

Department of Veterans Affairs (VA)

Veterans and Community Oversight and Engagement Board Federal Advisory Committee Meeting Minutes

January 15 – 16, 2020

Committee Members Present:

Lieutenant General (R) John D. Hopper Jr. (Chair)

Anthony Allman

Joshua Bamberger

Carolina Winston Barrie

James Batista

Robert Begland

Leticia Colchado

Raymond Delgado

Philip Mangano

Jim Perley

Dan Rosenfeld

Joseph Sapien

Krisitine Stanley

Hamilton Underwood

Benjamin Winter

Jim Zenner

Committee Members Absent:

Donna Deutchman

Julian Manalo (Non-Voting)

Ian Sephton

Sarah Serrano

Department of Veterans Affairs Staff Present:

Dr. Lynda Davis, Chief Veterans Experience Officer
Eugene W. Skinner Jr., Designated Federal Officer
Chihung Szeto, Alternate Designated Federal Officer
Toni Bush Neal, Alternate Designated Federal Officer
Erik Faulkner
Prachi Asher
Steven Braverman
Dennis Campos
Roberto Clemente
Tildrell Jones
Maggie Lo
Peter Ma
Matthew McGahran
Robert McKenrick
Robert Merchant
Lori Moore
Jeff Moragne
Anjali Reddy
Linda Surapruik
Janet Turner

Wednesday, January 15, 2020

<p>Call to Order</p> <p>Lieutenant General (R) John D. Hopper Jr., Committee Chair</p> <p>Eugene W. Skinner, Jr., Designated Federal Officer (DFO)</p>	<ul style="list-style-type: none"> • Lieutenant General (Lt. Gen.) John Hopper welcomed the group and wished everyone a Happy New Year. He began the meeting with the recital of the Pledge of Allegiance. He welcomed the Committee to the second 2-year as a Board and recognized the new board members. • Lt. Gen. Hopper noted that there were some administrative items to address before starting. He stated that the Public Comment session would be held in the afternoon and tomorrow would be a full day of recommendations and discussions.
<p>Opening Remarks</p> <p>Lt. Gen. (R) John D. Hopper Jr., Committee Chair</p>	<ul style="list-style-type: none"> • Lt. Gen. Hopper introduced Mr. Eugene Skinner, who welcomed the group and added that they are awaiting Dr. Braverman. He used that time to go over some administrative items. The administrative items were as follows: <ul style="list-style-type: none"> ○ There is an annual requirement to fill out the OGE 450. OGC wants the current year. There is a self-certification form must be kept on file as well. ○ Ethics training is an annual requirement. In the past, training was held during the meeting, but now, it can be conducted online. ○ Explained the digital recorder and requested everyone speak with a loud and clear voice for the recorded meeting minutes. • Mr. Skinner introduced the VEO staff supporting this FAC: Chi Szeto, Eric Faulkner and Toni Bush Neal. He added that Dr. Betty Mosely Brown is his supervisor and part of this FAC team, but not in attendance. • Mr. Robert Merchant introduced himself as Acting in the role of the Executive for the Master Plan. He hails from the Washington central office. This Fall, Meghan Flanz transitioned from the staff of GLA and back to General Council. He added that Dr. Braverman will talk about this in further detail, but what he has done is take the Senior Executive position and McKenrick will step into the role of Executive Director beginning on the upcoming Sunday.
<p>Veterans Experience Office (VEO) Update /Opening Remarks</p> <p>Dr. Lynda Davis, Chief Veterans Experience Officer</p>	<ul style="list-style-type: none"> • Dr. Lynda Davis thanked everyone for being here and expressed that she was honored to be back again. She noted that she would be holding back most of her comments because there are clips and information that she wants to distribute. She stated that as the Executive Sponsor, it is an honor to report directly to the Secretary and the Undersecretary, who will be on campus later this month with the General Council. • Lt. Gen. Hopper called for a break and resumed at 8:54 AM PDT. He introduced Dr. Braverman, the Medical Center Director.
<p>Welcome Remarks</p> <p>Steven E. Braverman, M.D., Medical Center Director</p>	<ul style="list-style-type: none"> • Dr. Steve Braverman welcomed the group to the West LA campus. He introduced himself as the new Medical Center Director for the last three months. He offered a brief summary of his professional background: <ul style="list-style-type: none"> -He served for 29 years as an Army physician. -Deployed to Iraq as Chief Clinical Operations.

-Started as an academic physician at Walter Reed.

- Dr. Braverman stressed that he was here because of the challenge and the desire to serve and take care of the 90K veterans that are enrolled and empaneled. He is optimistic that they have a growing and stable Executive leadership team. He noted that they have increased the effort to do better coordination with community advocates. He called for transparency and that they will let the group know about the progress they are making, as well as the issues. They will communicate any needs they may have for external assistance. He pointed out that, currently, it is illegal to build housing that is not specifically for a medical purpose. So, they found a need for external funding and external partnerships to take care of the homeless population.
- He opened the floor for any questions.
- Lt. Gen. Hopper asked: You spoke about funding due to prohibitions with the law. Is the VA looking at changing the parts of the law?
- Dr. Braverman clarified that this law is a national one, not only within California. The appropriations are to care for the veterans, not house them. They do have an easement and enhance-use lease, so they use those to have external partners utilize the land/buildings. The enhance- use lease is the main driver, with the Master Plan. They partner with the City and County for a mutually beneficial agreement.
- Ms. Caroline Barrie queried if the Master Plan is still in place as well as the developers. And if they have a signed contract to go ahead. Dr. Braverman replied that it is still in place and the group will hear from the Principal Developer later and they will be further briefed on the progress. Additionally, to answer Ms. Barrie's follow-up question, the Governor's mansion has not been leased.
- Lt. Gen. Hopper inquired about the reorganization. Dr. Braverman detailed that the GLA includes this building/campus, Sepulveda hospital, downtown LA ambulatory care center, and 9 CBOCs (community-based outpatient clinic). Under him, he has six executive leadership positions and two senior executive service positions that overseas Sepulveda and CBOCs. Currently, Mac McKenrick is in that position, but he is transitioning to Executive Director of CERS (Community and Engagement Reintegration).
- Dr. Braverman explained that Meghan Flanz was previously in that SES position but had primarily focused on the Master Plan. Now, Mac McKenrick will be taking over that position. Under Mac, there will be a Chief of CERS and a project manager. Each of the subordinate positions are tied back to the clinical leads in the hospital to better coordinate the care that will be provided to people in both programs.
- Lt. Gen. Hopper expressed concern that the oversight and execution of the Master Plan is now a level lower in the bureaucracy. Dr. Braverman addressed this by noting that Meghan Flanz's area of expertise was the law, she was focusing most of her time on the Master Plan piece and they did not have a good focus on how they were taking care of the homeless. Meghan stepped down from that position, but she is still being retained for Master Plan input/council. In Mac's focus on the Master Plan, he will now have someone directly below him dedicated to the Master Plan, who will oversee the whole project.
- Dr. Braverman expressed that they have had some challenges; previously, there wasn't one document that show all the things that CFM (Construction and facilities management), OPEMS (office of capital asset management), VHA, GLA, and various partners were doing and what the inter-relationships were on the timing. They are going to oversee all of that now and make sure to track it and there will be more, not less, oversight now.

	<ul style="list-style-type: none"> • Dr. Davis added that while we look at the campus development, we are to be mindful of the context of this. That goes to Dr. Braverman's first point on partnerships and the need to coordinate. She asked for an organizational chart, for tracking purposes. • Mr. Jim Zenner asked: What has been the Medical Center's plan on public safety? • Dr. Braverman replied that this question will be answered in more detail with the Master Plan briefing. There is a plan to occupy the shelter and there are locations for any disease outbreak to quarantine from the rest of the general population. • Dr. Joshua Bamberger added that HUDVASH is the primary strategy that they are using in San Francisco. He inquired about where HUDVASH and their leadership sit in this new organizational chart. • Dr. Braverman answered that the Acting Chief of CERS will provide more detail. The HUDVASH program falls under that CERS organization. There may be some gaps getting those distributed. There has been a challenge with the staffing, but they do have a contract in place for additional staff. Another challenge is that even with the HUDVASH voucher, the cost of housing is still too high. They are looking at opportunities to change the qualification standards for veterans. In the short term, there will be project facilities that will be opening in the next six months. Permanent housing will also utilize the vouchers when they open. There are projects that they are working on now for transitional housing.
Presentation of Certificates, Dr. Lynda Davis/DFO	<ul style="list-style-type: none"> • Mr. Eugene Skinner commenced the introduction of the new members by stating that the new board member recommendations were sent to the Secretary of Veterans Affairs for appointment and the Secretary appointed six voting members and one non-voting member. He introduced the new committee members: <ul style="list-style-type: none"> ○ Mr. Joseph Sapien ○ Dr. Joshua Bamberger ○ Mr. James Perley ○ Hamilton Underwood ○ Kristine Stanley ○ James Zenner • Dr. Davis presented the certificates to the new members.
Group Photo	<ul style="list-style-type: none"> • The board members and Dr. Davis were invited to the front of the room for a new Committee photo.
Member Introductions	<ul style="list-style-type: none"> • Joseph Sapien <ul style="list-style-type: none"> ○ US Army Veteran that works in LA county, ○ Also just graduated law school. • Dr. Joshua Bamberger <ul style="list-style-type: none"> ○ Family physician. ○ Works for UCSF which is a housing initiative and a primary care provider in the San Francisco CBOC. • Jim Perley <ul style="list-style-type: none"> ○ Former Navy Pilot in affordable housing business. ○ Owns and manages 15,000 project base units, and very active in helping the homeless veterans in LA. • Hamilton Underwood <ul style="list-style-type: none"> ○ Air Force Veteran, a contractor and strategic communication

	<ul style="list-style-type: none"> • Sgt. Kristine Stanley <ul style="list-style-type: none"> ○ Air Force retiree ○ Helped previously in several non-profits in LA County • James Zenner <ul style="list-style-type: none"> ○ Combat Veteran and new member of the committee • Rob Begland <ul style="list-style-type: none"> ○ Veteran for the past 20 years, ○ Real Estate Lawyer and a part of the committee for one year. • Philip Mangano <ul style="list-style-type: none"> ○ Works for the American Roundtable for Revoking Homelessness ○ Serves on a variety of groups to help in building steps to ending homelessness. • Anthony Allman <ul style="list-style-type: none"> ○ Helping the Master plan with VA campus' in homelessness. ○ Continues to work day-to-day with VA to see units built in VA campuses • James Batista <ul style="list-style-type: none"> ○ Helped in several Veteran organizations and helps in networking • Dr. Lynda Davis <ul style="list-style-type: none"> ○ Responsible to community and Veterans engagement, to make sure customer service is priority for the VA. ○ She started her clinical career as an intern, before she served and also before helping the homeless. This issue is very personal to her and she wants to make sure Veterans and homeless are heard. • Benjamin Winter <ul style="list-style-type: none"> ○ Variety of housing programs, also experienced in urban housing, ○ Came to the meeting to offer support and advice. • Caroline Barrie <ul style="list-style-type: none"> ○ represents her family, who gave the land to the VA • Ray Delgado <ul style="list-style-type: none"> ○ Sits on several boards to help Veterans in the LA area. • Erik Faulkner <p>Committee member, works with DFO Eugene Skinner</p>
Committee Training Jeffrey Moragne, Committee Management Officer	<ul style="list-style-type: none"> • Lt. Gen. Hopper spoke about the Federal Advisory Committee Act. • Mr. Jeffery Moragne began speaking of what the Federal Advisory Committee ACT (FACA) is. He is part of the Office of the Secretary. Any letter to the SECVA goes through him. • FACA came into action in 1972, before the FACA everyone would open a Federal Advisory Committee without regulation. It's helped hold the line on the number of committees and what their mission objectives are and how much money they are allowed. • FACA applies to every committee, subject to only one exception to only work directly for the U.S President. • Anytime you're on the Board, reaching out through the VA with your membership, FACA guidelines affect you. The charter is what helps enforce FACA and its guidelines. • Annually, be on top of knowing the charter of FACA. • DFO needs to be a part of every meeting for the Board Members, by law they have the permission to end a meeting for the committee. • All meetings must be in public. The public must be aware of and be allowed to attend each and every meeting. Under the mission and objectives in the charter for FACA they

	<p>can be physically or virtually present at meetings.</p> <ul style="list-style-type: none"> ○ If ANY U.S citizen wants a bio, meeting minutes and information they are allowed to do so. ○ Closed meetings can exist but there must be a public listing of when, where and how citizens may participate ○ 50% of the voting membership must be in the meeting, to make official recommendations ○ The agenda must be approved, prior to the meeting day. All the requirements of the FACA must be met prior to the meeting. <ul style="list-style-type: none"> • Lt. Gen. Hopper asked if minutes can be redacted after the personal data is asked to be redacted, Yes, you can ask for them to be removed. • You have 90 days to publish the meeting minutes. • Meet your committee calendar: Plan 18 months of committee meetings • Know your role: Understand the Committee’s Charter and guidance in the VA Committee Members Handbook <ul style="list-style-type: none"> ○ Each term in the committee is 2 years, and 2 terms only. (4 years max) • Subcommittees: are the workhorse of your committees and can work on drafts to represent your committee as a whole. • Design your meeting/agenda: Be able to pull true value out of the meeting and goals. • Collaboration: have your subcommittees reach out to other FACs. • SMART recommendations: It’s all actionable and realistic and can actually help the VA. Bring it to the table to help with insight in capturing good ideas. • VA Library Services: They have a lot of helpful information– reach out through your DFO. • Field Visits: There are a priority. Large or sub committees should go down to skid row, to get a feel of the situation and help by making better recommendations. • For any FACA and ethics question, ask your DFO for guidance. • Lt. Gen. Hopper asked if we need to be here in LA to make an impact in DC and vice versa; have them come to LA. Mr. Morange said you should ask for a request four months in advance to have them interact, accept and come to LA to work together. Also narrow down who you’d like to come to meetings (physical or virtual) it makes it easier to make the meetings successful. • In addition, Hopper asked if the Secretary/Chair/ DFO summit will be done again this year? Mr. Morange said they will try to do it again this year, but it will be difficult due to it being another election year and return on investment. We don’t know where VA will be prioritized. • Dr. Davis mentioned that regardless of presidential administration, the advisory committee will always continue on. What the work is all about is a high priority and authorized by Congress.
First term in Review	<ul style="list-style-type: none"> • Lt. Gen. Hopper began by going over the following mechanics of the Board: <ul style="list-style-type: none"> ○ Reading the charter is key. Enthusiasm and a desire to make a difference can sometimes drive you to skip past the charter. ○ We have the Oversight, the power to be able to talk to the Secretary and our recommendations go to him through the VEO. ○ Combined with all of that there is the possibility of being frustrated with how tough it is to move the ball forward. There are complicated factors, there is

