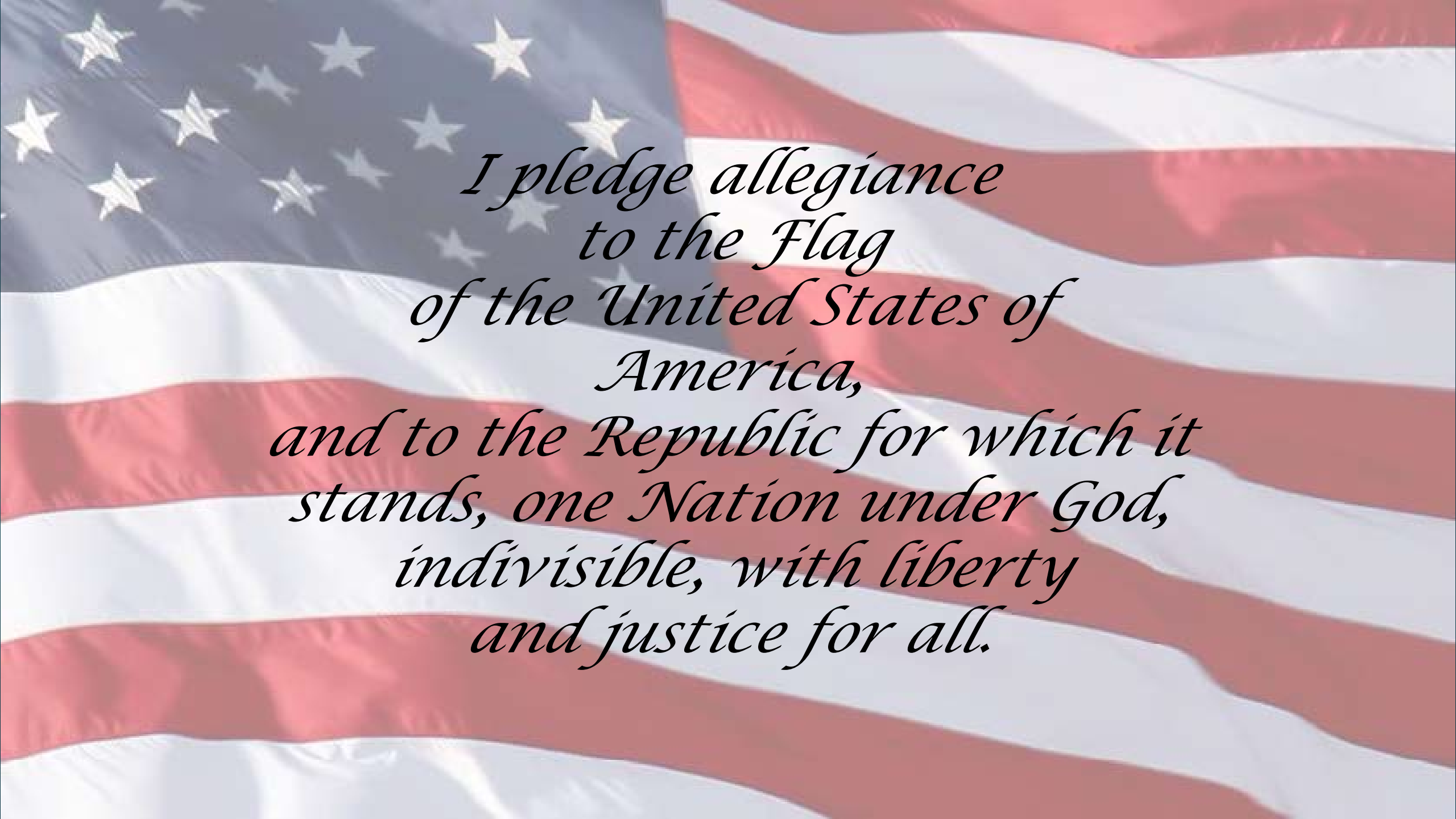


22nd Veterans and Community Oversight and Engagement Board (Day 1)

WELCOME

The background of the image is a close-up, slightly blurred view of the American flag, showing the stars and stripes in a wavy pattern. The text is centered over the flag.

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

22nd VCOEB

Rules of Engagement

- ▶ To the greatest extent possible please hold all questions until the presentations are complete.
- ▶ The Chair will ask for questions and/or comments throughout the meeting.
- ▶ Turn your name card on its end to signify to the Chair your desire to provide comment or ask a question.
- ▶ Allow DFO/VCOEB Chair to yield the floor to you prior to speaking
- ▶ Please help our minute takers and identify yourself prior to speaking
- ▶ Allow the DFO support team to provide a microphone to you prior to speaking (This meeting is being broadcast via WebEx)
- ▶ **Note: This meeting is being recorded.**



Mr. Robert Begland

CHAIR

VETERANS AND COMMUNITY OVERSIGHT AND ENGAGEMENT BOARD



Mr. Jefferey Moragne

DIRECTOR, ADVISORY COMMITTEE MANAGEMENT OFFICE



Federal Advisory Committee Act 101

WELCOME



Federal Advisory Committee Act 101

What is the Federal Advisory Committee Act (FACA)?

The Federal Advisory Committee Act is a Federal statute that governs the **establishment, termination and management** of Federal Advisory Committees (FAC). Enacted to promote openness and **transparency** and **accountability** to regulate the number and duration of FACs.

When does FACA apply?

FACA applies to all groups with at least one non-Federal employee established or utilized by an agency to obtain advice or recommendations, unless an exception applies.

What are Federal Advisory Committee requirements?

- Signed/filed Charter;
- Designated Federal Officer (DFO);
- Public meetings with agenda announced in Federal Register 15 days in advance of the meeting and an opportunity for public to speak or submit written comments;
- Balanced membership; and
- Records maintained and available for public inspection.



Federal Advisory Committee Act 101

What constitutes a Federal Advisory Committee (FAC) meeting?

- A published Federal Register Notice of Meeting
 - Open, Closed or Partially Closed
- A Designated Federal Officer (DFO)
- A FACA Committee that:
 - Meets in-person, virtual or through tele- and video-conference
 - Provides advice or recommendations
- A quorum unless otherwise established in the Committee's charter or legislation.
 - Majority (more than one half) of the committee's authorized membership including ex-officio members (i.e. 50% plus one)
- An approved agenda



Federal Advisory Committee Act 101

What constitutes a “closed” meeting?

FAC meetings may also be closed in whole or in part under limited circumstances, such as when discussing trade secrets, personal information, and criminal matters.

Per FACA, there are three common exemptions to “close” a meeting:

- Discussion of classified information
- Reviews of proprietary data submitted in support of Federal grant applications (i.e., research committee)
- Deliberations involving considerations of personal privacy (i.e., Veterans’ PII, VA Medical Center tours, etc.)

Note: OGC must concur on the meeting closure.



Federal Advisory Committee Act 101

May FACs ever meet privately?

Yes. According to the FACA Final Rule, FACs can conduct two types of work without a public meeting:

1) Preparatory work.

- a) Two or more Committee or Subcommittee members gather to solely gather information, conduct research, analyze relevant issues, facts in preparation for a FAC meeting or to draft papers for deliberation by FAC; and
- b) Since this isn't a FAC meeting, a submission to the Federal Register is not required.

and

2) Administrative work. Two or more Committee members gather to discuss administrative matters of the FAC.



Federal Advisory Committee Act 101

What are “Administrative” Calls?

During an administrative call, the Committee members are allowed to discuss the following:

- ✓ Conduct FACA 101 session with Jeffrey Moragne (15 to 20 minutes)
- ✓ Conduct Ethics Training session
 - Using Ethics Training slides (30 to 45 minutes)
 - Ensure members take the VA OGC Ethics Training for Special Government Employees located at: <https://www.va.gov/OGC/docs/SGE/10.html>
- ✓ Provide / Obtain the SGE Self-Certification Statements from members
- ✓ Review, discuss, complete Financial Disclosures form 450s, if applicable
- ✓ Vendorize Committee member in VA systems, if needed
- ✓ Discuss research (i.e. what to include on the agenda, SMEs, topics)
- ✓ Finalize meeting agenda
- ✓ Finalize travel plans
- ✓ Finalize meeting logistics (i.e. date, location, number of days)

However, they are **not allowed to engage in discussing any REPORTS or RECOMMENDATIONS.** **This is not a regular FAC meeting.**



Federal Advisory Committee Act 101

Can Committee Members testify/speak on Federal Advisory Committee matters?

PERMISSIBLE

- If asked to testify, you may speak about FAC matters only in your personal capacity.
- Your testimony should clarify that you are providing your personal opinion and are not speaking on behalf of VA or the FAC.
- As a courtesy, we appreciate you informing the FAC's DFO if you are going to testify.

MISCONDUCT

- Federal Advisory Committee members do not have authority to testify on behalf of the Committee and do not speak for VA.
- Since you are acting in your personal capacity if you testify or speak, VA cannot reimburse you for expenses or pay a stipend.



Federal Advisory Committee Act 101

VA Federal Advisory Committee Best Practices

- ✓ Master Your Committee Calendar...plan 18 months of committee meetings in advance during the next meeting or an administrative call
- ✓ Know your role:...understand the Committee's Charter and guidance located in the VA Committee Members Handbook
- ✓ Subcommittees...formally establish these groups in accordance with the VA guidance to do the heavy lifting on research and assist with drafting recommendations
- ✓ Meeting Mechanics...dedicate meeting time to discuss individual presentations and how they connect to the Committee's advice/recommendations
- ✓ Cross Committee Collaboration...use your Subcommittee to engage other FACs
- ✓ SMART Template...use the template to achieve better results
- ✓ VA Library Services...use this service for data and information searches
- ✓ Subject Matter Experts...recommend stakeholders for the Committee to engage
- ✓ Annual Field Visits...do field visits and Capitol Hill meetings to better understand Veterans, Caregivers, Survivors, Stakeholders and VA Employees challenges
- ✓ FACA and Ethics questions...ask your Designated Federal Officer for guidance



Federal Advisory Committee Act 101

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Mr. Robert Begland


CHAIR

VETERANS AND COMMUNITY OVERSIGHT AND ENGAGEMENT BOARD

BG (R) Loree Sutton

VICE CHAIR

VETERANS AND COMMUNITY OVERSIGHT AND ENGAGEMENT BOARD



Ms. Margaret (Meg) Kabat

PRINCIPAL SENIOR ADVISOR, OFFICE OF THE SECRETARY OF VETERANS
AFFAIRS



Mr. John Boerstler

CHIEF VETERANS EXPERIENCE OFFICER

EXECUTIVE SPONSOR



Mr. Robert Merchant

MEDICAL CENTER DIRECTOR,
VA GREATER LOS ANGELES HEALTHCARE SYSTEM



Dr. Keith Harris

SENIOR EXECUTIVE HOMELESSNESS AGENT (GREATER LOS ANGELES)

OFFICE OF THE SECRETARY



Mr. Robert Davenport

CHIEF COUNSEL

OFFICE OF GENERAL COUNSEL, REAL PROPERTY LAW GROUP

Ms. Kristin Grotecloss

GENERAL ATTORNEY

OFFICE OF GENERAL COUNSEL, REAL PROPERTY LAW GROUP

Legislative History of the West LA Campus

VA Office of General Counsel, Real Property Law Group

Robert Davenport, Chief Counsel

Kristin Grotecloss, Attorney



22nd VCOEB Meeting, January 31, 2024

Current Legal Framework/Authorities

- Enhanced-Use Leases (EULs)
 - Authorized under Section 2(b)(1) of the West LA Leasing Act
 - VA leases underutilized property to third parties, who in turn finance, develop, and operate supportive housing on the property for the lease term
 - Only vehicle by which housing is developed and operated on the West LA Campus
- Service Leases
 - Authorized under Section 2(b)(2) of the West LA Leasing Act
 - Leases to third parties to provide enumerated services that “principally benefit veterans and their families”
- Easements
 - Authorized under Section 2(e) of the West LA Leasing Act
 - Easements may be granted to public transportation authorities; State, County, or City entities; and public utility companies
- Revocable Licenses
 - Authorized under Section 2(k) of the West LA Leasing Act
 - Licenses grant third parties a revocable, non-recordable right to use VA space or land for a specific purpose
 - On the West LA Campus, the primary purpose must be for the Veteran-focused use of the Campus

Background

- The West LA Campus was originally donated to the government to serve as a branch of the National Home for Disabled Volunteer Soldiers (NHDVS)
 - In 1887, Congress authorized the establishment of a Pacific Branch of the NHDVS on a to-be-determined property west of the Rocky Mountains
 - In 1888, Arcadia Bandini de Baker and Senator John P. Jones deeded 300 acres of land to the federal government in what is now West LA to serve as the Pacific Branch of the NHDVS
- In 1930, Congress merged the NHDVS system with the Veterans' Bureau and the Bureau of Pensions to establish a new Veterans Administration
- In 1958, Congress enacted legislation (Public Law 85-857) that:
 - Abolished the NHDVS system;
 - Repealed the various Acts of Congress that had established the NHDVS Branches; and
 - Authorized the VA Administrator to provide hospital and domiciliary facilities on any property then owned by the United States;
- After 1958, the focus of the West LA property, and the Veterans Administration as a whole, shifted to the provision of healthcare, benefits, and cemetery services to Veterans, not the construction and management of permanent housing for Veterans.

Legislation Specific to the West LA Campus

- **1986 - *Veterans' Benefits Improvement and Healthcare Authorization Act of 1986*, Public Law 99-576, Section 234 (Cranston Amendment)**
 - Enacted in response to VA Administrator notifying Congress of his intent to dispose of approximately 109 acres of unimproved land on the West LA Campus and 46 acres of unimproved land at another Los Angeles-area VA facility, the Sepulveda VA Medical Center
 - The Cranston Amendment specifically prohibited the VA Administrator from taking any action prior to January 1, 1988, to dispose of the land described in his notice to Congress
- **1988 – *Veterans' Benefits and Services Act of 1988*, Public Law 100-322, Section 422**
 - “Special Rule” repealing the short-term prohibition provided by the Cranston Amendment and replacing it with a permanent prohibition on disposal of any of the property described in the VA Administrator’s 1986 notice to Congress
- **1992 – *Homeless Veterans Comprehensive Service Programs Act of 1992*, Public Law 102-590, Section 7**
 - Congress granted VA the limited authority to lease land or buildings on the West LA Campus to “representatives of the homeless” to provide services to homeless Veterans and the families of such Veterans”
 - More specifically, authorized leases for a term of 3+ years to a State or local government agency, or private nonprofit organization, which provides services to the homeless to use the property “only as a location for the provision of services to homeless Veterans” and their families.
- **2007 – *Consolidated Appropriations Act of 2008*, Public Law 110-161, Section 204 (Feinstein Amendment)**
 - Congress reiterated and expanded on the previously-enacted prohibitions on disposition of the West LA Campus by specifically prohibiting VA from taking “any action to exchange, trade, auction, transfer, or otherwise dispose of, or reduce the acreage of,” the West LA Campus, except to a representative of the homeless as provided in the 1992 legislation. (Public Law 110-161, Section 224 (known colloquially as “the Feinstein Amendment”),
 - Unlike the 1986 Cranston Amendment and the 1988 Special Rule – both of which focused only on the acreage subject the VA Administrator’s 1986 notice to Congress – the Feinstein Amendment strictly prohibited disposition of any building or land within the entire 388-acre West LA Campus.

History of Enhanced-Use Lease Legislation

- **1991 – Veterans’ Benefits Programs Improvement Act of 1991, Public Law 102-86, Section 401**
 - Congress authorized VA to provide long-term leases to third-party developers to adapt and reuse underutilized buildings or land through a then-new type of land-use agreement known as an enhanced-use lease (EUL).
 - Because of the 1988 “special rule,” however, the new EUL authority was not applicable to the areas of the West LA Campus and the Sepulveda Medical Center described in the VA Administrator’s 1986 notice to Congress.
 - As originally enacted, VA’s EUL authority was broad, allowing for any use of VA property that was not inconsistent with VA’s mission.
- **2012 – Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012 , Public Law 112-154, Section 211**
 - Congress narrowed VA’s EUL authority, authorizing VA to enter into EULs “only for the provision of supportive housing”
- **2022 – Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, Public Law 117-168, Section 705**
 - Congress broadened VA’s EUL authority authorizing EULs that are not inconsistent with the mission of VA and :
 - “the lease will enhance the use of the leased property by directly or indirectly benefitting veterans”; or
 - “the leased property will provide supportive housing”
 - Congress increased the term limit for EULs from 75 to 99 years
 - Congress allocated \$922,000,000 to “enter into enhanced-use leases” with \$381,000,000 allocated specifically for West LA

**The broadened PACT Act EUL authority does not apply to the West LA Campus

West LA Leasing Act of 2016 (Public Law 114-226)

Enhanced-Use Leases

Authorized Under Section 2(b)(1)

(1) Any enhanced-use lease of real property under subchapter V of chapter 81 of title 38, United States Code, for purposes of providing supportive housing, as that term is defined in section 8161(3) of such title, that principally benefit veterans and their families.

Service Leases

Authorized Under Section 2(b)(2)

(2) Any lease of real property for a term not to exceed 50 years to a third party to provide services that principally benefit veterans and their families and that are limited to one or more of the following purposes:

(A) The promotion of health and wellness, including nutrition and spiritual wellness.

(B) Education.

(C) Vocational training, skills building, or other training related to employment.

(D) Peer activities, socialization, or physical recreation.

(E) Assistance with legal issues and Federal benefits.

(F) Volunteerism.

(G) Family support services, including child care.

(H) Transportation.

(I) Services in support of one or more of the purposes specified in subparagraphs (A) through (H).

Lease to UCLA

Authorized Under Section 2(b)(3)

(3) A lease of real property for a term not to exceed 10 years to The Regents of the University of California, a corporation organized under the laws of the State of California, on behalf of its University of California, Los Angeles (UCLA) campus (hereinafter in this section referred to as "The Regents"), if—

(A) the lease is consistent with the master plan described in subsection (g);

(B) the provision of services to veterans is the predominant focus of the activities of The Regents at the Campus during the term of the lease;

(C) The Regents expressly agrees to provide, during the term of the lease and to an extent and in a manner that the Secretary considers appropriate, additional services and support (for which The Regents is not compensated by the Secretary or through an existing medical affiliation agreement) that—

(i) principally benefit veterans and their families, including veterans that are severely disabled, women, aging, or homeless; and

(ii) may consist of activities relating to the medical, clinical, therapeutic, dietary, rehabilitative, legal, mental, spiritual, physical, recreational, research, and counseling needs of veterans and their families or any of the purposes specified in any of subparagraphs (A) through (I) of paragraph (2); and

(D) The Regents maintains records documenting the value of the additional services and support that The Regents provides pursuant to subparagraph (C) for the duration of the lease and makes such records available to the Secretary.

West LA Leasing Act of 2016 (Public Law 114-226)

Easements

Authorized Under Section 2(e)

(e) EASEMENTS.—

(1) IN GENERAL.—Notwithstanding any other provision of law (other than Federal laws relating to environmental and historic preservation), pursuant to section 8124 of title 38, United States Code, the Secretary may grant easements or rights-of-way on, above, or under lands at the Campus to—

(A) any local or regional public transportation authority to access, construct, use, operate, maintain, repair, or reconstruct public mass transit facilities, including, fixed guideway facilities and transportation centers; and

(B) the State of California, County of Los Angeles, City of Los Angeles, or any agency or political subdivision thereof, or any public utility company (including any company providing electricity, gas, water, sewage, or telecommunication services to the public) for the purpose of providing such public utilities.

“principally benefit veterans and their families”

Defined under Section 2(l)

(l) PRINCIPALLY BENEFIT VETERANS AND THEIR FAMILIES DEFINED.—In this section the term “principally benefit veterans and their families”, with respect to services provided by a person or entity under a lease of property or land-sharing agreement—

(1) means services—

(A) provided exclusively to veterans and their families; or

(B) that are designed for the particular needs of veterans and their families, as opposed to the general public, and any benefit of those services to the general public is distinct from the intended benefit to veterans and their families; and

(2) excludes services in which the only benefit to veterans and their families is the generation of revenue for the Department of Veterans Affairs.

- Section 2(i) authorizes a new Federal Advisory Committee, the Veterans and Community Oversight and Engagement Board (VCOEB)
- Section 2(j) implements reporting requirements:
 - VA required to submit annual Congressional reports evaluating all leases and land-sharing agreements on Campus
 - VA OIG required to report on leases, land use, and Draft Master Plan implementation 2 and 5 years after enactment and “as determined necessary thereafter”

West LA Leasing Act of 2016 - Amendments

- **2018 – *Department of Veterans Affairs Expiring Authorities Act of 2018*, Public Law 115-251, Section 303**
 - Revises Section 2(h) regarding VA's ability to enter into leases or land sharing agreements after an adverse OIG finding
 - Original language was overly broad and prevented VA from entering into any land use agreements after an adverse OIG finding
 - Amended language limits VA's ability to renew or enter into new land use agreements that are subject to an adverse OIG finding

(h) COMPLIANCE WITH CERTAIN LAWS.— (1) LAWS RELATING TO LEASES AND LAND USE.—If the Inspector General of the Department of Veterans Affairs determines, as part of an audit report or evaluation conducted by the Inspector General, that the Department is not in compliance with all Federal laws relating to leases and land use at the Campus, or that significant mismanagement has occurred with respect to leases or land use at the Campus, the Secretary may not enter into **any new lease or land-sharing agreement at the Campus that is not in compliance with such laws**~~any lease or land-sharing agreement at the Campus~~, or renew any such lease or land-sharing agreement that is not in compliance with such laws, until the Secretary certifies to the Committees on Veterans' Affairs of the Senate and House of Representatives, the Committees on Appropriations of the Senate and House of Representatives, and each Member of the Senate and the House of Representatives who represents the area in which the Campus is located that all recommendations included in the audit report or evaluation have been implemented.

West LA Leasing Act of 2016 - Amendments

- **2021 – *West Los Angeles VA Campus Improvement Act of 2021*, Public Law 117-18, Section 303**

- Grants VA greater flexibility in the use of land use revenues on the West LA Campus

“(1) IN GENERAL.—Any land use revenues received by the Secretary shall be credited to the applicable Department medical facilities accounts or minor construction accounts and shall be available, without fiscal year limitation and without further appropriation, exclusively for any of the following:

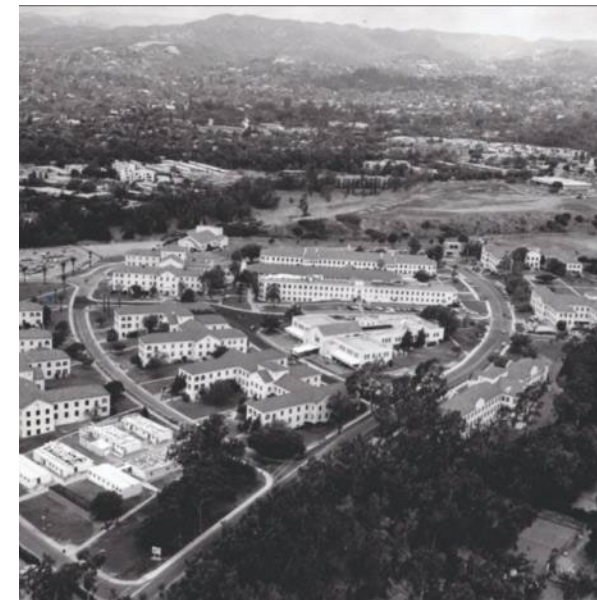
“(A) Supporting construction, maintenance, and services at the Campus relating to temporary or permanent supportive housing for homeless or at-risk veterans and their families.

“(B) Renovating and maintaining the land and facilities at the Campus.

“(C) Carrying out minor construction projects at the Campus.

“(D) Carrying out community operations at the Campus that support the development of emergency shelter or supportive housing for homeless or at-risk veterans and their families.

- Defines land use revenues as:
 - Any funds received by the Secretary under a lease described in Section 2(b) of the Leasing Act; and
 - Any funds received as proceeds from any assets seized or forfeited and any restitution paid in connection with any third-party land sue at the Campus.
- Extends the term of EULs on the West LA Campus from 75 of 99 years



Comments or Questions?



