

II. Housing and Services Needs

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A. Housing Analysis and Recommendations

Introduction

As described in Section V. Master Plan Development, the key purpose of the Draft Master Plan is to establish the most effective use of the campus for Veterans. Homeless Veterans, including aging Veterans, Veterans with high medical needs, female Veterans, aging Veterans, and Veterans suffering trauma as a result of military sexual trauma or domestic violence, are of particular focus. Further, as articulated in the Introduction section of the Draft Master Plan the Principles for Partnership necessitates VA to consider the availability of community housing beyond the GLA campus and then provide for appropriate levels of bridge housing and permanent supportive housing, utilizing the Housing First model on the campus. A core tenet of Housing First framework is respect for Veteran choice regarding whether to seek housing on the GLA campus or in the greater community. The Principles for Partnership also requires that the envisioned master plan to comply with applicable laws, codes, ordinances, and regulations, including those regarding the integration of disabled Veterans into the community, and those pertinent to the environmental and historic preservation. This section assesses the current and projected need for permanent supportive and bridge housing, as well as plans to address those needs.

Veteran Demographics and Demand for Housing

This section contains an overview of Veteran demographics in the GLA market, including the current and projected Veteran population in the region, the current and projected homeless Veteran population and a summary of the characteristics of the local homeless Veteran population.

Veterans in the Region, Current and Projected

The VA GLA Health Care System, of which the GLA Medical Center is a part, serves Veterans throughout Kern, Los Angeles, San Luis Obispo, Santa Barbara, and Ventura counties. Those counties collectively are home to about 435,000 Veterans. The GLA Healthcare System is a part of VA Network 22, which includes facilities in Los Angeles, Long Beach, San Diego, Loma Linda, and Las Vegas, Nevada. 70% of the Veterans in the GLA Healthcare System region live in Los Angeles County. Because many studies have found that most Veterans prefer to and do live in the communities from which they come, the estimates of housing needs to be met, in part, by the GLA campus, are based on the needs of those in Los Angeles County. VA projects that the number of Veterans in Los Angeles County will decline 32.7% from 301,821 in September, 2015 to 203,101 in September, 2025.

The Los Angeles County Veterans Study conducted by researchers at University of Southern California (USC) found that Veterans in Los Angeles County face some exceptional challenges. They found an unemployment rate of 24% for pre 9/11 Veterans and 28% for post 9/11 Veterans. Housing presented a particular challenge for Veterans transitioning out of the military: 40% of Los Angeles County Veterans did not have a permanent place to live when leaving the military. In the USC study, one in five (20.7%) post-9/11 Veterans and nearly one in three (29.7%) of pre-9/11 Veterans reported unstable housing, placing them at increased risk for future homelessness.

Homeless Veterans in the Region, Current and Projected

In January 2015, communities across the country conducted a "Point In Time" (PIT) count of homeless persons in their jurisdictions. Each community reports as a "Continuum of Care," or CoC. In Los Angeles there are four CoCs: Long Beach, Pasadena, Glendale, and the remainder of Los Angeles County, including the City of Los Angeles. In January, 2015, the Los

Angeles CoC reported counting 4,016 homeless Veterans, far more than any other CoC in the United States. For Los Angeles County as a whole, the number counted was 4,366. New York City, with 1,558 homeless Veterans, was a distant second. In 2015, Los Angeles County accounted for one in 11 of the homeless Veterans in America. Los Angeles County accounted for 88% of homeless Veterans in the five-county GLA Healthcare System service area.

According to a recent report by the Center on Budget and Policy Priorities in 2015, California accounts for 24% of the nation's homeless Veteran population, and VA and HUD data indicates that approximately 10% of the nation's Veteran homeless population is concentrated in the greater Los Angeles area. The GLA community also accounts for the highest numbers of Veterans returning from Iraq and Afghanistan, female Veterans, and chronically homeless Veterans in the nation.

In addition to having a large number of homeless Veterans, the Los Angeles area has a very high proportion of unsheltered homeless persons, including homeless Veterans. In the Los Angeles CoC in 2015, 68.8% of homeless Veterans surveyed lacked even a shelter bed, compared to 40% nationally.

In recent years, thanks to a large infusion of resources from HUD and VA, primarily in the form of vouchers under the Housing and Urban Development – Veterans Affairs Supported Housing (HUD-VASH) and the Supportive Services for Veteran Families (SSVF) programs, the number of homeless Veterans in the Los Angeles CoC has declined by 33% since 2009, comparable to a 35% decline nationally. The Los Angeles CoC will conduct another PIT Count in late January 2016.

Longer term projections are difficult because they depend on a complex array of factors that are difficult to predict. As the capacity and effectiveness of homelessness prevention and housing programs increase, one expects to see a further decline in the number of homeless Veterans in the region, albeit other factors – notably the sharp rise in housing costs – may slow progress. Similarly, Veterans are continuously both entering and leaving the ranks of the homeless. There are reasons to expect an increase in homelessness among post-9/11 Veterans, particularly those who served in Iraq and Afghanistan. The incidence of PTSD, traumatic brain injury, military sexual trauma, major depression and substance use disorders, often in combination, are all associated with increased risk of homelessness. The incidence of these conditions is higher among post-9/11 Veterans than any previous cohort. In addition, the poverty rate among Veterans ages 18-34 (11.8%) is higher than for Veterans ages 35-54 (8.5%) and is rising. As with non-Veterans, poverty is a major contributing factor to homelessness.

Characteristics of the Homeless Veteran Population in Los Angeles

The characteristics of the homeless Veteran population in Los Angeles can be gleaned from several sources. First, as part of the PIT count for the Los Angeles CoC in January 2015, the Los Angeles Homeless Services Authority conducted a demographic survey of a weighted sample of 3,077 homeless persons and families, including homeless Veterans. This sample was used to make projections regarding the characteristics of the 41,174 homeless persons in the CoC, of whom 4,016 (9.7%) self-identified as Veterans. Second, the GLA Medical Center's former Community Care Service provided information on the patients seen at the facility during FY2015, ending September 30, 2015. During that period, the GLA Medical Center saw 16,072 homeless or formerly homeless Veterans. Their average age was 54.4 years. Female Veterans accounted for 9% and OEF/OIF Veterans 11% of homeless Veterans seen in FY2015.

A large percentage of homeless Veterans are chronically homeless. In 2015, approximately

10.5% of chronically homeless persons surveyed in the PIT count were Veterans (or 32.4% of the homeless Veteran population, which equates to approx. 1,300 Veterans). More broadly, the Los Angeles CoC reported that in 2013, there were 7,475 chronically homeless individuals in the jurisdiction. For 2015, those numbers had risen to 12,356 chronically homeless individuals, an increase of 65% in two years.

Additionally, roughly 53% of new homeless Veteran intakes at the GLA Medical Center in 2015 met the federal definition of chronically homeless. Of Veterans seen at GLA Medical Center in FY2015, approximately 65% were either chronically homeless or had a significant mental health diagnosis and a history of homelessness. The difference between the PIT count and the VA administrative data reflects the sample bias owing to the serious health consequences of chronic homelessness and a resulting higher usage of VA medical facilities.

The GLA Medical Center reported that 70% of homeless patients seen had serious medical issues, such as diabetes, prolonged and complicated hypertension, Chronic Obstructive Pulmonary Disorder (COPD), arthritis, or other cardiac conditions that decrease their life expectancy and increase their risk for premature placement into nursing homes or other institutional care settings. Of the GLA Medical Center new intakes, 59% had behavioral health issues associated with psychiatric illness, substance abuse, or both. Co-morbidities of both health and behavioral health problems are common.