	<p>the history of this parcel of land. Dr. Braverman related the laws of the Soldiers Home in DC to this particular home to veterans here. I'm going to ask the DFO to ask them to give us information on the legal guidance for the Soldiers Home in DC.</p> <ul style="list-style-type: none"> ○ I encourage you to look at the best practices. It has taken us a year to get the battle rhythm down for the process for recommendations, discussions and submittal. ○ The other part is the work we do here as the board. The value of collaborative time built in the schedule. It is one of the difficult things to carve out. The rhythm that we found is dependent on the subcommittees to have this move forward from us to the Secretary of the VA. Anthony Allman has been instrumental in helping move us forward and finding that rhythm. ○ The turnover is a challenge; we cannot control that, but it does make it tougher for us to maintain continuity and the focus to implement the draft Master Plan. There is a positive side to the turnover as well. We will not turnover at the same time due to the 2-year terms. That continuity is very important. ○ I ask you to work with your subcommittee chairs to help structure the recommendations process. ○ We do need to replace Art Delacruz in the Services sub-committee. With the new appointees, we have a lot of qualified replacements. Please let us know if you are interested. <ul style="list-style-type: none"> • Lt. Gen. Hopper read through the slide deck on VCOEB background: <ul style="list-style-type: none"> ○ We are established by Public Law. ○ The Committee is charged with providing advice to the Secretary related to the implementation of the Draft Master Plan and on the creation and implementation of any successor master plans. ○ When the Board goes away, and the local VSO will assist with the oversight. ○ He went over the VCOEB Timeline from 2017-2020. ○ He went over the recommendation packages that were approved: <ul style="list-style-type: none"> ▪ Recommendation Package # 1: comprised of two recommendations. The VA response was that it would go through the RFQ process and then understand how the enhanced-use lease works and how it works at this campus in particular. ▪ Recommendation Package # 2: comprised of 4 recommendations. The main premise was over the concern about how this project gets financed, especially when there are no appropriated funds to do it. The Board was searching for ways to recommended financing options to the Secretary. The VA response spoke to the recommendation of reform. The last VA response bullet talked to the many infrastructure activities going on around and in the campus. ▪ Recommendation Package #3: On July 3, the charter renewal was approved. There were 5 recommendations. The VA response to many of these recommendations was "concur-in-principle". Lt. Gen. Hopper
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uncertain on when the principles would get turned into action. Dr. Davis explained that they would be dependent on statutory and financial aspects. The DFO, Mr. Skinner, added that revisiting the recommendation responses that say concur-in-principle is on the agenda.

- Lt. Gen. Hopper went on to stress the collaboration with the IPT being a very successful partnership. They have a routine update every couple of weeks and are able to submit questions and requests and the IPT (Ms. Flanz at the time) would help the Board with clarifications and answer any questions. The IPT has been a very useful vehicle in helping subcommittees move the ball forward.
- He added that they will continue to maintain this construct as they continue to track the information. He needs to understand recommendation responses that come with “concur in principle” and looks forward to revisiting that.
- Lt. Gen. Hopper and Mr. Skinner have been looking at future meeting dates. Currently, April 22-23rd is the projected date for the next meeting. The 3rd meeting is projected for July 22-23rd.
- Ben Winter asked Lt. Gen. Hopper and Dr. Davis what they believed was the most effective recommendation from this body. As well as, what they would like to see this body prioritize moving forward.
- Lt. Gen. Hopper replied that the most useful was recommendation was regarding the increasing of the communication strategy of the IPT. There were changes to the website, changes to the email alert process. There was work done in the Nevada collaborative process with the VA hospital. The collaboration with the IPT has been invaluable. The recommendation that didn’t work out was the Chip-In Act recommendation. This was used to substantially in Omaha, and there is still promise to be able to do that. Highest priority will be significant forward movement with the Principal Developer. They have not provided a focused update to the Master Plan.
- Dr. Davis added that the sooner recommendations are made, the more time they will have to go through the review process. They need to get in by this fiscal year, in September. She recommended they be as short, clear and concise as possible. Those recommendations that are aimed at the implementation of statute should be kept in mind. Which ones they want to see as a macro policy consideration for the next administration. Also, there is a lot of attention to the recommendations around the Purple Line and partnerships/costs.
- Mr. Philip Mangano added the following: Creating a sense of community and sense of ownership is key and we are not as close to that as we would like. We need to take advantage of the momentum in the state right now; the Governor is currently highly focusing on homelessness. Leveraging state resources to accomplish our ultimate objectives and identifying where the resources are coming from is a high priority.
- Dr. Josh Bamberger shared the epidemiology of homelessness in this state. The homeless population is aging fast and the health problems of the older homeless

	<p>is different than those of the younger homeless. Thinking about the next year and what the VA can do here, could be a place where there is enriched social work and medical care, here on site. The VA has done a poor job of assisting the veterans with that. With the service packages elsewhere, it has been successful. I want to see the committee address that need to be able to service and benefit them here.</p> <ul style="list-style-type: none"> • Dr. Davis remarked that she is the Executive Sponsor of an initiative called “Choose Home”, centered around comprehensive healthcare needs and caregiving needs. It offers best practices for really great care coordination. They have had some good progress being made and she would be happy to bring in that evidence with the principles to guide them. • M. Caroline Barrie inquired why the tents won’t be available until March and why there aren’t women. • Mr. Robert Merchant responded that he will be discussing this in further detail later during his briefing on the activation of the bridge home construction. It will take a number of weeks to get the furniture/staff situated. • Mr. Winter cautioned that they need to be wary of any offers of assistance from the Government as there may be strings of attachment to their offers. • Mr. Anthony Allman also noted that there might be some hiccups along the way with the housing portion and the hospital construction. He suggested that regular updates from the principle project teams on the hospital construction side might also be helpful. • Lt. Gen. Hopper called recess for lunch.
Update Community Plan West LA Collective	<ul style="list-style-type: none"> • Status update of the Community Master plan. • Dr. Braverman will take over at the LA medical center. The walkthrough today will go one year back to bring us forward to 2020. 2018 and 2019 were two years that looked alike. For 2 years, not much was done in people’s eyes. What was completed was, the groundwork for the upcoming years. All the impacts of the grand master plan, from June 2019 to December 2019 were done first. They brought Veteran centric parking with a partnership with Safety Park. Dr. Braverman came on board in October, was there for the shooting in Fort Hood and came with that experience to help. The construction of Columbarium was opened (phase 1). Lastly building 205/208 was enhanced at the end of the year. • The Master Plan is the redevelopment of the entire community. Construction of the southside of the campus will bring a new bed tower, ambulatory care clinic, parking structure and a new central utility plant. • LA Metro is breaking new groundwork with the Purple Line coming to the campus. No underground work simply ground level improvements with the Medical Center and LA Metro. They want to minimize the impact to Veterans and workers. • Buildings 205 and 208 will be working under a previous development plan while 207 will be worked on by a new development plan. Roughly 60 units of housing. Designed to support Veterans in the community with the most in need. Provided here in the West LA Campus, a service enriched environment. • The two structures on the north side of the campus that will be transitional housing are a joint initiative with the City of LA and the county. • Phillip Mangano - Reintegration Services (Acting Chief) under the Department of Social

Services. His goal is to help the homeless with one of the structures under construction once they have a service provider and structure is complete. They will find Veterans and identify who are in need within the County. Asking the Veterans at that point if they'll be housed and teach them basics for living.

- No date on when the structure will be opened but once completed (Late March 2020), 20-30 Veterans a week, for the coming weeks.
- The following questions were asked and noted
 - **Q:** What's the process or criteria in the safety perspective if they can be in the housing location?
 - **A:** There will be an assessment, and if they can't be housed, we'll have other locations.
 - **Q:** What would disqualify a Veteran out of the housing or refer them elsewhere?
 - **A:** IF they are involved in criminal activity or with a threatening nature at the time, we'll exclude but at the moment we have not excluded anyone.
 - **Q:** Max on how long can they stay?
 - **A:** 180 days max, they can either go to transitional housing or permanent housing. 30 days is the goal
- Structuring: The way the structures are built, they needed to be split 50/50 (male/female) beds.
- Ms. Kristine Stanley asked about substance issues and if they've been addressed?
 - **A:** Low demand shelter, they aren't asked to be 100% sober but that they address the issue.
- Josh Bamberger: This is cool, has there been an only Veteran housing before?
 - **A:** Not to my knowledge, it's the first of its kind.
- Josh: Anything with pets?
 - **A:** Pets are still a problem; it can get challenging really quick. At this point no pets, but that may change in the future.
- Transsexuals that identify as male are allowed in the men's housing
- Goals are Veteran centric, not just housing but getting them in better opportunities to better serve them and working on beyond just helping with housing
- Veteran data will be tracked, they have a database and will have analytics with correct information
- Average stay for the Veteran is typically four months but can change depending on the housing.
- Anthony Allman noted the following:
 - He wants to push back for simply ignoring women, it's not the case.
 - The city/county/ the VA somewhere along the way, the female demand was lost along the way.
 - Very few females that will be eligible, some prefer staying in their cars than going to housing.
 - The Advisory Committee has asked the county for data and there seems to be a need, but very few numbers on Female Veterans.
 - Female beds get built but there are very few that ever get used.
 - Also, a reminder that not many have seen the female Veteran centric numbers, the information is held by the county.
- Female Veterans will be addressed further in the future with the hope the data will be available to the VA soon.

- Further questions were noted:
 - **Q:** Looking at the work, have you intended to use your county partners to fill in gaps?
 - **A:** Yes, the County Health Department will fill in the spots where we can grow to complete this mission.
 - **Q:** Congratulations on the new Veterans' homes, these conversations really started getting the ball rolling on the VA Campus side, to redevelop the new facility. About how much money does that cost? And why can't we appropriate the same money in the general housing for homelessness?
 - **A:** We came out with the figure up in the billions. We're only dealing with 1/3 of the finances, to the question it's far too overreaching to be accomplished. Every construction project passed by the VA needs to reach certain phases. What we need to start doing next year, is how we can knit things together in our community. That's where we could really use your help, when the VA goes at it alone, it does not succeed. We need help from the community
 - **Q:** Has the Secretary asked for funding in the housing at this center?
 - **A:** No, because it hasn't had the authority to reach and ask to be receiving such funding.
 - **Q:** What's the update of the chapel?
 - **A:** There was an ask for funding but at the moment it hasn't been approved.
- Hopper: Please continue
- 3 organizations that will build this community plan: US Vets, Century and Thomas Safran Associates.
- Century Housing – Thank you for inviting us, last we engaged in August of last year and we wanted to talk about what we want to do and achieve and then talk about next steps with the year ahead. Over the course of the last year we've worked together with VA staff. The partnership has been very strong, and we feel like we've been on the same page.
 - Guiding principles is Home, Nurture, Opportunity, Restore, Outstanding & Sustain
 - The urban design strategies are Order, Harmony, Context, Critical Mass & Modesty
- Oscar Alvarado: We want to share some of the information we found while working with the VA.
- The draft Master Plan will have its zones moved from the original version.
 - Phase 0 is 241 homes, building 207 is expected to be constructed on this summer.
 - Phase 1 is (603 added) 844 homes total, creating new homes over the current existing parking location
 - Phase 2 is (440 added) 1284 homes total
 - Phase 3 is (275 homes) 1559 homes total
 - Phase 4 is (132) 1691 homes total
- In development, there will be 12 newly constructed buildings and 13 newly reusable buildings.
- In the infrastructure overview:
 - They'll need to identify costs, prioritize immediate needs, address any possible delays that can be forecasted and the financing sources through VA contribution, 3rd party resources and among others.