Mr. Ross A. Davidson

ASSOCIATE EXECUTIVE DIRECTOR, OFFICE OF FACILITIES PLANNING
OFFICE OF CONSTRUCTION AND FACILITIES MANAGEMENT

The WLA Critical Care Center (CCC)



Mr. Ross Davidson
Associate Executive Director
Office of Facilities Planning, Construction & Facilities Management (CFM)

January 31, 2024

The WLA Critical Care Center (CCC)



- **GLA Mission & Project Summary**
- **Project Background: How did we Get Here?**
- **Healthcare Planning Considerations**
- **Greater Los Angeles Service Delivery Plan**
- **CCC Program & South Campus Projects**
- **Getting around WLA during construction**

GLA's *Dual Mission*



1. **Meet the healthcare needs of all eligible veterans living in Greater Los Angeles**
2. **Improve healthcare access and outcomes for chronically homeless and severely disabled, women and elderly veterans by co-locating supportive housing with healthcare services on the WLA campus**

Project Summary



- **Critical Care Center:**
 - 450,000 Gross Square Feet Addition
 - Connector Renovations to Bldg 500
 - **47-month** Period of Construction
 - 2025 - 2030...*first patient day*
- **Central Utility Plant:**
 - Replaces Building 501...
 - Supports CCC, Building 500, & South Campus
 - **26-month** Period of Performance
 - 2025 - 2027...*on-line in early 2028*
- **Utilities Upgrades to increase capacity, efficiency and redundancy**

VA

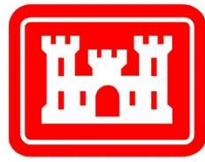


U.S. Department
of Veterans Affairs

Project Acquisition



U.S. Department
of Veterans Affairs



**US Army Corps
of Engineers®**

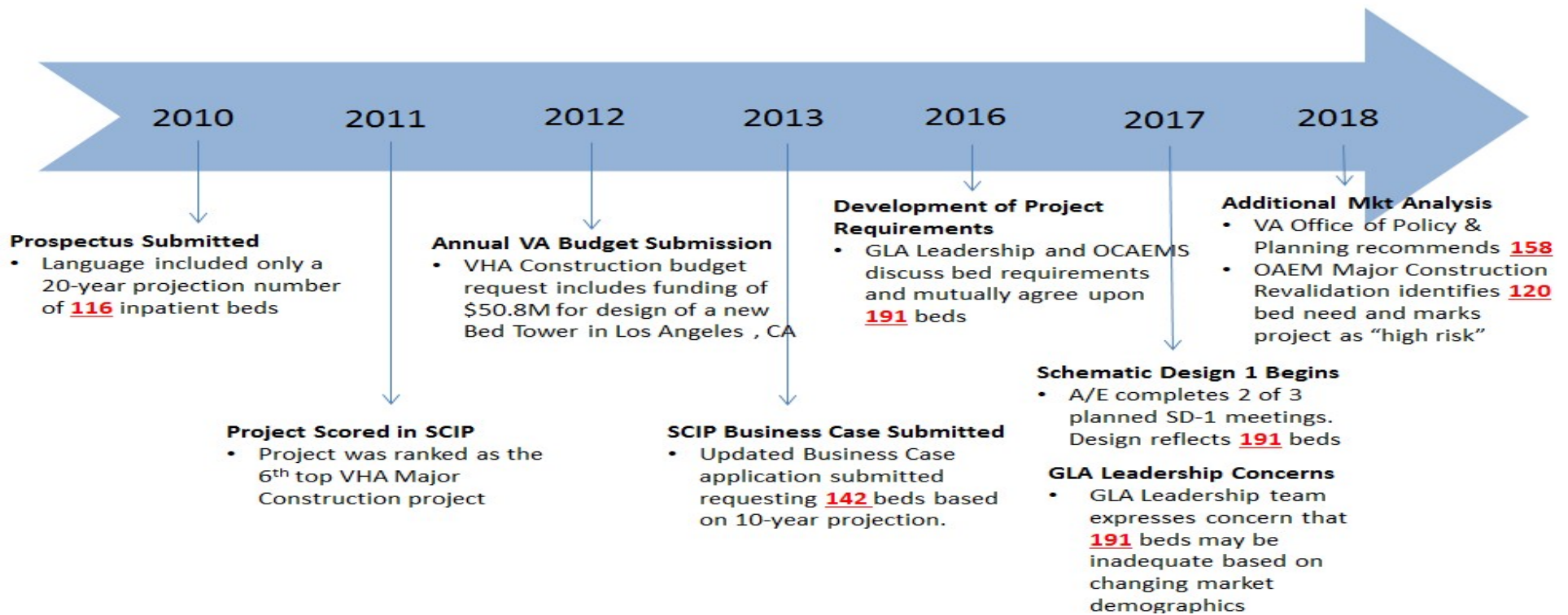
- **VA + USACE Partnership**
- **2025 Congressional Budget Submission**
- **9-month Advertisement and Award Period following Appropriations, expected 2025**
- **2025 – 2029 Construction Period**
- **2030...Initial Outfitting and First Patient Day**

VA



U.S. Department
of Veterans Affairs

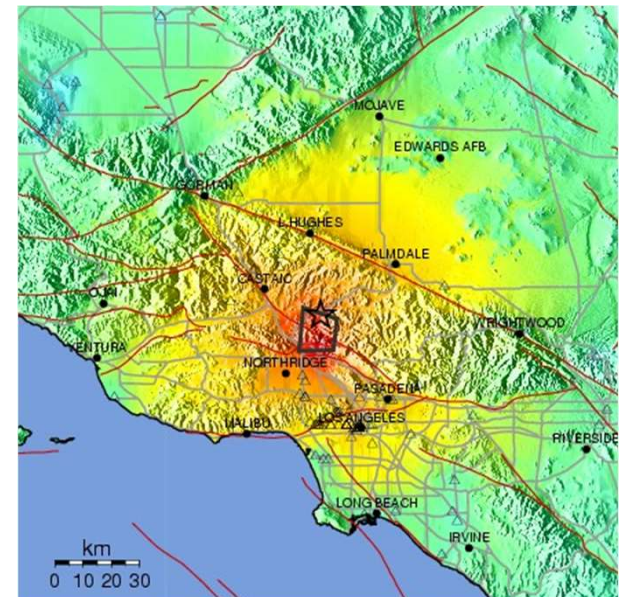
HOW DID WE GET HERE?



Project Background – Why this Project?



- Put simply...*Seismic Risk*
- 1971 San Fernando / Sylmar Earthquake
- 1989 Loma Prieta and 1994 North Ridge



VA



U.S. Department
of Veterans Affairs

Addition vs Repair...*San Diego VAMC*

- Seismic repair involves making a building's structure stiff to better resist lateral seismic forces
- At VAMC San Diego, a near identical building to WLA, an 'exoskeleton' was added in 2007 by Clark Construction
- However, this approach was insufficient to meet LA's higher seismic risk

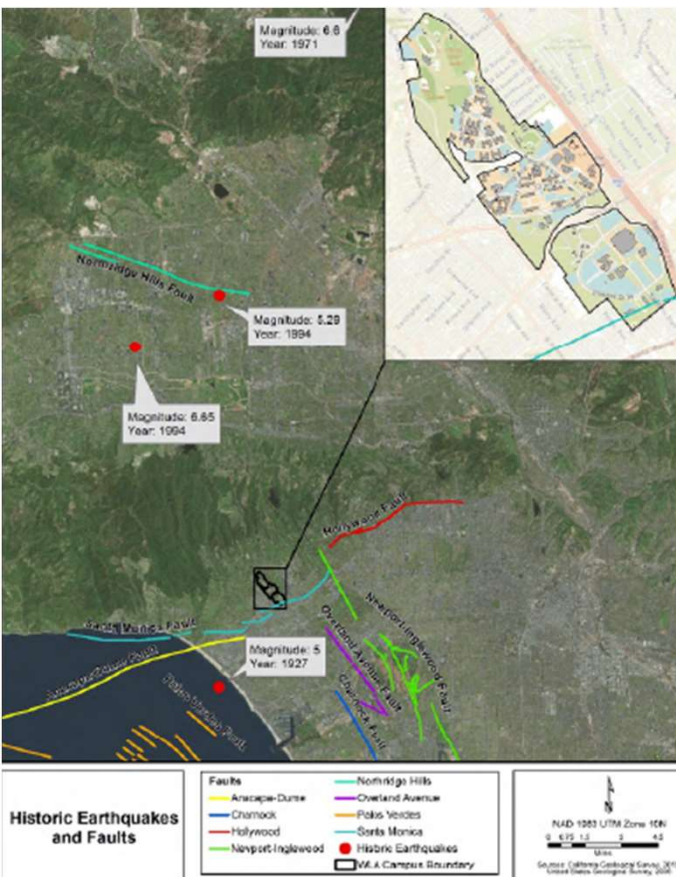
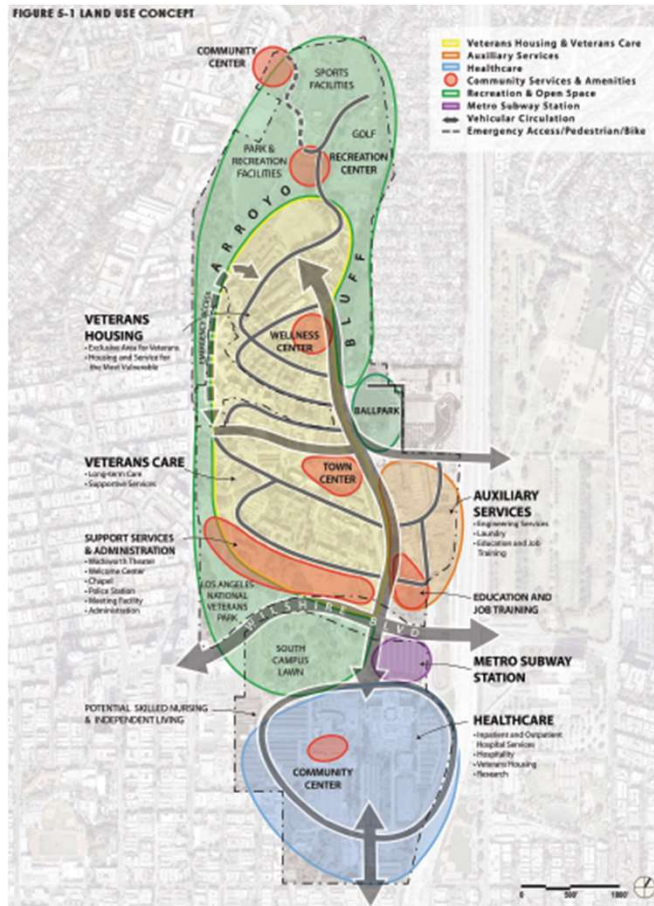


Figure 3.4-3. Active Faults and Historic Earthquakes in the WLA Campus Area



The WLA Master Plan – December 2021

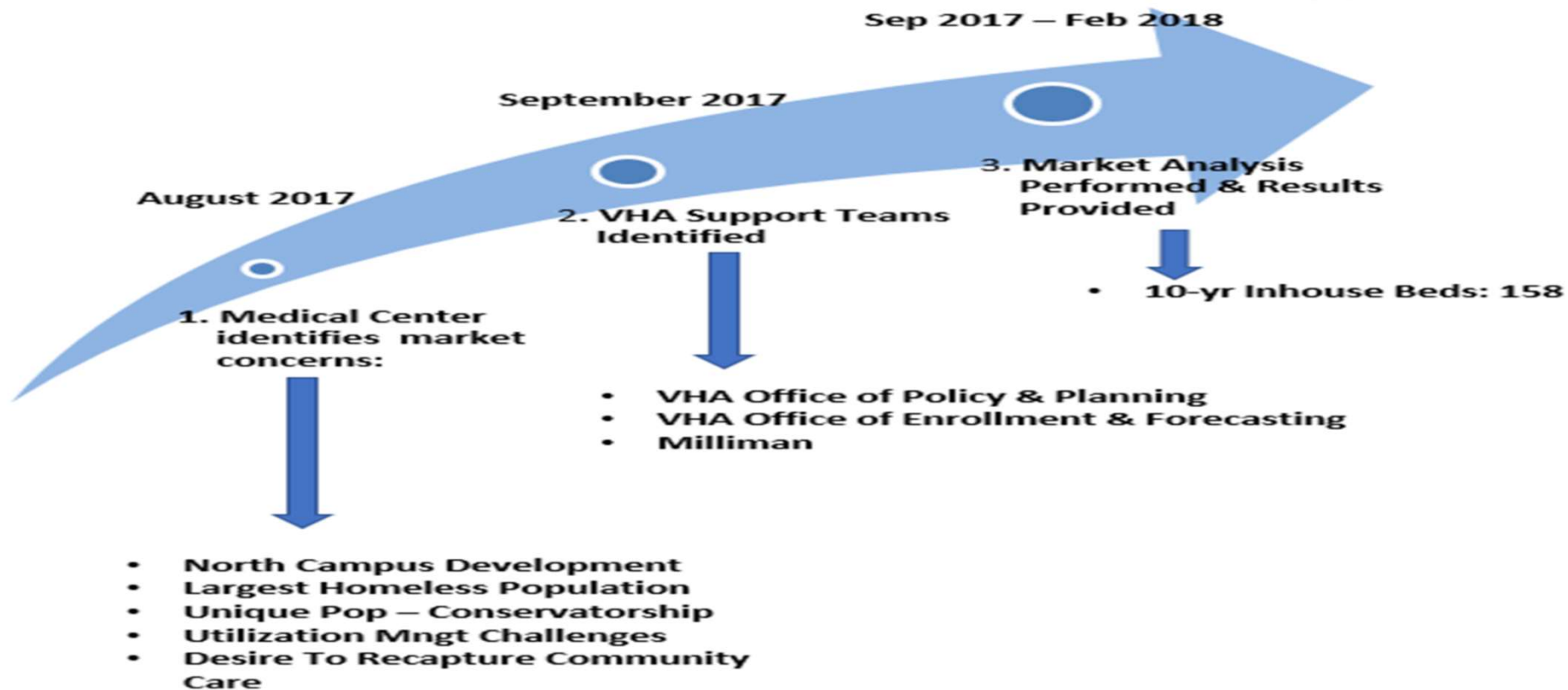


- Comprehensive, Collaborative Analysis and Roadmap
- Reinforced and better-informed Project Planning in South Campus

CCC: HEALTHCARE PLANNING

GLA Market Reassessment Strategy

Sep 2017 – Feb 2018

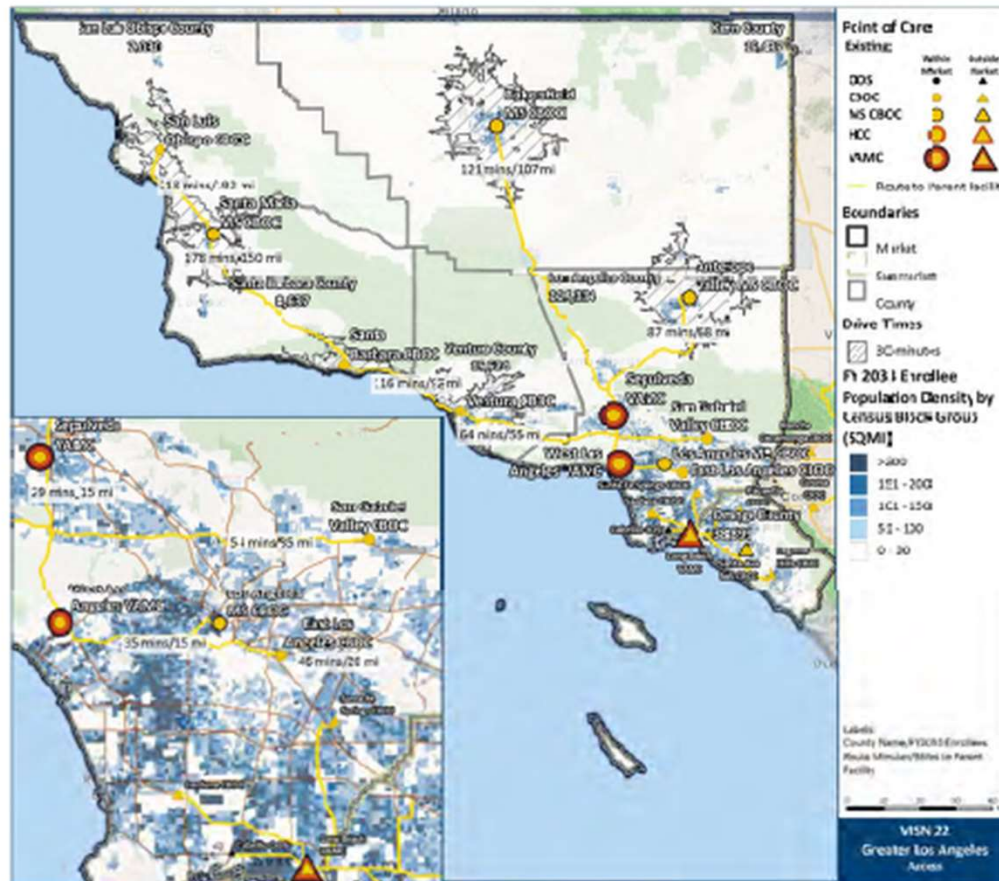


CURRENT & PROJECTED BED

	In-house (Base Year 2016)	In-house (Projection BY 2016)	In-house (Projection BY 2016)	Community (Projection BY 2016)	Community (Projection BY 2016)	Community (Projection BY 2016)	Current Year In-house Modeling Projection (Base Year 2022)
	FY2016 Base Year Validation	FY2026 Modeled	FY2036 Modeled	FY2016 Base Year Validation	FY2026 Modeled	FY2036 Modeled	FY2026 Modeled
Acute Inpatient Medicine	110	85	55	8	9	8	65
Acute Inpatient Mental Health	35	23	16	4	3	3	59
Acute Inpatient Surgery	25	47	32	8	9	7	29
Total Acute Beds Needs	<u>170</u>	<u>155</u>	<u>103</u>	20	21	18	<u>153</u>
Intermediate Beds	49	-	-	-	-	-	
10P Additional Analysis Beds	-	3	3	-	-	-	3
Recaptured Community Care Beds	-	2	2	-	-	-	2
Total Acute Beds	<u>170</u>	<u>160</u>	<u>108</u>	-	-	-	<u>158</u>
New Sub-Acute Beds in B212 (N. Campus)	-	42	42	-	-	-	42
Total Acute/Sub-Acute Bed Capacity	<u>219</u>	<u>202</u>	<u>150</u>	<u>20</u>	<u>21</u>	<u>18</u>	<u>200</u>

* GLA Director concurred with a bed requirement based on a 10-year projection modeling analysis (FY2026) and supporting 160 acute beds

Veteran Access Analysis

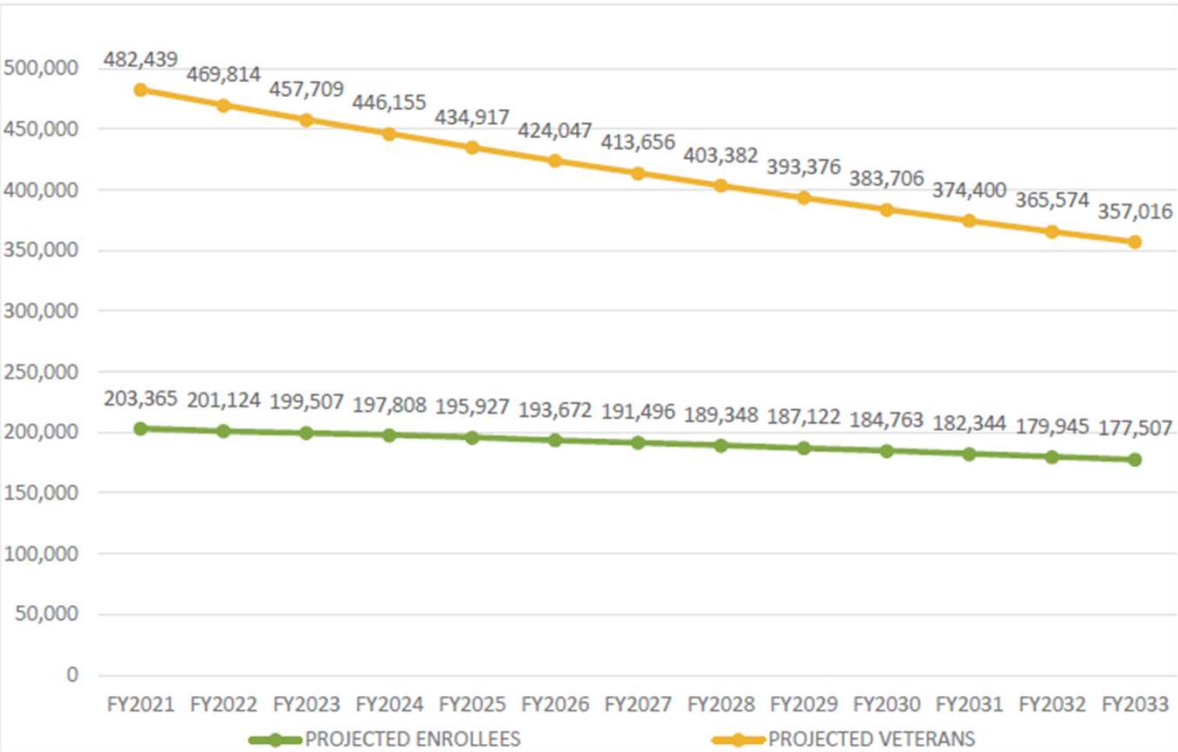


Analyzing Population and Drive Time Access

- Mapped the future enrollee population 2033 and existing POCs.
- Enrollee population is represented by Census block group density.
- Determined distance to West Los Angeles VAMC from each child POC.
- Identified 30-minute primary care access time from each POC.

Veteran Population Projects

Figure 3: Greater Los Angeles Market's Projected Enrollee Population by Fiscal Year⁴



- The Veteran population in LA and across the country is declining as reflecting the reduced ‘drafted’ population of the 1960’s to today’s much smaller force structure.
- Regardless, GLA remains a major veteran population center with a unique population.

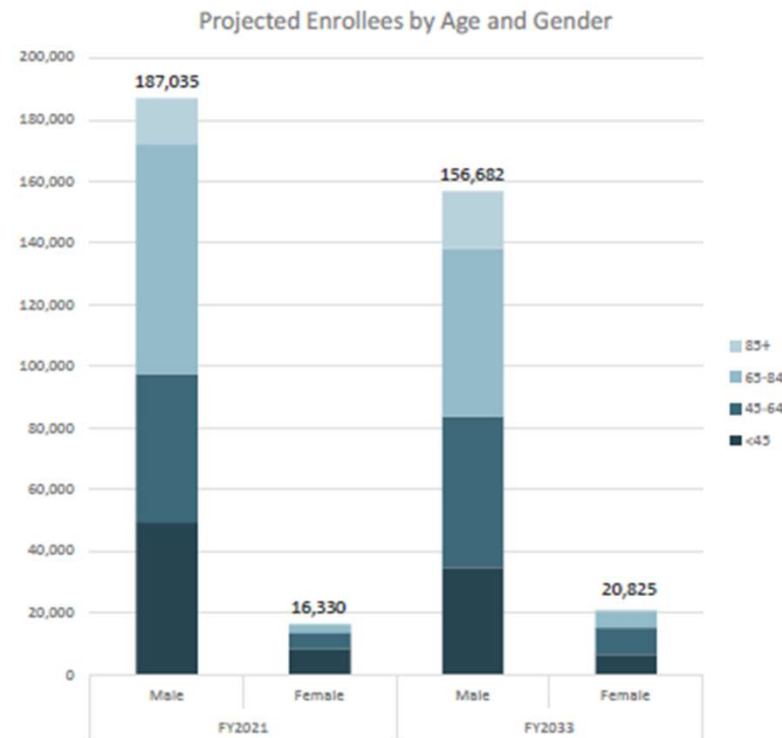
Table 4: Current and Projected Enrollee Population by Sector and County

Sector	County	FY 2021Q4 Enrollees	FY 2033 Enrollees	Projected Enrollee Growth
Greater Los Angeles submarket				
22-e-3-A	Los Angeles	117,333	99,563	-15.1%
22-e-3-C	Kern	16,440	15,688	-4.6%
22-e-3-D	Ventura	15,624	13,876	-11.2%
22-e-3-E	Santa Barbara	8,637	7,409	-14.2%
22-e-3-F	San Luis Obispo	7,031	6,276	-10.7%
Submarket Subtotal		165,065	142,812	-13.48%
Long Beach submarket (Not included in analysis)				
22-e-2-B	Orange	38,898	34,666	-10.9%
Market Total		203,963	177,478	-13.0%

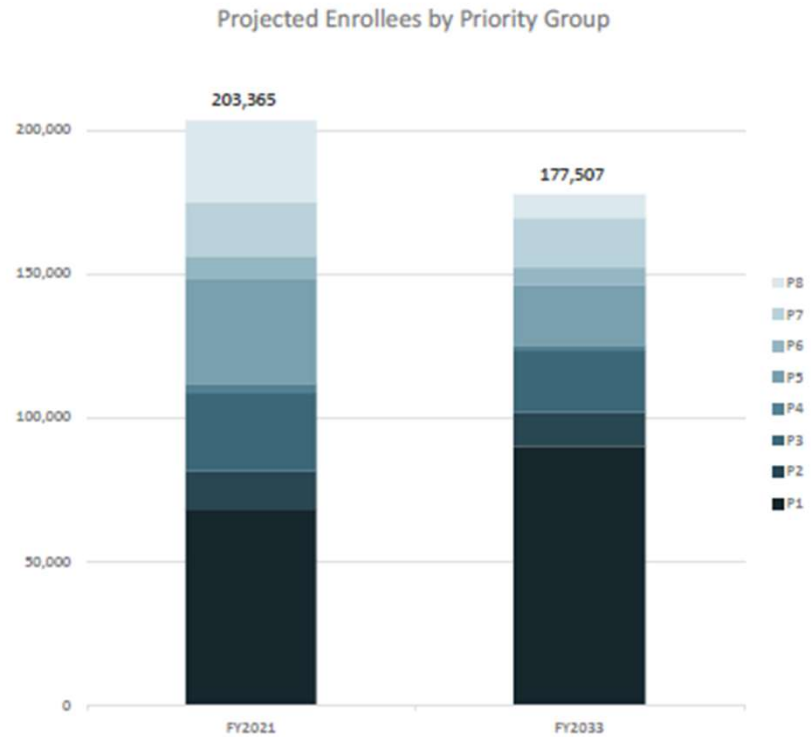


U.S. Department of Veterans Affairs

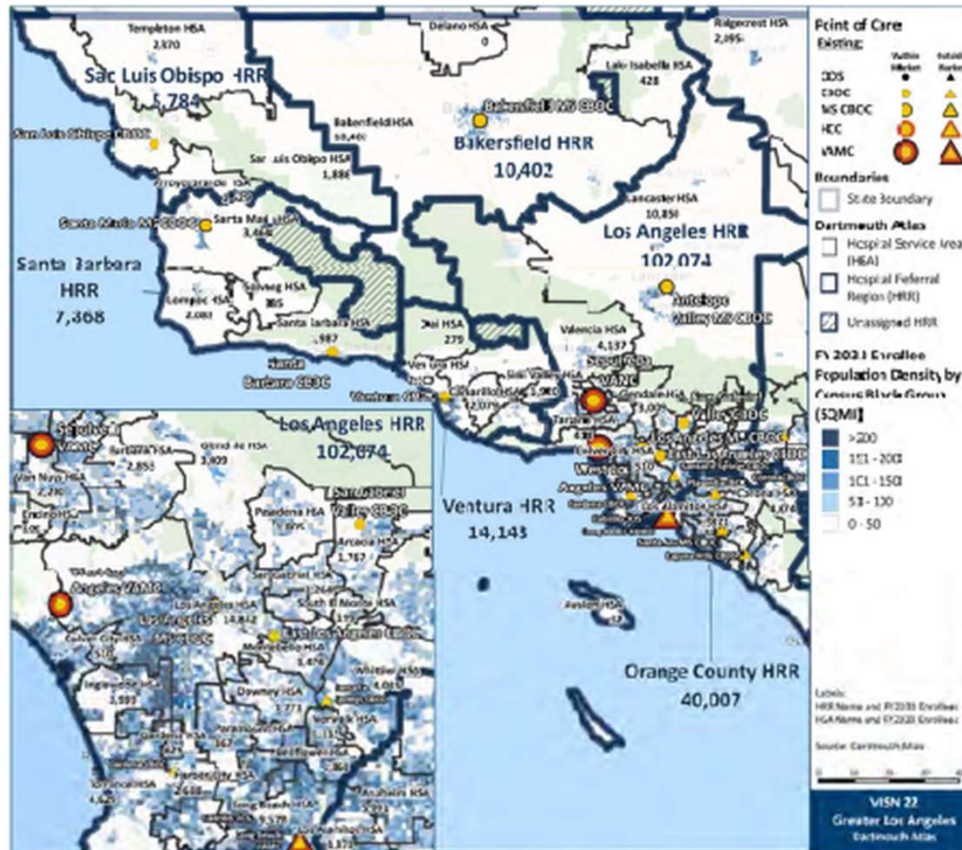
Current and Projected Enrollee Demographics



Source: BY2021 Enrollee Health Care Projection Model



Primary Service Area & the Dartmouth Atlas



VETERANS ADMINISTRATION: CONSTRUCTION & FACILITY MANAGEMENT

Defining the Market by Looking at the Commercial Market

- Using population-based methodology to define the populations' natural tendencies to access secondary and tertiary care.

