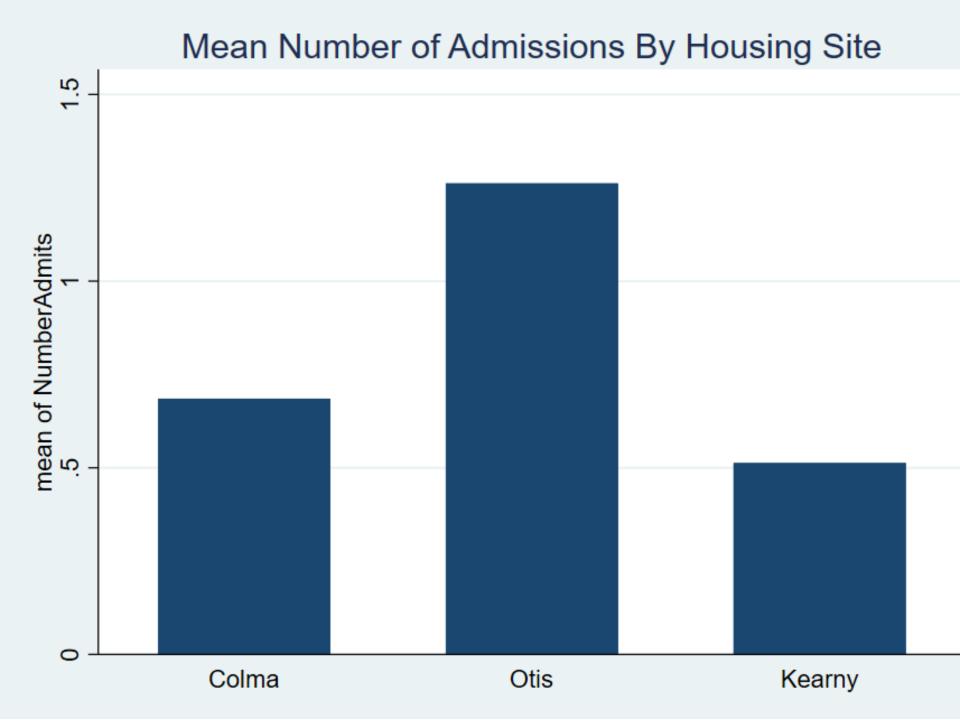
- 36 Veterans received 2nd dose
 - Dose #1 also provided- 5 Veterans
- Vaccinations continues to be provided onsite when needed