- Mr. Tyler Monroe introduced himself from Thomas Saffron Associates. He went into the following details:
 - Development type: looking at 1000 units to do the construction. It is important to redevelop as best as we can. We try to blend those throughout each of the phases. Phasing plan in more detail. We are aiming for the maximum amount.
 - Slide on circulation- how people move throughout the campus is important. So disabled veterans can navigate it. We are looking at different options.
 - Infrastructure: big issue to build out infrastructure. To support 1200-1600 units. We have tried to rank the immediate priority needs in a way that does not delay housing. The first scope of work that we are moving forward with is the Bonsall utility backbone. The estimated cost is 10\$ million and we are in conversations with the VA on financing options.
 - Other buildings update: Buildings 205 and 208 executed. Building 207- \$8.2M funds awarded by the City.
 - Accomplishments and milestones: what has happened? PEIS document and working with the VA to negotiate with the state.
 - Drafted community plan for public input.
 - Coordinated with MacArthur Field developer to make sure it is integrated, and they are not independent of our work.
 - Preliminary community outreach and we will continue to do so
 - Presented the draft community plan at the VA's Stand Down event.
 - Started participation with VA Services council.
 - Initial outreach that has been complete so far and the groups they have engaged with.
 - What is next: anticipating Spring will be public hearings by the VA to announce which projects will be part of Master Plan. Spring construction of 208 and 205 to start.
- All of this is based on constraints: subject to funding limitations (in the past this has been non-competitive but now there are more projects that are competing, timing of available funding, Sequencing of the funding because they are on finite schedules.
- Mr. Steve Peck, Services and amenities added that US Vets has been doing this for over 2 decades and they have a lot of experience and lessons learned from Villages of Cabrio. They are creating a community and will be adding a number of amenities and services to engage the veterans. They use a therapeutic communication approach at their sites to engage them in their own rehabilitation. Will be using a variety of staff, including peer councils and therapeutic groups. A lot of outreach staff are veterans. They are talking with the County about a female program, a transitional program for women. They will need a variety of service including military service sexual trauma therapy.
- He added that they know that the groups are vulnerable and have experienced a lot of trauma, so they are very careful to train their staff in trauma and informed care. They are participating within the services council here. Every service that is available to veterans, they will utilize.
- They are going to go through a naming process. They want to honor the veterans past and present and the local context and geography.
- Mr. Brian DeAndrea also added that they are in the process of collecting feedback on this, both online and in person surveys.
- He listed a number of ways the advisory committee can help: advocating for the

	<p>necessary infrastructure dollars that are going to be needed, communicating the positive changes and news on what is happening here, and providing feedback on naming this community. They want an inspiring name, becoming of the legacy of this place.</p> <ul style="list-style-type: none"> • Mr. Anthony Allman asked if there had been any updates regarding conversations with the VA or other entities regarding financing. Also, if there are any other cost estimates. • Mr. Monroe answered that they have been working on a larger infrastructure assessment. The more immediate need is the \$10 million and the various needs related to sewers, sidewalks, etc. They are engaging with the engineering team here in GLA and although they are not prepared to share the next phase of infrastructure, it is being studied and researched rigorously. • Mr. Dan Rosenfield inquired about the huge amount of grass on the campus and how the open space will be treated. • Mr. DeAndrea replied that environmental sustainability is very important in their design process. They will be in close talks with the VA on this and are interested in replacing excessive turf with shrubbery, etc.
Status of VA concurred Recommendations	<ul style="list-style-type: none"> • #1 Implement dual track and use application review process prior to executing new short-term permits and re-licenses at VA West Los Angeles. • #2 Create a GLA Charge Management initiative team/resources to enhance and coordinate communications across the VA West LA VA Campus • #3 Create communications portal, content management platform to enhance knowledge management, increase engagement with the LA Veteran Community and rebuild trust that has been lost • #4 Develop specific metrics to measure the degrees of principle benefits for Veterans and their families.
Veterans Master Plan Gene Simes, Operation Fire for Effect Francisco Juarez, Jose Reyes, Ryan Thompson, Athena Henson, Tracey Anderson	<ul style="list-style-type: none"> • Gene Simes, Operation Fire for Effect, introduced himself and wanted to acknowledge Dr. Davis for recognizing this opportunity, as well as Mr. Skinner and Mr. Chi Zeto. • He began by stating that this property that they are looking at, the National Home for Disabled Volunteer Soldiers, that is who it was proposed for. A donation was given specifically for the purpose of veterans. He stressed that Veterans sacrificed their lives for this country, and they are the ones that own this property. He questioned why it doesn't appear that veterans have been a part of this. • Mr. Simes asked the that the Board work with them, in unity. If they are not given this opportunity, they will continue to have these disagreements. He added that the Secretary of VA, on April 25, 2018, said there wasn't going to be any more stripping of this land. But, in August there was 20 plus acres gone. • Mr. Simes added that Athena Henson, Ryan Thompson and Francisco Juarez would be speaking, to demonstrate why they are here. He reiterated the need to be in Washington to speak on this issue. • Mr. Francisco Juarez was introduced, and he asked that they start with the Pledge of Allegiance. • Mr. Ryan Thompson was introduced, and he explained that he wanted to discuss the footprint of the LA VA. It's a point of silent contention. A lot of people think the WLA VA ends somewhere near MacArthur Field, but the fact is that the current borders end right around the Brentwood School building. When it was originally donated, it incorporated all

the housing that stretched towards the Getty Building. This was 1000 acres when originally entrusted. At the current time, however, we are told it is 400 acres. He stressed that we are dealing with a shrinking property line. He went into considerable detail about the veteran boom and the special interest/lobbyists. The Department of Veterans Affairs took over and helped build new buildings; over 5K disabled veterans were residing and rehabilitating here. The creative society introduced illegal land use, third party agreements.

- Mr. Thompson noted that the Valenti Act was put in place. The ACLU was brought in and this lawsuit ended up in an order that stipulated that most of the illegal land users (such as Brentwood School, Westside Breakers, etc.) and their leases to be unauthorized and void. The judge dumped many of their contentious points and appeals.
- Mr. Thompson went on to make the following comments:
Robert McDonald became the Secretary of the VA. The message that came out was that a 5-page memo was actually a settlement. This memo said: it would end veteran homelessness, a non profit would be created in veterans advocacy. But it failed. There was secret amendment to this, and Ann Brown and Ron Olson signed it. This is how Vets Advocacy was born. Vets Advocacy funding comes from Berkshire Hathaway. Robert L Olson is a boardman on Berkshire Hathaway. Vets Advocacy was to create a master plan, but they took over an old plan and layered it with a mantra of misuse. Diane Feinstein co-sponsored a West LA leasing act. This act allowed all kinds of easements and different land use to happen, this was not a protection but an expansion. The West LA Leasing Act had 2 amendments. But they got crushed by Senate.
UCLA and Brentwood School have lobbied to reform leasing practices here and to take the land away. Vets Advocacy and Village for Vets is doing that lobby. They don't want disabled veterans to ever come here.
- Mr. Francisco Juarez added that their intention was to give the Board a brief of the Veterans Master Plan. The plan is aimed at supplementing the draft Master Plan. They want to eliminate those portions of the plan that are tied to the questionable activities they just discussed. Ron Olson is not a veteran. He noted that it took them 3 years to get this one-hour presentation today. He called for engagement and the need to do investigative research to contest. Adequate frequent communication is also key. He wanted to call for the development of an onsite office- to be named the Office of the Sacred Trust.
- He described their suggested zoning:
 - Zone 1- federally certified West La land or VMP (Veterans Master Plan) development
 - Zone 2 - land that is easy to approve
 - Zone 3- land that can be proven as West LA and VA and realign within the scope of VMP.
 - Zone 4 - land that has issues and we cannot develop on them, so they are out of scope.
 - Environmental issues of oil and gas do not belong here.
- Mr. Jose Reyes was introduced, and he explained that he is a real estate broker. He wanted to make clear that any Master Plan that comes to the table has to adhere to Public Law 114-226. It has specific guidelines about any development that takes place on this WLA campus. He asked what the interim solutions are to take care of the veterans in

	<p>the streets right now. Public law states that any lease revenues that are obtained are to be used for the veteran and improve quality of life. He continued, adding that we should be able to divert some of those funds to house those veterans and offer a temporary solution.</p> <ul style="list-style-type: none"> • Ms. Athena Henson explained that they had a Veteran Master Plan slide deck, but it was not part of this presentation. She stated that everybody wants to help the veterans and that is the goal. She added that next steps include diligent planning. The Veteran's Master Plan is a substitute Master Plan and focuses on the main stakeholders, the veterans. This needs to lay over and follow everything that is going on. It is important that the veterans can trust what is going on and not having special interests. Other next steps were listed as follows: establishing reliable communication resources, performance management protocols, engaging enforcement of existing laws, developing effective relationships, working towards banning criminalization. • Additionally, she added, the Chapel is very important, and it needs to be done right. This is the most symbolic structure on the land. She suggested that the Chapel be the very first thing they work on because that is a place that everyone can respect. • Mr. Juarez noted that they want to appeal to the new members of the Board. There are uncontested facts that point to land fraud and we need to supplement the portions of the plan from the Veteran Master Plan. They want to engage a coalition and the homeless veterans. • Gene Simes concluded their briefing by asking if there are any homeless veterans in the room. A number of people stood up. He stated that they want to be part of the planning side and have a chance to present in Washington. They are the NHDDS Coalition and they hope they moved some of the board members to do the right thing. • Lt. Gen. Hopper called for a 5-minute break. • Lt. Gen. Hopper resumed and stated that if anyone has questions for the Principal Developer, they should document them and give them to the DFO to be discussed in the first IPT conference call after this meeting. • Mr. Skinner went over the rules surrounding the Public Comment session: everyone will have 5 minutes, single presentations, no questions or answers, DFO to provide notification when the speaker reaches the 1-minute mark.
Public Comment	<ul style="list-style-type: none"> • Gene Simes: Thank you very much, I am Gene Simes and I fire with my voice as you heard today and sometimes my emotions come out. As I said earlier today, I was out today on the campus today, talking to a lot the homeless veterans. A lot of them are scared to even ask for help, because of how they've been treated. Because their personal items had been swept, was taken away. Even if it was a button, a small keepsake it was taken from them. They just threw it in the garbage and that's a disgrace, earlier today the gentleman was out here talking about pets and if your dog is safe and checked with the doctor, Okay there's nothing wrong. If we don't have dogs going on and, in a property, on the campus and defecating all over the place and the area that's supposed to be gifted for veterans to appreciate, walk and just relax they have to go through this garbage. That's why I'm talking today for the homeless veterans today. We need to take the land back; that you want to develop. And we need to take this land back and do exactly what it's supposed to be. You want to develop. The public doesn't care what happens? I don't know if there's something going on with this purple line. I don't understand what this means is. This means it's going to be surfaced. That is this means the Olympics or something? That's

going on. It's going to take more land. Is this going to be a place where they can have a racetrack, but you're telling us things that you say You Believe in Us. But you still take away. Church, the chapel that can be used to bring back to the thoughts and minds of these homeless veterans and utilize it to do what it's supposed to do. Maybe you have to tear a building down and repair, but it has to be for Veterans. That's why I'm speaking with you, and I like a lot of you. I like a lot of you! I wouldn't fire you; I'd keep all of you...you all have deep hearts and work with our coalition. I'm traveling to Washington in the next three months and if I have to get there naked, I will. I know the President is busy I think there's a lot of stuff that the secretary's does not come with because if we can take 27 acres of land after he said he wouldn't, well somebody's not seen something. I appreciate it very much and thank you for this opportunity. Thank you.

- Anthony Wayne Ford:

My name is Anthony Ford. I work for the Salvation Army transitional housing down the street the service techniques engineer. I've been homeless since October the 2nd last year. Little did I know the transition that I had to go through to try to receive housing from the VA. I've been to numerous programs the VA and everywhere else trying. They base everything on your AMI score and average monthly income which they say it should be 33.4 - mine is 33.9. So, I'm five percent over the limit concerning my AMI score for housing. I went to numerous people, I talked to and I kept turning around plus I didn't have street credit. I didn't have enough time served on the street. I've been homeless for only about a month three months and I'm working but they said I had to be on the street for a year. So here it is 15 months later. December the 16th of last year, I got a voucher. My voucher is for \$1,800. I got it on the 16th. I found a place on the 20th. But what it entails is the fact that. They give me a voucher for a, eighteen hundred dollars, but they want me to pay \$1,100 for the rent and are only going to pay the me \$700. And so, once I get into the place, they've added on to that is my electrical and all my other amenities. I'm going to have to use that money on, which is going to put me at 950 dollars. I won't be able to survive which it should be the opposite of this. So, my question to everyone because when you talk about the shared housing because I stay on Safekey park. I've been here for about eight to nine months now and the reason why I stay there because I refused to go into a shelter. I did it. I tried it with the US Vets when I went with the US Vets. What happened was at that time, I was working 3-11. I told my case managers that I had a job. I was working. I was considered a veteran-in-progress. A VIP veteran. So, as I was talking to my case manager and I said like getting at 12:30, what they expected me to do when I came in to get up at seven o'clock in the morning. Put a shirt and tie on and then go sit into one of these group meetings about employment, drug and alcohol, what have you. I couldn't do it. So, when I came home at night what they done was flipped my bed. Flipping your bed means that when you came home to go to sleep, your mattress got pulled. There was a box spring. So, I reported the incident, so then I was classified as the inside snitch. So, once I became an inside snitch, I had to leave. Because I was threatened, there was rumors going around that something was going to happen. So, I got into my vehicle and this is where I reside right now, Safekey Park and so we got to look at stop putting a Band-Aid on a wound, because it's not working and yes, the housing and all that sounds great. It's a fantastic idea. Once they changed hands to change the property over it's going to wind up just like all the other places that your case managers are poorly

trained. They don't listen, they tell you can ask them and if you have rules and regulations that you don't abide by then you're out and this bridge housing from what I'm told in the Tent City. That's just a disaster waiting to happen. Because it sounds good. It looks good. But I refuse to be in a forum with people who have issues - mines is because of separation is not related to anything else. And if I'm going to be put in a situation where I don't understand who I'm there with that it puts me in a hazardous situation. Thank you very much for listening.