Dartmouth Atlas

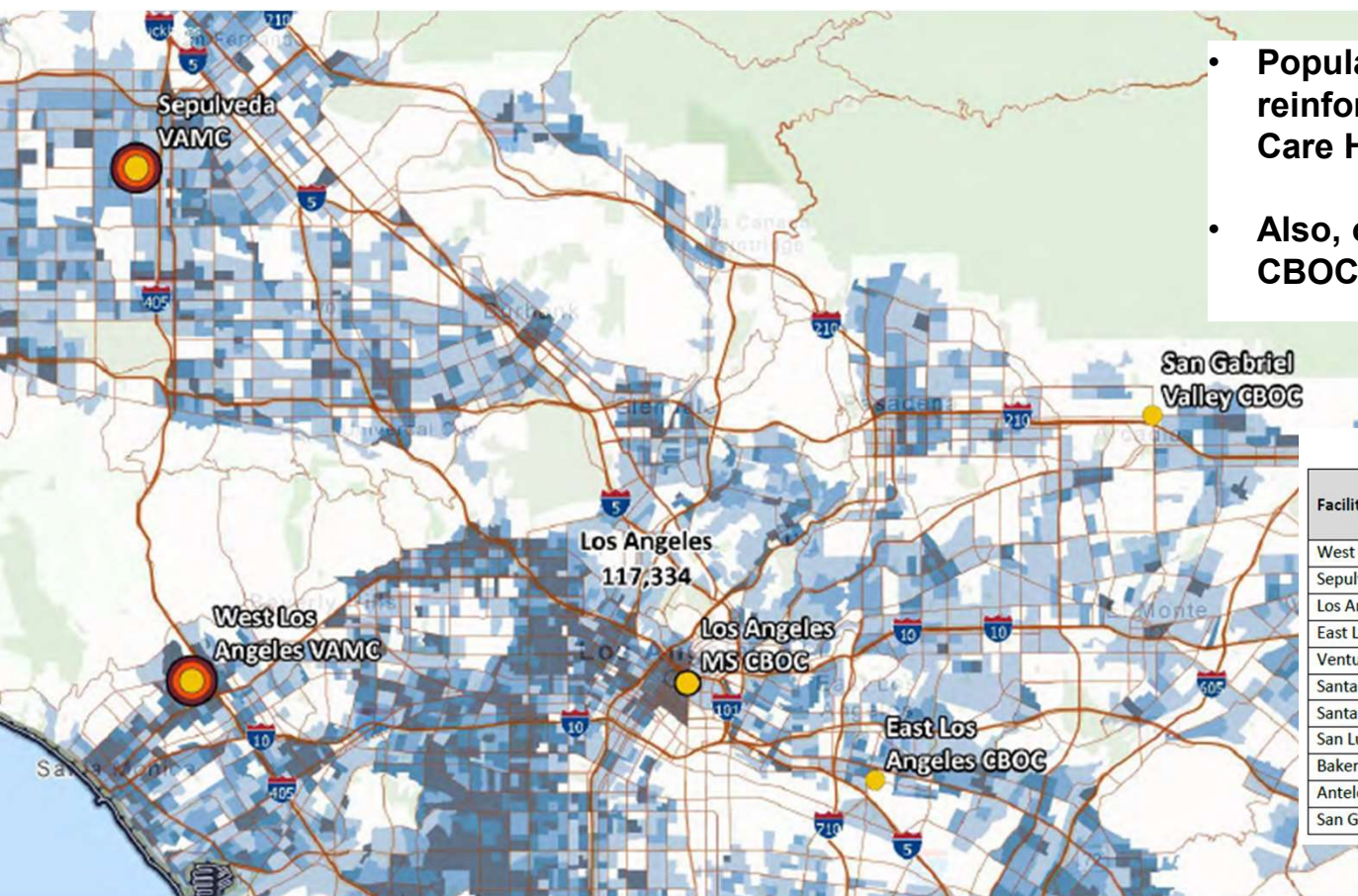
- The Dartmouth Atlas Project analyzes Medicare claims data to determine how patients choose to access different levels of care in order to define geographic boundaries for natural medical markets.
- Hospital Service Areas (HSAs) are local health care markets for hospital care. An HSA is a collection of ZIP codes whose Medicare residents receive most of their hospitalizations from the hospitals in that area.
- Hospital Referral Regions (HRRs) represent regional health care markets for tertiary medical care. HRRs were defined by assigning HSAs to the region where the greatest proportion of major cardiovascular and neurosurgical procedures were performed.

LEO A DALY | THE INNOVA GROUP



U.S. Department of Veterans Affairs

Care Where Veterans Live

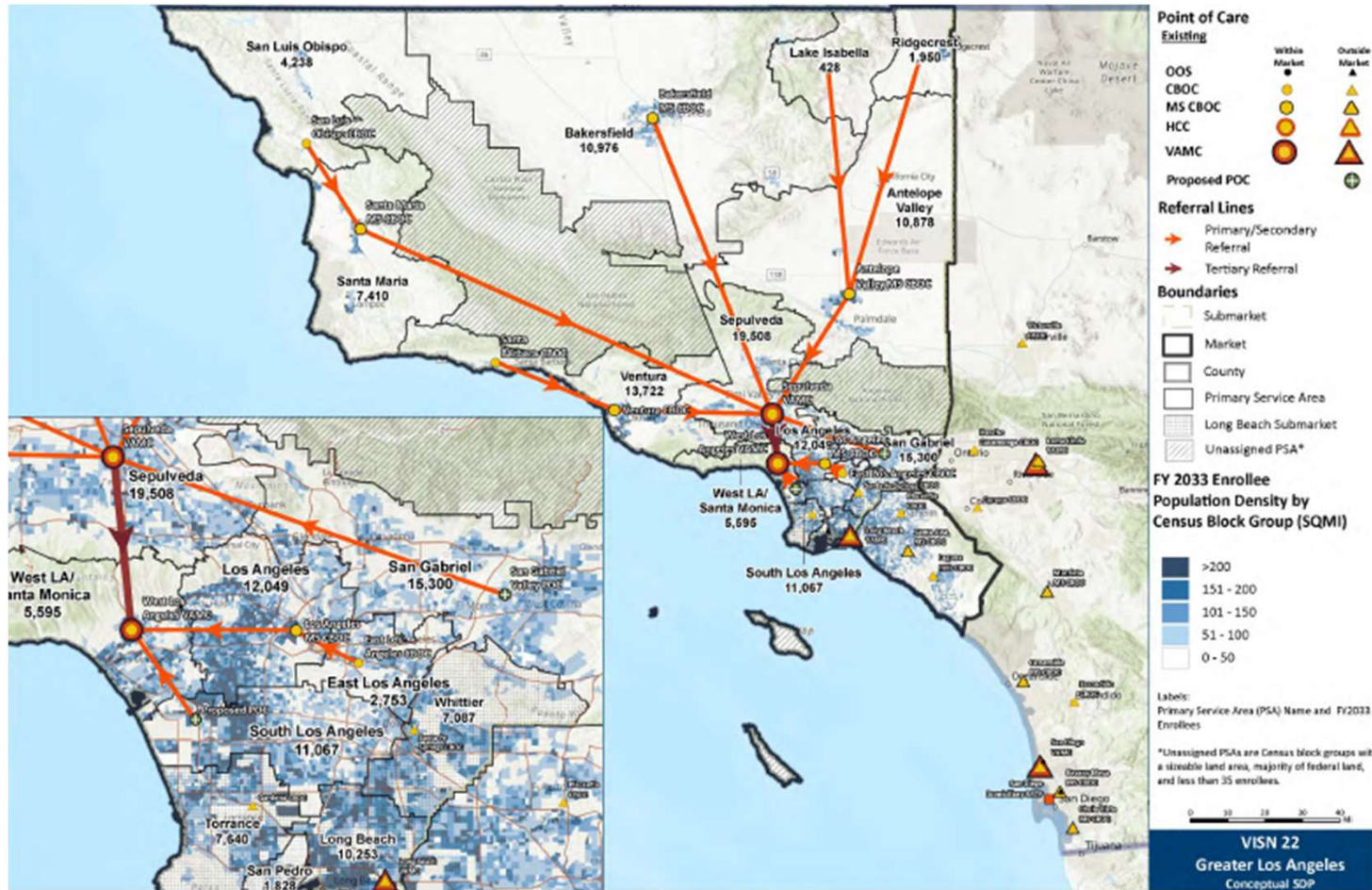


- Population maps and referral patterns reinforced the WLA campus as the Tertiary Care Hub,
- Also, opportunities for new Primary Care CBOC's closer to patients

Table 5: Projected and Overlapping Enrollees within 30-minute Drive Time Area

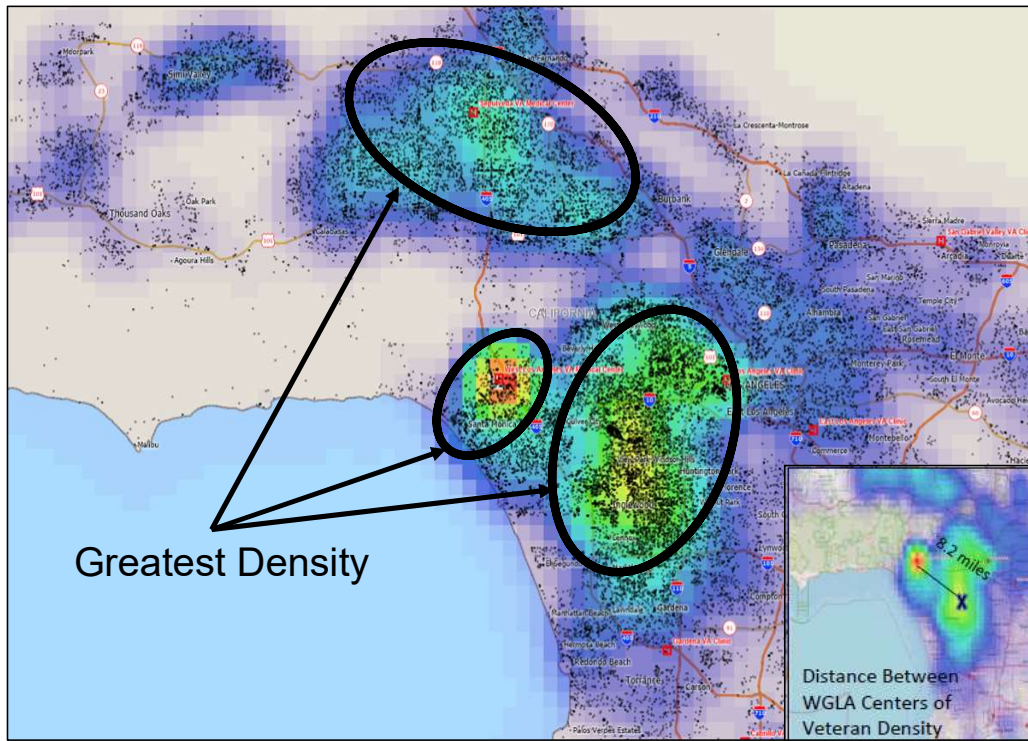
Facility	Class	30-minute Drive Time		60-minute Drive Time
		FY 2021Q4 Enrollees	FY 2033 Enrollees	FY 2033 Enrollees
West Los Angeles	VAMC	57,126	47,911	128,856
Sepulveda ACC	VAMC	28,649	23,829	99,574
Los Angeles ACC	MS CBOC	74,273	62,234	
East Los Angeles	CBOC	77,141	65,107	
Ventura	CBOC	10,685	9,688	
Santa Barbara	CBOC	2,497	1,900	
Santa Maria	MS CBOC	5,348	4,675	
San Luis Obispo	CBOC	3,857	3,372	
Bakersfield	MS CBOC	9,343	8,608	
Antelope Valley	MS CBOC	8,809	8,483	
San Gabriel Valley	CBOC	36,732	30,343	

GLA Access and Referral Patterns



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GLA DEMOGRAPHIC ANALYSIS



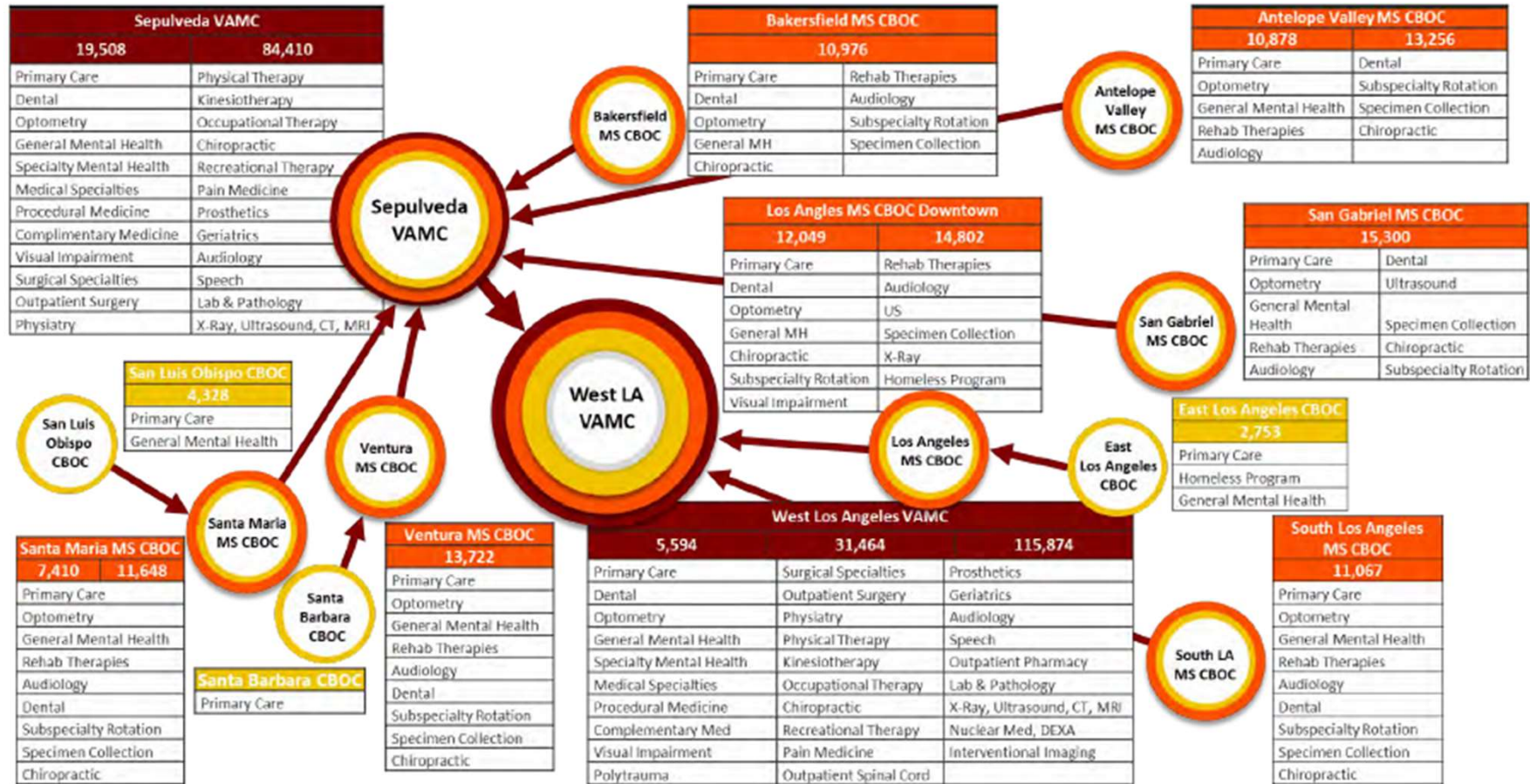
- **3 Distinct Population Densities Within LA Metro**
 - North Hills Community/Sepulveda Campus
 - Brentwood Community/WGLA Campus
 - View Park/Windsor Hills Community/Inglewood, CA
- **GLA Veteran Market Enrollee Population Will Decline**
 - 5-Year Decline = -5.9%
 - 10-Year Decline = -13.3%
 - 20-Year Decline = -26.1%
- **Key 10-Year Planning Facts**
 - Decreased Acute Bed Demand to 158 Beds (200 Currently)
 - Growth in Ambulatory Services will increase by +20% over next 10 years
 - Over 50K Unique Patients Live Within 120-Drive-Time of WGLA Campus
- **WGLA South Campus Market Revalidation and Service Delivery Study**
 - 2018 VHA Chief Strategy Office: Confirms 160 Acute Bed Need
 - 2018 Service Delivery Study: 773K BGSF Amb Care Space Need
 - 2018 Service Deliver Study: 185K BSGF Support Space Need
- **WGLA Education & Research Missions**
 - CCC Design Meets Current GME Training Requirement (160 Beds)
 - Ambulatory Care Space Need to Support GME: Approx. 773K BGSF
 - Forecasted Research Space Need: Approx. 172K BGSF
- **Unique Planning Considerations:**
 - 1,200 Supportive Housing Units Planned at WLA Campus
 - Capital Investments Must Consider Education & Research Space Adjacencies
 - 2016 Legal Settlement Impacts VA Investment Portfolio
 - LA Metro Veteran Density Will Migrate Closer to WGLA Campus
 - Additional Market CBOCs Reduces WGLA South Campus Space Needs (i.e. Inglewood, CA locale)

Veteran Demographic & Service Delivery Study Analysis Recommendation:

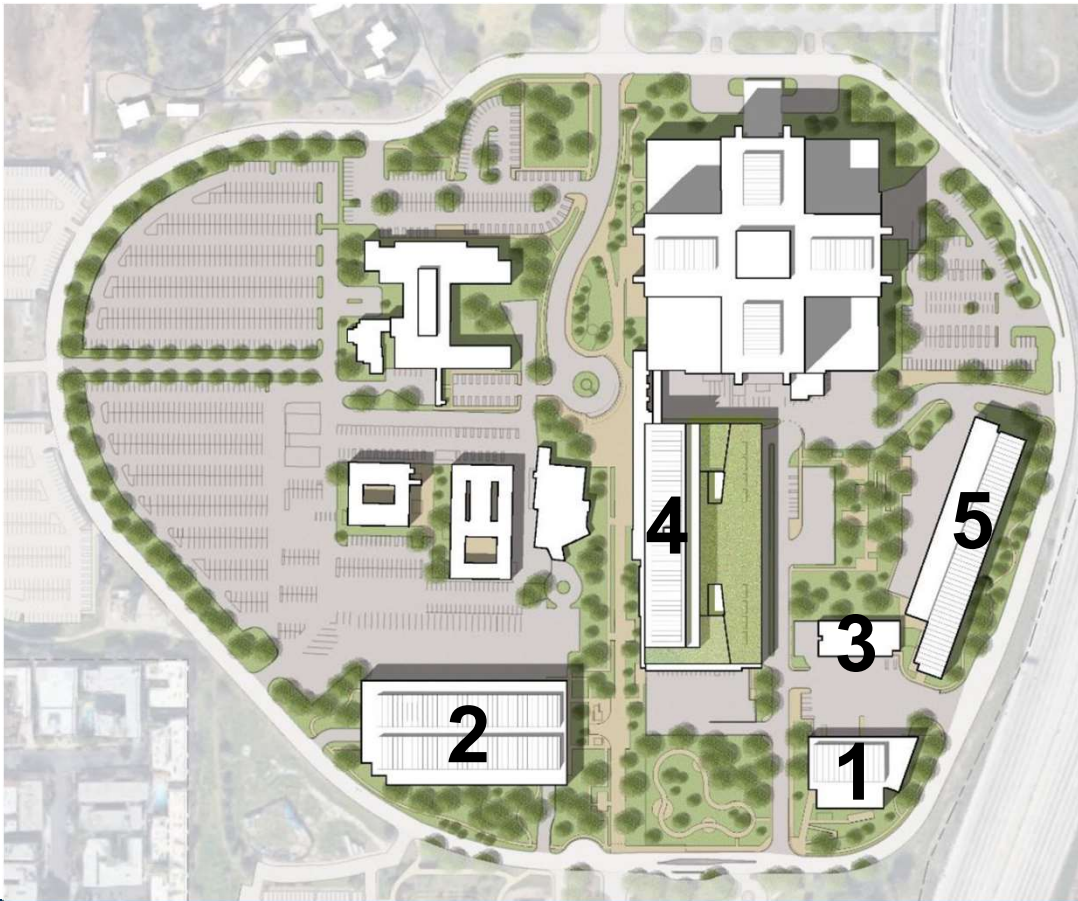
1. Acute Inpatient Services - Stay at Current WGLA Campus
2. Outpatient Services – Update Study; Improve Drive-Time Access To Care For Veterans



Service Delivery Plan



CCC PROGRAM & SOUTH CAMPUS PROJECTS



- 1) Regional Kitchen (VA Major Const funded)
- 2) Parking Garage (LA METRO funded)
- 3) Boiler Plant (VA NRM funded)
- 4) Critical Care Center (VA Major Const funded)
- 5) Central Utility Plant (VA Major Const funded)

CRITICAL CARE CENTER: CAPABILITIES



View Northeast from Pedestrian Spine

Total Acute Beds: 160

- 18 ICU Beds
- 98 Medical/Surgical Beds
- 44 Mental Health Beds

Emergency Department Treatment Rooms: 31

Radiology Modalities: 14

- 3 CT
- 2 MRI
- 1 Chest
- 2 R/F
- 4 General Rad
- 2 US

Surgical Services: 12

- 2 Hybrid OR
- 1 Ortho OR
- 5 General OR
- 1 EP Room
- 1 Cardiovascular Lab
- 2 IR Rooms