Homeless Veterans who are not chronically homeless face the same challenges as other homeless individuals whose homelessness was of shorter duration or who had, in federal parlance, no disabling condition. Among the greatest of these challenges is the mismatch between available income and the high and rising costs of rental housing in the Los Angeles area. In 2014, California had one of the highest Veteran unemployment rates (7.4%) in the country. A 2014 study by researchers at USC found that nearly a quarter of employed Veterans in Los Angeles County were earning less than the poverty level. At the same time, the median rent in 2015 for a 1-bedroom apartment in Los Angeles County was \$1,201 per month; which puts Los Angeles in the top 4% of the counties with the highest rent in the United States. Unemployment rates and housing costs will vary over time with the economy. The associated homelessness is also likely to be more transitory and variable, both at the individual and population levels. The prevalence of disabilities affecting an individual's ability to participate in the labor market is likely to remain stable and thus there is a high likelihood that the incidence of chronic homelessness will persist.

Overview of Housing for Veterans in GLA Market

Types of Housing

Veterans, including homeless Veterans, are competing for housing in an increasingly tight market in GLA where rental vacancy rates are less than 3%. Housing is at a premium in Los Angeles. There is a significant need for more affordable housing in this market and that the GLA Draft Master Plan is a critical component of the larger community's plan to end homelessness among Veterans.

The type of housing that a Veteran pursues in the GLA market depends on his or her unique needs and preferences. These housing types include, but are not limited to the following:

- **Private rental housing** is community-based housing unaffiliated with any social program.
- **Permanent supportive housing (PSH)** is long-term, community-based housing with supportive services for people experiencing or at risk of homelessness, including those with disabilities.

- **Transitional/bridge housing** is time-limited housing that aims to facilitate the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Veterans typically do not sign leases for transitional housing units.
- **Domiciliary** is a VA-operated residential short-term treatment program for Veterans with multiple and severe medical, mental health, addiction or other conditions.
- **Assisted living** is housing with services for the frail elderly and people with disabilities who can live independently but need assistance with activities of daily living.
- **Nursing homes** are residential care facilities for people who cannot live independently and require 24-hour care.

For purposes of this Draft Master Plan for the GLA campus, the housing types to be included are PSH, transitional/bridge housing, and the VA Domiciliary. These types of housing are best suited meet the needs of Veterans who may choose to live on the GLA campus. The Draft Master Plan does not include the California Veterans Home, which sits on land no longer owned or controlled by VA.

Permanent Supportive Housing

The focus in this Draft Master Plan on PSH is essential. Per the terms of the original grant of the land, housing on the GLA campus was and is intended to be used as a home for Veterans, or more specifically based on the 1888 deed, housing for “disabled volunteer soldiers.” The PSH focus is also consistent with the first ever Federal Strategic Plan; Opening Doors, which was originally signed in 2010 and then refreshed in 2015.

PSH is generally provided in one of two models. In the first model, often called “project-based supportive housing,” all or a significant proportion of the units in an apartment building are reserved for PSH and many of the supportive services are provided at or near the same location. In the second model, generally referred to as “scattered site supportive housing,” individuals live in housing units scattered throughout the community and the supportive services are provided by mobile providers visiting individuals in their apartments and/or limited on-site services. The operating and supportive services funding for PSH in either model generally comes from a variety of sources. A major source comes in the form of housing vouchers paid directly to the landlord or operator of the facility, through a program like the HUD-VASH or Housing Choice Voucher programs. In project-based supportive housing, the vouchers are assigned to the developer of the project, and serve as a funding stream that can be leveraged, in conjunction with other funding, to generate the capital needed for construction, rehabilitation, and operation of a PSH project.

Housing First Approach and Permanent Supportive Housing

Like other federal and community agencies, VA emphasizes a Housing First model, where the goal is to move a Veteran into housing as quickly as possible, with as few preconditions as possible. Housing First includes not only housing, but also individualized service support. Once housed, the Veteran is much more likely to be able to address any health or mental health problems he or she may have. This policy is based on evidence showing that homeless persons housed in restricted shelter and/or transitional housing programs achieve long-term housing stability at a much lower rate than those housed under a Housing First approach in PSH. Further, as shown in a recent study, communities that added relatively more PSH units over a six-year time period showed more significant decreases in chronic homelessness over time. Studies also indicate that Housing First is cost-effective and saves communities resources, by reducing use of costly emergency room services, unscheduled hospitalizations,

involvement with justice systems and other crisis services. There is substantial research documenting the effectiveness of Housing First. The program is endorsed by the United States Interagency Council on the Homeless (USICH), and is listed in the Substance Abuse and Mental Health Administration's *National Registry of Evidence Based Programs*. Additionally, the model has received recognition and numerous awards including the American Psychiatric Association's Gold Award for excellence in community mental health.

Housing/Rental and Rapid Re-Housing Assistance

It is important to note that Veterans have access to a limited set of housing/rental assistance resources that are not available to non-Veterans. For example, Veterans can access rental housing assistance through the HUD-VASH and SSVF programs.

While the HUD-VASH program is restricted to Veterans who were discharged or released from the military under conditions other than dishonorable, those Veterans who are ineligible for HUD-VASH may be eligible for other PSH. (Note: More information on the availability of HUD-VASH vouchers is providing later in this section). In particular, the Housing Authority of the City of Los Angeles (HACLA) has set aside a substantial number (500) of Housing Choice Vouchers (i.e., Section 8 vouchers) for Veterans not eligible for VA-funded PSH.

SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. The SSVF program is authorized by 38 U.S.C. 2044. SSVF represents an entirely new and wholly unique model for VA. It is the first and only VA program that provides services to Veterans and their families. It is a community-based, competitive grant program that rapidly re-houses homeless Veteran families, and prevents homelessness for those at imminent risk due to a housing crisis. Designed to play a critical role in the goal to end homelessness among Veterans, the focus of SSVF is housing stability. The program's objective is to achieve that stability through a short-term, focused intervention. Like HUD-VASH, SSVF employs a Housing First model. Housing First focuses on helping individuals and families access and sustain permanent rental housing as quickly as possible and without precondition, while facilitating access to those services that will help the Veteran's family keep their housing. SSVF providers focus on increasing income through employment and benefits, while addressing those issues that can interfere with Veteran's housing stability. Legal assistance, credit counseling, needed health care and other supports often play critical roles in sustaining permanent housing and improving quality of life.

SSVF is also different from some other VA programs, in that it provides services to the entire family, not just the Veteran. Eligible program participants may be single Veterans or families in which the head of household, or the spouse of the head of household, is a Veteran. This capability allows SSVF to provide assistance to family members that can aid the Veteran's entire household. For instance, SSVF can help a Veteran's disabled partner gain employment and/or benefits, bringing additional income into the household. Similarly, children can be linked to needed child care services that allow parents to seek and keep employment.

In addition to the required supportive services, SSVF emphasizes housing stabilization and helping Veterans develop a plan for preventing future housing instability. Grantees may also assist participants, by providing temporary financial assistance (TFA), including rental assistance, security or utility deposits, moving costs, or emergency supplies. TFA is paid directly to a third party on behalf of a Veteran for rental assistance, utility fee payment assistance, security or utility deposits, moving costs, child care, transportation, emergency supplies, emergency housing, and general housing assistance.

The greater Los Angeles has the largest number of SSVF providers in the country. Approximately \$62.3 million dollars have been awarded to those providers since the program's inception, to provide homelessness prevention and rapid rehousing services. The GLA Healthcare System's SSVF providers have served over 4,000 Veterans and Veteran families thus far.

