

**22nd Veterans Community Oversight and Engagement Board (VCOEB)
Federal Advisory Committee (FAC)**

**Day 1
January 31, 2024**

VCOEB Board Members Present

Chairman Rob Begland
BG (Ret.) Loree Sutton (Vice Chair)
Christine Barrie (virtual)
Aimee Bravo (virtual)
Keith Boylan
Nicole Branca
Michael Canfield
Stephanie Cohen
Samuel Homes
Sarah Hunter
Dr. Patricia Nwajuaku
Beth Sandor
Dr. Johnathan Sherin
Dylan Tete
Shawn VanDiver
Dave Weiner
Dr. Mark Wellisch
Jim Zenner

VCOEB Board Members Absent

Jennifer Marshall
Dennis Tucker

Employees and Staff Present

John Boerstler (VEO Chief Officer)
Meg Kabat
Eugene Skinner (DFO)
Chi Szeto (Alternate DFO)
Steve Braverman
Rob Merchant
Dr. Keith Harris
John Kuhn
Alan Trinh
Jeffrey Moragne
Fiona Hwang (virtual)
Sally Hammitt
Joseph Friddle
Dr. Frederick White
Chelsea Black
Andrew Strain

Brett Simms
Anna Lopez
Tahina Montoya
Kristin Grotecloss
Robert Davenport
De Carol Smith
Maggie Walsh (Contractor)
Shilpa Desai (Contractor)
Alfred Flores (virtual Contractor)
Cyndee Costello (virtual Contractor)
Lori Moore
Merrill Goldstein

Public Attendees (In-person)

Kyle Olermann
Gen Yoshimaro
Anthony Allman
Janet Turner
Erik Hoffman
Tess Banko
Howard Hernandez
Ben Perdue
Janet Turner

Virtual Attendees

Aimee Pila-Bravo (Board Member)
Daniel Baez (WMC)
Heather Salazar
Rob McKenrick
Tess Banko
Tony DeFrancesco
Robyn Murfin
Angell Bolden-Green
Juan Hernandez (UCLA-VIP)
John Alfred
Marshall Roberto
Iona Huang
Andrew Strain
Huda Mohammed S.
Haymish Khan
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Day 1, 31 January 2024	
<p>Call to Order, Robert Begland, Chair, Veterans Community Oversight and Engagement Board</p> <p>Eugene Skinner, Designated Federal Officer</p>	<p>Chairman Begland called the meeting to order. He welcomed the new board members and explained the ethics training they must receive before becoming a member of the board. He gave the floor to Mr. Skinner</p> <p>Mr. Skinner explained the rules of engagement:</p> <ul style="list-style-type: none"> • Hold questions until the end of the presentations, • Chair will ask for questions and/or comments throughout the meeting, • He exemplified the name plaques to ask questions, • Before speaking, please state your name for those taking meeting minutes. <p>He also asked board members who are virtual to raise their hand to speak and they will be unmuted. He also explained that the mic's are hot so the board should be mindful of side conversations.</p>
<p>Opening Remarks, John Boerstler, Chief, Veterans Experience Office</p>	<p>Mr. Boerstler introduced himself as executive sponsor for the committee. He thanked and welcomed the new members. He also apologized for having to step out for a meeting with the Secretary but will be back after. He thanked Rob and Lori for their leadership. He also said the committee was picked to carry on and improve the campus. He mentioned it is a collaborative committee and the goal is to advise the secretary on how to use this land.</p>
<p>Jefferey Moragne Director, Advisory Committee Management Office</p>	<p>He has been in the position for ten years overseeing the federal advisory committees VA has (27).</p> <ul style="list-style-type: none"> • Teaches FACA 101 (and know the boundaries as a committee member), • This committee 65%-70% success rate for recommendations, wants to get it up to 90% <p>Mr. Moragne gave a brief history of Federal Advisory Committee (Federal Advisory Committee Act.</p> <p>The accountable piece is huge.</p> <p>There are five elements to be legal:</p> <ul style="list-style-type: none"> • Signed/filed charter, • Designated Federal Officer (DFO) and an alternative Designated Federal Officer—they must be present every time the committee meets. • Public meetings with agenda announced in Federal Register 15 days in advance of the meeting, content must stay the same, • Balanced memberships when recruiting, • Records maintained and available for public inspections—everyone can have copies of the meeting minutes.