Sterile Processing Department: 1

Inpatient Pharmacy Department: 1

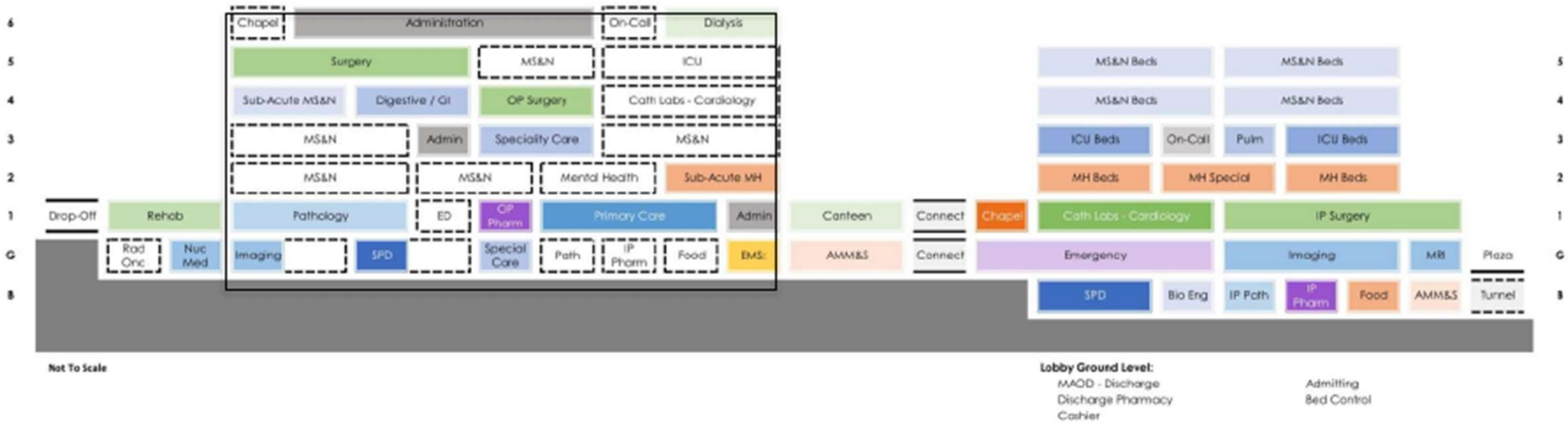
B500 & CRITICAL CARE CENTER CAPABILITIES

SERVICE	UNITS	AREA		SPACE DELTA	
	CCC	B500	CCC	Delta	% Delta
Building Gross Area		911,739	450,000	-461,739	-51%
Total Acute BEDS:	160	91,343	136,178	44,835	49%
<i>Intensive Care Unit, ICU:</i>	18	10,871	21,252	10,381	95%
<i>MS&N Bed Units:</i>	98	54,280	77,214	22,934	42%
<i>Mental Health Bed Units:</i>	44	26,192	37,712	11,520	44%
Emergency Department Services:	31	6,836	27,003	20,167	295%
Imaging, General:	12	39,873	30,298	-9,575	-24%
Surgical, General	8	46,071	55,936	9,865	21%
SPS	1	15,939	17,335	1,396	9%
Pharmacy:	1	11,328	8,613	-2,715	-24%
<i>IP & OP Pharmacy</i>	0	11,328	0	-	-
<i>IP Pharmacy</i>	1	0	8,613	-	-

Before...and After

BUILDING B500

HOSPITAL



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CCC Stacking Diagram

Project Profile – Critical Care Center

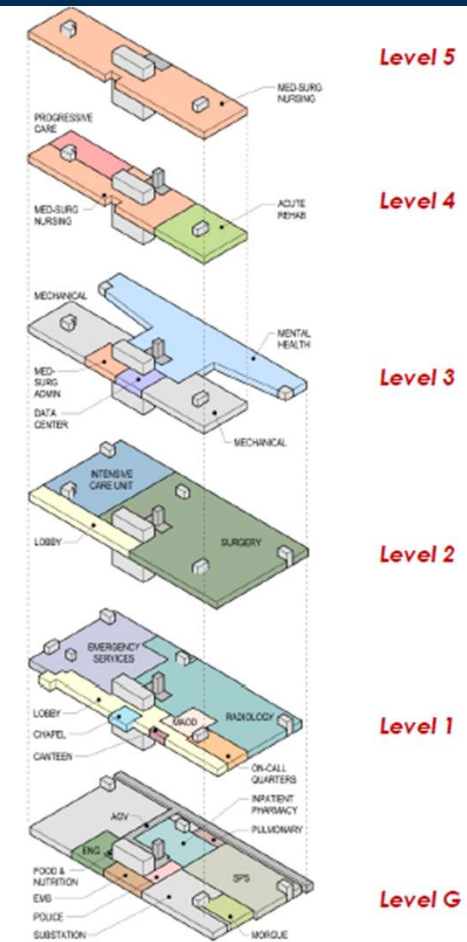
1. Total Building Gross Area: 450,000 SF

2. Total Patient Beds: 160

- Med/Surg Beds: 72 beds (Level 4 and 5)
- Progressive Care Beds: 10 beds (Level 4)
- Acute Rehab Beds: 16 beds (Level 4)
- Mental Health Beds: 44 beds (Level 3)
- Intensive Care Beds: 18 beds (Level 2)
- Total 160 beds**

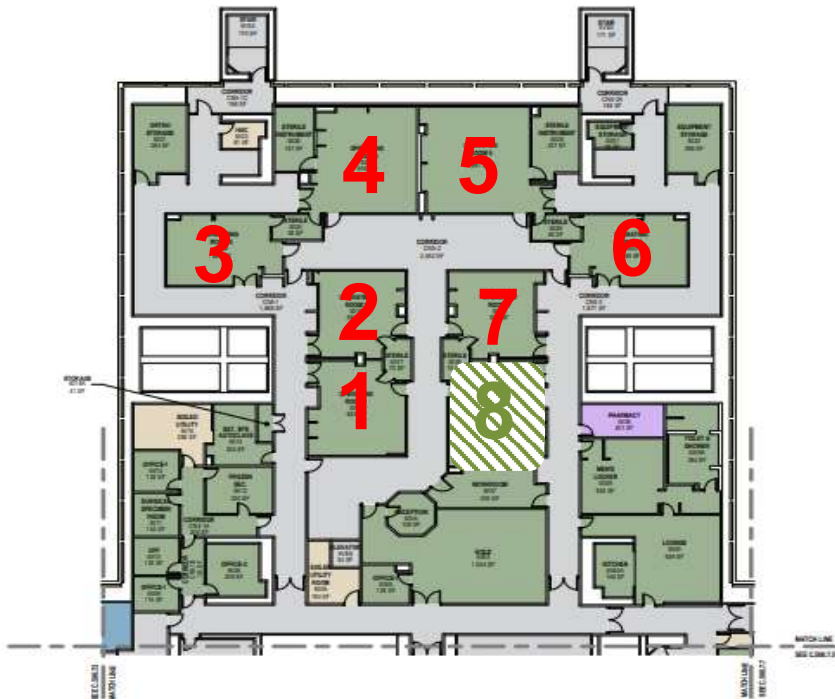
3. Building Configuration

- Level 4 / 5 : Med/ Surg (ARU & PCU Beds included)
- Level 3 : Mental Health
- Level 2 : Surgical Suite / ICU
- Level 1 : ED, Radiology, Public Areas
- Level G : SPS, Pharmacy, Police, Ancillary / Support Areas



NOW VS FUTURE OPERATING ROOMS

B500 LEVEL 5-NORTH



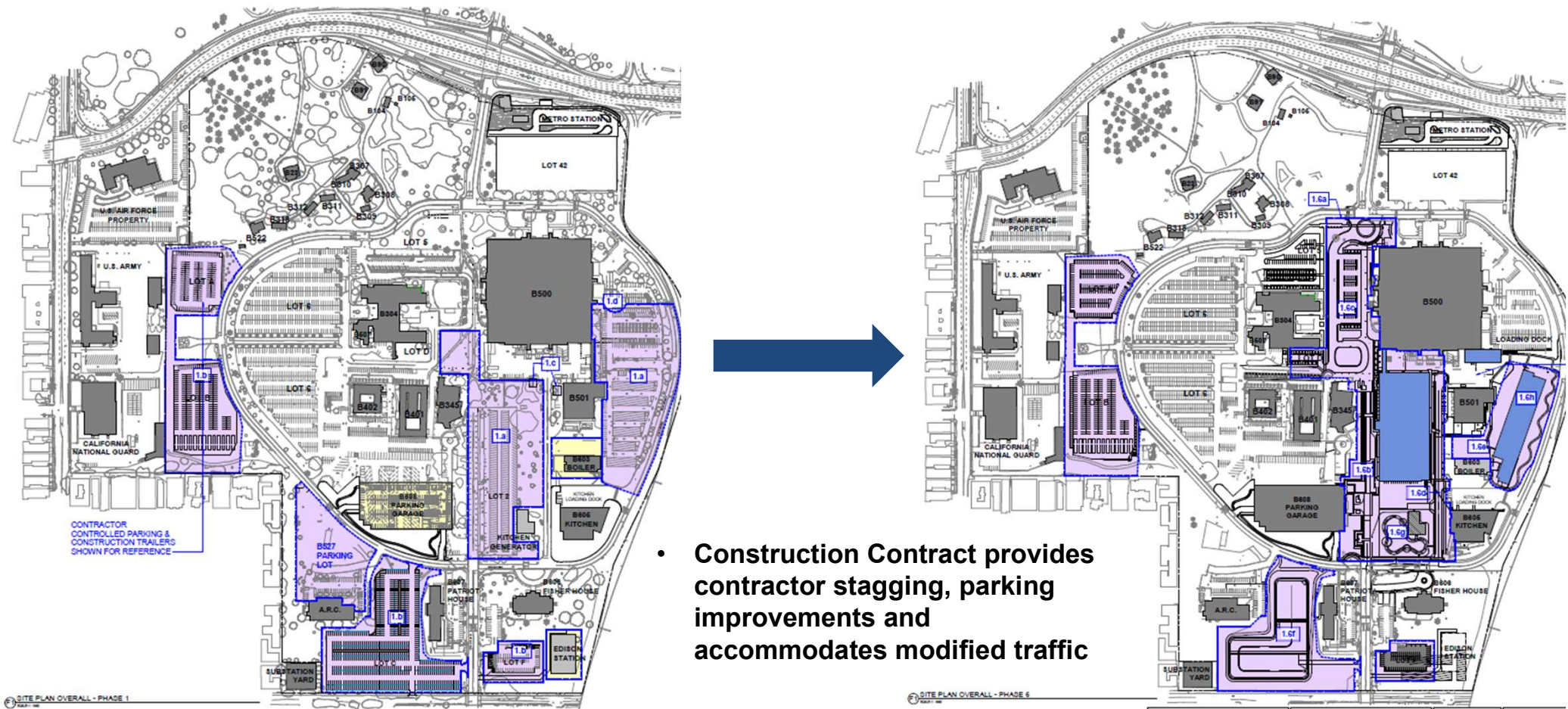
Surgical Suite Square Feet: 46,071
 Total Operating Rooms: 7
 Minimally Invasive Future OR Capability: 8

CRITICAL CARE CENTER LEVEL 2



Surgical Suite Square Feet: 55,936
 Total Operating Rooms: 8
 Minimally Invasive Future OR Capability: 12

Construction Impacts



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VA



U.S. Department of Veterans Affairs

Lobby

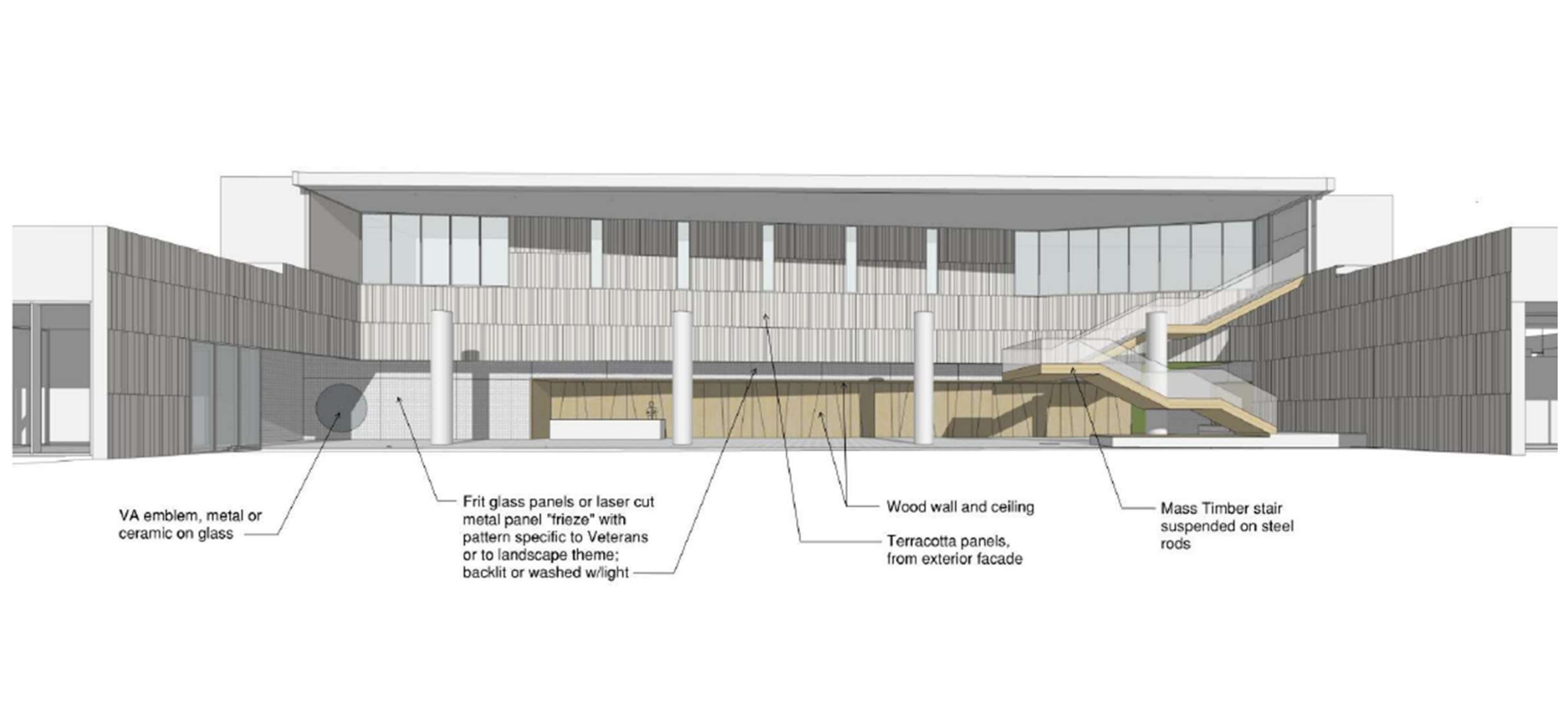


VA

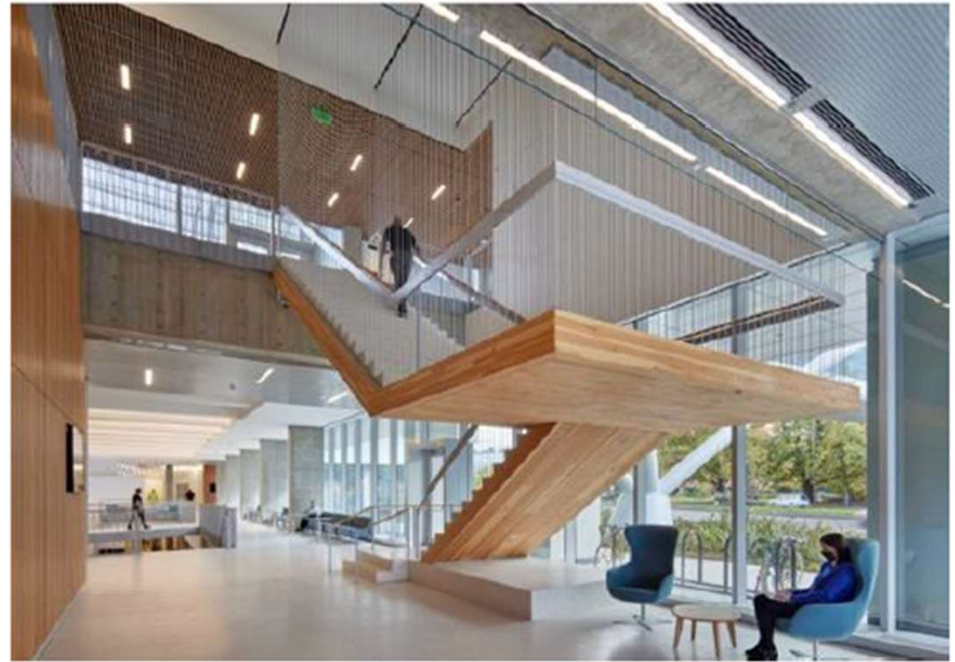


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Cross Section at Lobby



Lobby Perspective



VA



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Comments or Questions?



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Ms. Chelsea Black

DEPUTY CHIEF, STRATEGIC, FACILITY AND MASTER PLANNING



End of Day Wrap Up

ADJOURN

22nd Veterans and Community Oversight and Engagement Board (Day 2)

WELCOME

21st VCOEB

Rules of Engagement

- ▶ To the greatest extent possible please hold all questions until the presentations are complete.
- ▶ The Chair will ask for questions and/or comments throughout the meeting.
- ▶ Turn your name card on its end to signify to the Chair your desire to provide comment or ask a question.
- ▶ Allow DFO/VCOEB Chair to yield the floor to you prior to speaking
- ▶ Please help our minute takers and identify yourself prior to speaking
- ▶ Allow the DFO support team to provide a microphone to you prior to speaking (This meeting is being broadcast via WebEx)
- ▶ **Note: This meeting is being recorded.**



Mr. Robert Begland


CHAIR

VETERANS AND COMMUNITY OVERSIGHT AND ENGAGEMENT BOARD

BG (R) Loree Sutton

VICE CHAIR

VETERANS AND COMMUNITY OVERSIGHT AND ENGAGEMENT BOARD



Ms. Margaret (Meg) Kabat

PRINCIPAL SENIOR ADVISOR, OFFICE OF THE SECRETARY OF VETERANS
AFFAIRS



Mr. John Boerstler

CHIEF VETERANS EXPERIENCE OFFICER



Mr. Robert Merchant

MEDICAL CENTER DIRECTOR,
VA GREATER LOS ANGELES HEALTHCARE SYSTEM



Dr. Keith Harris

SENIOR EXECUTIVE HOMELESSNESS AGENT (GREATER LOS ANGELES)

OFFICE OF THE SECRETARY



Mr. Eugene W. Skinner Jr.

DESIGNATED FEDERAL OFFICER

19th VCOEB Recommendations Approved by SECVA, May 19, 2023

Recommendation 19-01-A: Secretary of Veterans Affairs instruct VA Greater Los Angeles Healthcare System (VAGLAHS) leadership to develop a permanent housing action plan for every current resident in temporary housing on campus by June 1, 2023, and every future resident in temporary housing within 90 days of move-in.
VA Response: Concur

Recommendation 19-02-A: the Secretary of Veterans Affairs send a written communication to METRO advising the agency that the current station affiliation to “Westwood” does not accord with the veterans community’s perception of this land.
VA Response: Concur

Recommendation 19-02-B: the Secretary of Veterans Affairs include in his written communication to Metro that the VCOEB’s preferred name for the transit station is “Pacific Branch/VA Hospital.”
VA Response: Non-Concur

Recommendation 19-02-C: the Secretary of Veterans Affairs not attempt to describe the transit station by merely referring to it as “VA Hospital” because doing so will denigrate the importance of restoring the campus to its historic role as a home for veterans predating, by several decades, the creation of the Veterans Bureau in 1921, the Veterans Administration in 1930 and the U.S. Department of Veterans Affairs in 1989 (https://www.va.gov/HISTORY/VA_History/Overview.asp). Simply referring to it as “VA Hospital” would also fail to emphasize the future housing and civic component to the campus as a resource of all veterans – not just those receiving medical care at the hospital.
VA Response: Concur-in-Principle

Recommendation 19-03-A: the Secretary of Veterans Affairs send a written communication to METRO encouraging the agency to be more inclusive of veteran community input for artworks to be featured in the Veterans’ Campus Station.
VA Response: Concur

20th VCOEB Recommendations Approved by SECVA, May 19, 2023

Recommendation 20-01: The Secretary of the VA instruct the leadership of the VA of Greater Los Angeles to provide funding and staffing to place at least two fulltime registered nurses in at least two of the proposed project-based facilities on the West LA Campus to serve at least 120 unduplicated veterans with chronic medical conditions.

VA Response: Non-Concur

Recommendation 20-02-A: The Secretary of Veterans Affairs task the VA Advisory Committee Management Office to post all agenda from past meetings.

VA Response: Concur in Principle

Recommendation 20-02-B: The Secretary of Veterans Affairs task the VA Advisory Committee Management Office to post all briefing materials from past meetings.

VA Response: Concur in Principle

Recommendation 20-02-C: The Secretary of Veterans Affairs task the VA Advisory Committee Management Office to post all minutes from past meetings, to include video recordings if available.

VA Response: Concur in Principle

Recommendation 20-02-D: The Secretary of Veterans Affairs task the VA Advisory Committee Management Office to post all recommendations, as adopted, by the board from past meetings.

VA Response: Concur in Principle

Recommendation 20-02-E: The Secretary of Veterans Affairs task the VA Advisory Committee Management Office to post all Office of the Secretary response packets from past meetings.

VA Response: Concur in Principle

20th VCOEB Recommendations Approved by SECVA, May 19, 2023 (cont)

Recommendation 20-02-F: The Secretary of Veterans Affairs task the VA Advisory Committee Management Office to organize all aforementioned material by VCOEB Meeting (in reverse chronological order) to facilitate a streamlined organizational structure for archival information.

VA Response: Concur in Principle

Recommendation 20-03: the Secretary of Veterans Affairs instruct the Office of Congressional and Legislative Affairs to inform House and Senate VA committee staff that the U.S. Department of Veterans Affairs no longer supports Section 3 of H.R. 3848 having heard strong opposition from Veteran's groups such as The American Legion, Veterans of Foreign Wars, Disabled American Veterans and the Veterans and Community Oversight and Engagement Board.

VA Response: Non-Concur

In response to Recommendation 20-02 A through F,

Click this link: <https://department.va.gov/veterans-experience/veterans-communi...engagement-board/>

- Website still in development
- Feedback is welcome
- Must address 508 compliance requirements for all submissions (allows employees and members of the public with disabilities to have access to and use of information and data)

21st VCOEB Recommendations Approved by VCOEB September 29, 2023.

Recommendation Package currently in staffing with VA Staff (OGC, OCLA, EXECSEC)

Recommendation 21-01-A: the Secretary of Veterans Affairs write to the Secretary of HUD and identify that HUD’s willingness to inform public housing authorities of their ability to raise the AMI thresholds under the HUD-VASH voucher program is a helpful but not sufficient step to address the ineligibility challenge, for the reasons identified above.

Recommendation 21-01-B: as part of the Biden-Harris Administration’s recent ALL INside homelessness initiative (identifying the State of California and Los Angeles as two targets for an interagency-focused homelessness prevention strategies), the Secretary of Veterans Affairs ask the HUD Secretary in that same correspondence to invoke authority to proceed by means of notice, effective January 1, 2024, to change the definition of “annual income” under 24 CFR 5.609 to exclude VA disability compensation in the County of Los Angeles.

Recommendation 21-01-C: the Secretary of Veterans Affairs in that same correspondence ask the HUD Secretary to approve a joint meeting of VA/Treasury/HUD’s operational staff and congressional liaison staffs, to meet with appropriate Congressional committees to encourage suitable legislation to accomplish a permanent and nation-wide exception for this disability compensation.

Recommendation 21-02-A: the Secretary of Veterans Affairs request the Office of Inspector General review the SMCAO memorandum titled Veterans’ Bathhouse Title Search and provide a written report as to whether the Inspector General concurs with the City of Santa Monica’s findings regarding the grant deed transfers to which the National Home for Disabled Volunteer Soldiers was a party, specifically the March 3, 1888 deed and April 25, 1900 deed.

Recommendation 21-02-B: the Secretary of Veterans Affairs request the Office of Inspector General review the March 3, 1888 deed and April 25, 1900 deed and provide a written report as to whether such land transfers were done in accordance with all applicable law.

21st VCOEB Recommendations Approved by VCOEB September 29, 2023. (cont.)

Recommendation 21-03A: the Secretary of Veterans Affairs instruct VA Greater Los Angeles Healthcare System to work in partnership with LA County Department of Economic Opportunity to establish a Veterans American Job Center of California (AJCC) on campus

Recommendation 21-03B: the Secretary of Veterans Affairs instruct VA Greater Los Angeles Healthcare System to create a “clinical reminder” that screens Veterans for employment status. If a Veteran screens positive for unemployment or dissatisfaction with current employment, he or she may be referred to the Veterans AJCC on campus for additional skills training and/or employment opportunities.