Permanent Supportive Housing Supply

The availability of PSH in a community depends on the overall stock of such housing, the turnover rates of its occupants, and the number of homeless individuals who need, are eligible for, and will accept such housing. There is imperfect information about the latter two factors as discussed below, but the stock of PSH in the Los Angeles CoC has been determined with some precision by the Los Angeles Homeless Services Authority (LAHSA). LAHSA has compiled and reported to HUD on the inventory of all housing and shelter for homeless persons and families.

PSH Inventory Excluding Scattered-Site HUD-VASH Vouchers

In the 2015 housing inventory for the Los Angeles CoC, excluding scattered-site HUD-VASH vouchers (for which there is more recent data from other sources, discussed below), there were 4,364 PSH units for chronically homeless persons. 501 of those units were designated for Veterans. Apart from the PSH provided through the HUD-VASH program, the great majority of chronically homeless Veterans must compete with chronically homeless non-Veterans for available PSH units.

Scattered-Site HUD-VASH Vouchers

To date, the GLA Healthcare System has been awarded 5,800 HUD-VASH vouchers. At the end of December 31, 2015, approximately 4,900 of these vouchers were used to provide supportive housing to formerly homeless Veterans. Although HUD-VASH vouchers provide housing of unlimited duration, the annual housing retention rate has been approximately 85% (i.e., a "turnover" rate of about 15% per year). In other words, if all of the HUD-VASH vouchers allocated to GLA Healthcare System were in use, one would expect about 870 vouchers to be available to homeless Veterans each year.

As noted, however, at the end of December 31, 2015, approximately 900 HUD-VASH vouchers were unallocated. Part of this number is explained by the turnover process just described. But about half of these unused vouchers are a function of several other constraints on the use of HUD-VASH vouchers. The success of a HUD-VASH voucher is contingent on the Veteran finding an apartment that meets certain HUD criteria at a rental rate that is equal to or below the established voucher rental rate (see below for more information) and the landlord being willing to accept the voucher.

Attitudes of landlords vary of course, toward both Veterans and persons with disabilities, but this factor adversely impacts the available supply. Prospects are better if VA can provide assurances that VA will assist in resolving any problems that might arise during the tenancy.

The major constraint on supply, however, is the economics of the rental housing market for all prospective tenants. A HUD-VASH voucher pays the same as a Housing Choice (Section 8) Voucher, the amount of which is determined by a rental survey to determine what constitutes a "Fair Market Rent" (FMR) for apartments of varying sizes in the local market. HUD has determined that the FMR for the Los Angeles-Long Beach Metropolitan Area, and thus the standard voucher rate for FY2016, for a one room efficiency apartment in the City of Los Angeles is \$947 per month, or \$1,154 for a one bedroom apartment. Local officials can, and have, sought a 20% augmentation of the FMR based on local market conditions. This means

that the maximum monthly rental rates associated with HUD-VASH vouchers for an efficiency apartment or a one-bedroom apartment are \$1,136 and \$1,384, respectively. The establishment of an augmented FMR rate for a market does not guarantee that any particular number of apartments is available in such market at the FMR rates. Availability is a function of overall demand from all prospective renters and the turnover rate for units in the price range, among other factors. While there is little directly relevant available data on those points, there is very important circumstantial evidence that the availability is low. Over the past year, at any one time, between 750 and 1,000 homeless Veterans, with HUD-VASH vouchers in hand, have been unable to find an available unit and a willing landlord.

Another indicator of low availability is the time lapse between the date the Veteran receives a voucher, and the date she or he can move into an apartment. Although extensions can be requested, the HUD-VASH program assumes Veterans will be able to locate a unit within 120 days. As of December 2015, however, the average time from enrollment into housing was approximately 130 days. There are other reasons for these problems beyond the objective availability of units in the market. The lack of access to information and the costs of a housing search, particularly for formerly homeless Veterans with limited transportation access to look for housing across a very large geographic area, also play a role. VA has contracted with a housing search provider to assist Veterans with the information gap and increase outreach to landlords, but the number of unusable HUD-VASH vouchers has continued to remain high and the lag time from voucher to lease, much longer than in most rental markets.

Role of Housing Choice in Supply Analysis

A final consideration in how the supply of existing PSH units affects the need for GLA campus housing is the core principle of Veteran choice as to where he or she lives. As a matter of preference, most Veterans will prefer to live in the communities from which they come or with which they are familiar. The goal of scattered-site PSH is not merely to provide long-term shelter, but also to provide stability and increase the ability of a Veteran to build upon pre-existing social networks. The stability and social support may help minimize the period of time that a Veteran will require supportive housing. Moving out of supportive housing into the private housing market is both a positive outcome for the Veteran and also makes enables the HUD-VASH voucher to be repurposed to another Veteran in need.

It is worth noting, however, that there is to some degree a mismatch between the location of the most affordable housing and the communities in which the social networks of Veterans are located. A recent search of the affordable housing database maintained by www.socialserv.com indicated that of the 66 rental locations listing efficiency or one bedroom vacancies affordable to and willing to accept a HUD-VASH voucher, 34 were in either the downtown/Skid Row or South Los Angeles neighborhoods of Los Angeles, or in Compton or Lynwood. While a significant number of homeless Veterans may come from or be familiar with these neighborhoods, it is not the case for all Veterans.

GLA Campus: Future Housing Needs Analysis

Role of the GLA Campus in Ending Veteran Homelessness in Los Angeles and the Country

Ending Veteran homelessness, in coordination with federal and community partners, is a top priority of the Obama administration, Congress, VA, state and local governments. In May 2010, this commitment was memorialized in Opening Doors, the first ever Federal Strategic Plan to prevent and end homelessness. At the core of Opening Doors is the principle that PSH is essential to achieving the mission and that evidence based practices like Housing First need to become common practices. Since the announcement of Opening Doors, which prioritizes the goal of ending Veteran homelessness, GLA has increased its engagement and partnership with federal and community partners to better address the needs of homeless Veterans and those at risk of homelessness. Since the implementation of the plan, there has been significant progress. However, California still has the nation's highest rate of homelessness, including chronic and Veteran homelessness.

The GLA Draft Master Plan presents an opportunity for VA and the community to significantly increase the supply of available PSH and other housing units for homeless and at-risk Veterans in the market.

Guiding Principles for Needs Analysis

In developing this Draft Master Plan and identifying the future estimated number of housing units to be located on the GLA campus, VA collected and reviewed available data, held conversations with numerous stakeholders, and in the absence of hard data in limited cases, made reasonable assumptions. A precise need for PSH on the GLA campus in future years cannot be easily specified.

In such cases of uncertainty, it is important to consider the consequences of either overestimating or underestimating the need. The consequences of an underestimate are that the Draft Master Plan may not allocate sufficient land for PSH development, and land that might have been so used will be committed to other uses (a change in which would be difficult or costly). This could result in the development of too few units of PSH on the campus to meet the Veteran need. The consequence of an overestimate is that the Draft Master Plan will allocate land for future PSH development that may have been better utilized for other purposes or that PSH for Veterans will be developed and will remain vacant for lack of Veteran need or interest.

Given VA's mission and the importance of ending Veteran homelessness, VA took a conservative approach to estimating the PSH need. VA consistently opted for higher estimates of needs, rather than lower ones throughout the analysis process. To effectively mitigate the risk of an overestimate of the future PSH need on the GLA campus, VA proposes to construct or rehabilitate the supportive housing in phases, so as to be able to modify plans as new information and projections become available. Future projections will become more accurate as VA and the community partners improve their information systems to track the variables that affect housing needs on the GLA campus, including the preferences of Veterans choosing housing either in the community or on the GLA campus.