- Alfred Areyan:

Good evening. Thank you for the opportunity to speak our peace as a veteran disabled veteran. I just want to thank every one of you for being here and hearing all these fantastic things that you guys want to do to make this place a better place for our veterans. I hope this year's going to be the year to see change. I just wrote some odds and ends here, and I just want to let you know that it's just important to work together. God only knows a lot of beautiful people here, man. I just want to thank all our veterans that are Veterans that want to welcome them home and I want to thank them for their service and it just feels great to be here versus not being here. I have some brothers forever fallen but not forgotten. We will never forget the cost of treatment freedom in saying that I'm just going to share some odds and ends this draft master plan more or less they say between four and seven years back. Back in time, you know, the process is just going on and on and on and before you know it, we have this massive construction work going on. I have some questions that I want to share within these five minutes. Maybe that's now what was the beginning date of the draft master plan. I'm kind of naive not that it matters, but it does matter the starting date. Do you have any contractors in mind by name? Will be doing the construction work for the whole project? I know that there's one now. I don't know how many contractors fly seven forty years ago. The RFP, what was the date and year you all put up the RFP and was their request for a veteran contractor submitted. And how was it responds how many veterans submitted these RFP with their veteran non-profit contractor? Coming here to submit for this RFP. What was the total of all contractors that filed for the RFP? Just concerned was it a good turnout? They have a lot of veteran contractors coming sitting at these proposals for this big job. The construction done on the through 380 Acres of disabled land and how many housing units were built. I know you have a number I don't have it and I think. You know, we still have a lot more to go. Okay, and basically, I was in the process of hiring home & disabled veterans or veterans that are homeless that are out there. Are they finding work now that this construction work is going on? Do they have to attend a pre-apprenticeship program in order to get work? We need our veterans to get work so that they can afford to pay their rent or their percentage. And then maybe they're going to grow their wings and find a family and start a new life. That's what we're here for. Overseeing the hiring of our homeless disabled veterans who is overseeing the hiring of our disabled veterans? You know, you may think that I'm kind of naive or whatever, but I think it's just important. I just want to let you know that this is important for us to know these things because I've never heard it in the past how the process was and it's still in my mind concerning to see if we are going to continue to get veterans to go to work in their backyard. Okay, we need to the beginning days of all programs. I think you remember to gather together with the VA as well as the leaders that are overseeing the draft master plan, Robert Merchant you're a blessing. Okay and others we would like to start the new year on the right track.

We must make the wrongs right. Let's do this for our veterans. We need your help working together. Ok I'm almost done. The land was deeded to our disabled soldiers in 1888 over 800 acres of land. I don't know how many years the VA in West LA has been overseeing the land- somewhere around 1922. Let's round it out to about 100 years. That's a long time. All the things that have been going on around that time from land leases a lot of organizations that were not generating money for our veterans at least four decades, no money to show for it. No transitional housing. What progress have we seen on that land in 100 years. Not much. Today is a new year. January 15th, 2020 and we the people as a new Coalition that is on behalf of all veterans' men and women veterans, the Nation Home for Disabled Veteran Soldiers. We stand with you. We want to work with you. We need your help. We want to unite and let's make that land over there. The best land in the Bureau. We can do it. Thank you.

- Samuel Blackwell:

I am a minister and I am a law enforcement officer and a building inspector in the building department in a jurisdiction for the north for 21 years. I'll be 62 years old this year. Neither here to condemn or red tag anything. Although the Ryan's red dot I want to talk about Ryan's Red Dot because what it brought to my mind when you see a red dot on your chest or your buddy's head. You're the target. Okay, so wherever this red dot is located, you're the target. One thing I like to say, one of the reasons for being invited is because of the movie Hacksaw Ridge are you all familiar with that movie that Mel Gibson made about the medic who wouldn't carry a gun in World War II on Okinawa he was my dad's best friend. So, they're both dead and Desmond did not want the movie to be put out until he died because he didn't want anything to do with Hollywood. And the backdrop to Hacksaw Ridge, it was an island. And before the Japanese entered the island all the Okinawans which were Japanese. He saw their families together and jumped over the cliff and committed suicide. Okay, then the Japanese go into the tunnel, rock tunnels, which are pretty much impenetrable. We pull up with battleships and destroyers and level 13- and 14-inch shells on the island. What happened is the next thing that happened you see the battalion up there and they came out of the rock tunnels slaughtered on the battalion and left the wounded on the ground. The next thing we did we shelled the island. The Japanese are back in the rock tunnels. Our boys are laying on the ground. So, who are we shelling? This went on for five different times, multiple times the same thing, so we were blowing our boys. So many times, into millions of gazillion pieces. And it was the most gruesome battle in World War Two on record. Desmond had some high principles which we all should have principles. Sometimes we don't need those goals, but we still have them set high. He believed in not killing he refused to carry a gun. He almost got court marshalled. He died given the Congressional Medal of Honor, the Purple Heart, five bronze stars and multiple other rewards without carrying a weapon. He saved over 700 men on six different islands without a weapon including almost a hundred enemy Japanese soldiers- made sure they got saved. So, these are the high principles I'm talking about. Now the shells on the island are also a shell game. We want to make sure we're not playing the shell game with each other because there is a higher power that is watching all this, it is all recorded. And if you don't have the mercy and grace poured out upon and love toward your fellow man, you will be held accountable for each one. So,

let's not play the shell game. Like what happened on Okinawa. Let's try to save our enemies and that's why I came here to Thank you very much.

- Johnny Holiday:

First of all, I'd like to say that the land that was given to the veterans, that Frank is fighting for. It shouldn't be used to make money for people who desert the service. I just want to let you know I was 17 years old when I went into the military. I'm now 95 years young. I was a medic Normandy beaches from Utah. I'm very fortunate to be alive today. I want to have to say is in reference to Veteran's assistance and Veteran's pension. First of all, I'm sure that every veteran a lot of in my same position when you get attention in a 2002. I was single when I got married. They notified me that my wife made a twenty-five thousand five hundred dollars a year. I lost my pension which happened. I had to get a divorce to get my pension back four years ago, and I'm still not because it was my wife. The other problem is what the other gentleman was talking about money that you get that the government takes. When you get pension, especially a medical disability pension and I'm living in a hot building, and I'm sure that this happens to other veterans they take the money you're making. Social Security, Internal Revenue, Government agencies they don't. Social Security doesn't see it as income. Nobody says it but HUD says it is. So therefore, the money I guess since the time I've been living in the building they taken over five thousand dollars of my money to pay the rent to add and on the rent because of the income. Oh, who's everyone is saying it, isn't it? I have a pension if I work for a company, I could understand them taking the money. It's a private organization, but it is a military pension as you've used and serve your country. Why should you be punished? That goes for every one of the guys for getting a pension that's happening to them and I guarantee you the building I live in there's only one other veteran experiencing same problem. When you get the money to people, you're making a lot of money by the time you get the pension you pay five hundred thirty-two dollars. There you are you're going to do all the other expenses you have with your car's your insurance you pay. It was \$300 a month out of \$1,800 usually you didn't get \$1,800. You can't live on it, on three hundred dollars a month. So, I think everybody should know that this is going on and somebody didn't have to help some. You do something about it because I don't think it's fair. It just isn't fair that I got to get a divorce to get my pension debt. So, I'm saying to you. I know a lot of guys and they still have the same problem. So, all I can say is. If you're not aware of it, and I'm sure a lot of people are not aware. So many things about the \$25,000 down to \$500. I'm on medical disability pension. You got to be overseas to get it and they can't take it away from you because of that kind of a situation doesn't make any sense to me. I wouldn't want it. Anybody here would want, and I think a lot of you are going to know about it. They don't tell you; they don't wave a flag and say 'Hey, this is what you're going to have to give up.' So, I just can't believe it. I'm fortunate enough. Medicaid is now doing a little number on people too if you reach a certain point they say, 'well you have to pay 20 percent of your medical expenses that are left after the doctor and the hospital whatever is charging.' You better pay that difference- could be thousands of dollars. That's not fair either. So fortunately, the VA was in the paperwork. They will be back on my program. Well, I don't have to pay that 20%. All I can tell you is if you're aware of the things I said, somebody should look into it. Frank and his group of breaking their back try to help people. Surely, you know strong the veterans deserve a little assistance I would think we're giving up some of their life, three years of my life as a young kid. It took me back to

do what I had to do it from there. Thank you very much.

- Robert Rosebrock:

Thank you. Thank you all for coming in from Washington DC and my name is Rob Rosebrock I'm umm the director of the Old Veterans Guard and the ad hoc team World War II Korean War veterans, but we made a promise to each other and they're old enough that we live to our mission. That is to save our veterans land and bring our homeless veterans home. I started with this going on 15 years ago and we're going on the 12 years every Sunday out here at the corner with a peaceful protest that ended up well, it was an ACLU in a lawsuit because they got arrested for displaying the American flag. We won, the ACLU stepped in and it filed the major lawsuit, which was pointed out we won that and then they got behind closed doors and settled it with the number one promise that they would end Veteran homelessness by the end of 2015, this is 2020. We're still the capital for homeless veterans. It's unnecessary, uncalled for. That Settlement agreement also had an exit strategy for all the illegal real estate deals. There are more illegal real estate deals on this property now than then and one of them, my main issue I'm going to be getting on, that is just wanting to tell you, is focuses on what was the Governor's Mansion over here. If you go back to the history of it the home, it was a sovereign territory or essential. And the governor's mansion that's what was called the executive director at the day. They would, the board of managers which included the president of the United States the Chief Justice of the Supreme Court and the Secretary of War or the Secretary of Defense, now the VA took over and I'm not going to elaborate on it all, but we need to get back to where we were. The 22 acres over here have to be the most valuable property in the USA on Wilshire Boulevard who take a look over there right now. It is a disgrace what's going on with the land where veterans from the Civil War walked. They got construction going on and I did send a memo to Dr. Braverman about that -that is not a survey going on, it's construction and I talked to some of the workers. It's for the Purple Line. We're going to build an 800-car garage. For the subway- let's be very clear about that. Who that's for that's for the people and Brentwood, the fat cats who will park their Mercedes and rows of Bentleys and everything else on our property get on a subway go downtown and come back and avoid the traffic and everybody else has that has to stop? Needs to be a cease-and-desist if they're not even paying a penny for this. It's an easement. I mean when Donald Trump finally finds out about this, he will I can assure you there's a movement going on and Donald Trump Aid package 2006. Bid 55 million dollars an acre on Santa Monica Boulevard for two acres over there any got outbid by \$200,000 hundred ten million dollars for two acres and we're giving this away, with easement. Sacred land here. And you know, I get five minutes just isn't up for what I've been through and I'm not singling out that I deserve anything better, but I want to share what I just want to pass it around here. This is the aerial view here of the property. It is the Governor's Mansion and I heard you've overtaken work trees cut down absolute disgrace to top it all off. No money. No money. They just take it over. So just take a look at aerial view of this land on Wilshire Boulevard got to be the most valuable property in the USA. It's not just monetarily. This is so valuable to a history of this country and to our veterans who have fought. What we're proposing is to take over this, take it back and to convert it into a western White House. Commander Chief Mansion surrounded by a veteran's Peace and Freedom Guard. We need some responsibility. I've been through all this it's going

nowhere; we need new leadership. We need to really look at this. And get going forward and get the President to come out here and to see firsthand this property and had to do something honorably with the thing. Thank you.

- Robert Reynolds:

My name is Robert Reynolds, I served in the Army in Iraq in 2007, this is a picture of S. Sepulveda street right outside the VA where there are 20 veterans, 8 that are combat veterans. Alright, Jerry Chrisman in June I know was out there, died. Died right outside on the sidewalk. There has been No VA outreach, they only came out when the White House was reached. You don't come out and do anything. We have veterans out there that are in state of Crisis. What we know about PTSD in stock points is the most veterans with PTSD main stock point is not to trust the government and Veterans out there. That's our point is reinforced because when they try to get help, they're constantly turned away. They're told they're going to be housed and then no one comes back and says anything to them and just reinforce the stock points. So that's why guys get stuck out there. What to do during position just like was the thing where they don't know who to ask for help for the people to have ask haven't done anything. The VA he has failed and multiple times. It's an outrage. It's an outrage to see that combat veterans who survived war, come home, they have nothing, combat veterans who come home and risk dying on the streets of LA and the LA Times said that on any given night, there are 3800 veterans homeless in Los Angeles and it's an absolute outrage. There's all this land and these Veterans are being forced off and they become plagued by mayor Garcetti's homeless crisis in this city. Mayor Garcetti has been failing this is the worst homeless under his leadership. And then these veterans are thrown off of VA property and they become placed on a tour of our City's homeless crisis. There needs to be more outreach. This is a largest VA in the country, most homeless veterans in the country. We should be leading the charge in outreach. We should be teaching other VA's how to do outreach and how to fix homeless veteran crisis. There's no excuse why there is no outreach outside that gate every single day, doing a walk around the campus. Just check and see what guys we have out there. There's a female veteran that went into labor on the sidewalks. She out there for the length of her pregnancy with no pre-natal vitamins, no care, no one wanted to check on her. She went in to labor on the sidewalk on November 25. Baby was taken from her and now she's back out on the sidewalk. She has no house- called White House about that multiple times the veterans advocate office also the Welcome Center. Yeah, so this is a continuing issue there needs to be people going out there. Jared Chrisman died of fentanyl overdose we know the veterans are using medications to self-medicate out there. No one's checking on them. Why can't we go out and get some Narcan or take some classes? You know, these Veterans we can't house right away. Please give them the knowledge. What to look for. You know that they are self-medicated. Survived war and come home and then die on the street. This is awful and in light of the guys deploying right now fighting the war on terrorism all over the world. We can't, we need to change this before they come home, and they end up dying on the streets of Los Angeles for not being able to help. I know for myself after I got back from Iraq. I went I work with Cal Fire paramedic five years and then two years ago. I started having PTSD. It flared up. I ended up taking a leave of absence from work. And in 2018 October. I came to the LA VA campus as I was told to do so by the Vet Center upon arriving here. I had my service animal with

me that I got from the VA Northern California. I was denied entry. They wouldn't accept service animals and they've been doing this from multiple veteran's service dogs, the first service animal being in the domiciliary. The only year to get in going to get news office and everything. So, it just shows that there is a pattern of misconduct in and something needs to be looked into and there needs to be an outreach all those veterans right there, that's in the picture. They got all their stuff thrown away on 12/18, a couple days before Christmas. Had all this stuff donated from Walmart to keep them dry from the rain during Thanksgiving right before Christmas. All this stuff is thrown away. No one from the VA comes out to help. I will say. Thank you. We have a clean-up today that was supposed to clean up this morning. So, whoever was involved in that. Thank you very much.