Recommendation 21-03C: the Secretary of Veterans Affairs instruct VA Greater Los Angeles Healthcare System to locate the Veterans AJCC as close to the main hospital as possible, preferably South Campus, for the duration of the pilot initiative. Doing so will allow newly screened patients to access AJCC services for a preliminary consult without the need for additional transportation.

Recommendation 21-04A: the Secretary of Veterans Affairs reassess the current parcel release schedule given its potential to undermine complete development of both the "northern residential community" and Town Center areas.

Recommendation 21-04B: the Secretary of Veterans Affairs assess the feasibility of implementing the Alternative Parcel Release Map, as provided by the Veterans and Community Oversight and Engagement Board, prior to releasing Building 408 in May 2024.

21st VCOEB Recommendations Approved by VCOEB September 29, 2023. (cont.)

Recommendation 21-05A: the Secretary of Veterans Affairs make a determination as to whether or not student veterans attending the California Community College system, particularly in the Los Angeles area, are "at risk" of homelessness and therefore qualify for housing under VA's Enhanced Use Lease program authorized in Section 2(b)1 of the West Los Angeles Leasing Act (Public Law 114-226).

Recommendation 21-05B: the Secretary of Veterans Affairs write a letter expressing his concern about the housing security of student veterans to the Chancellor of California Community Colleges and invite the Chancellor to discuss cooperation in developing a first in the nation pilot program, between VA and a system of higher education, to build dedicated student veteran housing at VA West Los Angeles.



Dr. Jesse Burgard, PsyD

SENIOR CONSULTANT FOR OPERATIONS FOR VA SUICIDE PREVENTION

VA



U.S. Department
of Veterans Affairs

VA Suicide Prevention (SP)

Jesse Burgard, PsyD

Senior Consultant, Suicide Prevention Program - Interventions

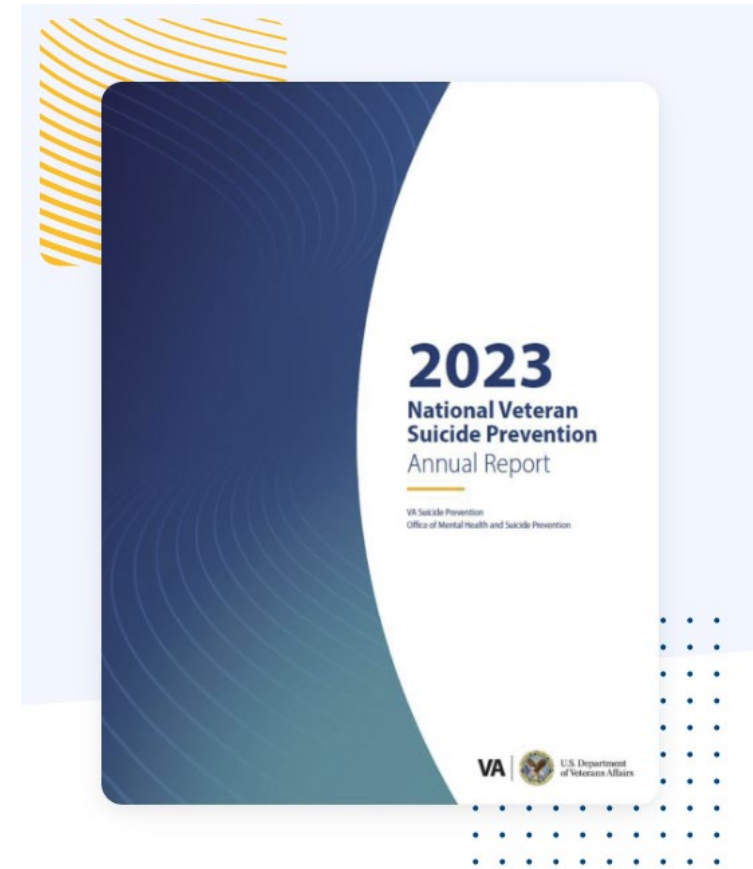
Office of Suicide Prevention

February 1, 2024

Suicide Prevention Program (SPP)

Preventing Veteran Suicide Website

We have developed a [website](#), intended for Veterans and the general public that offers plain-speak linkages and messaging between the Annual Report data, strategic plans developed, actions taken, outcomes seen, future plans formed, and resources available paired with key populations and issues highlighted within this year's report.



2023 Annual Report High-Level Data Points

Suicide mortality increased for Veterans and non-Veteran U.S. adults from 2020 to 2021

- The age- and sex-adjusted suicide rate for Veterans rose 11.6% from 2020 to 2021, and for non-Veteran U.S. adults, the adjusted rate rose 4.5%.

Count and rate

- There were 6,392 Veteran suicide deaths in 2021. This was 114 more than in 2020.
- There were 6,042 suicide deaths among Veteran men and 350 suicide deaths among Veteran women.
- In 2021, the unadjusted rate of suicide for Veterans was 33.9 per 100,000, up from 32.6 per 100,000 in 2020.

Leading cause of death and years of life lost

- In 2021, suicide was the 13th-leading cause of death for Veterans overall.
- Suicide was the fourth-leading cause of years of potential life lost (YPLL) in 2019, prior to the COVID-19 pandemic. In 2020 and 2021, suicide was the fifth-leading cause of YPLL.

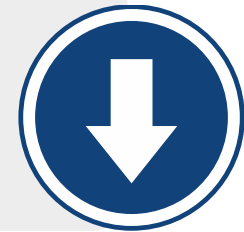
Method

- Among U.S. adults who died from suicide in 2021, firearms were more commonly involved among Veteran deaths (72.2%) than among non-Veteran deaths (52.2%).

Why?

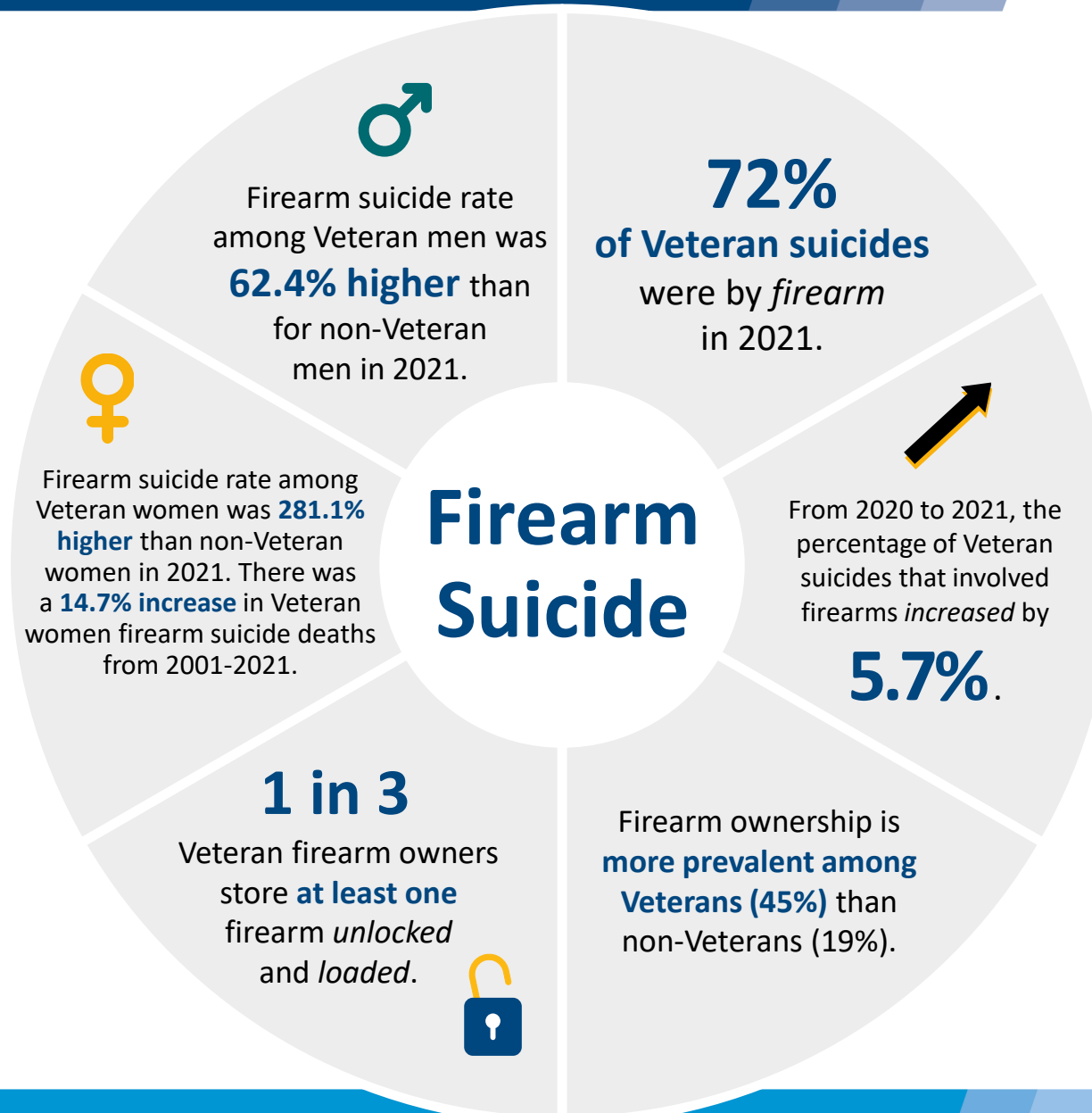


- COVID-19
- Veteran Mortality (All Cause, +13.7%)
- Financial Strain
- Housing Instability
- Sociopolitical Instability/Volatility
- Anxiety & Depression
- ETOH (ethyl alcohol) Misuse/Abuse
- Family Relationship Strain
- Firearm Access



- Health Care Use
- Social Support
- Community Integration
- Firearm Secure Storage

How?



Suicide in Context

- Veteran suicide is a complex problem that cannot be addressed with a single solution, nor can it be addressed by VA or clinical intervention alone. VA is committed to a public health approach that includes both community prevention and clinical interventions.

Public Health Approach

1

Suicide is preventable.

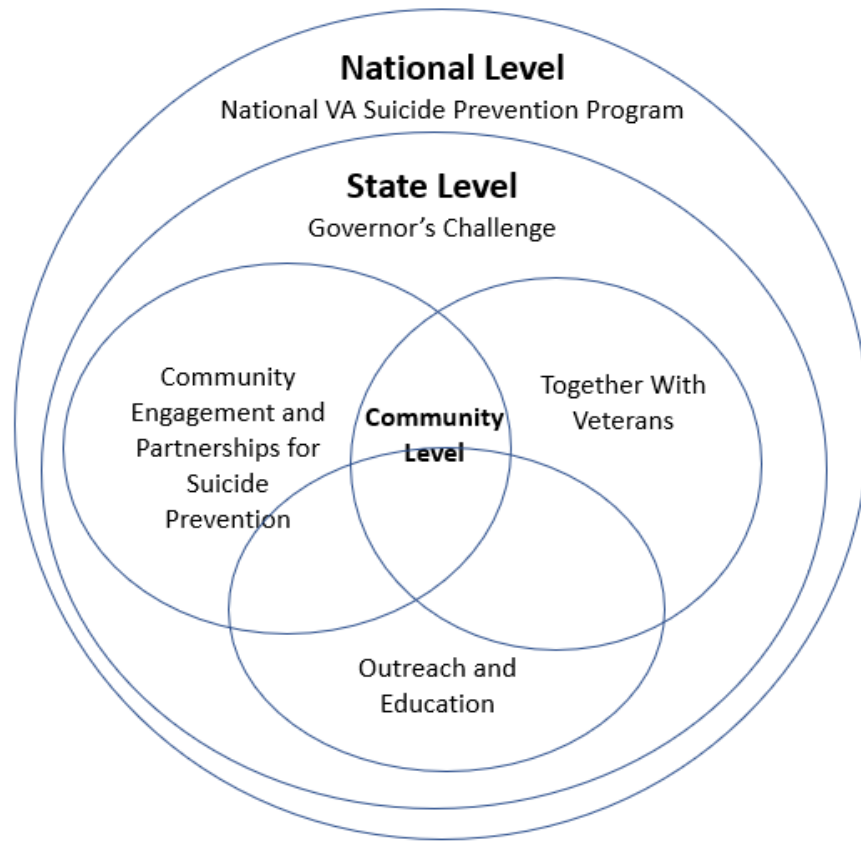
2

Suicide prevention requires a **public health approach** combining clinical and community-based approaches.

3

Everyone has a role to play in suicide prevention.

SP 2.0 - Community-Based Interventions



Community-Based Interventions for Suicide Prevention (CBI-SP) serves as unifying model, from national to community levels, for all community-based efforts to end Veteran suicide.

- ***The Governor's Challenge*** is a collaboration with VA and SAMHSA where state policy makers partner with local leaders to implement a comprehensive suicide prevention plan.
- ***Together with Veterans*** is focused on Veteran-to-Veteran coalition building and Veteran leadership development for suicide prevention.
- ***Community Engagement and Partnerships for Suicide Prevention (VISN Expansion)*** is focused on facilitating community coalition building for suicide prevention

Outreach and Education provides SAVE, VHA facility partnerships, events, etc. through local Suicide Prevention Coordinators (SPCs) and does not change their critical role.

Clinical-Based Interventions – Risk Detection

- Clinical interventions strive to identify risk early, reduce risk / enhance protection, provide access to effective treatment, and promote holistic recovery.
- VA's Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (**REACH VET**) predictive model allows VHA the ability to identify Veterans across the healthcare system at high statistical risk for suicide. REACH VET providers review opportunities to enhance care to Veterans in the top risk tier.
- Early assessment of suicide risk across emergency, urgent and ambulatory care settings is an essential strategy for reducing overall Veteran suicide. Our **Risk Identification** strategy implemented universal screening for suicide risk to ensure that all Veterans receiving care in VHA are screened and/or evaluated annually, as well as setting specific screening and evaluation processes.

Clinical-Based Interventions – Enhanced Care Through Suicide Prevention Coordinators (SPCs)

- VA's expansive network of more than 400 ***VA Suicide Prevention Coordinators***, along with their teams located at every VA, connect at risk Veterans with care and educate the community.
- The Suicide Prevention Program recommends newly hired/onboarded SPCs review the Suicide Prevention Program Guide (SPPG) and complete the Suicide Prevention Program Guide Companion Orientation Checklist.
 - SPPG - provides a comprehensive overview of the roles and responsibilities, outlines key aspects of the program, provides “how-to” guides to answer common questions about responsibilities and tasks.
 - The Companion Checklist provides orienting materials / resources, points of contact (both facility and national), and assists the SPC with orienting to the facility's suicide prevention program and initiating partnerships and internal stakeholders. Training modules prepare SPCs to accomplish key tasks and develop skills to enrich depth of knowledge and competence.

Clinical Interventions- SP-Focused Evidence-based Psychotherapy

- **The SP2.0 Clinical Telehealth Suicide Prevention Program** is an enterprise-wide, fully virtual infrastructure and capacity for the implementation of evidence-based psychotherapy and interventions for suicide prevention, specifically reaching Veterans with a history of suicidal self-directed violence.
- Time-limited, adjunctive, care based on the 2019 [VA/DOD Clinical Practice Guideline for The Assessment and Management of Patients at Risk for Suicide](#).
 - Cognitive Behavioral Therapy for Suicide Prevention
 - Problem-Solving Therapy for Suicide Prevention
 - Dialectical Behavior Therapy
 - Safety Planning Intervention
- All interventions are delivered through Synchronous Video Telehealth.
- SP 2.0 Clinical Telehealth services are available to Veterans across all 18 VISNs and through 100% of the 139 VA Health Care Systems within the United States.

SP 2.0 Clinical Telehealth Alignment with Greater Los Angeles (GLA) Plan and National Homeless Goals

- Participation may provide unique benefit for Veterans experiencing homelessness as the treatments aim to reduce risk by instilling a sense of hope and developing resiliency to stress.
- Among VHA facilities, GLA has the third highest percentage in the nation of referring potentially eligible Veterans to SP2.0 Clinical Telehealth (32.21%), and the second highest number of potentially eligible referrals to SP2.0 Clinical Telehealth in FY23 (105).[^]
- GLA refers more Veterans experiencing homelessness to SP2.0 Clinical Telehealth than the National average:
 - 18.40% of GLA's SP2.0 consults submitted were for Veterans experiencing homelessness, compared to 9.77% of all SP2.0 consults nationally.
- GLA Veterans who experience homelessness engage in SP2.0 care at rates nearly double the national average:
 - Of the consults that went on to have a paired SP2.0 Clinical Telehealth intake, 15.39% from GLA were for Veterans who experience homelessness, compared to 7.94% of all SP2.0 intakes nationally.

[^]Source: Q4report SP2Clin https://dvagov.sharepoint.com/sites/VHAPERC/Reports/SitePages/MHIS_home.aspx

Data & Surveillance

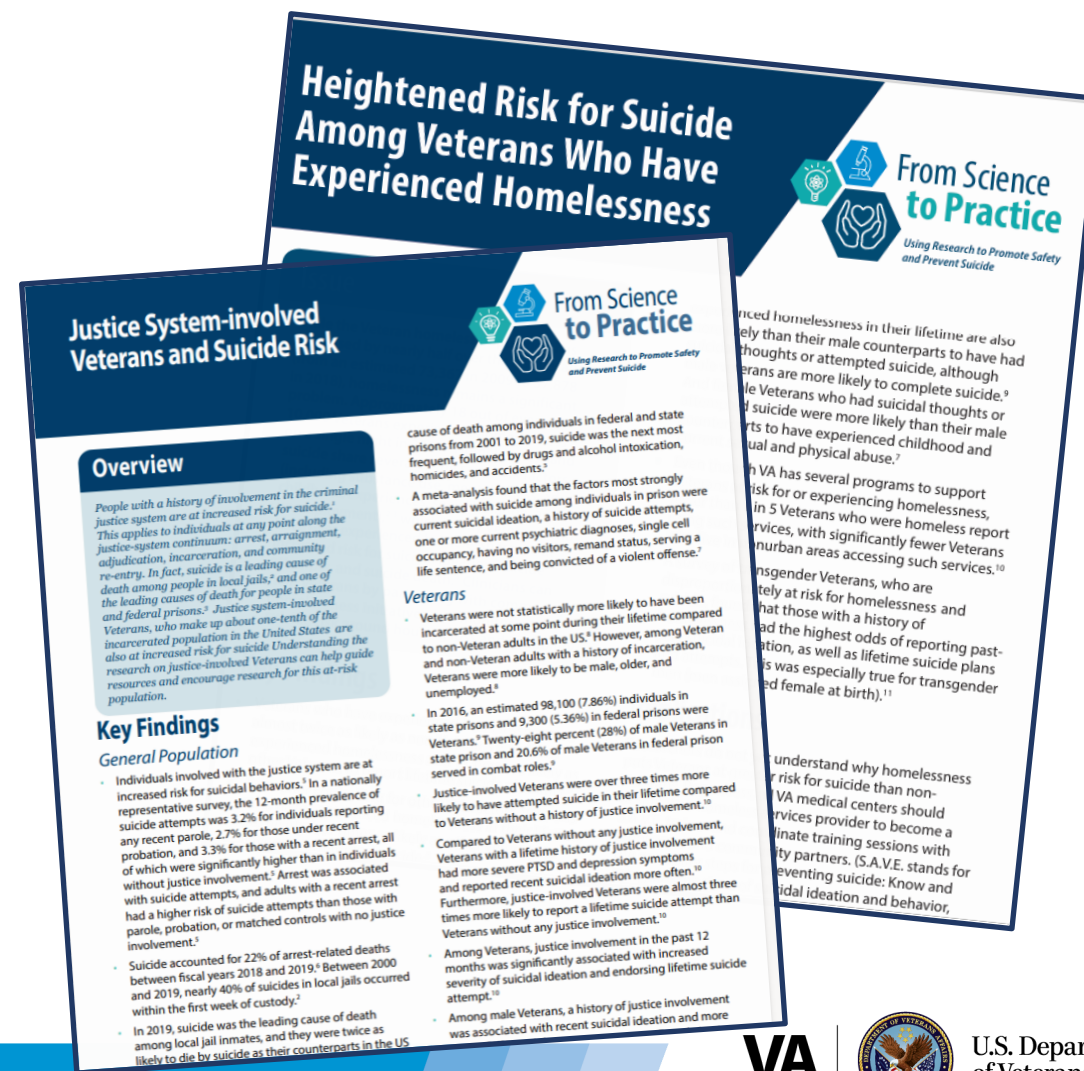
- In 2006, the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC) began comprehensive suicide surveillance for the VHA patient population.
- In 2013, this expanded to joint work by SMITREC and the Center of Excellence (COE) for Suicide Prevention (SP) to gather data for the entire Veteran population (establishing the VA/Department of Defense Mortality Data Repository). VA has completed [annual suicide reports](#) since 2016, advancing our understanding of the scope of Veteran suicide, the distribution of suicide rates across Veteran subgroups, and trends over time.
- Ongoing VA suicide surveillance includes a VHA suicide mortality dashboard, with information on trends by network and facility, including the VA Greater Los Angeles health care system, and the 2023 report includes suicide rate comparisons for Veterans in VHA care with and without indications of homelessness.

Staff Sergeant Parker Gordon (SSG) Fox Suicide Prevention Grant Program (SPGP)

- Following priorities set forth in §201 of the John Scott Hannon Veterans Mental Health Improvement Act, on 9/22/2023 VA announced a second round of awards providing \$52,500,000 to 80 grantees in 43 states, the District of Columbia, America Samoa, and Guam.
- Awards are issued one year at a time. In the initial three-year pilot phase, not every VA Medical Center will have a grantee in their catchment area. The eventual goal is to obtain Congressional support for a permanent and expanded program.
- SSG Fox SPGP enables VA to focus on community-based suicide prevention efforts that meet the needs of Veterans and their families through outreach, suicide prevention services and connection to VA and community resources.
- [Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program - Mental Health \(va.gov\)](https://www.va.gov/ssgfoxspgp/)

Research and Program Evaluation (RPE)

- Research focuses on grounding all actions in the science. SPP partners with the VA's Office of Research and Development (ORD) to ensure VA addresses knowledge gaps to intervene effectively with all Veterans.
- Research priorities focus on effective risk assessment, lethal means safety interventions, and interventions that address upstream social determinants of health that impact suicide risk.
- Program Evaluation supports and informs process/outcome evaluation, quality improvement, monitoring, tracking and reporting on SP efforts, programs and initiatives.



Partnerships, Training, and Innovations

- Partnerships focuses on the establishment and maintenance of strategic Public Private Partnerships (P3); non-binding, non-monetary relationships focused on offering goods or services in kind to Veterans at no cost. Other considerations are pilot programs that are directed at fulfilling the Secretary's goal of ending Veteran suicide.
- Education & Training promotes the inclusion of knowledge and skills related to suicide prevention in educational materials and trainings across VA offices and with external stakeholders.
- Innovations supports various projects as project managers and contract management to further the mission.

Policy

- The Suicide Prevention Policy workstream serves as the primary consultants for VA leadership through management of all suicide prevention related policy, legislation, regulatory and/or oversight actions and initiatives.
- Policy, Congressional and Oversight tracking (for example, Policy Tracker, Congressional Tracker, Oversight Tracker) and consultation (for example, coordination of Technical Assistance, Legislative proposals, not Questions for the Record, Letters to Congress, Request for Information).
- Assigned program development and strategic planning actions (for example, Caring Letters).

Suicide Prevention in VA Homeless Programs – FY 2023

- The Homeless Programs Office (HPO) collaborated with the Suicide Prevention Program (SPP) and VISN 19 MIRECC to provide 5 suicide prevention trainings to VA Homeless Program clinical staff and managers. Training content included updates to VHA policy, procedures, and additional resources for suicide risk screening, evaluation, and intervention.
- Written guidance on suicide risk screening in VA Homeless Programs was updated and disseminated to all staff to clarify when screening for suicide risk is required in VA Homeless Programs.
- A Suicide Prevention Toolkit and suicide prevention training resources were disseminated to all VA Homeless Program staff on June 9, 2023.
- The National Center on Homelessness Among Veterans (NCHAV) released an updated Foundational Knowledge Curriculum training series including content on suicide prevention.

Suicide Prevention in VA Homeless Programs – FY 2024

- December 4th: Training for Homeless Program staff on the COMPACT ACT and access to emergent suicide care for eligible individuals at VA medical facilities and at non-Department facilities.
- April 10th: Suicide Prevention training for Homeless Veteran Community Employment Service (HVCES) staff.
- June 20th: Suicide Prevention training for all Homeless Program staff.

National Strategy for Veteran Suicide Prevention

VA



U.S. Department
of Veterans Affairs

National Strategy for Preventing Veteran Suicide (2018-2028)

- Preventing Veteran suicide is the VA's highest clinical priority, one that needs all sectors (government and public-private sectors) to achieve.
- Suicide is a complex problem, and it requires coordinated, evidence-based solutions that reach beyond the traditional medical model of prevention. Ensuring access to quality mental health services for those in need is one part of a broader solution, but not sufficient on its own.
- We all have a role to play in preventing Veteran suicide.
- 4 Strategies:
 - Healthy and Empowered Veterans, Families, and Communities;
 - Clinical and Community Preventive Services;
 - Treatment and Support Services; and
 - Surveillance, Research, and Evaluation.