	<p>He explained that a quorum that is 50% plus 1 which means voting members, not non-voting and asked the members to work with the the DFO, Alternate DFO, Chair, and Vice Chair to make sure there is a quorum for every meeting.</p> <p>What constitutes a “closed” meeting? Closed meeting must meet a couple standards –</p> <ul style="list-style-type: none"> • A meeting that has proprietary information • Privacy information from a Veteran, family, caregiver, and/or survivor • It’s a conversation between leadership first. The DFO must make the case to him, he talks to the lawyers to make sure it’s legally sound (they will decide whether partially closed meeting is legal). • The legal process is important to go through. • As a parent committee or subcommittee can meet privately <ul style="list-style-type: none"> ○ Prep work (administrative meeting, travel, administration work) ○ Don’t talk about recommendations privately. • If you are speaking to a group, you can speak as a private citizen. <ul style="list-style-type: none"> ○ Don’t talk about recommendations. ○ Talk to VA about how to speak as a private citizen, • Mr. Moragne said some best practices are to: <ul style="list-style-type: none"> ○ manage calendar (preferably 18 months in advanced) ○ know your role (read charter and committee members handbook), subcommittees (and consider new subcommittees), ○ meeting mechanics and how meetings are designed (time between briefings to ask questions), ○ cross committee collaborations, ○ SMART goals (use SMART template to achieve better goals, recommendations), ○ VA Library Services (ask DFO and use for research, Subject Matter Experts, etc.) ○ Annual field visits (travel to DC) ○ FACA and ethics questions, please ask DFO and ask (we are designed to answer your questions) <p>Mr. Moragne thanked the administration and the committee for their expertise. He said he would be around to answer questions.</p> <p>Mr. Skinner recognized the new committee members and asked them to receive their certificate. He also asked for the new members to take a picture with Mr. Boerstler for the website.</p>
<p>Opening Remarks, Ms. Margaret (Meg) Kabat, Principal Senior Advisor, Office of the</p>	<p>Mr. Begland introduced Meg Kabat as the Principal Advisor to the Secretary.</p> <p>Ms. Kabat thanked the board and said she was excited to get to know the members. She is a social worker by training, she said this was not an easy</p>

<p>Secretary of Veterans Affairs</p>	<p>topic and expects some disagreements to get the best outcomes for Veterans and their families. She looks forward to meeting everyone individually.</p>
<p>Board Introductions, Mr. Rob Begland, Chair, and BG (Ret.) Loree Sutton, Vice Chair, Veterans Community Oversight and Engagement Board</p>	<p>Loree Sutton said it was a joy to be the Vice Chair of this group, she has served 30 years in the Army as a psychiatrist, grew up in California, and has been privileged to work with another board member, Nicole Branca, on homelessness in New York City. She is excited to continue the important work of this committee and looks forward to working with every committee member.</p> <p>Beth Sandor lives in Northeast Los Angeles and works with Build for Zero working with about 110 communities across the country to end homeless with multiple populations starting Veterans. She is excited to be a part of the team.</p> <p>Sam Holmes said he was excited to contribute to the conversations. He was the Program Officer for Veteran and Military Families, the mainstay onsite charitable trust. He focuses on providing grants on health equity and health justice in VA. He said he has spent the last 10 years of his career working on homelessness and he is excited to bring a different perspective to the committee.</p> <p>Mike Canfield is an army Veteran and a real estate developer in Orange County focused on market rate housing in the inland empire and Orange County. He wants to use his skills to help end Veteran homelessness.</p> <p>Dylan Tete is based in New Orleans and served as an infantryman, conducted operations in Iraq. He mentioned that New Orleans ended homelessness and he took it on himself to do something about traumatic brain injury. He initiated community to support warriors and their families. The model used was called intentional neighboring. It is going well although he stepped down from that role.</p> <p>Sarah Hunter works at the RAND corporation and has lived in west LA since 2000. She has observed the rise of homelessness in real time. She has worked in measuring substance treatment to improve service and delivery and integrated it with mental health care. She started working with supportive housing at Skid Row Housing Trust in downtown helping them improve service delivery and integrate behavior healthcare in their setting and measure it. She started performing evaluations on supportive housing. A few years ago, she had the opportunity to study Veterans specifically. Only three of the 25 Veterans she followed were able to find permanent supportive housing.</p> <p>David Weiner is the former VISN 22 Chief of Police. He has spent a lot of time on the campus. He retired in 2019 but then began working with first responders on how to deal with Veterans in an empathetic and</p>

compassionate manner and divert them from the criminal justice system to a system of care. He is grateful to be on the committee.