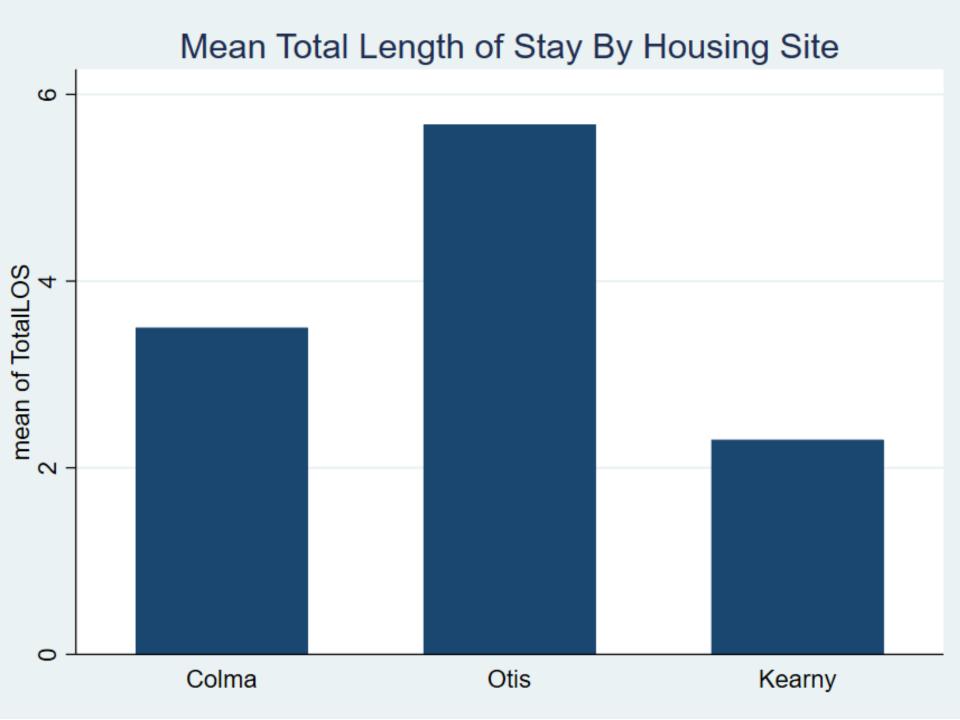
Care Utilization Comparison

- Goals will be to compare Veteran primary, subspecialty, emergency, and inpatient care between Colma and two other housing sites in SF: 150 Otis/Vet Commons and 250 Kearny/Stanford Hotel
 - Otis is a VA associated project-based housing site that utilizes off-site psych NP and RN as needed
 - Kearny is a VA associated project-based housing site that includes one on-site RN
- These sites were chosen as they are VA associated permanent housing sites, but do not include the intense level of services (primary care MD) on-site services provided at Colma

Inpatient Admission Data

- Used CDW to determine SFVA:
 - Total inpatient admissions
 - Total inpatient length of stay
 - Data represents the period of 6/1/2019 to 1/12/2021
- Combined this admission data with the total population of Veterans at Colma, Otis, and Kearny
- Created a few summary statistics to evaluate efficacy based on differences in inpatient admissions





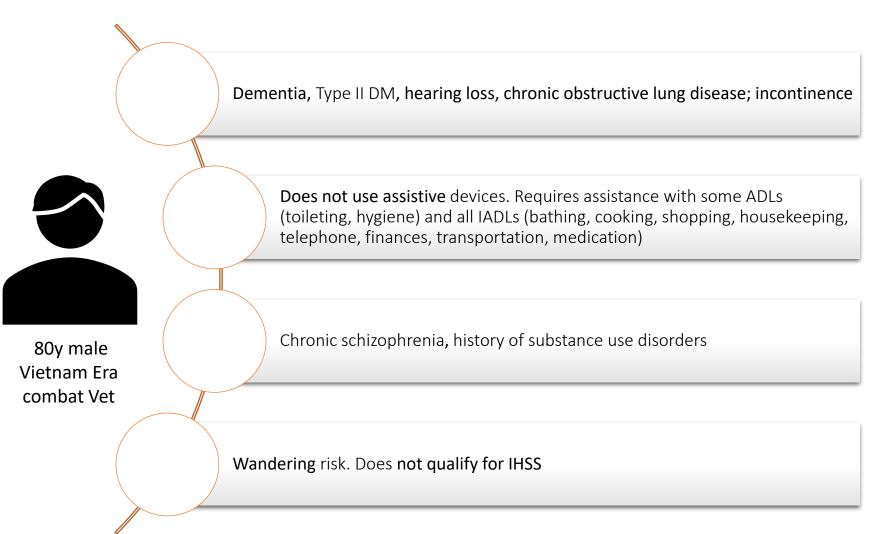
	Admissions Descriptive Statistics for Colma, Otis, and Kearny					
Location	Variable	Number of	Total number	Mean	SD Admits/LOS	
		Observations	admits/LOS	Admits/LOS		
Colma	Number of	54	37	.6851851852	1.55191998	
	Admissions					
	Total Length of	54	189	3.5	10.81011057	
	Stay					
Otis	Number of	84	106	1.261904762	2.680222287	
	Admissions					
	Total Length of	84	477	5.678571429	13.52210213	
	Stay					
Kearny	Number of	117	60	.5128205128	1.18623851	
	Admissions					
	Total Length of	117	269	2.299145299	8.427443836	
	Stay					
Total	Number of	255	203	.7960784314	1.898399739	
	Admissions					
	Total Length of	255	935	3.666666667	10.89836126	

Admission Summary Statistics

Bottom-Line

- Comparing admits by housing site via t-test between Otis and Colma yields:
 - No statistically significant difference
 - Number of admissions two-tailed P = 0.15
 - Total Length of Stay two-tailed P = 0.32
- STILL....
 - These data are preliminary and only represent a small subset of the data we would like to examine
 - Colma was recently opened
 - There may not be enough power given the small Colma sample size to detect differences rare events such as inpatient admissions
 - Outcomes such as primary/subspecialty care, and vaccinations may have larger associated effect sizes due to the Colma model
- The search continues!