Strategic Direction 1: Healthy and Empowered Veterans, Families, and Communities

- Goals:
 - Integrate and coordinate Veteran suicide prevention activities across multiple sectors and settings.
 - Implement research-informed communication efforts designed to prevent Veteran suicide by changing knowledge, attitudes, and behaviors.
 - Increase knowledge of the factors that offer Veterans protection from suicidal behaviors and that promote their wellness and recovery.
 - Promote responsible media reporting of Veteran suicide, accurate portrayals of Veteran suicide and mental illness in the entertainment industry, and the safety of online.

Strategic Direction 2: Clinical and Community Preventive Services

- Goals:
 - Develop, implement, and monitor effective programs that promote wellness and prevent Veteran suicide and related behaviors.
 - Promote efforts to reduce access to lethal means of suicide among Veterans with identified suicide risk.
 - Provide training to community and clinical services providers on the prevention of suicide and related behaviors.

Strategic Direction 3: Treatment and Support Services

- Goals:
 - Promote suicide prevention as a core component of health care services.
 - Promote and implement effective clinical and professional practices for assessing and treating Veterans identified as being at risk for suicidal behaviors.
 - Provide care and support to individuals affected by suicide deaths and suicide attempts to promote healing and implement community strategies to help prevent further suicides.

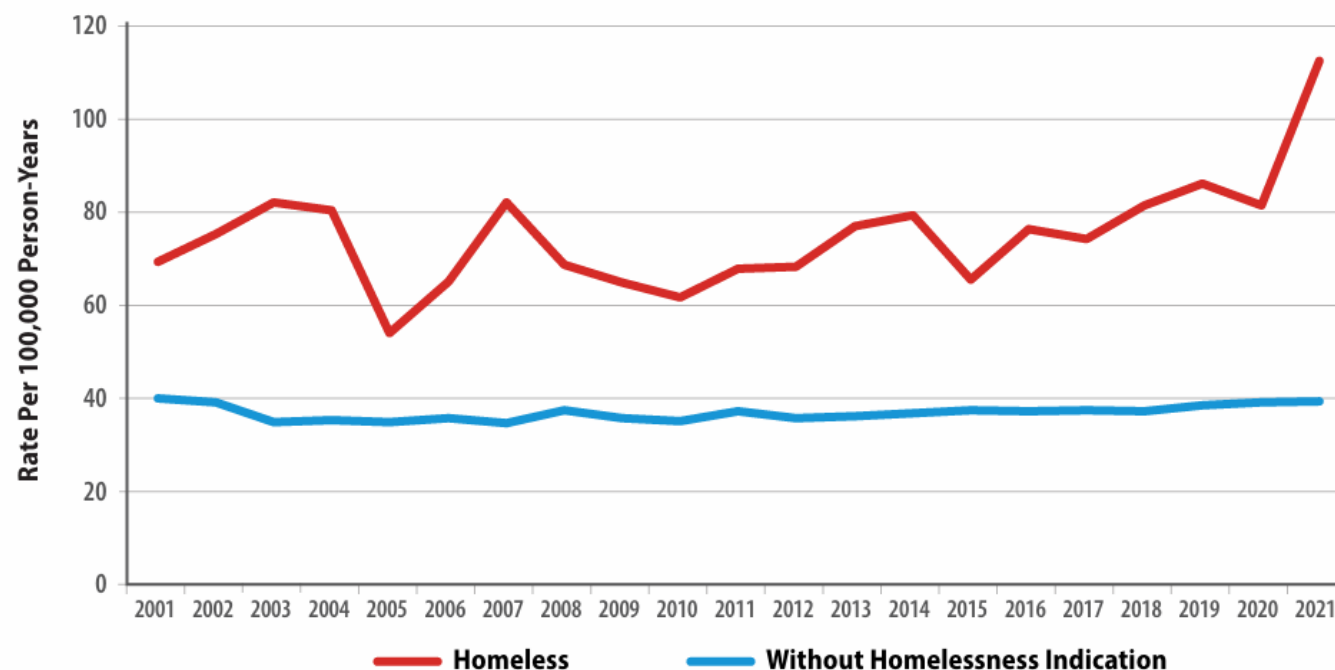
Strategic Direction 4: Surveillance, Research, and Evaluation

- Goals:
 - Increase the scope and timeliness of national surveillance systems relevant to preventing Veteran suicide and improve the ability to collect, analyze, and use this information for action.
 - Promote and support research on Veteran suicide prevention.
 - Evaluate the impact and effectiveness of Veteran suicide prevention interventions and systems and synthesize and disseminate findings to inform future efforts.
 - Refine and expand the use of predictive analytics for at-risk Veterans and for known upstream risks such as opioid use.

How National Strategies Align with Greater Los Angeles and National Homeless Initiatives

- VA's national strategy is committed to addressing risk factors that increase the risk for suicide among Veterans.
- Homelessness and housing insecurity are risk factors for suicide.
- In 2021, the suicide rate among homeless Recent Veteran VHA Users was 186.5% higher than for those without indications of homelessness.
- The SPP works closely with the VA's Homeless Program to train staff to identify risk and intervene effectively.

Figure 23: Unadjusted Suicide Rate, Recent Veteran VHA Users, by Homelessness Status, 2001–2021



Call to Action: Key Themes

Everyone has a role to play
in suicide prevention.



Promote secure firearm storage for Veteran suicide prevention.



Continue expansion of readily accessible crisis intervention services.



Implement and sustain community collaborations focused upon community-specific Veteran suicide prevention plans.



Improve tailoring of prevention and intervention services to the needs, issues, and resources unique to Veteran subpopulations.



Advance suicide prevention meaningfully into non-clinical support and intervention services, including financial, occupational, legal, and social domains.



Increase access to and utilization of mental health services across a full continuum of care.



Integrate suicide prevention within medical settings to reach all Veterans.

Thank you!

Resources

[VA Community Provider Toolkit](#)

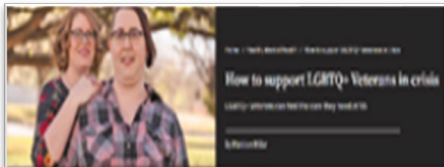
[National Center for Veteran Financial Health](#)



- [Native American Veterans: American Indian and Alaska Native American – Community Provider Toolkit](#)
- [\(SAMHSA\) Rural Veteran Resources: Asian Americans, Native Hawaiians, and Pacific Islanders](#)



- [The VA Women's Health Transition Training](#)
- [Working with Veteran Populations: Women Veterans](#)
- [Women Veterans: Inspiring True Stories](#)
- [Talking to Kids About Suicide](#)
- [Suicide Among Women Veterans: Facts, Prevention Strategies, and Resources](#)



- [LGBTQ+ outreach: How to Support LGBTQ+ Veterans in Crisis](#)
- [Uniting for Suicide Prevention](#)
- [VA Center for Medication Safety \(VA MedSAFE\)](#)
- [Suicide Prevention and the Safe Storage of Firearms: Conversations for Everyone](#)



- [Rural Veteran Suicide Prevention Program: Together with Veterans](#)
- [Preventing Suicide Among Older Veterans](#)
- [Start the Conversation: Talking to a Veteran When You are Concerned](#)
- [Reducing Firearm & Other Household Safety Risks for Veterans and Their Families](#)

VA



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Free, Confidential Support 24/7/365

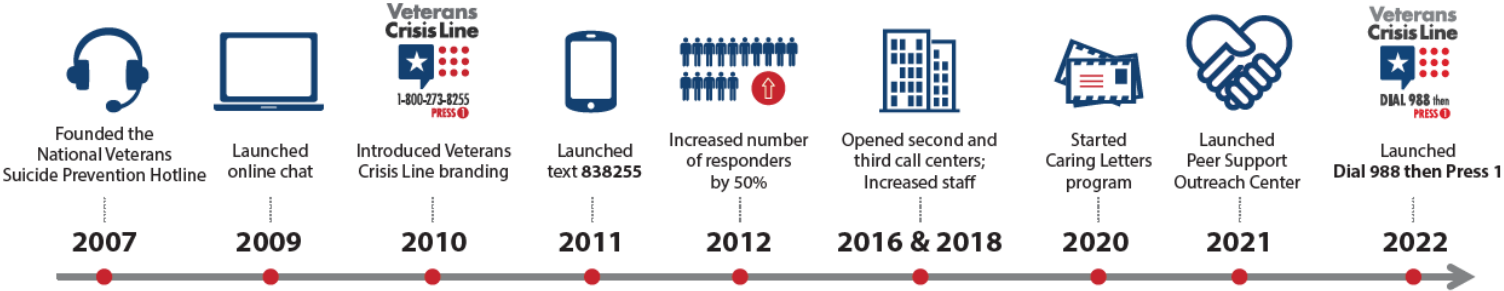
- Veterans
- Service Members
- Family Members
- Friends



Confidential crisis chat at VeteransCrisisLine.net/Chat or text **838255**

Veterans Crisis Line

The Veterans Crisis Line is a free, confidential resource available to any Veteran, even if they are not enrolled in VA health care or registered with VA. Care does not end when the conversation is over. The Veterans Crisis Line can connect Veterans to their local suicide prevention coordinators, who will follow up and coordinate care.



More than
6.8 million
calls



More than
299,000
texts



More than
821,000
chats



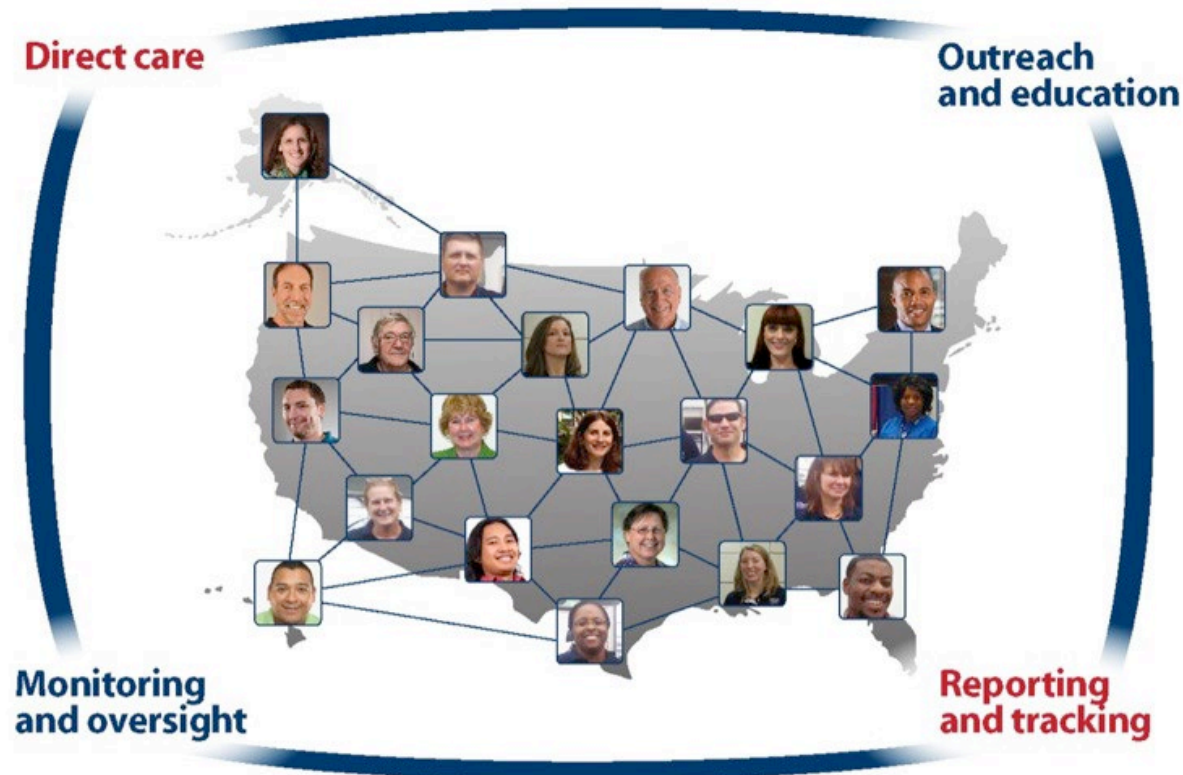
More than
1.3 million
referrals
to VA Suicide Prevention Coordinators

More than
269,000
dispatches of
emergency services

03/2023

Find a Local VA Suicide Prevention Coordinator (SPC) at
<https://www.veteranscrisisline.net/find-resources/local-resources/>

More than 400 SPCs nationwide.



VA



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Local Resources

Are you looking for clinical care or counseling? Assistance with benefits? No matter what you're experiencing, we're here to connect you with resources and support systems to help.

Search Local VA Resources

ZIP Code:

37027

Show Results Within:

50 Miles

Search



ZIP Code:

37027

Show Results Within:

50 Miles

☐ Suicide Prevention Coordinators

☐ VA Medical Centers

☐ Outpatient Clinics

☐ Vet Centers

☐ Veterans Benefits Administration Offices

Search

Showing 10 Results out of 16 for 37027

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SUICIDE PREVENTION COORDINATORS

Murray, Lesley

1310 24th Avenue South
Nashville, TN 37212-2637

9 miles away

615-225-6892

Email

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VA MEDICAL CENTERS

Nashville VA Medical Center


1310 24th Avenue South
Nashville, TN 37212-2637

9 miles away

615-327-4751

Visit website

VA



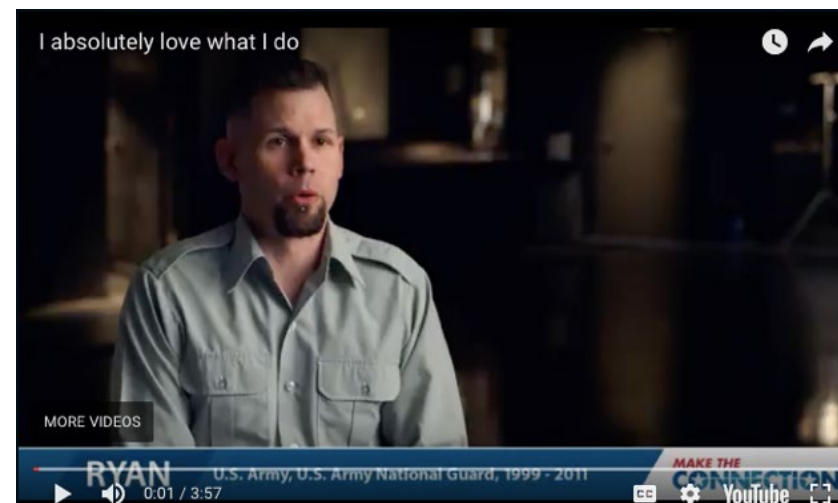
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33

Make the Connection

Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges.

**MAKE THE
CONNECTION**



<https://maketheconnection.net/conditions/suicide>

Practice safe storage of firearms, medications and other lethal means

- Visit www.KeepItSecure.net to learn more about the importance of firearm and other lethal means safety.
- Nearly half of all Veterans own a firearm, and most Veteran firearm owners are dedicated to firearm safety.
- Firearm injuries in the home can be prevented by making sure firearms are **unloaded**, **locked**, and **secured** when not in use, with ammunition stored in a separate location
- There are several effective ways to safely secure firearms. Learn more and find the option that works best for you and your family from the National Shooting Sports Foundation at www.nssf.org/safety

VA » Health Care » REACH » Firearm Suicide Prevention & Lethal Means Safety

REACH

- Mental Health
- More Health Care

QUICK LINKS

- Hospital Locator
- Zip Code Go
- Health Programs
- Protect Your Health
- A-Z Health Topics

Veterans Crisis Line
1-800-273-8255 PRESS 1

My healthvet
My Health, My Care: 24/7 Access to VA

FIREARM SUICIDE PREVENTION & LETHAL MEANS SAFETY

KeepItSecure.net

PRACTICE SAFE STORAGE OF FIREARMS, MEDICATION & OTHER LETHAL MEANS

Lethal means are objects like guns, medications, alcohol, opioids or other substances, ropes, cords, or sharp objects that can be used during a suicidal crisis. If a Veteran is in crisis or having suicidal thoughts, these items can become deadly when they are easily accessible. For example, nearly 7 out of every 10 Veteran deaths by suicide are the result of firearm injuries (Dept. of Veterans Affairs, 2018).

Increasing the time and distance between someone in a suicidal crisis and access to lethal means can reduce suicide risk and save lives. There are simple steps you can take to protect yourself and your family. On this page, you'll find:

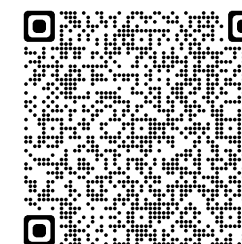
- How to identify and handle a suicidal crisis
- Helpful tips for storing guns, medications, and other lethal means
- Additional resources about safe storage

Reducing Firearm & Other Household Safety Risks for Veterans and Their Families



Firearm safety is an important public health issue that can affect your health and your family's well-being.

If you own a firearm, or live in a household where there are firearms, the following information can help keep you and those around you safe. Similarly, reducing access to other household risks, like medications, can help ensure your family's safety.



New Lethal Means Safety Resources

Reducing Firearm & Other Household Safety Risks Brochure

provides best practices for safely storing firearms and medications along with advice for loved ones on how to talk to the Veteran in their life about safe storage.

Normalize the discussion – it is OK to ask if someone is having thoughts of suicide.

“Are you having thoughts of killing yourself?”

And it is OK to ask about how they are storing their firearms too.

Mental Health Mobile Apps

Mobile Apps (Free)

Self-Help

These apps provide support and guidance in living with PTSD.



PTSD Coach



PTSD Family Coach



Beyond MST



Mindfulness Coach

Treatment Companions

These apps offer additional help for PTSD treatments.



CPT Coach



PE Coach



CBT-i Coach



ACT Coach

Related

These apps help with related issues affecting people with PTSD.



COVID Coach



Couples Coach



Insomnia Coach



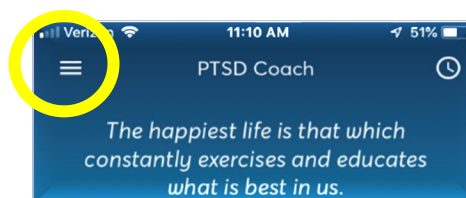
StayQuit Coach

Safety Planning in PTSD Coach!



National Center for PTSD
website:

https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp



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Consultation Program (Free: VA or community providers)



Supporting Providers Who Serve Veterans

Free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult: srmconsult@va.gov

#NeverWorryAlone

www.mirecc.va.gov/visn19/consult



Provider support after a suicide loss (Postvention)



Risk assessment



Lethal means safety counseling



Conceptualization of suicide risk



Best practices for documentation



Strategies for how to engage Veterans at high risk

VA



U.S. Department
of Veterans Affairs

Postvention Resources



COMMUNITY

PROVIDERS

WORKPLACE



Films



Infographics



Podcasts

Uniting for Suicide Postvention (USPV): <https://www.mirecc.va.gov/visn19/postvention/>

VA



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Training (Free)

VA S.A.V.E. Training

This free suicide prevention training video is less than 25 minutes long and available to everyone, 24/7. It's offered in collaboration with the PsychArmor Institute.



Available online for free: <https://psycharmor.org/courses/s-a-v-e/>

[Suicide in Military Members & Veterans](#)

[Crisis Response Plan: Introductory Course for People Who Support Veterans](#)

[Firearms & Suicide in the Military-Connected Community: 5 Things Medical Professionals Need to Know](#)

[Military Women: Women Who Serve \(PsychArmor\)](#)

[What is the Crisis Response Plan: An Introductory Course for People Who Support Veterans](#)

[VA S.A.V.E. Preventing Caregiver Suicide](#)



Annual Report Resources

[Veteran Suicide Data and Reporting](#)

To view all collective resources for the 2023 Annual Report, visit the data page. All other links will take you directly to the products listed.

[National Data Appendix](#)

The data presented here is meant to accompany the annual report.

[State Data Appendix](#)

The data presented here is meant to accompany the annual report.

[Report FAQs](#)

This document focuses on frequently asked questions about the annual report.

[2023 National Veteran Suicide Prevention Annual Report](#)

[Methods Report](#)

This document provides background regarding the methods used by the VA's Office of Mental Health and Suicide Prevention to assess suicide mortality among Veterans. This represents a supplement to information included in the annual report.

[*State Data Sheets](#)

The 2021 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.

**This link will take you to the general Suicide Prevention Data page. You must scroll halfway down the page and click on View Individual State Data Sheets, to view data for each U.S. state, island, and territory.*

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Heavily Impacted Groups in 2021



Women Veterans

- **24.1%** increase in the age-adjusted suicide rate



American Indian/ Alaska Native Veterans

- Unadjusted suicide rate was **46.3 per 100,000**
- **51.8%** increase in the unadjusted suicide rate from 2020–2021



Homeless Veterans

- **112.9 per 100,000** suicide rate was highest observed from 2001–2021
- Suicide rate increased **38.2%** since 2020
- Suicide rate was **186.5%** higher than for those not homeless



Priority Group 5

- Had highest suicide rate at **57.1 per 100,000**
- Suicide rate increased **9.8%** from 2020



Justice-Involved Veterans

- Suicide rate of **151.0 per 100,000** was the highest over this period
- Suicide rate increased **10.2%** since 2020



Tracie Mann

LA COUNTY DEVELOPMENT AUTHORITY (LACDA)

Emilio Salas

LA COUNTY DEVELOPMENT AUTHORITY (LACDA)

Carlos VanNatter

HOUSING AUTHORITY FOR THE CITY OF LOS ANGELES (HACLA)



Veterans Affairs Supportive Housing Voucher Utilization

February 1, 2024

Presented by Emilio Salas, Executive Director



AGENDA

1

**Current Status of Veterans Affairs
Supportive Housing (VASH) Utilization**

2

**Strategies & Initiatives to Increase
Utilization**

3

**Challenges Towards Increasing
Utilization**

A photograph of a man and a woman holding a set of keys together, both smiling. The man is on the left, wearing glasses and a striped shirt. The woman is on the right, wearing a black t-shirt with a logo that says 'SUPPORTIVE LIVING INC.' and 'DREAMS CAN COME TRUE!'. The image has a dark blue overlay.

Current Status of VASH Utilization

Current Utilization as of January 16, 2024

	Tenant-Based	Project-Based	Total
Allocations	3,084	358	3,442
Leased	1,598	325	1,923
Lease-Up Rate	52%	92%	56%



Higher Utilization with the VASH Project-Based Voucher Portfolio

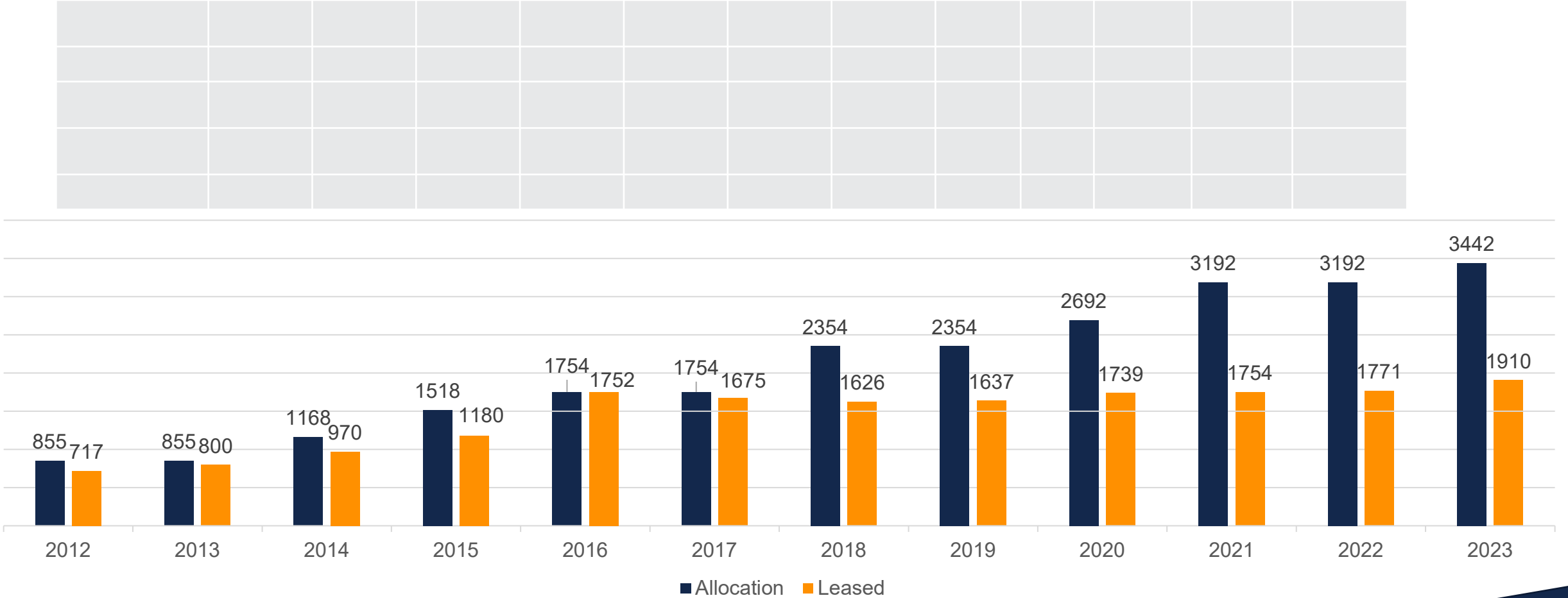
VASH PBV SITES	TOTAL VASHPBV	TOTAL LEASED	% Leased
VA Building 207 -01/2023	59	58	98%
Whittier Place Phase II -10/2022	16	16	100%
Plaza Ortiz -06/2022	27	26	96%
PATH Villas South Gate -11/2021	36	34	94%
Baldwin & Rose -12/2019	19	17	89%
AV Imagine Village -12/2019	33	32	97%
Courson Arts Colony West - 11/2019	31	27	87%
Palo Verde Apartments 12/2018	16	13	81%
Bell Oasis -07/2018	31	31	100%
El Monte Veterans Apartments - 03/2014	40	36	90%
Westside II -12/2011	50	38	76%
Total	358	328	92%



The background image shows an outdoor event with several blue pop-up tents. In the foreground, a man in a camouflage military uniform is seen from the back, looking towards a booth. The booth has a blue banner with the text 'www.seacadets.org' and 'Ages 10-17'. Below this, there is a circular logo for the 'ANNUAL SEA CADET CORPS' and 'NAVY GUE'. The booth is decorated with American flags and green balloons. A young boy in a blue baseball jersey with the number '7' is walking away from the camera. In the background, other people are visible, including a man in a blue shirt and a woman in a white shirt. The overall scene is a community or military outreach event.