Nicole Branca is from New York City and has worked in housing and homeless for over 20 years, mostly in supportive housing. She has worked for various nonprofits and for the city government, which has ended chronic homelessness and reduced Veteran homelessness by 90%. She is happy to be back in the Veteran space and work with the committee. She also runs an organization called New Destiny Housing that is supportive housing for survivors of domestic violence in New York.

Patricia is a on faculty at UCLA and is an anesthesiologist. She also works part-time at VA and full time at UCLA. Just over a year ago, she became the Medical Director of Anesthesiology at Martin Luther King Hospital in south Los Angeles. She does a lot of health equity within that space. She was on active duty in the Air Force.

Mr. Begland welcomed all the new committee members and said their backgrounds were impressive.

Mr. Moragne interrupted saying he wanted to make it clear the difference between board members and invited guests. Board members can vote on the recommendations but invited guests cannot. They can make comments, and recommend something different, but they cannot vote. He wanted to clarify because there are many members of the public here in person and virtually, and it could get confusing.

Mr. Begland said a good example is Keith Harris. He is an expert in his field and the board can ask him questions and even get his opinion on a recommendation but cannot vote. There are 15 voting members and 5 non-voting members. Three years ago, he was a new board member, too. He understands there is a lot of information, so he printed up the committee's past recommendations and the Secretary's response to each. He believes the Committee is focused on the right issues. He also believes it's important for the committee to know the agency's response is sent to Congress (Veterans Affairs Committees) and much of what the board is doing here is novel and hasn't been done before. He encouraged the committee to read through the binder.

BG (Ret.) Loree Sutton recommended that the current board introduce themselves, just not the new members. The Chairman concurred.

Jim Zenner is the Director of LA County Department of Military and Veteran Affairs. He is an Army Veteran and was in the striker brigade 110. He is a social worker by trade and works closely with Sally Hammitt and One Team.

Keith Boylan is the Undersecretary for the California Department of Veteran Affairs. He has worked in the non-profit world in San Francisco for many years and was appointed by Jerry Brown in 2013 as Deputy Secretary.

Shawn VanDiver lives in San Diego and served 12 years in the Navy. He is the Vice President of External Affairs for the Athenian Group, which is a minority-owned business that works with cities, counties, and other government entities in management consulting. He also helped lead the efforts to help Afghans get out of Afghanistan.

Stephanie Cohen is the granddaughter of two World War II Veterans and has lived in the west L.A. community for 34 years. She has worked for the state legislature and then for L.A. County for the Board of Supervisors. She has worked on policy related to Health and Human Services including homelessness and housing. She serves as the Vice President of Health Policy at the University of Southern California. She also wrote a motion alongside Mr. Zenner to create the first ever Veteran Suicide Review Team. Mental Health and Veteran suicide are dear to her heart, and she is excited to be on the board.

Mark Wellisch was a Battalion Surgeon to the 82nd airborne. He had almost no experience in homelessness other than the board. He trained at the VA medical center and has lived in the west Los Angeles community, so he considers himself a “neighbor” to this campus and has seen it go through many stages.

Aimee Bravo is an air-force Veteran and is Director of Los Angeles Veteran Collaborative, which is the network of private, public, and government organizations that provide services to Veterans and their families through Los Angeles County. Their intention is to remove any barriers that service members or their families face when trying to access care.

Dr. Sherin trained at UCLA at the psychology department and studied neurobiology. He got his first job out of residency at VA and ran mental health for the Miami VA Medical Center. He has worked with VA Secretary Bob McDonald for the Master Plan and has spent six years as the Director of Mental Health for the county of Los Angeles. He also helped write the legislation that led to the creation of the board. He is honored to be a part of the board.

Chairman Begland wanted to read part of the West L.A. Leasing Act so the board members could know what Congress says the purpose of the committee is. The Leasing Act states:

- Identify the goals of the community and Veteran partnership,
- Provide advice and recommendations to the Secretary to improve services and outcomes for Veterans, members of the armed forces, and the families of such Veterans and members and,

- Provide advice and recommendations on the implementation of the draft Master Plan grouped by the secretary on January 28, 2016 (and the creation and implementation of any successor Master Plan).

Chairman Begland said that the Congress asked the committee to aim high and it is not a modest charter. It is an incredible opportunity—when he looked at the committee’s past work, there was an issue of assigning names to things on campus.