Target Populations

A key purpose of the Draft Master Plan is to set out the effective use of the GLA campus for Veterans, particularly for homeless Veterans with a focus on the following three high need subpopulations: severely physically or mentally disabled Veterans, including chronically homeless Veterans; aging Veterans; and, female Veterans. The prevalence of chronic homelessness is high in these groups of Veterans. These populations were identified as

deserving particular but not exclusive focus for housing on the GLA campus in the aforementioned *Principles for Partnership*.

1) Severely Disabled Veterans, including Chronically Homeless Veterans

Homelessness, especially homelessness among Veterans, is associated with (and sometimes caused by) serious illness, both physical and mental. A national sample of Veteran users of Health Care for the Homeless clinics revealed the following prevalence rates, often in combination: heart disease (39.7%), depression (73%), PTSD (66.7%), anxiety disorders (73%), traumatic brain injury (17.5%), co-occurring mental illness and alcohol/substance abuse (55.6%), Hepatitis C (28.6%) and HIV/AIDS (12.7%). Depending on the acuity of these conditions, the stress associated with traveling to the GLA campus for treatment and therapy may be an insurmountable barrier.

2) Aging Veterans

Of those assessed and receiving care through the GLA Medical Center homeless programs, the average age was 54. The homeless Veteran population has been aging over time, in part because of the high rate of poverty among older Veterans and the aging of the Veteran population overall. Nationally, the poverty rate among Veterans ages 55-64 is 43.2%, rising to 48% for those Veterans over 65. In national samples, older (over 60) Veterans who are homeless have higher mortality rates and die 2.5 years earlier than non-homeless Veterans. Their suicide risk is double that of non-homeless Veterans. In the 2015 Los Angeles PIT count, 25% of homeless Veterans (approximately 1,000 Veterans) were 60 or older.

3) Female Veterans with and without Dependents

In the 2015 PIT data, 8.6% of homeless Veterans were female, effectively the same as the national percentage of 9% noted by VA data. One of the most significant risk factors for homelessness among women is trauma, including Military Sexual Trauma (MST) associated with a sexual assault during military service. A sample of homeless women Veterans in Los Angeles found that MST survivors were 4.4 times as likely to be homeless, compared to a matched sample of housed women Veterans. MST is not limited to women Veterans; however, men are much less likely to report it. Thirteen percent (13%) of respondents to a Department of Defense survey of MST survivors were men.

PSH Unit Projection and Phasing Plan

Based on all the foregoing, we believe it is reasonable to include in the current Draft Master Plan approximately 1,200 units of PSH on the GLA campus. Approximately 1,200 new PSH units on the GLA campus will significantly increase the supply of PSH units in the GLA market. The homeless Veteran and chronically homeless Veteran populations in GLA as of 2015 were 4,366 and approximately 1,300 respectively. Given the limited turnover and vacancy in the existing PSH stock, which includes the 4,364 units identified by the GLA CoC and the 5,800 HUD-VASH vouchers in circulation, the infusion of roughly 1,200 new PSH units has the potential to make a big impact. This planning analysis will be refreshed at least every three years utilizing the most current community and VA data available to establish current housing needs and supply targets.

In order to help meet the current and immediately foreseeable urgent need for additional PSH for Veterans to meet the national goal of ending Veteran homelessness, VA will begin facilitating the private development of approximately 490 units of PSH on the GLA campus and identify siting consistent with this plan for the remaining approximately 710 units. It is important to note that the average project size to receive a competitive award of Federal Low-Income Housing

Tax Credits in California from 2013 through 2015 was approximately 60 units, which would mean that the first phase of the Draft Master Plan would be equivalent to approximately eight separate PSH projects.

To address the immediate housing needs, VA will need to continue coordination with transitional housing providers to assist them in converting beds to bridge housing. These beds will provide more capacity to immediately aide Veterans exiting the streets and begin the process of securing and maintaining a home either on the GLA campus or in the community.

B. Proposed Veteran Services' Enhancements

Introduction

The GLA Medical Center, a Joint Commission accredited, complexity level 1a facility, is part of the larger GLA Healthcare System that serves Veterans in Kern, Los Angeles, San Luis Obispo, Santa Barbara, and Ventura counties. The GLA Medical Center is located in West Los Angeles, California and the outpatient clinics are located in Bakersfield, Downtown Los Angeles, Gardena, San Luis Obispo, Sepulveda, East Los Angeles, Lancaster, Oxnard, Santa Maria, and Santa Barbara (see Figure II-1 below).

Figure II-1: GLA Healthcare System Catchment Area



The GLA Healthcare System has 964 operating and authorized beds, over 5,000 employees, and an annual operating budget of approximately \$900 million. The GLA Healthcare System provides comprehensive acute, emergency, ambulatory, and tertiary care to Veterans, while also maintaining a strong medical education and research focus. It is also part of and serves Veterans from the Veterans Integrated Service Network (VISN) 22 - VA Desert Pacific Healthcare Network. VISN 22 is one of the larger VA Networks of healthcare within VA encompassing southern California and Arizona.

In FY 2015, GLA cared for just over 90,000 unique Veterans, including approximately 1,347,000 outpatient visits and 7,367 inpatient hospitalizations. The facilities provide state-of-the-art healthcare services for Veterans, including acute inpatient, outpatient, rehabilitation, residential, and long-term care. Comprehensive healthcare is provided to Veterans through a Patient Aligned Care Team (PACT) model with Primary Care-Mental Health Integration within the PACT. Specialty care services are available in all disciplines of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, and dentistry.

The GLA Medical Center also serves as a center for innovation and clinical education with one of the largest research programs within VHA and a wide range of academic affiliations encompassing nearly all clinical disciplines. In addition to these broad-ranging programs, The GLA Medical Center supports geriatric research, education, and care center and provides comprehensive geriatric care to meet the needs of aging Veterans. This support includes acute

rehabilitation beds, and long term Community Living Center (CLC) beds at both the GLA and Sepulveda campuses. GLA also provides comprehensive cancer care and radiation oncology services.

VA understands that service members encounter a series of needs as they transition out of the military. These include securing employment and housing, addressing physical or mental health issues and adjusting to civilian culture. The ease through which this transition is made has a profound impact on post-service well-being.

The following eleven categories of service are the focus of services to be provided on the campus in services-rich areas in order to optimize Veteran wellbeing:

- 1) Self-care instruction and volunteerism
- 2) Peer-support specialist services (including a concierge)
- 3) Family and caregiver support (including child-care)
- 4) Housing (emergency, triage, bridge, transitional and permanent)
- 5) Integrative (non-traditional, alternative) healthcare
- 6) Occupational therapy and healing arts
- 7) Forums for traditional and non-traditional spiritual practice
- 8) Education, vocational training and job placement
- 9) Benefits, financial coaching and a full range of legal services
- 10) On-site employment and entrepreneurship
- 11) Recreation (individual/team sports, entertainment and leisure)

Selected VA Programs and Services Available to Homeless Veterans

Ending Veteran homelessness, in coordination with stakeholders, including federal, state, and local authorities, Veterans, Veteran Service Organizations, the plaintiffs in the *Valentini* litigation, legislators, charitable organizations, and community partners, is a top priority of the Obama Administration and VA. To meet this challenge, VA launched a comprehensive, evidence-based and outcome-driven strategy. VA's strategy is consistent with Opening Doors (the Federal Strategic Plan to Prevent and End Homelessness), which calls for the adoption of partnerships among federal, state, and local governments, as well as service organizations, to increase access to stable, affordable housing—by prioritizing evidence-based services such as Housing First.