Challenges Towards Increasing Utilization

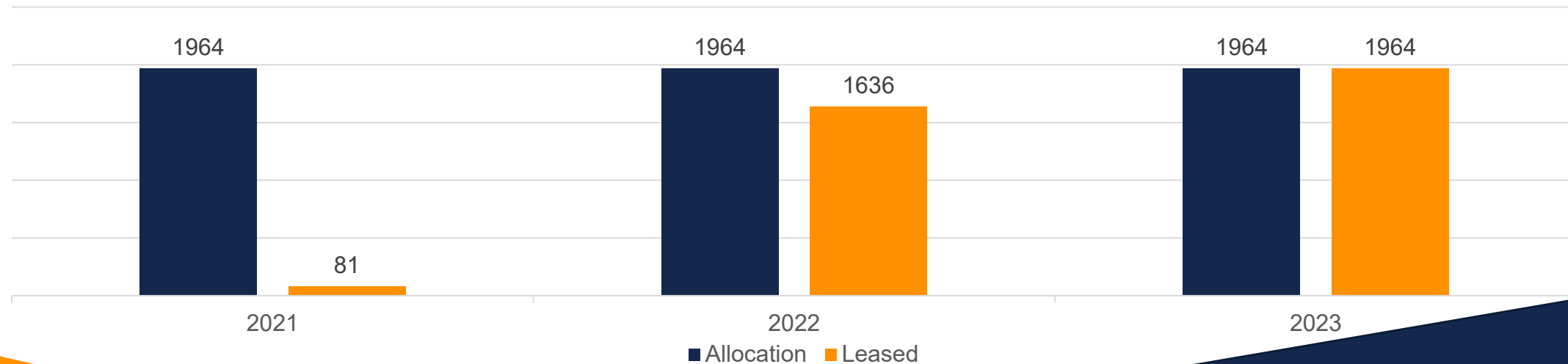
Allocation vs Lease from 2012 – 2023



Strategies for Success with Emergency Housing Voucher (EHV) Program

EHV Program	2021	2022	2023
Allocation	1,964	1,964	1,964
Total Leased Calendar Year	81	1,636	1,964
Growth from previous year	0	1,555	328
Utilization Rate	4%	83%	100%

The LACDA received a total of 5,930 referrals, a 3:1 ratio



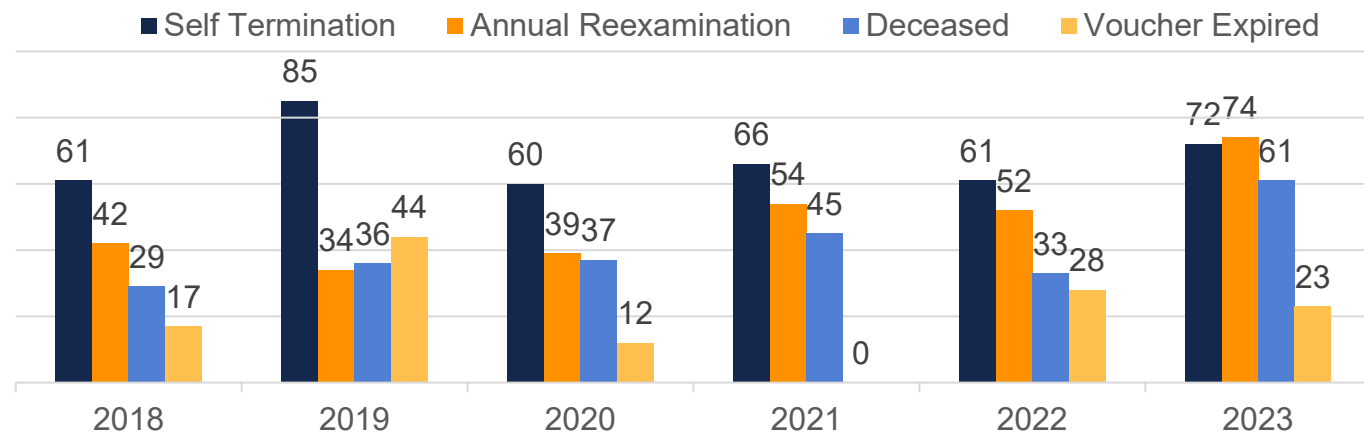
Referrals Received 2018 - 2023

VASH TB	2018	2019	2020	2021	2022	2023
Annual Allocations	2,354	2,354	2,692	3,192	3,192	3,442
Number of referrals needed for full utilization	728	717	953	1,437	1,421	1,532
Referrals Received Annually	288	397	349	504	548	611
Difference	440	320	604	934	873	921

Attrition from 2018 - 2023

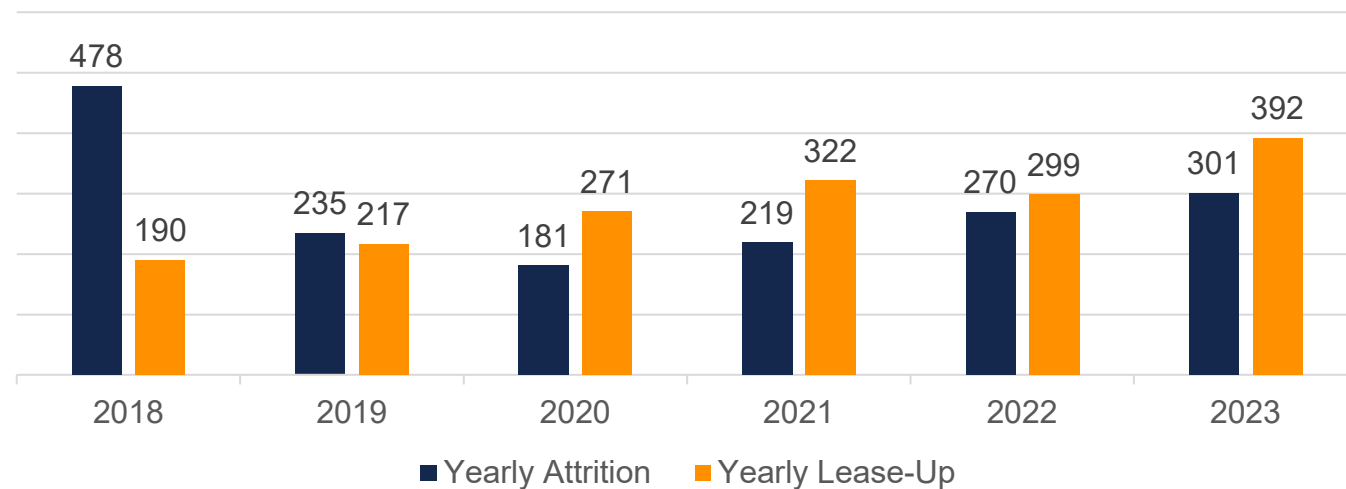
Top Four Reasons for Termination:

1. Self-termination
2. Non-compliance with the Annual Reexamination
3. Deceased
4. Expired Voucher



Attrition vs Lease from 2018 - 2023

Tenant-Based	2018	2019	2020	2021	2022	2023
Yearly Attrition	478	235	181	219	270	301
Yearly Lease-Up	190	217	271	322	299	392
Net Gain	-288	-18	90	103	29	91





Strategies & Initiatives to Increase Utilization

Average Time to be Housed

From 2018 – 2023, the average time from voucher issuance to housed was four months

Newly-Developed and Implemented Programs

Assisted Living Program: assistance extended to residing in Veterans Affairs (VA)-approved assisted living facilities

Other Than Honorable (OTH): assistance extended to veterans with an OTH discharge

U.S. Department of Housing and Urban Development (HUD) Waivers Implemented

HUD-approved waivers on certain eligibility criteria to allow faster application processing and lease-in

Landlord Incentives

A host of monetary incentives to benefit landlords and tenants

Offer of a damage mitigation incentive for tenant-cause damages

Increased Payment Standard

Consistently maintained a higher payment standard for VASH

Housing Location Assistance

Housing Advisors Unit that provides housing location assistance to include cold calling landlords, transportation to view units, and locating units in the veteran's preferred housing area

A Vacant Unit listing is emailed daily to interested parties

Interagency Agreements

Eight (8) Memorandum of Understandings (MOUs) with surrounding Public Housing Authorities, including Kern County, which allow Veterans to secure rental units outside the LACDA's jurisdiction

VA Stand Downs

Participate in Stand Down events at the VA Campus

- On-the-spot application review
- On-the-spot voucher issuance





Contact Us

Alhambra Office

700 West Main Street
Alhambra, CA 91801
626.262.4511

Palmdale Office

2323 Palmdale Blvd., Suite B
Palmdale, CA 93550
661.575.1511

www.lacda.org



HUD - VASH

Voucher Utilization

02/01/2024

Presented by Carlos Van Natter, Director of Section 8

Utilization

Tenant Based Program
CY 2023

January 2024 Activity

Applications in Process 19
Vouchers Searching 77
RFTA's in Process 15

Month	Allocation	Utilization	Utilization%	Referrals	Attrition
January	3658	2046	56%	14	14
February	3658	2049	56%	13	18
March	3658	2057	56%	22	22
April	3658	2062	57%	17	22
May	3658	2062	57%	9	11
June	3763	2079	55%	29	21
July	3763	2091	56%	11	28
August	3763	2096	56%	17	10
September	3763	2100	56%	16	32
October	3763	2106	56%	25	41
November	3763	2113	56%	36	23
December	3763	2127	57%	20	20
Total				229	262
	Average Per Month			19	22
	Average Per Week			4	5

NOTE: HACLA has requested 25 Referrals per Wk/180 per Month/1300 per Yr

Utilization

Project Based Program

CY 2023

Month	Allocation	Utilization	Utilization%	Referrals	Attrition
January	958	734	77%	6	4
February	958	726	76%	20	17
March	958	729	76%	34	16
April	958	733	77%	49	7
May	958	733	77%	35	8
June	1103	755	68%	44	14
July	1103	755	68%	27	21
August	1103	820	74%	29	6
September	1103	857	78%	4	6
October	1103	884	80%	17	34
November	1103	885	80%	9	4
December	1127	867	77%	13	11
Total				287	148
	Average Per Month			24	12

Referrals

CY 2008 – CY 2023

Year	Referrals
2008	96
2009	1,107
2010	255
2011	888
2012	572
2013	749
2014	1,014
2015	1,322
2016	985
2017	997
2018	606
2019	442
2020	455
2021	339
2022	168
2023	175

NOTE: HACLA has requested 25 Referrals per Wk/180 per Month/1300 per Yr

Annual Attrition Percentage

CY 2012 – CY 2023

Year	Attrition Percentage
	10.33%
	12.11%
	13.59%
	15.12%
	15.22%
	12.00%
	12.36%
	11.88%
	10.32%
	12.84%
	14.88%
	12.72%

NOTE: HACLA Attrition Rate for HCV Program is 4.5%



HACLA

Reporting Month	VA Discharge	Deceased	Tenant Non-Compliance: Annual Reexam	Tenant Non-Compliance: HQS	Eviction	Skip	Expired Voucher	Self-Sufficient	Total Monthly
January	2	2	2	1	1	5	1	0	14
February	4	4	2	0	0	4	1	3	18
March	5	3	7	0	0	4	0	3	22
April	3	6	5	0	2	1	2	3	22
May	0	4	1	0	0	5	0	1	11
June	4	5	2	0	0	7	2	1	21
July	3	6	7	0	4	5	0	3	28
August	1	2	2	0	0	3	1	1	10
September	8	1	6	0	1	11	2	3	32
October	3	5	12	1	2	10	2	6	41
November	4	5	8	0	0	2	2	2	23
December	3	3	5	0	2	5	0	2	20
TOTALS	40	46	59	2	12	62	13	28	262
Percentage	15%	18%	23%	1%	5%	24%	5%	11%	100%
Monthly Average									22

Annual Attrition Percentage by Type

CY 2023 Tenant Based Program

Reporting Month	Board & Care	Deceased	Eviction	Tenant Non-Compliance	Skip	Expired Voucher	Self Sufficient	Total Monthly
January				2	1	1		4
February		4		9	2	2		17
March	1	2		11	1	1		16
April		4		2		1		7
May		2		4	2			8
June	1			9	3		1	14
July	1	3		8	7	2		21
August		3	1	1	1			6
September		3		1	1	1		6
October		10	1	12	3	2	6	34
November		4						4
December		3	1	5	2			11
TOTALS	3	38	3	64	23	10	7	148
Percentage	2%	26%	2%	43%	16%	7%	5%	100%
Monthly Average								12

Annual Attrition Percentage by Type

CY 2023 Project Based Program

Strategies and Initiatives to Increase Utilization

(HACLA HUD-VASH Success Rate 61%; 41 referrals needed per week to utilize full allocation)

- **High Voucher Payment Standards and higher Small Area Voucher Payment Standards**
- **Landlord Incentives—Holding Fee, Security Deposit, Damage Mitigation, Utility Arrears, Furniture**
- **HUD-VASH unit dedicated to expedited leasing, including participation in VA Stand Down events**
- **Self-Certification Waivers – Income, Date of Birth, Social Security Number, Disability**
- **Interagency Agreements with other PHAs**
- **Other than Honorable (OTH) Program**
- **Communication with VA Case Managers regarding adverse actions**

[illegible]

Non-VASH Voucher Utilization

- LA Times (10/3/23) 48% of county Section 8 recipients have vouchers expire before use
 - Discrimination
 - Landlords reluctance to accept Section 8
 - Barriers to applicants (paperwork, background checks)
- HUD study
(<https://www.huduser.gov/portal/publications/Using-HUD-Administrative-Data-to-Estimate-Success-Rates.html>) found only 61% of voucher holders successful in 180-day window



Laura Garciaros lives with her cats in an RV parked in North Hollywood. (Irfan Khan / Los Angeles Times)

Fallen from the middle class: 60, living in an RV and fighting to be housed

BY PALOMA ESQUIVEL, RACHEL URANGA

Photography by IRFAN KHAN

OCT 3, 2023 | 3:00 AM

At first, when she became homeless at 59 last year, Laura Garciaros felt lucky to have her



Choose **VA**

FOR VA INTERNAL USE ONLY

VA



U.S. Department
of Veterans Affairs

Need for Affordable Housing

- California is the most expensive rental market in the country (*Out of Reach*, National Low Income Housing Coalition, 2023)
- LA vacancy rate lowest in 20 years with 3 of 4 households rent burdened (<https://karenbass.com/policies/housing>)
- 499,430 units needed in LA to meet demand among renter households at or below 50 percent of the AMI (<https://homeless.lacounty.gov/news/2022-affordable-housing-report>)





Mr. John Kuhn

DEPUTY MEDICAL CENTER DIRECTOR,
VA GREATER LOS ANGELES HEALTHCARE SYSTEM

HUD Waivers Announced

Reduces barriers to application/acceptance process. PHAs announced implementation August 21. Stems from GLA request to PHAs and HUD on March 9.

- Extends 60-day document time-outs to 120-days
- Permits self-certification for income, DOB, & disability
- A valid social security card is no longer required, and alternate ID is acceptable to validate SSN



OneTeam

- ***“What does the Veteran need”*** not, “What can the program offer the Veteran.” No wrong door.
- Referrals to housing come through CES/BNL
 - Immediate develop of housing plan and access to range of services
 - Avoids VASH screening bottlenecks
- Intentional bridging between SSVF and VASH
 - Reduces delays in placement
 - Provides landlords with rent while working through administrative processes and inspection requirements



Benefits Of Master Leasing

1. Creates an on-demand supply of apartments
2. Responsive to landlord needs – a critical customer
 - a. Do not need to maintain vacant apartments
 - b. Deal with a single tenant, saving time and money marketing, collecting rents
3. Background checks, landlord interviews will not disqualify applicants
4. Reduces landlord discrimination
 - a. More than half of unhoused Veterans are persons of color
 - b. 70% are extremely low-income (below 30% AMI)





Mr. Brett Simms

EXECUTIVE DIRECTOR

OFFICE OF ASSET ENTERPRISE MANAGEMENT

Office of Asset Enterprise Management (OAEM)
presents

**New Board Members Briefing Overview to
Veterans Community Oversight and
Engagement Board (VCOEB)**

VCOEB New Board Members Briefing | Overview

Focus Area and Questions to be Addressed: Principal Developer's Contractual Relationship with the Department of Veterans Affairs

- What are the agreed targets for construction of permanent supportive housing?
- What commitments have been made by the Department to the principal developer for the purposes of meeting that established target?
- When Memorandum of Understanding (MOU) was written, did VA state that principal developer would be responsible for executing Town Center development?
- When the Enhanced Use Lease (EUL) was negotiated with the principal developer, did VA state that principal developer would be responsible for executing Town Center development?



Permanent Supportive Housing Targets

What are the agreed targets for construction of permanent supportive housing?

In June 2022, VA and Lessee/Principal Developer, also known as West LA Veterans Collective (WLAVC), executed the EUL agreement "to provide at least 900 units of supportive housing that principally benefit Veterans and their families in accordance with the Draft Master Plan."

(SOURCE: Enhanced Use Lease, Article 3, Section B.1.)

The EUL agreement includes a Phasing Plan and Release Parcel Schedule, which presents a timeline for the periodic release of parcels for housing conversion. This allows the VA to prepare for parcel release, the developer to secure financing, and the required infrastructure upgrades to be performed. This phasing plan and schedule is updated quarterly.

Commitments Made by Department

What commitments have been made by the Department to the principal developer for the purposes of meeting that established target?

VA has committed to identifying parcels available for development and vacating the parcels before the lease/sublease execution date.

VA has also committed capital contributions, if needed, to address abatement, utility improvements, and other potential requirements.

VA has identified 20 parcels, 14 of which are required to meet the 900 unit minimum in the EUL agreement; those 14 parcels are represented in the table to the right. The remaining parcels are identified for potential development above 900 units, should the need arise.

Building 404 (PL48)	11/16/2022	72	1	73
Building 402 (PL38)	1/1/2023	118	2	120
Buildings 156 & 157	5/31/2023	110	2	112
Building 158	11/10/2023	48	1	49
Building 210	TBD	38	1	39*
Building 408 (Lot 20)	TBD	68	1	69*
Building 300	TBD	43	1	44*
Building 256	TBD	40	1	41*
Building 409 (Lot 18)	TBD	94	1	95*
Building 13 & 306	TBD	24	1	25*
Building 258	TBD	45	1	46*
Building 400 (Lot 49)	TBD	65	1	66*
Building 407 (Lot 21) & 236	TBD	68	1	69*

* Indicates number of units is approximate and subject to design verification

MOU and Town Center

When Memorandum of Understanding (MOU) was written, did VA state that principal developer would be responsible for executing Town Center development?

The MOU entered into on March 21, 2019 states that “WLAVC shall conduct the necessary due diligence to prepare a comprehensive community and neighborhood plan”.

(SOURCE: West LA EUL Principal Developer MOU, Section 5)

The MOU directs the principal developer to *plan* but does not direct the principal developer to *execute* a “Town Center”. This MOU was not binding and was a precursor to the EUL agreement; the EUL agreement does not include reference to the Town Center.

EUL and Town Center

When the Enhanced Use Lease (EUL) was negotiated with the principal developer, did VA state that principal developer would be responsible for executing Town Center development?

There is not a standard definition of “Town Center.” The EUL agreement doesn’t mention the Town Center being developed by the principal developer.

The 2022 Master Plan contemplated what a Town Center area could include. However, the scope of work and who will perform the work is to be determined.

The Principal Developer (PD) shall provide on-site community-based support services as a part of the PD EUL, which potentially overlaps with what is referenced as the Town Center area in the 2022 Master Plan.



TYLER MONROE

VETERANS COLLECTIVE



TRANSFORMING A CAMPUS INTO A
COMMUNITY

WEST LOS ANGELES VA NORTH CAMPUS PROJECT

BUILDING UNDER CONSTRUCTION

Type	New Construction
Unit Count	73 Units
Population	Homeless Veterans
Construction Start	Nov 2022
Construction Finish	Dec 2024
Set Aside	None

- **Services include** case management, mental and physical health, substance abuse, etc.
- **Service staffing:**
 - 2 FTE* Case Managers
 - 0.25 FTE Occupational Therapist
 - Paid out of cash flow
 - 3 FTE HUD/VASH Case Managers



*FTE = full time equivalent

BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION

Type **Adaptive Reuse**
Unit Count **112 Units**
Population **Homeless Veterans***
Construction Start **June 2023**
Construction Finish **May 2025**

Set Aside **Homeless Veterans with
Mental Illness (35 Units)**

- **Services include** case management, mental and physical health, substance abuse, etc.
- **Service staffing:**
 - 2 FTE Case Managers
 - Paid out of cash flow
 - 4.5 FTE HUD/VASH Case Managers



BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION

Type **Adaptive Reuse**
Unit Count **49 Units**
Population **Homeless Veterans**
Construction Start **Nov 2023**
Construction Finish **Aug 2025**
Set Aside **None**

- **Services include** case management, mental and physical health, substance abuse, etc.
- **Service staffing:**
 - 1.5 FTE Case Manager
 - 0.05 FTE Clinical Social Worker
 - Paid out of cash flow
 - 4 FTE HUD/VASH Case Managers



BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION



BUILDING UNDER CONSTRUCTION

Type	New Construction	• Services include case management, mental and physical health, substance abuse, etc.
Unit Count	120 Units (118 Veterans + 2 Managers)	• Service staffing:
Population	Homeless Veterans	• 0.5 FTE Case Manager
Construction Start	January 2023	• 1 FTE Veteran Support Specialist
Construction Finish	Q1 2025	• Paid out of cash flow
Set Aside	Homeless Veterans with Mental Illness (50 Units)	• 4.25 FTE HUD/VASH Case Managers



BUILDING UNDER CONSTRUCTION



Scope includes Phase I infrastructure upgrades along MacArthur Ave.