Case Study #2



After 12 months...



Referrals to Adult Day Health, specialty services



Check-ins with the Veteran

Assistance with ADLs and IADLs

Colma Police notified of wandering risk

After 12 months...



Continued administration of LAI for chronic schizophrenia



Support in education of paying rent until mandated county payee established; conservatorship **papers** filed; APS relationship

Arranged out-of-pocket housekeeping, relied on donations; education on meals + Meals on Wheels support

Assist with ADLs and IADLs and OT referral



Assist with ADLs and IADLs

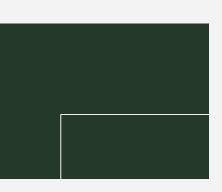
Transportation

APS = Adult Protective Services

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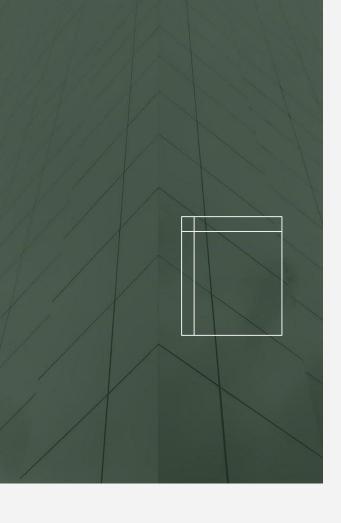
AGENDA





Our mission is to prevent, reduce and eliminate poverty, hunger and homelessness. We do this by offering immediate assistance and long—term solutions. We are a faith—based independent 501(c)(3) nonprofit organization that does not discriminate based on gender, age, ethnicity, sexual orientation, religious affiliation or lack thereof. Our services are grounded in a deep respect for the dignity inherent in each human being.

Mission 1 Statement



Our Philosophy and Vision

We believe that everybody and everything deserves a second chance. As a faith -based compassion ministry, we focus on the spiritual, emotional, physical, relational, occupational and financial needs of our clients.

Our two -pronged approach starts with crisis intervention, then bridges clients, when they are ready, into long -term services that address chronic obstacles.

Our vision is that no one goes without...

Hope—Amessage of love, support and freedom for a better tomorrow.

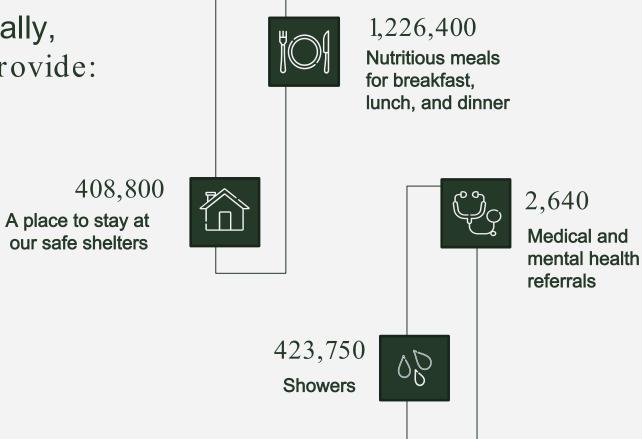
Hot Meals – Food distribution to the hungry.

Housing – Emergency/transitional shelter to the situational and chronically homeless.

Health Services – Resources for basic human needs.

Healing – Proven programs that lead to wholeness and self-sufficiency

Annually, We provide:





Alexandria Tiny Homes & Chandler Tiny Homes

Chandler



Aerial View of the Chandler Site in North Hollywood

Alexandria



Aerial View of the Alexandria Site in North Hollywood

Alexandria



Hygiene Trailer

Laundry Facilities



Outdoor Dining Area

Administrative Offices

Alexandria



Interior of a Tiny Home

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AGENDA

VCOEB Recommendation 13-01

WHEREAS, according to the latest VA Trust Survey, female veterans are 6% less likely to trust the VA compared to male veterans;¹

WHEREAS, this trust discrepancy is an opportunity to build new initiatives and programs designed to improve VA's relationship with female veterans;