Transitional Housing

The majority of transitional housing units are in the community, but some are located on the GLA Medical Center campus. Some of these units are focused on rapid stabilization, and are utilized to help quickly transition a Veteran to permanent housing. These are called emergency housing or bridge housing units. The GLA Medical Center funds a number of emergency, transitional, and board and care housing programs on the campus.

Transitional housing generally lasts for a limited time period and is not considered the Veteran's permanent residence. The length of stay can range from weeks up to 24 months. The programs are focused on reconnecting Veterans to independent housing, healthcare services, and employment. While in the transitional housing, Veterans work on individual goals focused on housing, employment, savings, and self-determination. Currently, the GLA Medical Center funds more than 1,300 transitional housing units in the community, many of which are funded through VA's Homeless Providers Grant and

Per Diem Program (“Grant and Per Diem Program).

The Grant and Per Diem Program is a time-limited program that provides housing with supportive services to homeless Veterans as they transition from the streets back into the community. VA’s Grant and Per Diem Program funds VA’s public and non-profit partners who acquire and/or develop and operate the housing. The Grant and Per Diem Program provides a mechanism to assist public and non-profit private organizations in establishing and operating service- programs for homeless Veterans. VA awards capital grants and operational funding (per diem) and monitors the services provided to ensure the best quality of care.

VA offers the program as funding permits to community-based agencies providing transitional housing or service centers for homeless Veterans. Under the Capital Grant Component, VA may fund up to 65% of the project for the construction, acquisition, or renovation of facilities, or to purchase van(s) to provide outreach and services to homeless Veterans. Per Diem is available to grantees to help off-set operational expenses. Programs not seeking a Capital Grant may apply for Per Diem only under a separate announcement published in the Federal Register. The GLA Medical Center provides support for the largest Grant and Per Diem Program in the country with numerous non-profit community partners and approximately 1,100 operating beds at the end of FY 2015.

Domiciliary and Other Short-Term Treatment Programs

In addition to transitional housing and the Grant and Per Diem programs, VA provides short-term treatment services for homeless Veterans. The GLA campus is home to a 296-bed domiciliary program, which prioritizes treatment services to homeless Veterans with addiction, and co-occurring mental health and substance use treatment needs. Lengths of stays for these programs average approximately 120 days, and while in these programs, Veterans receive mental health and addiction services. Upon the conclusion of the program, VA staff assists with placing participating Veterans in housing and aftercare treatment programs.

A second type of short-term treatment located on the GLA campus is the 55-bed Compensated Work Therapy Transitional Residential (CWT/TR) Program. This program offers comprehensive psychosocial rehabilitation services, so that Veterans can develop sufficient skills, income, and natural supports to re-enter the work force, and live independently in the community. CWT/TR provides a stable residential environment, while providing Veterans with therapeutic support, employment services, and life skills training. The overarching goals are for Veterans to live and work at their highest levels of ability, and function in their environments of choice.

Permanent Supportive Housing, Rapid Re-Housing and Homelessness Prevention Programs

VA’s transformational effort to end Veteran homelessness has resulted in several new service models for homeless Veterans and Veterans at-risk of homelessness and their family members, most notably the Supportive Services for Veteran Families (SSVF) program, and a significant expansion of the Housing and Urban Development (HUD)-VA Supported Housing Program (HUD-VASH). These models promote a more person-centered and collaborative approach, which prioritizes connecting Veterans to permanent housing, healthcare, and other supportive services, including employment opportunities that promote sustainable income, greater community reintegration, and

improved quality of life. To support the goal of ending Veteran homelessness, VA not only provides core primary and specialty healthcare services, but also seeks out and provides specific homeless services to Veterans in need of assistance.

Homeless services have core functions that include: street outreach, rapid connections to housing, healthcare, jobs, and other supports that promote community reintegration. Street outreach is a fundamental component of the HUD-VASH program, in particular, where VA staff and non-VA Veteran peers, formerly homeless Veterans helping other homeless Veterans, social workers, and nurses, meets with homeless Veterans on the streets daily. Outreach staff also visit shelters to engage homeless and at-risk Veterans and connect them to healthcare, housing, and benefits as needed to end their homelessness.

A key aspect of outreach is to know the Veterans by name, to know their needs, and to engage them on a consistent basis. Sharing information across outreach teams and sites, using a Housing First approach to focus on permanent housing connections, and collaborating with other healthcare providers, community agencies, law enforcement, and justice programs, are all requirements of a successful outreach program. In order to maximize resources and to minimize the duration that a Veteran experiences homelessness, VA, in partnership with the GLA community, participates in a coordinated entry system, which matches individuals and households experiencing homelessness to appropriate housing and services, based on need.

HUD-VASH is a joint effort between HUD and VA to move Veterans and their families out of homelessness and into permanent housing. Within HUD-VASH, HUD provides housing assistance through its Housing Choice Voucher Program (Section 8), while VA provides case management and other supportive services to help Veterans obtain and maintain permanent housing. The program targets chronically homeless Veterans.

The SSVF Program represents a crucial component of VA's plan to prevent and end homelessness among Veterans. Operationalized in federal Fiscal Year 2012, SSVF is the first and only VA program that provides services to Veterans and their families. SSVF is a community-based, competitive grant program, which rapidly re-houses homeless Veteran families, and prevents homelessness for those at imminent risk due to a housing crisis. The program focuses on achieving housing stability through a short-term, customized intervention, using a time-limited case management approach.

SSVF services include help in locating housing, financial assistance to offset move-in costs or remediate rental arrears, landlord mediation services, financial management and credit counseling, support for child care and transportation, and assistance with accessing healthcare and other supports. SSVF employs a Housing First model, which prioritizes access to permanent rental housing as quickly as possible, without preconditions. SSVF providers concentrate on helping Veterans increase their income through employment and benefits, while addressing issues that can interfere with housing stability.

Since making the initial commitment to ending homelessness among Veterans, VA has developed a number of innovations based on the principle that the solution to homelessness is permanent housing with wrap-around supportive services. VA's service delivery system has become more accessible, community-based, and Veteran-focused, with a focus on meeting Veterans where they are and helping them to move

forward to improve their health and housing stability. VA now has a range of programs to connect homeless and at-risk Veterans with varying levels of need, to the housing and supports necessary to end or prevent their homelessness as quickly as possible. The revitalization of the GLA campus to include permanent supportive housing will help VA sustain these advances, and ensure that every Veteran in Los Angeles, particularly severely disabled, aging, and female Veterans, will have a place to call home.

Proposed Services' Enhancements

As VA revitalizes and reinvigorates the physical plan of the GLA campus, it must also add to the service plan both on the campus and in the community. The goal is to create a vibrant, welcoming, Veteran-focused, outcomes-driven model for Veterans and their families. The services must be strength-based, holistic, and aimed at helping the Veteran and the Veteran's family beyond the traditional medical models. Practically speaking, it means "how", "when" and "where" services are delivered must conform to the needs of the Veteran. This is particularly relevant for Veterans who are aging, disadvantaged, and suffering from chronic debilitating illnesses like schizophrenia and other psychotic disorders, Post-Traumatic Stress Disorder (PTSD), addictions and/or other medical complications that compromise the Veteran's quality of life. It is particularly relevant for female Veterans who need designated space and services to address their unique healthcare and preventative healthcare needs. The campus must also have capacity to address the wellbeing and preventative care concerns of younger veterans transitioning back to civilian life by addressing their employment, educational, familial and other reintegration issues.