- Gayle Ocheltree:

This is going to be a happy story, so get used to it. Change your attitude right now. I'm sorry, but we're getting a smile on our faces before you'll have to drive down the 405 or wherever it is you drove. Okay, here we go. I want to talk about trust today. And the reason is it came up over here and I took a couple notes and I said my God. I've got a great story to tell them now between the time that I was here last to talk to you about the capital project. I fell and had a concussion now. I have a CT scan. I've been in TB, an Audiology. I've been to ENT I've been to every level that you can imagine getting tested and retested and now I'm fine, but I got a physical therapist, his name is Dan and he's Vietnamese and he's in Vietnam right now. So, I talked smack about it while he's gone, right? Okay, here we go. I walk in and I see Dan and Dan says to me I think you are afraid. Dear, I'm an airborne paratrooper. I'm an active duty grandmother. Heck I don't have any fear. He goes, "I think you have PTSD, you have fear." So, I got annoyed with him because he is a PT and didn't give me any exercises. And I reported him immediately for practicing outside of his scope of expertise. Well, I went back the next week and he says to me. Let's stand up and do your exercises. Walk on the line heel to toe, heel to toe. And I walked and he says, "you talk too much". I said, "I talked too much?" What I didn't even understand what he meant? So, I said to myself I don't understand what he's getting at, I need to listen more carefully and trust him. He says when you do exercises you need only focus no talk. I said I'm starting to get what it is. He's telling me. This week I go back. And he says to me, will you trust me? I said well I suppose I do if I put you in charge of my medical care and we're doing this together. So yes, I think I trust you. He says close your eyes and walk backwards. I walk backwards. Turn around walk backwards, and I realized I looked at him right in the eye and I said Dan you're not asking me if I trust you. You're asking me if I trust me. And I learned something that day that I will never forget, quite frankly. My PTSD changed dramatically because of someone I disagreed with, but I trust his judgment for a moment. It is a serious consideration quite frankly. My life is changed as a result. I want to thank the VA for that, they screw up a lot of crap, but they didn't screw him. Thank you.

- Laura Ceballos:

I have a master's degree in public administration. I am a community organizer that advocates for the homeless on the website. I have a strong connection to the Latino

	<p>Community. Our veterans have bought protect and maintain our country for free. The veterans master plan must be prioritized to benefit our Veterans. Our Veterans must be priority. I am in full support of the veteran master plan and you need to make it part of the draft plan. It is imperative to move the plan forward because in my advocacy of my community I run into homeless veterans every day. Too often the solution is worse than cure. As in the three-year-old draft master plan that has been nothing but allowing individuals and entities who are not Veterans stay on the land that was specifically donated for veterans. We need to get our veterans off the streets, we need transparency and accountability. As an active Community Advocate, I will share my experience today with the community to monitor to see if the veterans master plan will be included in the draft plan. And be executed. I would like to end by letting you know that I am honored to be working with a great veteran, Frank Suarez Sr., who has served our country and continues to fight for our veterans. To end, we do not want the 2028 Olympics here. We need to take care of our veterans first. So, no 2028 Olympics here. Thank you.</p> <ul style="list-style-type: none"> • Ryan Thompson: <p>Hey Alfred, I just want to answer some of your questions. or what we've been told is the is that they actually a partnership with the U.S. Vets, Century Housing and on Thomas Safran Associates. Legitimately that's actually not true. If you look at building 207, Secretary of State as with that partnership is about your three companies. You have Thomas Safran is one company give Thomas Safran is in another company and any others partner is out of state in Utah. You saw in another company that partner and him actually have quite a few projects going on here. The project is not for veterans anymore and it started out as a project that is clear to the public that this is housing for Veterans many times to the press but what he's declared on his applications and his findings with City first he went for the first rounds of financing was that it would be for veterans who are only 62 years old and older. Now when he went back for 24 million. He decided that it was multi-family residential renters that the housing is going to be for. The idea here, the way that this works is you get this bond money, right? And you try to do this housing for a little while serving seniors because they don't live too long and then you slowly transform it into something else. So that's what's going on with that all the money so far that building 207 deal field has come from the taxpayer right now. He's got 20-40 something million dollars to take but what actually, you know forty to fifty million dollars, but you are saying that it's 70% financed. So therefore, you do the math you're looking at about a nine hundred and twenty-seven thousand dollars per unit. Those bachelors in the rehab of building 207. So, I just want to clarify that the partnership between US Vet Century housing. That's what you call a Rent-vet looked that up some time. Thank you.</p>
<p>Wrap up/Review</p>	<ul style="list-style-type: none"> • Lt. Gen. Hopper wrapped up with the following: <ul style="list-style-type: none"> ○ Ethics requirements, all of those things if you haven't finished the forms, I ask you to do it right away. The brief was good from JLA, the DFO just passed out the fact sheet and then we had an update from the principle director. We had a presentation of the master plan; I ask you review that over. We don't have any slides but mull it over and get your thoughts on the matter. Also, we had the public comment, we've had twice the amount of comments but please take that into account as well and hopefully they inspire others. Unfortunately, there are some things we can fix, we've seen and asked to take

	<p>on issues that aren't things we can do about. We can connect them to the VEO office and try to respond to those areas of the public.</p> <ul style="list-style-type: none"> ○ Tomorrow afternoon is all about us, the subcommittees get together and work on the next step. We'll do that and move on from there for what the next steps are and bring them up to the Secretary. Let me stop and see if anyone else has comments. Meeting was adjourned for the evening.
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Thursday January 16, 2020

<p>Call to Order</p> <p>Lieutenant General (R) John D. Hopper Jr., Committee Chair</p> <p>Eugene Skinner, Jr., Designated Federal Officer (DFO)</p>	<ul style="list-style-type: none"> • Lieutenant General (Lt. Gen.) John Hopper • Call to order at 8:34 AM PDT. Lt. Gen. Hopper noted a couple of changes to the agenda, primarily that prior to the subcommittee session he would conduct an administrative session after lunch.
<p>Opening Remarks</p> <p>VCOEB Chair</p>	<ul style="list-style-type: none"> • Lt. Gen. Hopper explained that Mr. Merchant would begin by addressing some of the questions from the Master Plan briefing yesterday. • Mr. Robert Merchant, Chief of planning at GLA, started with the issue of the sweeps. He explained that sweeps are performed along the boulevard and the one that was scheduled for yesterday morning was scheduled by the city of Los Angeles. The jurisdiction for that area falls under LA County so, we notified them that the City was going to do this clean up on the County's jurisdiction and that is why that sweep did not occur. He clarified that the sweeps are regularly scheduled by LA County and they are done in a couple of situations: when the Department of Public Works determines it is unsafe/unsanitary and if they receive the request from the public. When the decision is made, they provide two-weeks' notice and post those along the median and fence line. They are not supposed to throw out any belongings, but it does happen. He went on to add that they can work with the veterans and notify them that this sweep is coming and help them work it out. • Mr. Merchant next brought up the comments made yesterday about 20 acres of the property mysteriously disappearing in 2018/2019. He stated that he believes this refers to earlier in the summer, at a public forum at the Native Veterans Town Hall, and Mac McKenrick misspoke on the acreage of the campus. If there was a change in acres, it would be under the purview of the IPT and it would need to be made public. • He went on to address the legal standing of the Veterans Master Plan, stating that he does not believe they have legal standing and that they petitioned for that presentation. • He also addressed the fact that there has been discussion on the term of the Veterans Home. It was established in the late 19th century. In 1958 VHA took over the process and

	<p>disestablished the National Home system that is where the transition began. The distinction of the National Home system and the Soldiers and Sailors Home in DC is one worth looking at. If anyone wanted to engage with them, they would be happy to. Additionally, the Soldiers and Sailors Home is not under VA jurisdiction.</p>
<p>Moral Injury Brett T. Litz</p>	<ul style="list-style-type: none"> • Dr. Litz began with a snapshot of where we are within the VA in terms of PTSD treatment. Initially, these therapies were developed exclusively with sexual assault trauma in women in mind. The idea is that trauma creates fear, downstream hormonal changes and psychological changes. The question is if that is sufficient to describe our veterans and war trauma. The clinical trial which Dr. Litz is part of showed that when testing on mixed gender service members, the results are not that impressive. Do these therapies fit the experiences of service members? They don't address moral injury or traumatic loss. That's the question. • He noted that we have to look at the war context and sexual assault context. High stressors and traumas in the military context happen in a very important and mitigating context. There is tremendous intra-support for service members. There are intense high stakes attachments to leaders. The experience of danger and threat are occupational hazards. • Because of this, he explained, we should expect great resilience to threat based experience. Service members can be agents of harm- that can create a conflict. • To give the group an idea of what the traumatized person goes through and how varying the types of trauma are, Dr. Litz proceeded with the "Thought Experiment" and detailed various motor vehicle accident scenarios. • He remarked about his collaboration with active duty behavioral health professionals. One of the reasons he started doing experiments and moral injury was a result of the formative experiences in the Navy. In 2009, he wrote a paper that was the definitive theoretical treatment of moral injury. • Dr. Litz defined Moral Injury as: "life altering psychological, biological, spiritual, behavioral and social impact of perpetrating, failing to prevent, being the victim of, or bearing witness to, acts that transgress deeply held moral beliefs and expectations." • He listed the following events as <i>potentially</i> morally injurious experiences: <ul style="list-style-type: none"> - killing within the context of war/ ROE. - Failure to meet obligations and duty - Collateral killing - Bearing witness to suffering - Proscribed violence - Betraying others and betrayal by service/leaders/peers - Killing within ROE • Dr. Litz noted that in looking at the idea of moral injury, it is important to distinguish different degrees of moral stressors. There are moral challenges that are the human condition and cause moral frustration. Moral stressors are less prevalent but more impactful, more acute and less global. Then there are morally injurious events, less frequent, but the impact is extreme. • Dr. Litz read a powerful suicide poem written by Army Veteran, Noah Pierce. • He emphasized that we cannot be assured that clinicians at the VA are mindful of moral injury. So, spreading awareness is key.

- He cited the results of a study on the prevalence of distinct trauma types at Ft. Hood: the majority of the events fell under moral injury (42%).
- He explained that the hypothesized outcomes were that there are two broad types of moral injury. One is self-based and the other is other-based. Within self-based, the hypothesized outcomes are life altering shame, alienation, demoralization, spiritual deficits, self-harm, changes in identity. Within other-based, the outcomes are life altering, externalizing, anger, demoralization.
- He reiterated that there is no standard for moral injury treatment.
- His team did a qualitative evaluation and a measurement on experience of servicemen. They learned that there are domains of impact: alterations in self and other perception, alteration in moral thinking, social impacts, emotional aftermath, self-harming/sabotaging, changes in beliefs about life meaning and purpose.
- In most context, morally injurious experiences are in part harming, because the things one does, create obstacles to healing and repair. The sources of personal and social resilience are damaged/ unavailable.
- Dr. Litz wrote "Adaptive Disclosure", the assumptions of which are as follows: traumatic loss and moral injury cause the most lasting scars, guilt/shame/sorrow, pain means hope, need to reclaim and rebalance goodness, corrective action is pivotal, and need to plan for long-term.
- He went over adaptive disclosure therapy measures:
 - narrative emotional, which is the processing of losses or transgressions
 - discourse with moral authority (secular confession/feedback)
 - assign repair and healing homework
 - reconnection with various communities
- Dr. Litz touched on Adaptive Disclosure research. There was a pilot trial of a 6-session Adaptive Disclosure in Marine Corps. DoD funded trial of 8 sessions of Adaptive Disclosure compared with CPT.
- Mr. Anthony Allman wondered if there was any protocol if a veteran were to present himself within moral injury. Dr. Litz replied that the Adaptive Disclosure manual would be that protocol but since it is new, it is not within DoD guidelines at this time. He added that in terms of educating the veterans on what moral injury is, that is something that they have to work on. The ultimate solution to this is to have a gold-standard measure.
- Mr. Allman explained that they had planned to provide moral injury resources at the Chapel. He followed up with asking Dr. Litz if he thought it would be beneficial if the VA recognized that as a center for moral injury? Dr. Litz stated that it is difficult to answer in the abstract, but would like to be included in that process, should it occur.
- Mr. James Zenner wanted to know more about the exclusion criteria and the research. Dr. Litz answered that the exclusion area is PTSD.
- Dr. Litz went on to explain his experience with the association between moral injury and suicide. The research that has been done has actually shown a very small association between the two. However, the sample sizes have been small. And until they have the gold-standard measurements, they can't make any accurate determinations.
- Mr. Robert Begland asked about the setting for the research and Dr. Litz' view on doing this on a regulated versus an ad hoc, basis. Dr. Litz replied that adaptive disclosure leaves a gaping hole to what he is asking about. What is needed is a rehabilitation framework. Specialty care needs to be seen that way. What is needed is compassion and understanding.