WHEREAS, in September 2018 and January 2019, VAGLAHS committed to creating 50 beds for female veterans as part of the A Bridge Home program in partnership with the City and County of Los Angeles;²³

WHEREAS, as of April 2021, there were approximately 189 female homeless veterans on Los Angeles Homeless Services Authority's (LAHSA) "By-Name List";⁴

WHEREAS, as of June 15, 2021, A Bridge Home on campus has served 396 male veterans and 0 female veterans;⁵

WHEREAS, as of June 15, 2021, the Care, Treatment and Rehabilitative Service (CTRS) program at VA West Los Angeles has served 455 male veterans and 15 female veterans;⁵

WHEREAS, Building 257 had 46 Health Care for Homeless Veterans (HCHV) contract beds for male veterans; and

WHEREAS, VAGLAHS informed VCOEB that the contract at Building 257 for male veterans has ended and is in the process of designing a new service contract for 20 beds dedicated to female veterans, a reduction of 26 beds from the previous capacity for male veterans.⁶

NOW THEREFORE LET IT BE:

RECOMMENDED, that the Secretary of Veterans Affairs instruct VAGLAHS leadership to develop at least 50 shelter beds for female veterans, with or without dependents. These 50 beds can be made up of a combination of traditional HCHV beds and/or innovative options such as tiny homes as determined by VAGLAHS, in consultation with the City of Los Angeles, LAHSA, VCOEB and community input.

¹ VA Trust Report January 1 – March 31, 2021

² West Los Angeles Integrated Project Team Update/Status/Q&A – September 12, 2018, Slide 5

³ VAGLAHS Update West LA Campus Master Plan – January 2019, Slide 7

⁴ Los Angeles County Veterans Advisory Commission – May 12, 2021. YouTube. 33m 05s.

⁵ CTRS / ABH Data Summary – June 15, 2021

⁶ 12th VCOEB Meeting. YouTube. 1hr 52m 24s.

VCOEB Recommendation 13-02

WHEREAS, West Los Angeles VA Medical Center is seeking to rapidly expand permanent supportive housing over the next ten (10) years on the 387 acre campus;

WHEREAS, adding housing units will increase the need for emergency mental health services available to Veterans housed on the campus;

WHEREAS, a VA pilot program at the Long Beach VA Healthcare System began in September of 2018, which is referred to as the Veterans Mental Evaluation Team (VMET). VMET mirrored the success of LASD MET and LAPD SMART units by partnering a licensed clinical social worker with a sworn peace officer to co-respond together to crises when called upon by law enforcement agencies; ¹

WHEREAS, the VMET team handled 832 calls for service in 2018 and 1034 calls for service in 2019. It is credited with 66 active interventions of suicidal activities and housing 3 chronically homeless Veterans with no use of force in any of their contacts;

WHEREAS, today, the LASD MET Triage Desk deploys a MET unit and automatically notifies the VA Police Department VMET when a 911-level calls is received regarding a veteran experiencing a mental health crisis;

WHEREAS, if a VMET is established at the West Los Angeles VA campus, it will create the ability to stand up a taskforce which will lead to cross collaboration with other law enforcement and related agencies to include data sharing; and

WHEREAS, establishing a VMET would help VA align with local suicide prevention efforts to create mental health/law enforcement collaborative and a multi-tiered crisis response.

NOW THEREFORE LET IT BE:

RECOMMENDED, that the Secretary of Veterans Affairs formally commit clinical staff and VA Police resources to the establishment and ongoing programming of Veteran Mental Evaluation Teams (VMET) at VA Greater Los Angeles Healthcare System (VAGLAHS) in partnership with local law enforcement by January 31, 2022. And further recommend that the VAGLAHS Medical Director enter into an MOU with the Los Angeles County Sheriff's Department and appropriate city enforcement agencies to formalize the partnership to include and not be limited to: information and aggregated data sharing.

¹ David Weiner and John Gannon. Reducing Veteran Suicide through 21st Century MET Outreach Strategies, page

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AGENDA

WHEREAS, history has proven that the Greater Los Angeles area is subject to major seismic events, which pose a significant risk to life, property, and the delivery of medical services during emergencies.