Services must also be delivered in partnership with VA's academic affiliates, including UCLA, and other VA partners who have expertise in caring for homeless and other vulnerable Veteran populations. As part of the service enhancements, it will be critical to create improved access processes through not only more effective staff and volunteer efforts, but also through a resource center and the use of Veteran peer supports (concierges) that improves the ease with which various parts of the campus can be navigated.

Permanent Supportive Housing and Associated Services

The most critical addition to the campus and in the community is the addition of Permanent Supportive Housing (PSH) on the campus, targeting the most needy, most vulnerable Veterans. PSH is critically needed in the GLA area. Market-rate housing has a reported 3% vacancy rate, which means Veterans who are able to afford market rates (on their own or with the HUD-VASH program) have a difficult time finding housing. PSH on campus would be most beneficial for Veterans who utilize a high number of health/behavioral health services. These sub-groups include chronically homeless Veterans that are aging with disabilities, homeless female Veterans with dependents, and Veterans with physical illnesses, mental health disorders, and substance abuse disorders.

Veterans with fewer health and service needs are likely to self-select housing in the greater LA community through the existing HUD-VASH program. Most of the housing on campus should be designed for single adults, with the possibility of some family housing for adult Veterans with spouses and/or minor dependent children. PSH units would likely be best situated in the outlying areas of the north campus, where they could look and feel like a neighborhood.

Veterans and service providers both identified a number of supportive services as being important for the campus. For Veterans housed in PSH on campus, certain supportive services are best located in the same buildings or neighborhoods as the residences (site-based services), and other services are more appropriately accessed on campus -- in the areas designated for services/programming (campus-based services). As in the larger community, the goal is that Veterans will leave their residence and take transportation to their appointments for campus-based services.

Figure II-2: Actual VA EUL Permanent Supportive Housing Facility



Site-based or neighborhood based services may be included in the same building as the PSH units. Such services could include, but would not be limited to: case management; a medical home model assisting Veterans with activities of daily living, medication compliance, making and keeping medical and mental health appointments; making transportation arrangements; money management; conflict resolution; leisure time planning; and, wellness and recovery planning. As Veterans move toward greater independence, they will rely less on case managers for coordination of care. It should be noted that Veterans with serious and persistent mental illness may need ongoing and proactive case management to maintain and achieve their recovery goals. That is why it is important for case managers to be easily accessible in the residential neighborhoods.

It is important to note that VA does not currently have legislative authority to provide permanent supportive housing on the GLA campus. However, in support of VA's efforts to revitalize the campus and allow VA to partner with non-federal entities to provide permanent supportive housing, Senator Dianne Feinstein and Congressman Ted Lieu recently introduced a bill titled the "Los Angeles Homeless Veterans Leasing

Act of 2015.” (S. 2013 and HR 3484, respectively). If enacted, it will enable VA to enter into Veteran-focused lease agreements with housing providers, local government entities, community partners, and non-profits, to provide supportive housing and services for Veterans and their families on the GLA campus.

Veteran Family Well-Being Center

Veterans living on and visiting the campus will also need access to additional campus-based clinical services. A new service being developed by VA in partnership with UCLA is a Veteran Family Well-Being Center (Center). Recognizing that Veterans today include more Veterans with families and children who have distinctive wounds of war, as well as aging Veterans with greater need for caregivers or other social support, the Center will be a one-stop entrance for Veterans. This will enable Veterans and their families to access specialized resiliency and well-being supports and alternative healthcare services to promote healthier family functioning and community engagement.

The Center will focus on reintegration and recovery challenges, as well as a variety of proactive health services, such as nutrition, exercise, stress management, mind body activities, and other preventive strategies that promote physical and emotional well-being. The Center will also provide respite and other supportive services to assist Veterans families coping with aging and physical, emotional, and cognitive impairments, which can impact coping capabilities. The Center will have access to social workers and a Peer Specialist, and other supportive services will be available to address needs, such as crisis response, benefits assistance, financial coaching, and educational and child development services. These supports will promote healthier Veteran and family dynamics, and improved housing stability and community engagement. The Center will also collaborate with a legal clinic operated by UCLA, and a VA benefits office that connects Veterans to needed services, benefits, and discharge upgrades.

Expanded Mental Health and Addiction Services

VA will also expand mental health and addiction services, with the concentration of programs focused on the psycho social problems of homeless and disadvantaged Veterans. This will include Veterans suffering from traumatic brain injury, emotional and physical trauma, PTSD, addictions and other mental health conditions that increase their risk of housing instability, and decrease their emotional, relational, and employment functioning.

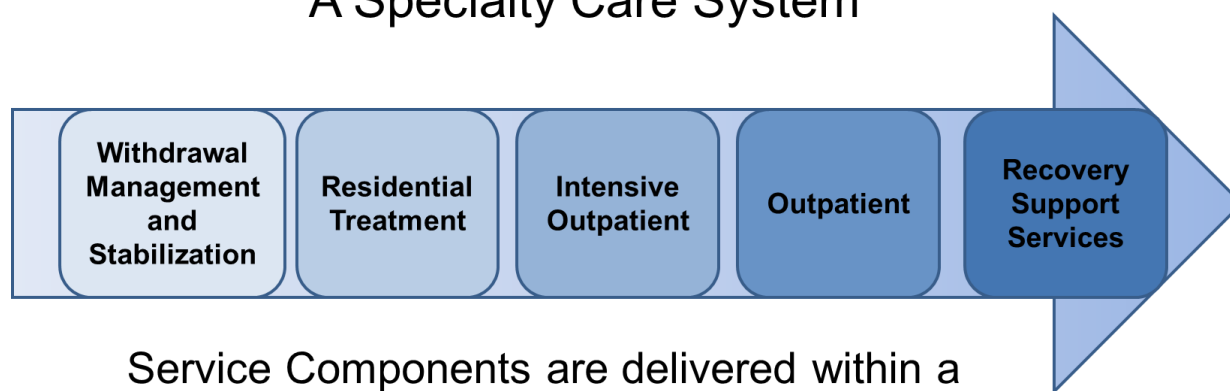
The GLA Medical Center will also offer a program being developed in conjunction with the VA-UCLA partnership to provide an expanded spectrum of services for Veteran populations who suffer from addiction and/or other mental health disorders. This program will connect Veterans to healthcare, housing, employment, and other services and at the same time, focus early identification, rapid engagement, and the delivery of recovery-oriented care for Veterans who have both mental health and addiction treatment needs. The partnership will help to integrate into every aspect of the service delivery model a focus on early identification, rapid engagement, and the delivery of individualized, Veteran-focused recovery-oriented care, which promotes symptom stabilization and assists the Veteran to achieve their greatest potential in all aspects of life.

Treatment for addictions will take place within a spectrum of care that includes

screening, diagnosis, and assessment; active treatment, including stabilization, early recovery treatment, and management of comorbidities (such as mental and medical illness especially chronic pain and opioid dependence); and continuing engagement as part of a longer-term chronic care plan. Services may include: medical detox, short-term residential treatment, intensive outpatient care, and aftercare. These services will be individualized to meet the Veterans’ needs, and to promote greater integration in the community. As part of this expansion, we will increase the use of peer support specialists and addiction counselors, and develop a program to provide services on the campus and in the community.