	<ul style="list-style-type: none"> • Mr. Joshua Bamberger commented that the focus here is about housing homeless veterans and homelessness is a traumatizing experience. Any experience in serving homeless people who have also experienced military trauma? Dr. Litz answered no, he is not aware of it. • Dr. Davis added that the Chief of Clergy for the GLA is here and they are working this area and examining it. In terms of the Center of Excellence issue, it goes through an elaborate process and there has to be a foundation set up if funds will be needed. She offered to bring that data in if they need it. She noted that they are doing work on how to address suicide and how to look at issues like this. There are clergy within the community, and they are doing this work. There is a whole curriculum that she would be happy to share with everyone. • Mr. Mangano inquired if Dr. Litz is aware of how many of the veterans who will be housed here might be seeking or needing assistance in regard to moral injury. Dr. Litz answered that they would not be able to determine that. If they are war veterans, however, it is key for their care providers to be aware of any signs, in order to meet their needs. The rates wouldn't be epidemic, not more than 10%. But there is a cycle of violence and a cycle of harm. He continued urging the Board to measure it and do a study- estimate it vocally or interview a sample set. He would be happy to share an interview evaluation with the Board. • The Chief of Chaplains for GLA, Peter Ma, was introduced. He stated that spiritual care is a treatment for moral injury and the chaplains are doing this daily. Veterans benefit from secular or more religious confessions and the majority of veterans fall in the middle of that spectrum. They experience a sense of guilt and they provide that opportunity to speak with the clergy, who reinforce to them that there is forgiveness to free them from the guilt they suffer from. • Chaplain Jeff Terrell, a palliative care chaplain followed up by explaining that they have an active research study here and the principle investigator is Donna Ames. They are trying to find out if a spiritually based program will help people who have PTSD and moral injury. He added that if there are any local veterans who are struggling with PTSD and they are religious, please direct them to Ms. Ames. They use a 10-item moral injury symptom scale. They encounter individuals who identify themselves as morally injurious as well. He estimated that 10% would specifically bring up moral injury but there are many more that you can find out through the course of the interactions. He was asked if the idea of a 'Center of Excellence' has value and if he would be supportive of it? He answered in the affirmative to both.
LAHSA Gap Analysis follow-up	<p>LAHSA Gap Analysis follow up Heidi Marston, Interim Executive Director, Los Angeles Homeless Services Authority (LAHSA) Melanie Martins, ASW, CPRP Veteran Systems Coordinator Los Angeles Homeless Services Authority (LAHSA)</p> <ul style="list-style-type: none"> • LAHSA is a joint powers authority between the City and the County of Los Angeles charged with overseeing the community's response to homelessness collectively and the Continuum of Care lead for our community • Funded by HUD from the Fed and local efforts like Measure H. • We haven't released our Gap Analysis yet as the system is complex and getting our arms around the entire portfolio is a challenge. Will release something soon

- Presentation is an overview of what homelessness looks like in Los Angeles.
- Next Point in Time (PIT) count is next week.
- Beginning with the state of homelessness in California
- Last year the entire State of California saw a significant increase in homelessness due to the affordable housing crisis.
- Average increase of 35% homelessness across the state with a smaller increase in LA
- 16% increase in city of LA and 12% in LA county.
- 58-59,000 individuals since the last PIT count in January 2019.
- Breaking down the demographic of who is experiencing homelessness- Veterans are a key part and stayed almost flat over this year
- At the 2018 count 3800 Veterans were experiencing homelessness
- 2800 Veterans housed yet at the end of the year but about 3,800 homeless Veterans consistent across all of our demographics
- People are falling into homelessness for the first time at a rate that is much faster than were able to bring people out of homelessness
- The number of Veterans experiencing homelessness remains level due to the significant Federal resources
- At LAHSA we push the HUD VASH model of the federal government's response Veteran homelessness as a model for the rest of the population experiencing homelessness.
- The system, approaches and resources applied to Veteran homelessness are working even though we aren't necessarily seeing those decreases. We are seeing more progress than we see in other populations.
- In a breakdown by ethnicity, last year LAHSA convened an ad hoc committee on black people experiencing homelessness because the prior PIT count demonstrated that Black African American individuals represented more than 33 percent of our population who was homeless but only 9% of the total population.
- We wanted to understand why there is such a misrepresentation of black and African American individuals experiencing homelessness. How do we make sure we are not perpetuating the structural and institutional racism that has driven them to experience homelessness in the first place? Undoing bad policies around housing and how programs are funded. Making sure that we're applying a racial equity flag in all of our programs across the board.
- In my work at both VA prior to going to LAHSA, we hear: "everybody in Los Angeles who's homeless must come from somewhere else. That's why we have such a high population of homelessness in California"
- Not true. The majority of people who are experiencing homelessness in LA, Veterans included, are from LA and over 80% are from California.
- A small population migrates in, but the people are who are here have been here for more than 10 years or longer and are residents of California and fell into homelessness while living in California.
- This is the most significant data from the last PIT count, and we expect the next PIT count will reaffirm this data.
- Need to focus on what are the factors causing people to fall into homelessness and prevention.
- 53% cited economic hardship- from the loss of a job, loved one or a support network, or a medical condition that might be impacting income.

	<ul style="list-style-type: none"> • The second piece more than half the people who are experiencing homelessness (that's almost fifty-nine thousand) are on their first episode. • Factors for falling in for the first time include economic reasons-cannot afford to pay their rent. • Affordability crisis needs to be addressed. • Wages are not on pace with rising rental costs. • 555,000 LA County households are considered severely rent burdened, more than fifty percent of their income goes toward. They're one crisis or job loss away, from falling into homelessness. • How do we prevent them from falling in? • Once you fall in it is becoming harder and harder to come back out of homelessness because of the massive influx that are homeless from year to year. • LA needs approximately 516,000 NEW (not existing affordable conversions) affordable units to meet the needs of low-income community. • State and the federal government are acting to propel this forward, but the affordability crisis is addressed, this population will not decrease. • Measure H (Proposition HHH) are measures that were voted on by LA taxpayers to tax themselves in an effort around to end homelessness in Los Angeles County. Measure H provides 355 million to 400 million dollars a year in resources through LAHSA to our providers to provide services. • To address new affordable housing the Triple H bond measure is estimated to bring on 10,000 units of permanent housing. The first of the units just opened and more are coming. • With current construction happening in the city, county and state. We are actively making affordable housing development available quickly and inexpensively as possible. • Even with the increase in population, our homeless system is performing better each year. • Last year we house 21,000, double from 2014. As the number grow, we're more efficient at learning how to house people faster, but due to the increase of people falling in it is difficult to keep pace. • 555,000 are severely rent-burdened- on the verge. Our preventions need to target these people. • Last year our system prevented about 5600 individuals from falling in, definitely an impactful number but more work to do. • In 2018, we had 52,765 individuals experiencing homelessness. Over the year about 54-55,000 fell into homelessness. • 21-22,000 found other exits- permanent housing through our system, family member support, employment, found their own apartment or other means. • Until we can prevent the increasing number it will be harder to see a decrease in the 59,000 number on the other end. • Where do we go from here? Continuing to advocate for increasing affordable housing stock and availability, limiting our rental increases. • A recently published study by the California Policy Lab that looks at how homelessness can be predicted? How can we see the at-risk populations and predict their probability of falling in?
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- Findings showed in LA county alone, the vast majority of single adults who fell into homelessness have had heavy interaction with our other systems- Child Welfare, Criminal Justice, Department of Mental Health, Health Services, etc.
- These people are known to our system, so we need to partner with these systems to identify those folks and prevent them approaching the overloaded homeless Services system.
- Next week is our Point-In-Time count. We need 8,000 volunteers It is going to be across the entire county over a three-day period it's a great experience. This is important for us in understanding the homeless populations and how we can better serve and support them.
- So that's my pitch and I'm happy to answer any questions or comments.
- **Q.** Joshua Bamberger asked the following:
 - If you want to see what evidence is, this presentation was a fantastic display of the evidence and as succinct as you can get.
 - Specifically, to the VA, important information came out of that about how better to use our limited dollars and the robust prevention efforts VA has on the street. In your experience with both the VA and LAHSA, what can we do better with the data to utilize our limited prevention dollars to stop this extraordinary in flow? VA is doing a great job housing people, but we cannot keep up with it and we only have limited money for prevention. So where should we use our data to better folks with our prevention dollars?
- **A:** Heidi Marston's answer and response:
 - The VA is uniquely positioned in the prevention work because you are such a robust medical system. If we look at housing as a social determinant of health and we use our opportunities to engage people through Hospital Services and the mainstream hospital system. We understand the risk factors collectively across the VA not just clinicians who are in the homeless services side but clinicians across VA understanding what risk factors look like and identifying those early. The VA has so many touchpoints with our patients, the VA can identify those things faster and target prevention resources sooner. This is something that we're trying to do with some of the other big systems (like Kaiser) is saying what sort of questions are you asking on housing stability to make sure that we're identifying those at the greatest risk? To leverage the opportunity with existing patient infrastructure and appointments to ensure that housing stability is a reality for all these patients. This would make it easier to target prevention services. Before people need a more significant intervention.
- **Q:** (Bamberger) The policy lab data shows us that if people come in contact with the welfare or social support system more than 3-4 times in a month, their likelihood of becoming homeless increase possible tenfold. But with the VA prevention dollars, for every ten Veterans that ask for assistance in avoiding homelessness only one becomes homeless. That's an extraordinary amount of money we have to spend for nine people who don't need it. Across the VA system could there be a flag system? If someone is receiving assistance four or five times in various VA service, we could

highlight or flag the CPRS medical record that they are at risk and have an outreach team engage them with any help and information they might need.

- **A:** (Marston) The electronic medical records, CPRS, is the greatest weapon the VA to combat homelessness in the VA, to create a system to identify those folks. We have groups that are exploring how we can infiltrate these mainstream healthcare systems to identify these individuals in the private sector but the VA infrastructure setup that could help. LAHSA is also finding success with a “problem-solving” fund we have established that is a flexible fund that we can access to meet the unique and dynamic needs of individuals experiencing homelessness using creative solutions. If a person is going to fall into homelessness and a month’s utility bills will allow them to keep their apartment or a plane ticket to move in with a family member would prevent it, we can verify their needs and use the fund to solve their problem. Then we purchase the plane ticket for them. Some of our clinicians and service providers as well as some elected officials are receiving a three-day training and getting access to this fund. The understanding is that homelessness is dynamic, and everybody has a different situation. We've already seen great success in prevention but scaling that to the VA side and across the whole system is critical to stopping that in-flow.
- **Q:** Dan Rosenfeld asked the following: My question has to do with the cost per bed...what can we do about it?
- **A:** (Marston) When you talk about \$500,000 a bed you are talking about permanent housing unit. This is a cost that's been floated out there that is not direct cost to the taxpayer, however. Through Measure H the cost to the system is about \$80-100,000 a door. The rest of the money is leveraged through private funding sources and through development and all those things. When you compare that to the cost of shelter right now given the fact that we have this immense crisis on our streets and the people experiencing unsheltered homelessness is at an all-time high. There's a lot of efforts right now to build shelters quickly as possible which is part of the answer but shelter without housing on the other end just becomes very expensive temporary housing. For every shelter event we are providing permanent housing resources on the back end.
- **A:** (Marston cont.) shelter bed costs \$80,000 to build and a permanent housing unit cost \$100,000 in the long run the permanent solution is cheaper than the shelter bed. We need to ensure we are addressing needs and the safety of those who are unsheltered, but once sheltered we have a more permanent solution because people are staying in shelters up to two years because there is nowhere else for them to go.
- **Q:** (Rosenfeld) The slide says 53% of those experiencing first-time homelessness cited economic hardship as a factor. What is the other 47%?
- **A:** (Marston) It's never one factor but a complex set of reasons that cause homelessness- economic hardships are usually the deciding factor but enrollment in the Criminal Justice system, substance abuse, physical illness or people exiting institutions often don't have a re-entry plan and have a higher rate of falling into homelessness.

- **Q:** (Rosenfeld) Everyone wants to say it's one thing but what are the other leading factors?
- **A:** (Marston) Mental health substance abuse physical health and inability to obtain income. When income is not substantial enough to pay rent. In Los Angeles, the housing subsidy is a big piece. Last year the city of LA Housing Authority in opened up the waitlist for Section 8 housing vouchers for the first time in in 25 years. They only accepted the first 50,000 people that applied and was closed within three days. People are in need and desperate for the housing vouchers and subsidies.
- **Q:** Rob Begland asked the following:
 - You persuaded me with the data that we're not going to build our way out of this crisis. It is essential to prevent entry into homelessness. But at the same time, we have to plan for some level of failure. So how do we build the most units, most responsibly and most efficiently? As you look at our project are there opportunities you can think of for unconventional or innovative approaches to construction? Modular construction techniques and other ways of building housing quicker? Is there anything you think the Board should consider looking at that are a little of the beaten track but maybe the type of things you can experiment with?
- **A:** (Marston) It's in our best interests to explore any housing option and provide a dignified space for someone. A lot of communities are utilizing things like the shipping containers and tiny homes. We should look at every option and not rule it out because of the crisis on our hands. We are shifting to the idea of shared housing because we have a high-volume of youth experiencing homelessness. When somebody comes to the system, we can be very honest with them about the likelihood of them getting a housing voucher and moving into their own apartment, it's low. We have 30,000 people who have requested housing and services, but we have nothing to give them. If people are willing to explore shared housing options- having a roommate and utilizing some of these two- and three-bedroom units that are vacant. We should be doing this early on as people are entering crisis to set realistic expectations. To your point I think we should be exploring all kinds of reasonable options.
- **Q:** (Rob Begland) We requested a briefing on the 2018 gaps analysis because of the recommendation we passed the last meeting to expand Emergency Shelters from 100 units that will hopefully open in March to potentially 400 and we were told that there was no need for that. We came across the 2018 LAHSA Gap analysis. Table 9 specifically addresses the Gap analysis for Veterans. We're looking at LAHSA's data, and LAHSA's saying we need 703 emergency shelter beds for Veterans and VA is coming back and saying no, we don't. That's a problem. When we asked for the information the evidence from the VA to support why they said "No", we didn't get it. Do you believe that there is a need for more than your emergency shelter than for Veterans in LA? It doesn't necessarily need to be on this campus but in LA
- **A:** (Marston) The point of the gaps analysis is to look at what our resource needed given a system that's functioning in the way supposed to function. There are

assumptions we need to make to say we're going to evaluate shelter and the need for shelter based on the assumption that people are actually moving through shelter. The landscape of the 2018 Gap analysis, 2018 report that referenced 2017 data. Since that time there have been thousands of new shelter beds that have come online for the whole system. As a sneak peek our gaps analysis now for our entire system. If we have a system that's functioning the way it's supposed to, permanent housing resources on the back end. Based on what we have currently and the planned projects in the pipeline, we have enough shelter and it's not about building more shelter. It would be like saying we have 44,000 unsheltered individuals on the street, so we need 44,000 shelter beds. That's just not what we see. If the system is functioning properly and people can move through in six to nine-month period, we actually do have enough shelter beds. So, if a system that has limited resources our recommendation is to put the funding into permanent solution. But what do you do with the need right now? There is no Silver Bullet. But when you look at our system capacity, we're pretty close to having the amount that we need.