WHEREAS, the VA's Sylmar Campus suffered a catastrophic loss of lives during the 1971 Sylmar earthquake, "causing 49 of the 64 deaths attributed to the disaster." ¹

WHEREAS, beginning with a FY 2012 budget request, the VA took the position with Congress that it needed to obtain funding for the seismic retrofitting of twelve buildings on the West LA Campus as a "Major Construction Project":

- Project included Buildings 114, 115, 205, 206, 207, 208, 209, 212, 222, 257, 258 and 300²;
- VA took the position that this work is necessary to "elevate these 12 buildings to the required standards, reducing the risk of building collapse and potential loss of life in the event of a major seismic occurrence."³;
- The total estimated project cost to complete the FY 2012 Seismic Retrofit was \$346,900,000.00⁴;

WHEREAS, in a FY 2015 budget request the VA slightly modified Major Construction project by replacing Buildings 114 and 115 (marked for demolition) with Buildings 156 and 157 and increasing the total estimated cost for the project to \$370,800,000⁵.

WHEREAS, in FY 2018 VA significantly modified the Major Construction Project and altered its prior position about the scope, necessity, and urgency of seismic retrofitting:

- VA removed six buildings from the project (205, 206, 208, 209, 156 and 157), stating that it was purportedly necessary to do so in "[i]n order to operationalize the West Los Angeles Master Plan"⁶;
- VA claimed that "[t]he seismic deficiencies identified in those buildings will be addressed through EUL supportive housing program."

¹ Smith, Doug. *50 years ago, the Sylmar earthquake shoot L.A., and nothing has been the same since.* Los Angeles Times. February 9, 2021.

² FY12 VA Budget Volume IV Construction 5 Year Capital Plan 6-9

³ FY12 VA Budget Volume IV Construction 5 Year Capital Plan 6-9

⁴ FY12 VA Budget Volume IV Construction 5 Year Capital Plan 6-9

⁵ FY15 VA Budget Volume IV Construction and Long Range Capital Plan 2-9

⁶ FY18 VA Budget Volume IV Construction and Long Range Capital Plan 2-7

⁷ FY18 VA Budget Volume IV Construction and Long Range Capital Plan 2-7

• VA defined the remaining scope of as "working on a way forward for the other six buildings (207, 212, 222, 257, 258, and 300), using the previously-appropriated funding totaling approximately \$70 million."⁸;

WHEREAS, in recent budget submissions VA has again significantly altered its position about the need for seismic retrofitting:

- In a FY 2020 budget submission VA removed two additional buildings (207 and 257) from the Major Construction Project on the purported grounds that "they had been proposed for the EUL program…"
- In a FY 2020 budget submission VA removed two additional buildings (222 and 258) on the purported grounds that "upgrades were no longer necessary."
- As a result of these actions by the VA, that left only two buildings in the Major Construction Program (212 and 300).⁹

WHEREAS, the eight buildings removed from the scope of work in the FY 2018 and FY 2020 Budget Submissions, citing their use in the Enhanced Use Lease program, account for approximately 420 units of permanent supportive housing for homeless veterans at VA West Los Angeles; and

WHEREAS, shifting the burden of seismic corrections to the Principal Developer through the Enhanced Use Lease program is not a winning strategy to operationalize the West Los Angeles Master Plan as it may cause significant delays in obtaining additional sources of public and private financing jeopardizing housing construction and timely occupancy for homeless veterans on campus.

NOW THEREFORE LET IT BE:

RECOMMENDED, that the Secretary of Veterans Affairs reopen the "West Los Angeles, CA - Seismic Corrections to 12 Buildings" Major Construction program and include seismic corrections to all buildings slated for permanent supportive housing in the FY 2023 VA Budget Submission and ensure that costs associated with doing so are reflected in the total estimated project cost. Furthermore, VCOEB recommends that VA explore utilizing the capital contribution mechanism in order to expedite coordination and implementation of seismic retrofitting for permanent supportive housing on campus.