BUILDING IN PREDEVELOPMENT

Type	Adaptive Reuse	• Services include VASH case management, mental and physical health, substance abuse, women Veterans programming, child services partnership, support from Women Vets on Point Coordinator and family program staff
Unit Count	38 Units (37 VASH PSH, 1 Manager)	• Service staffing:
Population	Homeless Women Veterans Preference/ All Veterans	• 1 FTE Director of Behavioral Health
Construction Start	May 2024	• 0.5 FTE Veteran Services Coordinator
Construction Finish	December 2025	• 1 FTE HUD/VASH Clinical Supervisor
		• 1.5 FTE HUD/VASH Case Manager



Building

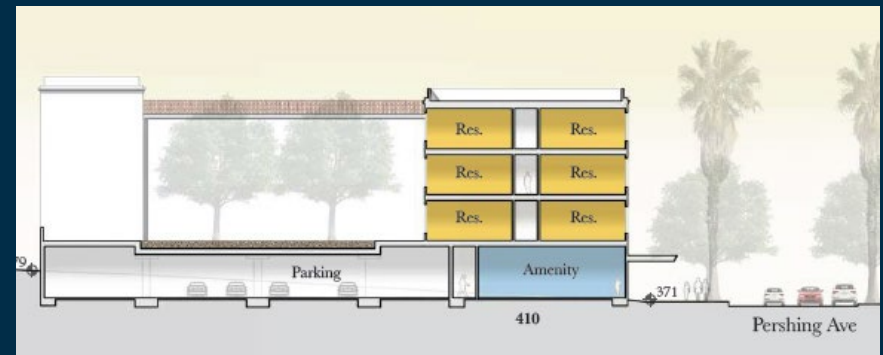
408

BLDG 408 (PHASE 2)

BUILDING IN PREDEVELOPMENT

Type **New Construction**
Unit Count **Approx. 80**
Population **Homeless Veterans**
Construction Start **2025**

- Conceptual design is complete, schematic design currently underway
- Due diligence already proceeding on site
- Evaluating site preparation plans and infrastructure requirements with VA

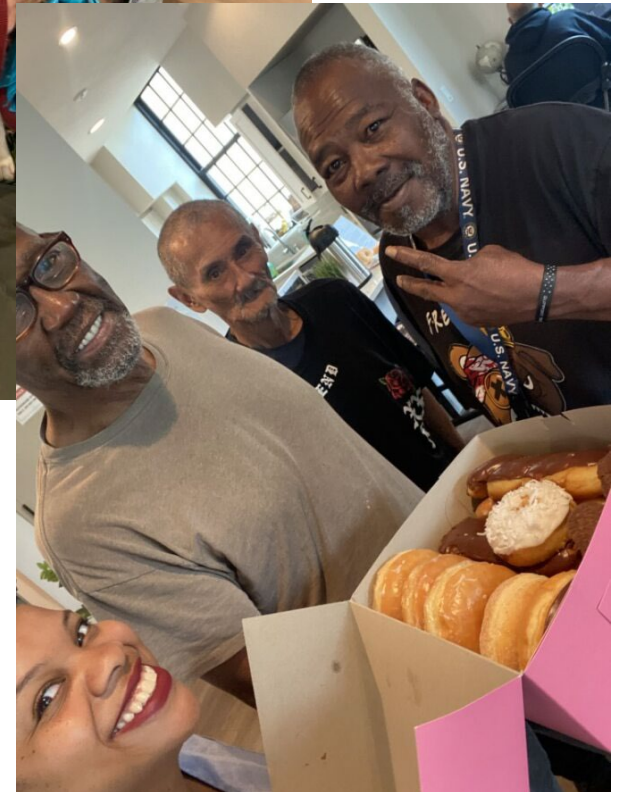


A HEALTHY COMMUNITY



Services Progress

- U.S.VETS West Los Angeles established, 8 staff members onsite including Veteran Support Coordinator, Outreach Coordinator and VASH staff
- B207 VASH Case Management ongoing, responded to multi-year VASH RFP regarding future buildings
- B207 Slate of events and supportive offerings for Veteran residents in full swing: monthly Coffee & Conversation, Community Meeting, Birthday Celebration. Groups/classes include NA/AA, arts Technology 101, finance, juicing, fitness, special events with supporters including UTA T-Day Celebration and Fox Holiday Party
- Temporary Services Center near B210 is implemented, first class held and slate beginning
- Coordination across VA sections and community partner services, including peer support and special needs resources



A CONNECTED COMMUNITY



Backbone Community-Building Progress

- The Veterans Collective (501c3 Backbone) continues its mission of bridging gaps and bringing Veterans, VA and macro community partners together. Held first large event w/200+
- Administration, property management best practices and safety are key components. Participated in joint EUL safety meeting
- Joint events, trainings and initiatives with the VA and community partners such as CDCE, LA Public Library, V4V, Westside Food Bank, Big Sunday, Hudson Pacific, VPAN in service to the community continue
- Continuous feedback loop and communications-building, direct feedback collection is ongoing
- 2024 Annual Impact Report in progress



UCLA | VA
Veteran Family Wellbeing Center

Hopeful for the Holidays

Tuesday, December 12, 2023

1:00 PM to 2:30 PM

B210 Services Trailer (next to Building #210)

The holidays can be a joyful time but can also bring their own set of challenges! Join us for a fun and engaging workshop all about managing stress and making the most of this holiday season.



Raffle with FREE Prizes!



Enjoy holiday drinks and snacks!



Veteran Family Wellbeing Center



U.S. Department of Veterans Affairs



For more information, contact our Family Services Coordinator



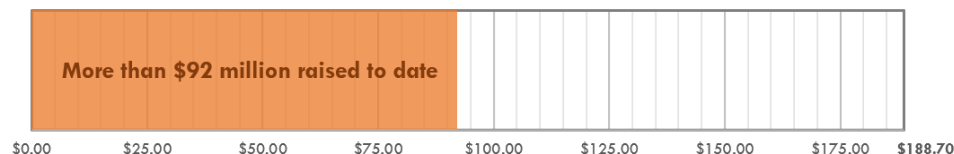
310.478.3711, ext 42793 | info@vfwc.ucla.edu | vfwc.ucla.edu

310.478.3711, ext 42793 | info@vfwc.ucla.edu | vfwc.ucla.edu

Veterans Promise Campaign



Veterans Promise Campaign
as of January 22, 2024



THANKS TO THE GENEROUS SUPPORT OF

The Home Depot Foundation, The Ahmanson Foundation, Tunnel To Towers, City National Bank, Getty Foundation, Wells Fargo, United Talent Agency, Hudson Pacific Properties, American Legion, Providence St. John's Health Center Foundation, Northrop Grumman, and individual community members.

INVESTMENT HIGHLIGHT

Wadsworth Chapel Lead Gift: The Ahmanson Foundation

TIMELY PROJECTS

Seeking continued investment for Wadsworth Chapel, key supportive service spaces for priority underserved Veteran populations.



The Veterans Fund – COMPLETE

Total Cost: \$10,000,000 / Private Need: \$10,000,000

Seed pre-development and community planning for campus, housing and services, and support three years of campus operations.



Veterans Housing Fund – COMPLETE

Total Cost: \$993,174,344 / Private Need: \$72,750,000

Build 1,200+ supportive housing units for formerly homeless and at-risk veterans, focusing on priority populations.



Wadsworth Chapel & Historic Fund

Total Cost: \$48,000,000 / Wadsworth Chapel: \$28,000,000

Ensure preservation, restoration and adaptive re-use of Wadsworth Chapel, in partnership with 1887 Fund.



Campus Services & Wellness Fund

Total Cost: \$19,550,000 / Private need: \$19,550,000

Deliver wraparound services, career and enterprise programs, activities, amenities, community service integration.



Community Activation & Green Fund

Total Cost: \$75,000,000 / Private Need: \$3,400,000

Enhance infrastructure, transportation, wellness and green initiatives.



Greatest Needs Fund (Unrestricted)

Private need: \$10,000,000

Offer flexibility and deployment of resources to areas of need.



Endowment Fund

Private need: \$25,000,000

Ensure the long-term health and viability of the campus and services.

What's to Come in 2024



- **Construction:** 504 total units underway (with 37 more to begin in Spring 2024)
- **Connectivity and Mobility Improvements:** AHSC/ IIG
- **Phase 2 Predevelopment:** VA Building 408
- **Fundraising:** Veterans Promise Campaign
- **Advocacy:** Campus Improvement Act 2.0
- **Backbone Implementation:** The Veterans Collective
- **Lease up:** 380 concurrent homes





THANK YOU



THOMAS SAFRAN
& ASSOCIATES



@VETERANSCLLTIV



/THEVETERANSCollective



WLAVC.ORG





Ryan Thompson	1:45 p.m.
Francisco Juarez	1:50 p.m.
Jeffrey Powers	1:55 p.m.
Erik Hoffman	2:00 p.m.
Janelle Hoffman	2:05 p.m.
Jerry Orlemann	2:10 p.m.
Sennett Devermont	2:15 p.m.
Anthony Allman	2:20 p.m.
Sal Grammatico	2:25 p.m.
Earl Davenport	2:30 p.m.
Anthony Wimberly	2:35 p.m.
Mark A. James	2:40 p.m.

22nd VCOEB Registered Public Comment 1 February 2024

When the DFO turns his name card on its end, it signifies **1-minute** remaining

Jo Sornborger, PsyD

EXECUTIVE DIRECTOR, UCLA HEALTH OPERATION MEND

Bruce Kagan, MD

MEDICAL DIRECTOR

Walter Dunn

ASSOCIATE MEDICAL DIRECTOR

Katie Mann, LMFY

SUPERVISOR CASE MANAGER

Kathya Merchan, LSCW

VA LIAISON

Ben Johnson

DIRECTOR OF DEVELOPMENT

UCLA Health Operation Mend



Healing *the* Wounds *of* War

OPERATION MEND INTRODUCTIONS

- Kathryn Mann, LCSW

Operation Mend Case Management Team Supervisor

- Kathya Merchan, LCSW

Operation Mend VA Liaison

- Bruce Kagan, M.D., Ph.D.

Operation Mend Medical Director

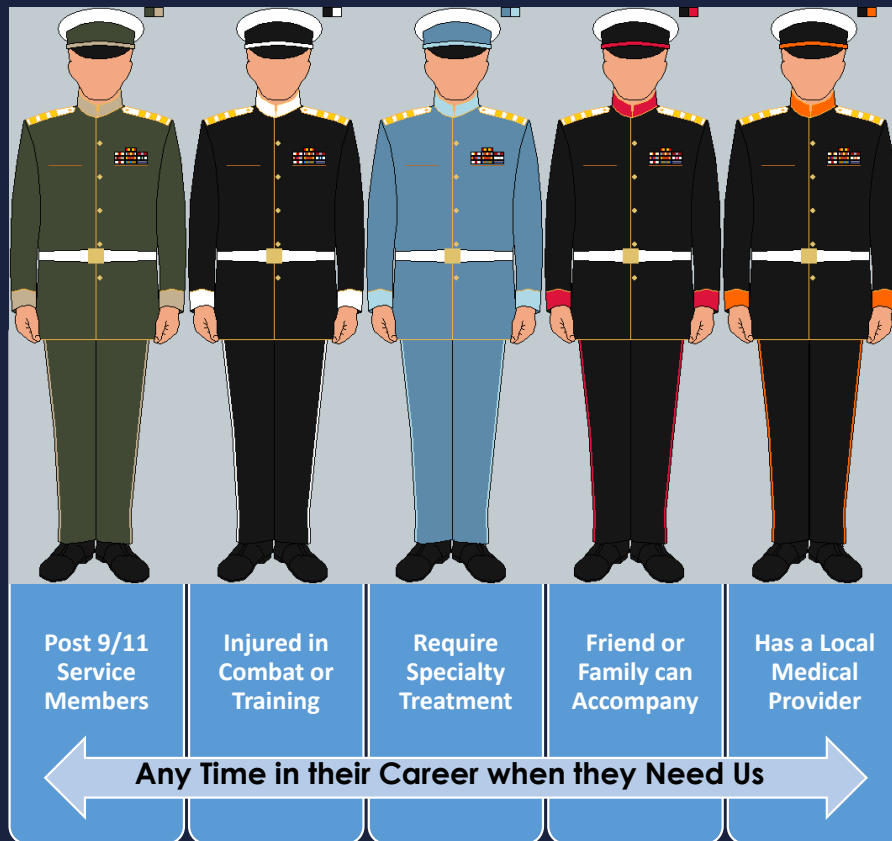
- Walter Dunn, M.D., Ph.D.

Operation Mend Associate Medical Director

- Ben Johnson

Operation Mend Director of Development

WHO WE SERVE



GOLD STANDARDS-all patients

- ★ Patients Accompanied by Family Member or Non-Medical Attendant
- ★ Individualized Care and Case Management
- ★ Specialty Surgical Care
- ★ Behavioral Health Screening
- ★ Psychological Health Care
- ★ Continuity of Care (VA, Local PCP)
- ★ Air and Ground Transportation
- ★ Housing at The Tiverton
- ★ Escort to Appointments, Procedures, and Airport
- ★ Community Engagement/Buddy Program
- ★ Connections to Resources/VSO's

TRACKS OF CARE

- Specialty Surgical Care (ongoing)
- Comprehensive Brain Health Diagnostic Evaluation & Treatment Assessment (1-week)
- Post-Traumatic Stress Intensive Treatment Program (2-weeks)
- Brain Health Intensive Treatment Program (2-weeks)

SPECIALTY SURGICAL CARE

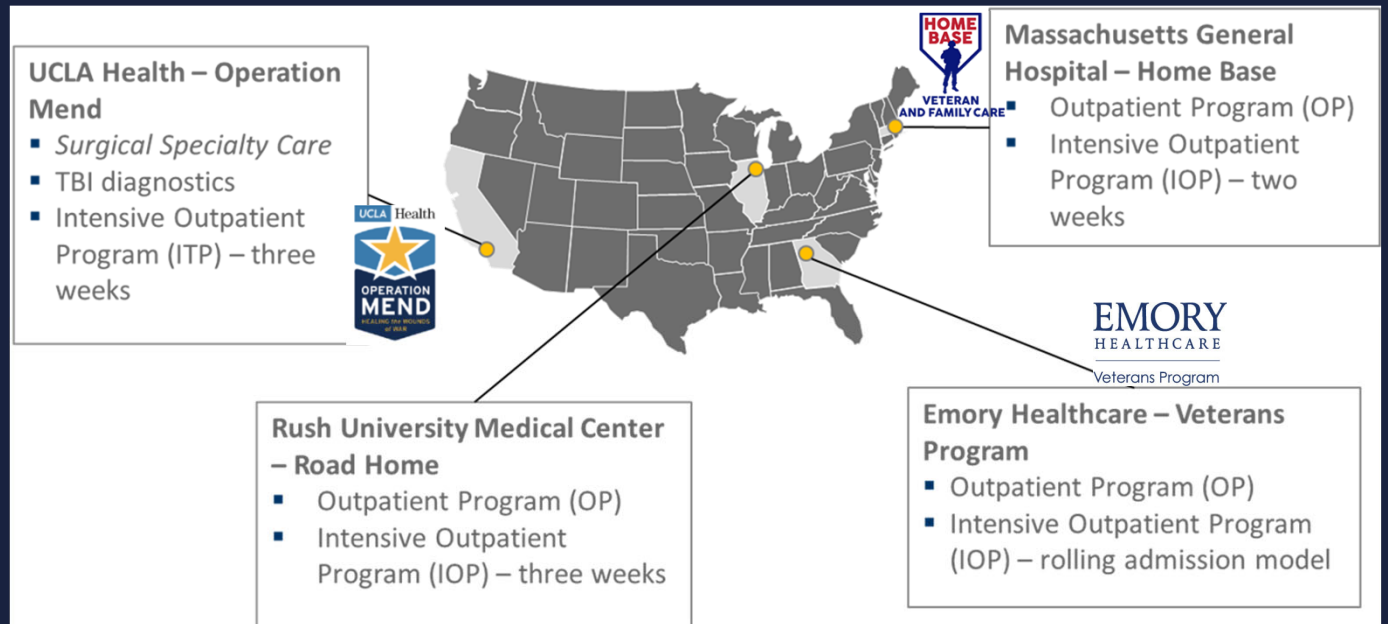
- Reconstructive Plastic Surgery
- Orthopaedic Surgery
- Maxillofacial/Dentistry and Prosthetics
- Neurology and Neurosurgery
- Spine Evaluations
- Ophthalmology and Oculoplastics
- Dermatology
- Seizure Disorder Evaluations
- Behavioral Health Screening
- Medical Tattooing
- Otolaryngology/ENT
- Urology
- Gastroenterology
- Case Management and Treatment Planning



WARRIOR CARE NETWORK



A National Network for Treatment of PTSD & TBI



EVALUATION AND TREATMENT PROGRAMS

- Comprehensive Diagnostic Evaluation for Intensive Treatment
 - Neurological and psychological evaluation over 5-days.
- Intensive Treatment Programs
 - PTS (Post-Traumatic Stress) - 2-week program
 - BRAIN-ITP (Balanced Recovery and Integrated Neuroscience) – 2 week program

FAMILY MEMBER/ CAREGIVER INVOLVEMENT

Surgical

- Accompanies warrior to appointments and assists with post-surgical care
- Behavioral Health Assessments
- Case Management
- No cost for travel and housing

Neuro-Assessment & Therapeutics (NAT)

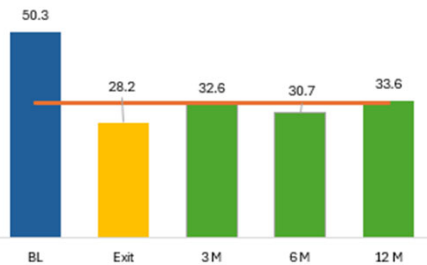
- Participates in evaluation
- Behavioral Health Assessments
- Case Management
- No cost for travel and housing

Treatment (ITP)

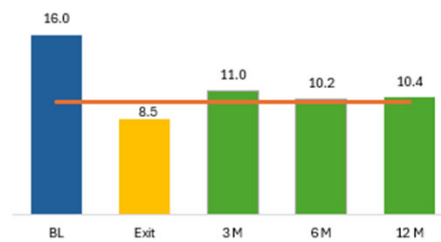
- Registered Patient (MRN)
- Caregiver Group
- Behavioral Health Assessments
- Case Management
- Resources/Referrals
- Transition Plan
- 3-, 6- & 12-month follow-up
- No cost for treatment, travel and housing

PTSD ITP Outcomes between June 2019 and September 2023

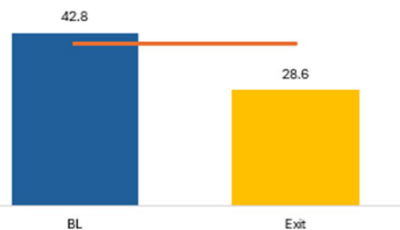
Decreased PTSD Symptoms
(PCL-5; Warriors, PTSD ITP)



Decreased Depression Symptoms
(PHQ-9; Warriors, PTSD ITP)



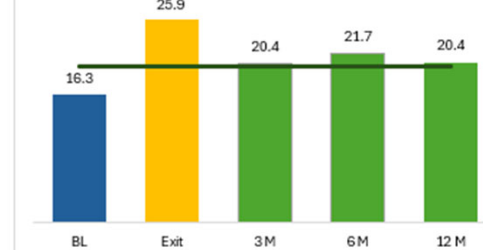
Decreased Post-Concussive Symptoms
(NSI; Warriors, PTSD ITP)



PHQ-9 1 - 4 = Minimal; 5 - 9 = Mild; 10 - 14 = Moderate; 15 - 19 = Mod Severe; 20 - 27 = Severe. Cutoff ≥ 10
PCL-5 0 - 18 = Minimal; 19 - 36 = Mild; 37 - 49 = Moderate; 50 - 80 = Severe. Cutoff ≥ 33 .
NSI 0 - 10 = Minimal; 11 - 19 = Mild; 20 - 39 = Moderate; 40 - 88 = Severe
Respondents must have baseline (BL) and exit to be included
Respondents in the 3, 6, and 12-month follow-up categories differ from term to term (group-level averages)
The numbers of respondents differs slightly across surveys

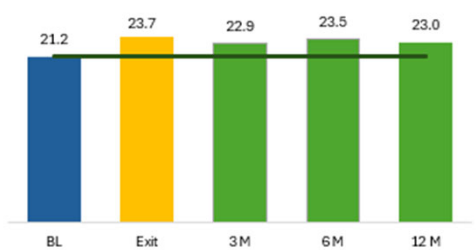
The time series is highly significant for the decrease in depression & PTSD symptoms; the difference between baseline and exit in the NSI is also highly significant

Increased Satisfaction w/ Participation
in Social Roles (PROMIS SF-8; PTSD ITP)



Notes Symptom Score Ranges: 8-20=Severe; 21-40=Mild
Higher scores equal higher satisfaction
Time series is highly significant for the increase

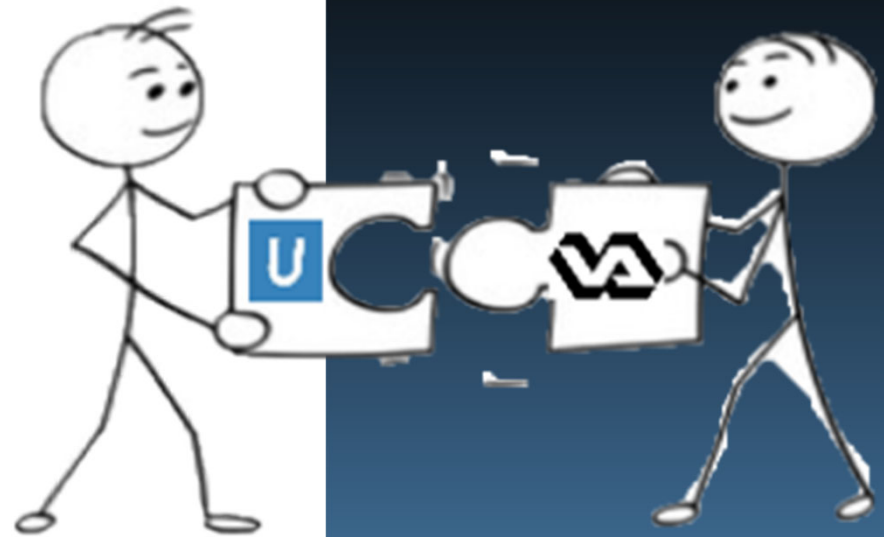
Increased Resilience
(CD-RISC; PTSD ITP)



Notes Higher scores equal higher resilience
Scores do not drop below baseline score
Time series is highly significant for the increase

WORKING TOGETHER

- VA and UCLA collaborate to provide veteran services
- Liaison and case managers oversee Military Treatment Referrals (MTF)
- Liaison maintains direct contact with home VA's and UCLA
- Transparency



VA LIAISON INVOLVEMENT

- Provides Operation Mend medical records to determine track of care
- Participates in interdisciplinary team meetings
- Participates in National Liaison meetings with VACO
- Meets 1:1 with veterans/caregivers for individual or group meetings (multiple times depending on care)
- Collaborates daily with Operation Mend Case Managers and M2VA Case Managers regarding services and referrals
- Collaborates daily with Operation Mend Patient Coordination team to complete ROIs, provide VA face sheets, medical records, etc.

VA LIAISON & CASE MANAGEMENT MEETINGS WITH VETERAN/CAREGIVER

- Discuss VA services (confirm connected with PCP, MH)
- Discuss any issues or concerns with home VA
- Discuss any services veteran would like to be referred
- Provide education regarding liaison role and VA (eg. VA is a teaching hospital)
- Provide education regarding *My healthvet*
- Provide education regarding VA and UCLA collaboration

BUDDY FAMILIES

“Having a buddy family has aided my recovery. It wasn’t like I was just stuck in a hotel room.” - ITP Warrior

- An extra layer of support during treatment.
- Designed to fill the warriors’ non-clinical needs.
- Opportunity to engage in activities beyond UCLA’s clinic and hotel walls.
- Opportunity for ITP participants to practice skills.
- The Buddy Family’s job is to make the warrior feel comfortable and to “be their family” while in Los Angeles.



Future Initiatives

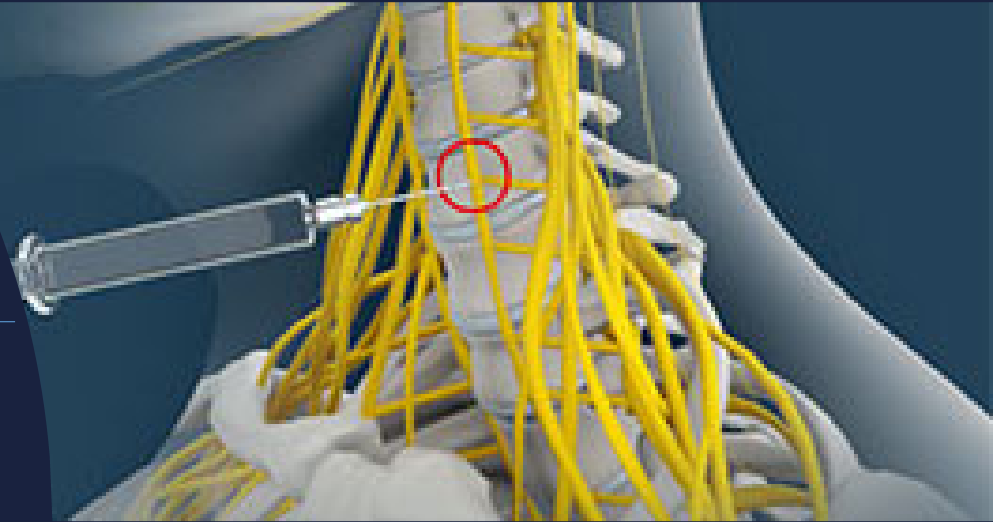
Integrated Therapeutics

- Limited efficacy with monotherapy
 - 30% remain symptomatic
- Clinical Practice- combining treatments
 - Medications + Therapy
- FDA Approved Treatments
 - Medications for Substance Abuse Disorders
 - Neuromodulation- Transcranial Magnetic Stimulation (TMS) for Obsessive-Compulsive Disorder



Future Initiatives Integrated Therapeutics

- Stellate Ganglion Block (SGB)- ITP Integration
 - Pilot program completed (n=17)
 - Additional studies and future implementation pending outcomes
- Psychedelic Based Treatments
 - MDMA-assisted therapy for PTSD
 - Funding proposals for MDMA-assisted therapy pilot program





THANK YOU



ULI STUDY PLACEHOLDER

SME



End of Day Wrap Up

ADJOURN

VCOEB Recommendations

TBD

BOARD MEMBER

TBD

BOARD MEMBER