- **Q:** (Begland) So you're saying that potentially in the 2019 Gap analysis report that number would be 0?
- **A:** (Marston) Or within 100.
- **Q:** (Begland) You mentioned that shelter without housing is the bad idea and the unique opportunity on the campus is there is an off ramp. The housing is going to be built on campus. So, the idea of putting emergency shelter here in Veterans find housing and community fantastic. That's an ideal situation and that's the goal but we know that that's easier said than done. I think LAHSA says the average placement around like 94 days is that that right? Do you find that it's in more difficult for Veterans with the voucher versus non-Veterans with a voucher?
- **A:** (Marston) No. Oftentimes it's a little easier for Veterans because the voucher rate for Veterans is higher than the standard voucher payment rate. There are challenges but having a voucher worth more is helpful.
- **Q:** (Begland) There's been a bill passed that addresses housing discrimination against Veterans. So clearly there's been the case where Veterans were not granted housing
- **A:** (Marston) There's been legislation passed now that landlords can't. So, it's the veteran population specifically and a source of income that we're seeing across the across the whole state honestly where that's happening. Trying to enforce that is a huge piece in the primary.
- **Q:** (Begland) I still continue to believe that this idea of putting emergency shelter on campus is a good idea knowing that there is going to be an offramp on campus. So, if they can't get housing from the community, worst case scenario we are going to have housing.

- **A:** (Marston) If there are solutions and options to building fast emergency shelters to get a roof over people's heads that should happen but if we have \$100 it should go toward permanent housing resources rather than temporary shelter. If there's sufficient supply and resources to build more when the site opens here, you see it filling up quickly. And if you're seeing it maintained at that level that yeah look at it.
- **Q.** (Begland) I'm glad you brought that up because this campus is so unique in the sense that we have the lease Revenue fund, which is non-appropriated money. We know that the VA cannot use appropriated money on housing. However, the lease Revenue fund is not appropriated money. There's a gray area there with regard to how the VA wants to utilize the Lease revenue fund. Given the conditions on the street, we felt as a Board that the best use of that money knowing that it cannot be used for permanent housing was to use it for emergency shelter. That's why we were very strong and passing that recommendation saying this is a unique opportunity.
- **A:** Heidi Marston stated and answered the following:
 - In our state Homeless task force meeting me. One of the concerns of is expressed by both elected and non-elected officials was the idea that we recognize that most people come from the community. We do know that California is a destination state that many people come in and roughly 20% are coming from outside California. So, one of the issues of wrestled with the state task force was should there be a priority in terms of State resource?
 - First for those who are from California, and then agree that there are other resources that they would then be targeted to people coming in from outside or should a homeless person simply be considered homeless and then we're going to allocate kind of people in process. Just wondering from a LAHSA perspective. How are you all dealing with that?
 - It's hard to know where people are coming from. A lot of times individuals don't have documentation or proof of anything. Homelessness is a traumatic experience of people in crisis in I think adding an additional barrier would be problematic. There are a lot of people from California who go to other states so from a good neighbor perspective we all should think of homelessness as a collective government responsibility
 - Looking at homelessness from a LAHSA perspective, it's about highest needs and how do we assess what lane is best for you? We don't have resources for everyone, but we want to get people on the right path, low, moderate, or high need and set expectations to develop a service plan around them. Part of it really is a shift in our system of being very honest with people being in crisis. Being realistic, the waitlist is three to five years. We need to talk about other options. Problem solving, creative solutions, flexible fund, relationships, etc.
 - Hollywood is an isolated incident. We a lot of people who come here to pursue their dreams which are very real but don't always pan out. That's something we see in the Hollywood area particular; youth services are tailored to them because their needs are very different and they're not quite as chronic and it might not have as many underlying conditions and someone else.
 - Reunification is one of the strategies. Even trade workers who simply need a tool fixed to get their job back and get back on my feet. It's intended to be as flexible as possible at providing solutions.

- **Q:** So, for the 20% who come from outside of California is reunification prioritized?
- **A:** Diverting people away from our system is the first thing we do when people come in the door regardless of where they're from. Often times if you're from out of state and there's a relationship that can help then that would be a good path

So, the veteran homelessness breakout is similar to what we see in the general population. So high percentage of individuals experiencing first time homelessness among our veterans. I also think that it goes back to what we talked about what this is telling me is that we have an in-flow problem. If we had a through the VA Healthcare record or some of our systems to identify those who might be at risk, we could stem the inflow to better address the needs of the other 48,000.
- **Q:** DoD Discharge planning is failing or non-existent. Anyone who has been on the frontlines, people come out of military service with no place to go. DOD was beginning a process of identifying people who at the end of their term would have a special intervention so they wouldn't fall into homelessness. From what our experience now is in the field this is pandemic across country and certainly evidence in the slide
- **A:** We talked about mainstream systems, the homeless response systems, whether is VA or LAHSA is continuously charged with resolving these issues that we cannot solve. We cannot solve poverty, structural & institutional racism on our own. These are really big issues things like DOD even making sure there's housing security at exit is a massive feeder into this. So, I think the more that we can push all of these things up stream and truly get our other systems involved in looking at homelessness as a true risk factor. Given the economic situation in California that is the only way we can expect to see a decrease in our numbers.
- **Q:** I would encourage you with the dual perspective from the VA and now LAHSA that anything you can do to help push that issue. These numbers are sad and there is no movement in terms of decreasing the number of Veterans and your perspective is very helpful.
- **A:** The trend that your seeing here is similar for families experiencing homelessness. We housed about 2900 families and there are that many more. Families generally have one or both working parents but making a living wage is the challenge
- **Q:** (Steve Braverman) What's permissible in regard to the money that we get from??? And the Appropriations Council for VA ...also, to identify that easement revenue goes to the treasury. That doesn't come to us. Moneys that might be acquired from the purple line for example right now go to the treasury and I know there's legislative efforts to change that. There are two areas in your presentation that I didn't hear much information on in regard to demographics there is nothing in regard to age and addressing autonomy and choice. Our median age here for the Veteran population is 64 but we do get some influx of post-911 Veterans.

- **A:** (Matt McCarran). The average age for homeless Veterans: Male- 57 Female- 47.
- **Q:** (Braverman) The other piece is that when we identify our veterans who have achieved housing less than 30% of them ever went through an area where we where they had emergency or transitional housing so that also speak to your point about do, we need to have a transitional bed for every Veteran out there.
- **A:** (Marston) about age, on the LAHSA of website we have a breakout and last year we had significant increase in seniors experiencing homelessness senior being both over 55 and over 65 and that's due largely in part to fixed incomes not keeping pace with wages and people being priced out.
- **Q:** What percentage of Veterans are not eligible for VA Healthcare and what is available to them?
- **A:** The point in time count eligibility for VA Services isn't something focus on but thinking back my time at VA, but it was generally around 10% of individuals who were not eligible to receive VA Healthcare. Assuming that still the same number. I think the VA has done a good job. Outside the HUD-VASH program, the Per Diem Program is a great example of programs are eligible for people who might not be eligible for other health care services. Working with the community on alternatives for people who might not be eligible for health care services. We have a lot of resources in the community and to the extent we can get those people in the system and prioritized.
- So, when they are identified as Veterans they don't just get sent back here. But we're looking at the alternatives are outside of Veteran resources. However, like long-term, I know that there's a lot of talk in the Congress and on the hill right now about expanding the eligibility criteria for HUD-VASH to the extent that the federal government has allocated resources. It would be awesome to be able to serve everybody, but I don't know what feasibility is of that given the constraints.
- Dr. Lynda Davis asked and noted the following:
 - There was a reference made to the transition phase, as they transition from service member to Veteran the task is managed by both DoD and VA. The curriculum is jointly developed it is administered on the VA side by VA and I've asked for the curriculum content related to any resource availability related to or for homeless. The Welcome Kit is created in my office and new members need to see. We do QuickStart guides that enable the Veteran, their family members and community-based partners and local agencies with one-page how you can access resources in a very clear, understandable and accurate manner. As we've been talking, I've been how we can develop more quickly related to the whole issue of homelessness and distributed to our community-based partners. The challenge with this is during the transition assistance program, if it doesn't apply immediately, they don't realize that it's benefit could be down the road. We have

to keep the awareness present only ten million of the potential veterans eligible are enrolled in so there's another way in which we need to reach out yesterday when the CVEBS were here we talked about how we can help them do that outreach- drive Veterans to them. So, we're going to be doing a lot more on that.

- **Q:** (Bamberger) What are you and LAHSA looking at in terms of self-governed, Veteran-initiated tent communities on vacant Federal and State land? Is there any evidence that this is a good thing rather than having people camp along the fence?
- **A:** (Marston) We call it stationed encampment, a designated area where individuals can go with their tent and camp safely. We have looked at this at LAHSA and other regions that embody this practice and we consistently see that it turns out to be more expensive than shelter not only from a services perspective but public health, and law enforcement perspective for a number of reasons. Also, LAHSA has a position paper on this that I am happy to share with the board but once they have started, they are nearly impossible to shut down because of things like the individual rights when they're actually occupying the space in the land. Right now, nationally, there's an effort going on to develop practices on how to shut these down and it's taking 4-6 years to shut down the practice. I think that the better alternative for us is to use our limited resources in an evidenced-based way that works which is shelter permanent Housing Solutions.
- **Q:** (Bamberger) Do you know how many Veterans are out on the street who actually have vouchers?
- **A:** It's about 600
- **Q:** How many vouchers do you have that are not issued?
- **A:** About 1900
- **Q:** So, there are ample resources that's dormant right now? Plus 600 on the street and the difficulty of finding units is getting worse because of the rent increasing
- **A:** One thing we are doing that I think is making a lot of progress is we realized that the way that we govern across Los Angeles County and very diffused. We have five boards five supervisors. We have a mayor. We have a 15-body city council that has a lot of power built into that. So, there are a lot of stakeholders at play. We have a lot of different big health department of public housing authorities at all have little pieces of the inventory that they manage. I'm talking about permanent housing resources, VA as a big part of that too, but there was no central effort to pull all of those things under the same umbrella to look at it holistically, so we could say at any given time we have 18,000 permanent housing units as an entire system and of those X number are utilized in X number or unutilized so that the VA and the department of mental health and Health Services will where to look to find available units. LAHSA has a good idea of LAHSA resources. VA has a good idea of VA utilization. But we weren't looking at it collectively. LAHSA initiated a housing central command to

	<p>leverage approaches that came out of other communities like Houston and North Carolina where we had in those cases natural disasters that required systems to rapidly rehouse people after hurricanes. Taking the experts who went to those jurisdictions from a Disaster Response emergency response blend and applying that to Los Angeles because I think we also have the need to rapidly rehouse a lot of people as our entire system bringing them in to bring everybody to the table to create a plan for LA-federal, state, local to manage our resource inventory and have a unified awareness of what is available at any given time. With Housing Central Command we're breaking through barriers with the housing authorities to look at the process from the street to a unit with the goal of having a universal dashboard that gives us this unified awareness. The VA is a big piece of that, and I know is going to talk about ramp up with the pilots, but I think a part of it is also the responsibility of the larger systems. Make sure that we're all understanding the issue from the same lens that we all have the same awareness of what's available at any given time so we can move anybody in as quickly as possible</p> <ul style="list-style-type: none"> • Q: A follow up to the 1900 who are dormant, where do they lie-city, county, state? Roughly the vast majority in the county and some in the city? • Q: (Cont.) Heidi I had previously heard that there were sometimes delays in connecting Veterans to case managers who could process VASH vouchers and I know there has been work going on to resolve that. I just wanted to check in and see if that's kind of been resolved or if there's anything this work to do to support our efforts. • A: (Marston) I would refer that to the VA. But I'll also say that from the City-County LAHSA side, we've also been working with the VA and offered up support in any way we can so I think to the extent that's a VA challenge we acknowledge that and we want to be good partners in helping to support however we can the community stands ready to step in and help
CERS Gap Analysis	<ul style="list-style-type: none"> • Mr. Matt McGahran, the Acting Chief of CERS for the last four months, introduced himself, Mr. Robert McKenrick, the Executive Director for CERS and the Master Plan, Dr. Anjali Reddy, the Clinical Director, and Maggie Low, social worker/coordinated entry specialist. • He stated that they have the numbers from the gap analysis from last year and Dr. Reddy will talk through it. • Dr. Reddy began by explaining their partnering with LAHSA to get to the bottom of some of the differences. The methodology LAHSA uses is slightly different. They use open inventory counts and other methods. When they did their analysis, it showed a gap of 703 emergency shelter veterans. With the VA gap analysis, the National Homeless Program Office used data from HUD, PIT counts, and database information from HOMES and HMIS to look at inflow, outflow and trajectory. They used this analysis to determine if the veterans are permanently housed and if they have the sources necessary to do that. The key difference was emergency shelter vs. transitional housing. She said they don't have emergency shelter in their definition; they have transitional housing, with the goal of permanent housing. • Dr. Reddy stated that they have different compartments for different types of housing

that they provide. Their findings showed that there are four types of areas with a need. Dr. Reddy went over all four, including the gap amounts and mitigations:

- Chronically homeless veterans not eligible for VA-healthcare and in need of permanent supportive housing. There are 364 placements needed.
 - Chronically homeless veterans eligible for VA-Healthcare and need permanent supportive housing. Looked at how many vouchers they have and how successful they are in utilizing those vouchers. Currently have a gap of 1,239. If they can keep veterans housed in those VASH apartments, they could close the gap.
 - Short term and episodic homeless who need rapid rehousing or other interventions. This includes transitional housing, the grant per diem, domiciliary care, SSVF. They found a gap of 2,120. This is cumulative and if they are able to improve their care, they will be able to close the gap. As they start to work towards solutions, they anticipate closing a lot of these gaps and potentially within a year or two.
 - Episodic and short-term homeless who will self-resolve and do not need any interventions. These are veterans who might be a little more vulnerable, so they do track them.
- Mr. McGahran added: we have different programs in our services. We have a VA domiciliary under the bridge/transitional housing. That is housing 162 veterans as of today and the capacity is 296. There are 120 beds specifically for homeless veterans, which are 90% full at any given time. There are also beds specifically for PTSD and substance abuse veterans. The goal for veterans in this program is to go into permanent housing. The Grant Per Diem and Healthcare for Homeless Veterans programs are community partnerships that we have. Healthcare for Homeless Veterans is a contract and shorter termed (6 months). The Grant Per Diem Program is a grant-funded program, administrated by the VA, that allows veterans to stay for up to 2 years. This is where veterans who are dishonorably charged can go. The HUD-VASH program is a partnership and we go out and visit veterans in their home and provide services there. Currently, they have 7358 vouchers and 4890 are housed. Project-based vouchers are included, and they currently have 692 PBVs.
 - Non-VASH PBV, veteran specific apartments in the community and non-VASH housing vouchers.
 - A Bridge Home (ABH) is a new venture for them that includes the VA partnering with the City of LA and the County of LA to provide a safe facility for homeless Veterans to temporarily reside on the VA's West LA Campus while awaiting development of permanent housing.
 - ABH will provide 100 beds and their expectation is to have those all filled. On the day it opens, they are going to start admitting Veterans.
 - VA Contracting issued a solicitation for a Service Provider in December 2019 and they anticipate issuing an Award to the selected Service Provider in mid-January.
 - The service will be operational 45 days after the selection is announced.
 - Eligibility is: male, homeless, VA healthcare eligible, able to perform activities of daily living. Services include: own bed and locker and 3 meals and 2 snacks per day. There will be 20 Veterans to 1 case manager and life skill groups like money management and anger management.
 - Admissions Fair is scheduled for late February 2020 and the goal is to admit 85-100 Veterans within the first work week of service. They get oriented and the screening starts. They can stay up to 6 months, but the goal is 90 days.