⁸ FY18 VA Budget Volume IV Construction and Long Range Capital Plan 2-7

⁹ FY20 VA Budget Volume IV Construction and Long Range Capital Plan 2-9

- **WHEREAS,** on May 4, 2021, VA Greater Los Angeles Healthcare System (VAGLAHS) provided a total estimated budget of \$67 million for pre-development costs to "hand off" buildings that have been identified as future permanent supportive housing at VA West Los Angeles;¹
- WHEREAS, on May 20, 2021, the West LA Veterans Collective (Principal Developer) expressed concern to the Master Plan Subcommittee that timely completion of wet utility improvements is required in order to avoid occupancy delays and increased project costs;
- **WHEREAS**, on June 1, 2021, VAGLAHS provided a line-item estimated cost summary for pre-development infrastructure improvements including wet utility upgrades for each phase of development;²
- **WHEREAS,** wet utility infrastructure upgrades, such as sewer and storm drain, for Phase 0 are estimated at \$3.2 million, for Phase 1 estimated at \$5.4 million, for Phase 2 estimated at \$5.4 million and for Phase 3 estimated at \$2.65 million;
- WHEREAS, transportation related projects, such as road and sidewalk improvements, across all phases of development are estimated at \$15 million;
- WHEREAS, environmental compliance projects, such as lead and asbestos abatement, across all phases of development are estimated at \$35 million;
- WHEREAS, the current cost summary reflects six distinct, separate projects required to bring campus infrastructure into compliance with requirements to sustain 1,691 units of permanent supportive housing on campus;
- WHEREAS, installation of wet utility components typically require significant disruption to existing roads, sidewalks and hardscaping;
- WHEREAS, incorporating transportation upgrades during the installation of new wet utilities would minimize the need for redundant construction projects saving time and taxpayer resources;
- **WHEREAS**, an alternative approach to campus infrastructure implementation would be to divide North Campus into two comprehensive spheres of planning and execution; and
- **WHEREAS,** VA's execution of the "Bonsall Utility Backbone" for dry utilities established a precedent for a holistic approach to investment and construction implementation addressing the needs of permanent supportive housing at VA West Los Angeles.

NOW THEREFORE LET IT BE:

¹ VCOEB / GLA Information Exchange Discussion Topics. May 4, 2021.

² VCOEB / GLA Information Exchange Discussion Topics. June 1, 2021.

RECOMMENDED, that the Secretary of Veterans Affairs reassess the current "hand off" strategy for addressing infrastructure deficiencies on North Campus and implement a rapid two-phased comprehensive approach which will address both wet utility and transportation upgrades for each phase concurrently.

WHEREAS, the Secretary of Veterans Affairs issued a statement on May 28, 2021 regarding the President's Fiscal Year (FY) 2022 Budget;

WHEREAS, the Secretary identified "\$18 billion as part of the American Jobs Plan to address VA health care infrastructure needs" in the FY22 Budget; ¹

WHEREAS, FY22 Budget represents a "26.8% increase in funding for major and minor construction projects at VA...";²

WHEREAS, the Secretary also highlighted President Biden's commitment to eliminating veterans homelessness in the FY22 Budget citing \$2.2 billion in proposed discretionary spending for VA homeless programs;³

WHEREAS, this reflects "a 14.5% increase in the department's homelessness program.";⁴

WHEREAS, according to a March 21, 2021 Fact Sheet on the American Jobs Plan issued by The White House, there is "a severe shortage of affordable housing options in America...";⁵

WHEREAS, the American Jobs Plan fact sheet also states that "President Biden believes we must invest in building and upgrading modern, resilient, and energy-efficient homes and buildings, including our nation's schools, early learning facilities, veterans' hospitals and other federal buildings...";⁶

WHEREAS, in addition to \$18 billion for VA health care infrastructure needs, the American Jobs Plan "also invests \$10 billion in the modernization, sustainability, and resilience of federal buildings, including through a bipartisan Federal Capital Revolving Fund to support investment in a major purchase, construction or renovation of Federal facilitates.";⁷

WHEREAS, the Master Plan at VA West Los Angeles is the most ambitious project within the federal government to address veterans homelessness through the creation of 1,691 affordable housing options for veterans and their families; and

¹ VA Office of Public and Intergovernmental Affairs. Statement by the VA Secretary McDonough on President's FY 2022 Budget. May 28, 2021

² Ogrysko, Nicole. *Pent up demand for VA services driving record 2022 budget request, agency says.* Federal News Network. June 8, 2021

³ VA Office of Public and Intergovernmental Affairs. *Statement by the VA Secretary McDonough on President's FY* 2022 Budget. May 28, 2021

⁴ Ogrysko, Nicole. *Pent up demand for VA services driving record 2022 budget request, agency says.* Federal News Network. June 8, 2021

⁵ The White House. FACT SHEET: The American Jobs Plan. March 31, 2021

⁶ The White House. FACT SHEET: The American Jobs Plan. March 31, 2021

⁷ The White House. FACT SHEET: The American Jobs Plan. March 31, 2021

WHEREAS, execution of the Master Plan at VA West Los Angeles is at-risk of faltering without additional investment by the federal government.