Figure II-3: Substance Abuse Disorder (SUD) Continuum of Care

The Substance Abuse Disorder (SUD): A Specialty Care System



Service Components are delivered within a continuum of care that offers five different levels of care and links with mental health and social services

Veterans’ Education and Enterprise Center

Employment and job training are also critical components to the revitalization process. Once VA has the appropriate authority to add services along with housing to the campus, a priority will be the development of a Veterans’ Education and Enterprise Center (Enterprise Center) focused on jobs and skills development. The Enterprise Center will bring together VA and community resources in one location on campus to optimize training and employment opportunities for Veterans. It will be designed to create a learning environment that nurtures, empowers, and inspires Veterans with serious mental illness to develop hope, validate strengths, build social supports, learn skills, enhance community integration, and access meaningful employment. It will also be a resource for younger Veterans to engage in training opportunities for meaningful employment in the trades, software and computer industry, as well as the entertainment industry. The Enterprise Center will offer the opportunity for Veterans, staff and community partners to collaborate and plan for the individual success of each Veteran. The Enterprise Center is intended to galvanize the tremendous commitment to Veterans by our local businesses, non-profits, institutions of higher education, Veteran Service Organizations, our elected state officials, County Commissioners and our Los Angeles community partners, as well as our local citizens themselves. The

goal is to ensure that every Veteran using this facility has meaningful employment and sustainment, stable housing, and healing and balance in their lives.

It is important to note that VA does not currently have legislative authority to provide permanent supportive housing on the GLA campus. However, in support of VA's efforts to revitalize the campus and allow VA to partner with non-federal entities to provide permanent supportive housing, Senator Dianne Feinstein and Congressman Ted Lieu recently introduced a bill titled the "Los Angeles Homeless Veterans Leasing Act of 2015." (S. 2013 and HR 3484, respectively). If enacted, it will enable VA to enter into Veteran-focused lease agreements with housing providers, local government entities, community partners, and non-profits, to provide supportive housing and services for Veterans and their families on the GLA campus.

Additional Service Enhancements

Healthcare services are critical to the Veteran population and GLA will need to continue to provide Veterans with Patient Aligned Care Team (PACT) and Homeless Patient Aligned Care Team (H-PACT) services to meet both primary and specialty healthcare demands. H-PACT care is the "medical home" for homeless Veterans. The program serves as a conduit for treatment engagement and involvement in VA's Homeless Program, clinical services, and supports through a "no wrong door" policy. It is designed to provide the care necessary to keep Veterans in housing and prevent a return to homelessness. The H-PACT provides homeless Veterans with medical care, mental health services, case management, housing, and social services assistance. Such supports help them obtain and stay in permanent housing, thereby reducing emergency department use and unscheduled hospitalizations, while improving chronic disease management and housing stability.

While building living spaces and expanding healthcare services for homeless Veterans is the cornerstone of the overall Draft Master Plan, getting Veterans to utilize the campus and thrive requires a sense of community. Services must also include, educational, socialization, recreational, cultural/arts and spiritual components. Leadership will need to coordinate with the larger Veteran community to ensure that the abundant recreational facilities maintained by Brentwood School, UCLA (Jackie Robinson Stadium) and the Heroes Golf Course are ready resources for activities that promote health and wellness for the Veteran community. Through these resources Veterans will have access to baseball, basketball, tennis, track, weight training and more.

In that regard, VA plans to pursue Veteran-focused activities at the site of Jackie Robinson stadium and facilities at UCLA, so Veterans can attend UCLA baseball, football, basketball, and other athletic events, participate in Veteran softball and baseball leagues free of charge, and attend outdoor concerts and movie nights at the stadium. Similar opportunities will be pursued for Barrington Park. We also plan to explore ways Veterans can take courses and gain valuable career and job training experience through strategic partnerships with entities like UCLA, other affiliates, Home Depot, the Brentwood Community, local trade schools, and community colleges. We also plan to explore ways to enhance the Veterans' garden located on the GLA campus, so Veterans can grow produce for nourishment while gaining horticulture experience in a safe, social, serene, and peaceful environment.

In addition to the need for more social and recreational facilities, feedback from the

Veteran community noted a need for more formal and systemic therapeutic use of theater and arts programs. There was a desire to reinvigorate the Wadsworth and Brentwood Theaters for movie premieres, shows, plays, and other opportunities where Veterans could utilize the arts as a means to heal and better utilize formal creative and expressive therapies. This would also be an opportunity to better engage the larger arts and entertainment community in the Veteran mission.

C. Co-Located VA Programs and Services

Columbarium

The VA National Cemetery Administration (NCA) is planning to expand the Los Angeles National Cemetery, on approximately 13 acres of land located on the GLA Medical Center. The expansion area is located along Constitution Avenue, approximately 400 feet west of the main entrance to the Los Angeles National Cemetery, in Los Angeles County, California. Sepulveda Boulevard, a four-lane urban street, and an elevated section of the San Diego Freeway (Interstate 405) separate the proposed expansion area from the existing cemetery. Due to the limited acreage available in this densely developed area of southern California, the proposed cemetery expansion will consist of a columbarium-only burial option, to allow the cemetery to reopen under the new NCA "Urban Initiative Program". Under this program, the NCA will provide a limited burial option cemetery to Veterans in high-density urban areas. Development of the initial phase will consist of columbaria inurnment sites and memorial walls expected to be sufficient for a period of 10 years. Full development of the site will occur in phases over time, in roughly 10-year increments, and is expected to provide at least 90 years of internment services.