	<ul style="list-style-type: none"> • Dr. Reddy described the pilot program that will help to better utilize the vouchers and outreach teams. The team is formed with the LAHSA team, PHAs, VA homeless programs and the City of LA. There are 8 Service Population Areas (SPA) and they are starting at SPA 4. • SPA 4 represents the metro area and they see a fair amount of opportunity. This had the largest homeless population. They are looking at expanding the pilot and sustainability. • Different segments of SPA 4 pilot: to finalize a list of Veterans that could use engagement and services and effectively case conference with them. Simultaneously, they are optimizing outreach engagement. • Project Base Voucher (PBV) coordination- streamline process into PBVs coming online within and near the 100-day window. • Processing fairs- combine voucher, landlords, SSVF, and additional resources. • Mr. McGahran pointed out that the "By Name list" has been very effective and optimization of this is key. The list identifies homeless Veterans by name in any of these SPA areas. This is where they utilize community partners, city partners, Sheriff's Department, etc. • Dr. Reddy added that female Veterans have a different set of needs and a vulnerability that puts them at a high priority for the program. They are looking for a collaboration process. They have ongoing initiatives with the Women's Health team, Emergency Department, domiciliary/ transitional housing, outreach teams and community partners. • They are trying to align population with resources available. They are working on streamlining the VASH process and expediting the transitional housing referral and domiciliary screening/admission. Also, they are looking to identify female Veterans in the community. • Mr. McGahran noted that yesterday, someone asked why there are only male beds at the shelter here at the campus. They have 9 different community partners that do provide female veteran beds. There is a total of 65 beds provided in the community and only 50 are being utilized right now. • Dr. Bamberger inquired about the people who are too sick for HUDVASH. What is being done for them? • Mr. McGahran replied that he was speaking to their mental health /social work department and they are looking to expand their capacity for more contract nursing home beds but, they don't have that gap for what Dr. Bramberger asked. They have a lot of nursing in their HUDVASH program, so that their team is more prepared to take on the more vulnerable Veterans. • VA has a Medical Foster program, but it is not well utilized at other VAs. • Dr. Bamberger asked about the decision to not allow female partners of male veterans and the policies that influenced that decision. And what can be done to help them. Is there any movement that could be made to change that decision? • Mr. McGahran answered that the policy for that is mostly because of the space. The bed accommodates a single person. He will come back with more feedback on this. • Mr. James Perley noted that VASH voucher standards are different than the norm. Some of the landlords that are available to rent to VASH voucher holders are timid. This is a big problem because the vast majority of people that go into this are successful with it. • Mr. McGahran stated that the vast majority of the Veterans that go into VASH housing do very well. They also have case managers going into the veterans home depending on the acuity level. They have an acuity scale and at each different phase, they get higher
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	<p>number of visits.</p> <ul style="list-style-type: none"> • Ms. Kristine Stanley asked for feedback on the following: are there discussions to have more than 17 beds? Who are the 9 community partners that they mentioned having relationships with, can we get the list? Who is the POC on the SPA 4 Pilot and can we get more information? • Mr. Anthony Allman asked if the bed capacity program slide is for the whole of LA or just the LA county. Mr. McGahran answered that it is for the whole of LA. But we did look at it by the GLA area to make sure the comparisons were similar. Mr. Allman asked if the general concept of the VA matching its HIMS system to the local homelessness partners would be a good idea? Mr. McGahran: Reconciling the data would definitely be helpful. • Mr. Zenner inquired about how many beds are located in Skid Row? Mr. McGahran will get back to him on that. The Grant Per Diem Program runs about 80% full on any given day. The current process is that a person would engage with VA provide/ community partner and they would move to referral and an assessment tool. If eligible, they do a VASH screening, then intake. They are not trying to eliminate that part, because there is a benefit to it, but they are looking to streamline it to make it more Veteran-centric. Mr. Zenner also asked about recuperative care beds and if they have any information on them. Dr. Reddy answered that onsite, they don't have anything formal at this point. Mr. Merchant added that this is a need that Dr. Reddy has brought forward to them and they are looking at it. People who would be eligible for discharge but are not able to be independent after. • Ms. Leticia Delgado asked if the VA pays for all the move-in expenses and the necessary items? Mr. McGahran said that they do not pay but the community partners will provide move-in kits to make it easier. Ms. Delgado followed up by asking if he thinks it should be an allowable expense? He answered that they are not allowed to give out items directly from the VA. But they do use several programs. • Ms. Stanley offered to provide more information on the expenses issue.
Subcommittee/ Recommendation Brief	<ul style="list-style-type: none"> • The Subcommittee presented the following recommendations forward for discussion and approval. <ul style="list-style-type: none"> ○ Recommendation 8.1: Endorsement of capital contribution to provide extraordinary infrastructure associated with housing delivery at VA West Los Angeles. <ul style="list-style-type: none"> - VCOEB commends actions taken by VA Office of Asset Enterprise Management (OAEM) to address funding gaps for extraordinary infrastructure projects necessary to execute "Alternative D" for the proposed improvements and reconfiguration of the West Los Angeles Medical Center Campus.¹ - VCOEB was pleased to learn that OAEM and the West LA Veterans Collective (Principal Developer) are currently discussing a potential capital contribution for the "Bonsall Utility Backbone" which will provide electrical, gas and telecommunication services to the north campus. While the scope, costs and schedule are subject to further review by VA, and local authorities, we emphatically support the Department's resolve to address critical infrastructure projects on campus.

	<ul style="list-style-type: none"> - VCOEB recommends that VA Office of Asset Enterprise Management and West LA Veterans Collective finalize a capital contribution agreement and establish a mutually agreeable contribution schedule that aligns extraordinary infrastructure funding with critical phases of construction² - This recommendation seeks to reduce potential delays in infrastructure financing which could adversely impact the tempo of construction and housing availability on campus. <ul style="list-style-type: none"> ○ Recommendation 8.2: VCOEB recommends that the Secretary of Veterans Affairs instruct the appropriate office to announce the award resulting from the Request for Lease Proposal 1 concerning the Historic Wadsworth Chapel located at VA West Los Angeles. ○ Recommendation 8.3: The VCOEB recommends that the Secretary of the VA work with the Secretary of Housing and Urban Development to provide funding for stabilization and transitional housing services for homeless veterans in Los Angeles. <ul style="list-style-type: none"> - The VCOEB places a high priority on autonomy and self-determination for all veterans. While there is a little evidence to support that homeless adults who are coerced into transitional housing or substance use treatment have positive long-term health outcomes.³ The recent decision by the 9th U.S. Circuit Court of Appeals in Boise vs. Martin⁴ prohibits local law enforcement from criminalizing homeless adults for sitting, lying or sleeping on public property if there is no adequate shelter alternative. The VCOEB recognizes that Assertive Community Treatment is the evidence-based intervention to serve homeless adults with severe and persistent illness.⁵ VCOEB strongly supports offering crisis and transitional housing to veterans as an alternative to sleeping on the streets. The VCOEB strongly supports working in collaboration with HUD and proposes that any joint VA-HUD collaboration honor the autonomy of veterans without the threat of criminalization to coerce veterans into these services and supports the expansion of crisis intervention services at the West LA VA campus. <p>¹Record of Decision West Los Angeles Medical Center Campus Proposed Master Plan for Improvements and Reconfiguration: Programmatic Environmental Impact Statement and Section 106 Consultation (Page 8)</p> <p>²Exhibit A: January 15, 2020 Draft Community Plan Presentation - Composite Slide (Page 9)</p> <p>³https://psycnet.apa.org/record/2010-20229-001</p> <p>⁴https://nlchp.org/supreme-court-martin-v-boise/</p> <p>⁵https://ebmh.bmj.com/content/1/4/115</p>
Subcommittee/	<ul style="list-style-type: none"> ● Mr. Anthony Allman led the briefings on Recommendations #1 and #2. He began by explaining the subcommittee's endorsement of capital contribution. He noted that the

¹Record of Decision West Los Angeles Medical Center Campus Proposed Master Plan for Improvements and Reconfiguration: Programmatic Environmental Impact Statement and Section 106 Consultation (Page 8)

²Exhibit A: January 15, 2020 Draft Community Plan Presentation - Composite Slide (Page 9)

³<https://psycnet.apa.org/record/2010-20229-001>

⁴<https://nlchp.org/supreme-court-martin-v-boise/>

⁵<https://ebmh.bmj.com/content/1/4/115>

<p>Recommendation Brief Anthony Allman, Subcommittee Chair, Master Plan with Services and Outcomes</p>	<p>group heard from the Principal Developer that they are in discussion with VA to make a capital contribution, to provide extraordinary infrastructure associated with housing delivery at VA West LA. The Master Plan Subcommittee supports the VA's plan.</p> <ul style="list-style-type: none"> • Mr. Allman continued by answering what the "alternative D" is. It relates to the PEIS that was recently approved. It is for the approval of rehabilitation and construction and it will require additional infrastructure. • He explained that the second footnote of the recommendation is the composite slide of the Principle Developers' presentation. The Bonzal utility backbone funding, \$10million, will be attached to building 207 EUL, which is essentially the beginning of Phase 0. This was a modification to the original, which was more specific with numbers. Whatever that final number is, Mr. Allman added, the subcommittee supports it. • Mr. Mangano agreed with Mr. Allman's recommendation and proceed with it. He thanked the subcommittee for bringing this to their attention. • Mr. Allman also specified that this will not be the only proposal of infrastructure projects from the Principal Developer. • No further discussion was had. • Motion to approve by Mr. Dan Rosenfeld. • Mr. Ray Delgado seconded. • Passed with all ayes. • Mr. Allman detailed the 2nd recommendation: VCOEB recommends that the Secretary of Veterans Affairs instruct the appropriate office to announce the award resulting from the Request for Lease Proposal concerning the Historic Wadsworth Chapel located at the VA WLA. • He noted that the due date was August and they are just waiting for the VA to make an announcement. The announcement of the decision is on hold. • Mr. Allman- indicated that they have been unable to get a status update, as it is vague with the appropriate office because no one knows where it is. Ms. Barrie replied that it might be with the Network Contracting Office in Long Beach. Mr. Allman then suggested that they put in a request and not make it a formal recommendation. • It was suggested that they vote on it and if it is unnecessary, they will not submit. • Dr. Bamberger motioned to approve this, with the caveat that if they do not receive a response by the end of next week, it will be included in the recommendation package. • Mr. Ray Delgado seconded. • Motion passed. • Following this, Dr. Bamberger read a proposal work on the principle that prioritizes autonomy and self-determination for all veterans. The VCOEB recommends that the Secretary of the VA works with the Secretary of Housing and Urban Development to provide funding for stabilization. • Mr. Mangano, Mr. Allman and Lt. Gen. Hopper offered some tweaks to wording and suggestions for footnotes. • Mr. Ray Delgado motioned to vote on the recommendation as modified (specifically to the activity of the Chair) and reviewed by the Board by the last set of comments. • Mr. Jim Zenner seconded the motion. The motion being that they accept this recommendation and leave the wordsmithing to the Chair. • The motion passed.
<p>Way Ahead/ Next Steps</p>	<ul style="list-style-type: none"> • Lt. Gen. Hopper again thanked and welcomed the new members. He noted that this had

	<p>been a very productive session. He thanked Dr. Braverman and Mr. Merchant and the individuals working the microphones.</p> <ul style="list-style-type: none">• He explained that the next meeting is planned for April 22-23 and the DFO will be finalizing it and communicating it to the Board.• They will begin detailing the agenda for the next meeting once this one ends.• He requested of the IPT to either have the tour or, at the very least, a drone virtual flyby planned for the next meeting.• He thanked the GLA, Dr. Davis the DFO and the DFO's team, and the minute takers.• Lt. Gen. Hopper adjourned the meeting at 4:00PM PDT.
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/s/ John D. Hopper, Jr.

John D. Hopper Jr.
Chair,
Veterans and Community Oversight and Engagement Board
Federal Advisory Committee