NOW THEREFORE LET IT BE:

RECOMMENDED, that the Secretary of Veterans Affairs prioritize the Master Plan at VA West Los Angeles as a target for potential gains in both major and minor construction appropriations, including American Jobs Plan spending, which will fully fund seismic corrections, infrastructure improvements and environmental remediation to federally owned facilities required for the development of affordable housing on campus.

WHEREAS, on May 21, 2020, VCOEB adopted a recommendation to name the Grand Lawn entrance at the corner of Wilshire Boulevard and San Vicente Boulevard in honor of Carolina Winston Barrie;¹

WHEREAS, on October 7, 2020, VA responded to VCOEB's May 21st recommendation with a non-concur explaining:

"Only Congress may name Federal buildings, including VA facilities. While this statutory requirement, found in 38 United States Code (U.S.C.) 531, arguably may not apply to the Grand Law[n] gates on the West LA campus, it is instructive as to the weight with which the Federal government approaches such decisions and with significant public interest in them... For that reason, VA prefers to defer to Congress in affixing names and memorials to its structures, and when doing so prefers to honor Veterans."

WHEREAS, 38 U.S.C. § 531, Requirement relating to naming of Department property, states:

"Except as expressly provided by law, a facility, structure, or real property of the Department, and a major portion (such as a wing or floor) of any such facility, structure, or real property, may be named only for the geographic area in which the facility, structure, or real property is located.³

WHEREAS, 38 C.F.R. §38.602, subsection (a) Responsibility, states:

"The Secretary is responsible for naming national cemeteries. The Under Secretary for Memorial Affairs, is responsible for naming activities and features therein such as drives, walks or special structures.";⁴

WHEREAS, 38 C.F.R. §38.602, subsection (b) Basis for names, states:

"The names of national cemetery activities may be based on physical and area characteristics, the nearest important city (town), or a historical characteristic related to the area. Newly constructed interior thoroughfares for vehicular traffic in national cemetery activities will be known as *drives*. To facilitate location of graves by visitors, drives will be named after cities, counties or States or after historically notable persons, places or events.";⁵

WHEREAS, on November 17, 2017, Los Angeles National Cemetery hosted a groundbreaking ceremony for the Urban Initiative Expansion effort which celebrated

¹ VCOEB Recommendation 09-01

² Letter from Secretary of Veterans Affairs re 9th VCOEB Recommendations. October 7, 2020. Page 2.

³ 38 U.S.C. § 531

⁴ 38 C.F.R. §38.602a

⁵ 38 C.F.R. §38.602b

commencement of construction activities to build 10,000 columbarium niches at VA West Los Angeles;

WHEREAS, at that event, Colonel Richard "Dick" Littlestone (USA, Ret) received special recognition for his advocacy efforts which led to the columbarium expansion at VA West Los Angeles;

WHEREAS, Tom Howard, Chief of Staff for National Cemetery Administration, recited a VA Certificate of Appreciation during the event which stated:

"Colonel Dick Littlestone, USA Retired. For your unwavering belief in America and the Veterans of Los Angeles and especially your perseverance, determination and your continual pursuit of over the last two decades in making the columbarium project a reality, we salute you."; ⁶ and

WHEREAS, Colonel Dick Littlestone passed away "peacefully and fittingly on Armed Forces Day" May 15, 2021.⁷

NOW THEREFORE LET IT BE:

RECOMMENDED, that the Secretary of Veterans Affairs request that the Under Secretary for Memorial Affairs name the interior thoroughfare entering the Los Angeles National Cemetery Columbarium "Littlestone Drive" in memory of Colonel Dick Littlestone (USA, Ret).