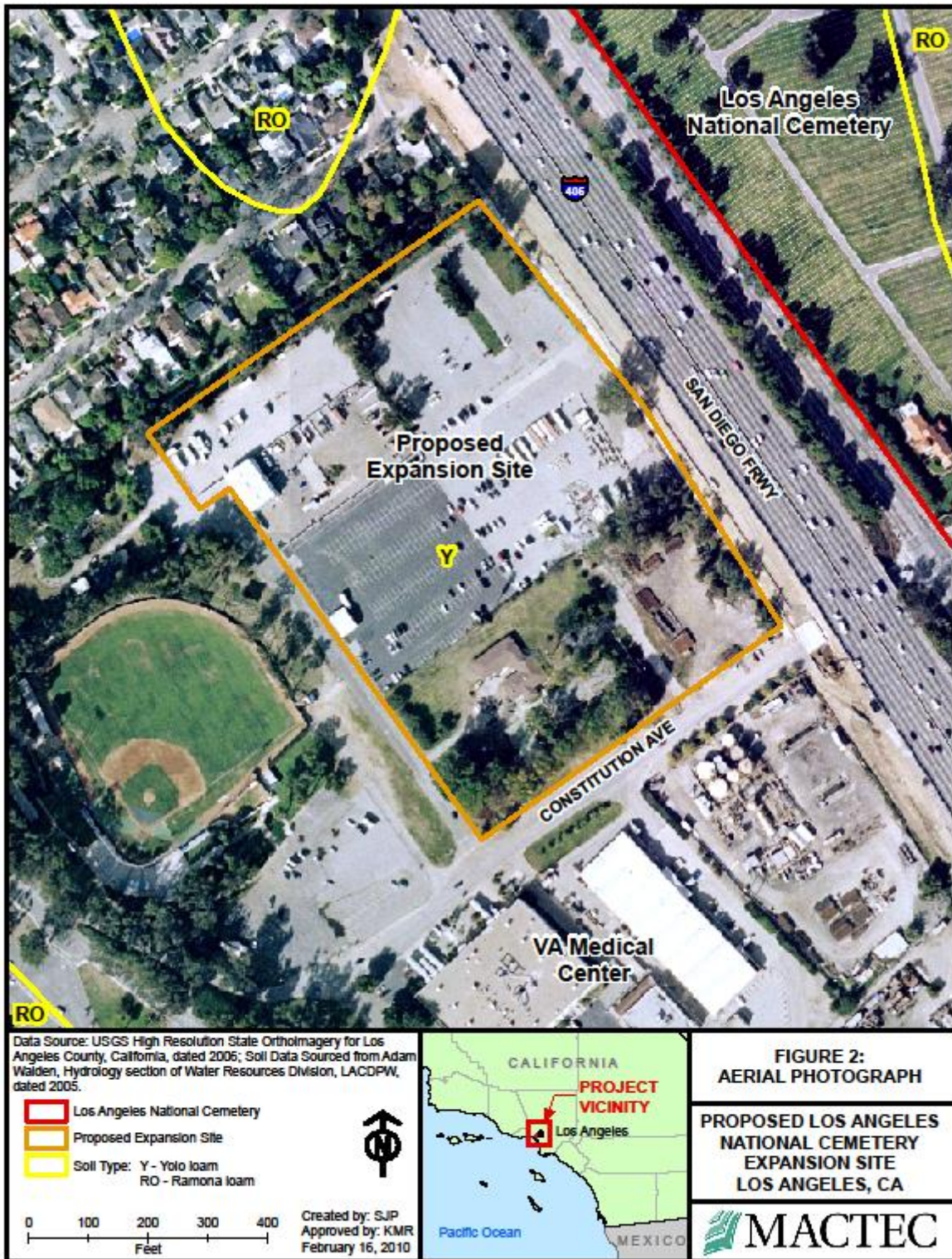
The initial phase of the project will include the construction of approximately 10,000 columbarium niches for cremated remains, as well as several memorial walls to commemorate veterans whose remains are unavailable for burial. In addition to the proposed columbarium and memorial walls, the project will also include the demolition and relocation of existing functions at the expansion property, construction of an entrance feature, perimeter fencing, and associated infrastructure (roadways, irrigation, landscaping, etc.).

The initial phase of the Columbarium will occupy approximately 6 acres of the 13-acre site. The second phase will see the completion of an additional 10-year build of columbaria and the remaining infrastructure necessary to support all the subsequent phases of the project over the 90-year projected lifecycle. Subsequent columbaria phases are planned to occur at 10-year intervals, but will be monitored and managed by NCA to adjust those expansion plans as required during the project lifecycle to meet demand.

Figure II-4: Large Scale Map Showing Cemetery Expansion Area (Orange Outline Red Star)



Figure II-5: Smaller Scale Map Showing Cemetery Expansion Area



Veterans Benefits Administration

The Veterans Benefit Administration (VBA), which is responsible for providing Disability Compensation, Home Loans, Vocational Rehabilitation and Education, Life Insurance, Pension Benefits and Fiduciary Services has a Regional Office in Los Angeles which provides benefits for the counties of Inyo, Kern, Los Angeles, San Bernardino, San Luis Obispo, Santa Barbara, and Ventura. This division is also responsible for determining eligibility for certain benefits and services provided by Insurance, Vocational Rehabilitation (to include Orange County), Loan Guaranty, the Veterans Health Administration, and the National Cemetery Administration.

Figure II-6: Los Angeles Regional Office Data

| | |
|---|----------------------|
| Veterans Receiving Compensation | 102,115 |
| Veterans Receiving Pension | 3,061 |
| Total | 105,176 |
| Widows/Parents/Children Receiving DIC | 1,268 |
| Widows/Children Receiving Death Pension | 907 |
| Total | 2,175 |
| Total C&P Benefits Paid Annually | \$120,078,959 |

The Regional Office is currently located in a General Services Administration (GSA) building. In an effort to provide continuity of VA services, the VBA Regional Office will re-locate to the GLA campus. This relocation will allow VBA employees who administer benefits to be where the Veterans are, and will contribute to the notion of providing Veterans with a one-stop-shop on the campus. Additionally, this relocation will facilitate greater collaboration between VBA and VHA, which ultimately improves service to our Veterans.

D. Connecting and Building the Veteran Community

Vision and Objectives of the Draft Master Plan

VA's 'Blue Print for Excellence' (http://www.va.gov/HEALTH/docs/VHA_Blueprint_for_Excellence.pdf), and VA's 'I-CARE' values (<http://www.va.gov/icare/>) are the foundation for this Draft Master Plan. Key principles and focal points of the Blue Print for Excellence and I-CARE values include VA: improving performance; promoting a positive culture of service; advancing healthcare innovation for veterans; increasing operational effectiveness and accountability; and ensuring that the Veteran is in control of how, when, and where he or she receives care and services. Veteran preference and Veteran choice regarding housing and services are essential to building the new GLA Veteran community.

These principles and values are evident in VA's unequivocal priority to operate the campus as a vibrant, welcoming, and sustainable community where all Veterans – including homeless, severely disabled, female Veterans, and elderly Veterans will feel comfortable accessing, living, interacting, recreating, and socializing with one another, their families, VA personnel, and visitors. VA's intent is to transform the GLA campus into a vibrant community where all Veterans can receive healthcare, benefits, employment, and other supportive services, which they deserve and to which they are entitled. A key purpose of the Draft Master Plan is to help VA determine (based on input from pertinent stakeholders including other federal agencies, state and local authorities, including the City of Los Angeles, and surrounding counties; legislators; Veterans and Veteran Service Organizations; the former Plaintiffs in the *Valentini v. McDonald* litigation; and the local community) how best to utilize the GLA campus in a Veteran- focused manner. That vision includes efficient and dedicated functionality whereby Veterans visiting the campus would be able to experience a "gold standard" of care, support, convenience, and customer service, from VA's health, benefits, and cemetery administrations.

The vision also includes significant and adequate levels of permanent supportive housing and transitional/bridge housing, with short-term treatment services available to provide state-of-the-art primary care, mental health, and addiction services. Such housing shall be structured based on state-of-the-art homelessness prevention and urban planning sciences, consistent with best practices and evidence-based approaches under the Housing First model. VA's objective under that model is for Veterans to have an attractive choice of whether to pursue housing on or off the GLA campus, while noting permanent housing on the GLA campus is intended for the most needy, most vulnerable Veterans. The housing will be carefully planned to help ensure a safe, dignified community environment. The housing will function effectively in its own right, and in coordination with the other care and services provided on the GLA campus and in the GLA area. As we proceed, we will continue to actively interact and build relationships with the Veteran community, including engagement with Veteran Service Organizations, government and nongovernmental organizations, the state, city, county, faith-based organizations, private sector organizations, philanthropic organizations, local neighborhoods, and many other individuals, organizations and stakeholders who advocate for Veterans. The intent is not only for the campus to be a 21st century healthcare facility and a home, but also to attract all Veterans and assist them with their reintegration into the community.

To accomplish this vision, we will reach out to Veterans through public service

announcements; positive relationships with Veteran Service Organizations, Military Service Organizations, and other organizations that can help us reach Veterans; effective use of public affairs and social media, and a close and constant dialogue with Veterans. During the last year, we have heard from Veterans about the areas in which we must improve. VA takes this feedback seriously, and we are already changing many of our practices, policies, and procedures, instituting constant introspection, assessment, revalidation, and review. VA must be held accountable for actions and must work to achieve real-time measurements for customer satisfaction, and keep all lines of communications open in order to achieve sustained, long-term success.