⁶ <u>Vets Advocacy. Los Angeles National Cemetery Urban Initiative Expansion Groundbreaking Ceremony.</u> <u>November 17, 2017. 31m 28s.</u>

⁷ Los Angeles Times. COL Richard A. Littlestone Obituary.

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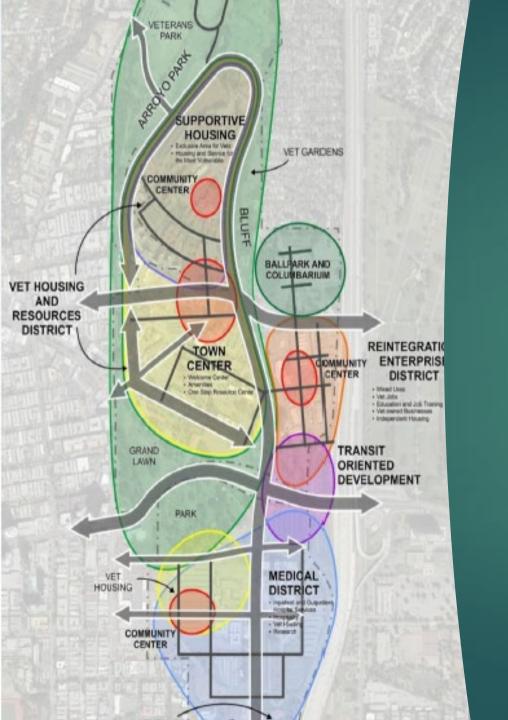
Time Slot	Name
5:05 – 5:10	Stephanie Cohen
5:10 – 5:15	Peter Muller
5:15 – 5:20	Janet Turner
5:20 – 5:25	Rob Reynolds
5:25 – 5:30	Tony DeFrancesco
5:30 – 5:35	Angelique DSilva- Williams
5:35 – 5:40	Caroline Kelly
5:40 – 5:45	
5:45 – 5:50	
5:50 – 5:55	

Registered Public Comment

- ▶In the interest of time management, speakers will be held to a 5-minute time limit and have been selected in the order of event registration.
- ▶If time expires and your name was not selected, or you did not register to provide public comment and would like to do so, you are asked to submit public comments via email at VEOFACA@va.gov for inclusion in the official meeting record.

3:00 pm – 3:05	pm	Call to Order, Attendance, Welcome, Pledge of Allegiance, Opening Remarks	LTG (R) John D. Hopper, Chair, Eugene W. Skinner Jr, Designated Federal Officer
3:05 pm – 3:10	pm	VEO Update	Mr. John Boerstler, Chief Veterans Experience Officer
3:10 p.m. – 3:25	pm	VA Leadership	Top Three (TBD)
3:25 pm – 4:05		Opening Remarks Revised timeline based upon Engineering challenges. Include potential choke points and strategy to overcome. Include target date to house next compliment of Veterans as a result of executing the DMP. Housing homeless Veterans now. Plan to work with State/County/City considering recent rebalance of State Budget (\$7 -\$8 Billion) to support housing the homeless Strategy regarding encampment of Veterans located outside campus gates. Drone flyover video excerpts	Dr. Steven E. Braverman, M.D., Medical Center Director/ Mr. Robert McKenrick, Deputy Medical Center Director
4:05 pm – 4:25	pm	Colma Veterans Village	Dr. Anne R. Fabiny, ACOS, Geriatrics, Palliative
			and Extended Care
4:25 pm – 4:45	pm	Hope of the Valley	Rowan Vansleve Chief Finance & Administration Officer Hope of the Valley Rescue Mission
4:45 pm – 4:55		Services and Outcomes Subcommittee recommendation brief discussion and vote	Services and Outcomes Subcommittee Chair (Dr. Joshua Bamberger)
4:55 pm – 5:05		Master Plan Subcommittee recommendation brief discussion and vote	Master Plan Subcommittee Chair (Mr. Anthony Allman)
5:05 pm – 5:55		Public Comments Session	Mr. Chi Szeto (Alternate DFO)
5:55 pm – 6:00	pm	Wrap up & Adjourn	LTG (R) John D. Hopper, Chair

AGENDA



THANK YOU FOR PARTICIPATING IN THE 13TH VETERANS AND COMMUNITY OVERSIGHT AND ENGAGMENT BOARD