- He had four slides in his handout binders that summarized the naming recommendations and the response from the Secretary.
- This started as early as 2020 when the committee suggested the west gate be named after Carolina Winston Barrie, one of the donors of the land. The agency did not agree at the time, there were sensitivities about naming anything on the campus and especially to a non-Veteran.
- In Recommendation 13-06, there is a columbarium the committee wanted to name after an Army Officer, but the Secretary did not concur (a non-concurrence from the Secretary is not a bad thing if you’re headed in the right direction.)
- The committee was told that it took an Act of Congress to name anything on campus but taking a closer look, they noticed things were named without an act of Congress like the Jackie Robinson stadium for UCLA.
- The committee asked Office of General Counsel for advice and while they concurred in principle, but the Secretary saying we need to investigate these issues.
- In June 2022, the board recommended that the Secretary revert this campus (north end) to its historic name (Pacific Branch) saying the metro station should share the name, too, since it is a Veterans home, not just a hospital. The Secretary did not concur but if you read the response, he doesn’t disagree, just believes Congress needs to get involved.
- He gives these examples to show the committee is focused on the right issues and they are at a point where Congress needs to intervene and help in the naming of the campus.
- He believes the committee is pushing leadership in the right direction.

Vice Chair Sutton said she was learning as she goes and sees this committee as novel and important responsibility. So much work has done been done and remembers the campus before the improvements. She said listening to Veterans and their families are key. She looks forward to working with the committee and thanked the Chair.

Chairman Begland introduced Dr. Steve Braverman. Dr. Braverman is a 29-year Army Veteran and former Medical Director at Greater Los Angeles VA.

	<p>Since May, he is the VISN 22 Network Director. He gave an overview of the VA Medical Centers he serves in the region. He also explained the three big branches under VA—VHA VBA and NCA. He mentioned when he first arrived, there was a contentious relationship between GLA and VCOEB was contentious but has formed into a collaborate relationship overtime.</p>
<p>Robert Merchant, Medical Center Director, VA Greater Los Angeles Healthcare System</p>	<p>Robert Merchant is the interim Medical Director at GLA. On behalf of the 5,000 employees and the 90,000 Veterans they serve, he stated it is pleasure to welcome the new committee members for the first time. Greater Los Angeles is one of 11 sites of care, including a care center in downtown Los Angeles. He talked about their other sites and delivering care for many Veterans all over the greater Los Angeles.</p> <p>Amie Cohen thanked Representative Lieu’s office for being here. She said she appreciates the partnership and it’s important to recognize Congress sends staff here to listen to the meetings and they take the committee’s recommendations seriously. She thinks it is important to mention that there are Congressional staffers and city officials in the public.</p> <p>Mr. Zenner said if the legislation goes forward, it could be problematic because they are looking to house 70,000 individuals here in Los Angeles County and it affects the number of vouchers, you can see where that would cause an internal conflict with local PHAs and local government.</p> <p>Ms. Branca said she is excited this is moving forward. When Mr. Zenner mentioned the income, it is important because tenants can’t pay more 30% of their income in rent. If we exclude this as income, more of the vouchers are going to the buildings and less vouchers that can go out to Veterans in need. On the ground, are we talking about the tax credit project?</p> <p>Dr. Harris stated that there a few problems with income averaging. The first is that it must be committed to the point their seeking financing. Decisis 30% units that are stuck that way. Developer introducing that into their plan for financing. Average of caps on the units, averaging 30%, does not help the math as much as we think it should. Congressional advocacy to make any changes on Treasury and HUD.</p> <p>Dr. Braverman said he wanted to mention two things on the AMI discussion and why it matters here.</p> <ul style="list-style-type: none"> • In this neighbor, many of those seeking housing in Master Plan have high disability ratings and need to be close to the medical facilities. Many are 90-100% disability (especially those over 62 when they get social security that counts as income) and don’t qualify. • PACT Act to bring Veterans into the system is increasing disability claims for Veterans and takes AMI’s higher than they are now. This is important in West LA because there are enough units for people under 60% but not enough units here for higher.

<p>Dr. Keith Harris, Senior Executive Homelessness Agent, Office of the Secretary</p>	<p>Chairman Begland welcomed Keith Harris.</p> <p>Keith Harris welcomed the new committee and said he is excited to see what they can accomplish. He said that his 3-year term position was created through a recommendation, so he is an example of “concur.” He has been in this position 2 years with his final year coming up. He was the National Director of Operations for Homeless Programs for 11 years and ran the homeless program in the Palo Alto VA. His entire career has focused on Veteran homelessness. He recently 50% detailed to the White House All Inside initiative. This is focused on homelessness in general, not just Veterans, but there is a lot of overlap. He is helping communities identify flexibility and helping get rid of red tape. He is working to update Veteran disability benefits since it is counted as income and disqualifies them from HUD-VASH housing. That is his primary focus this year. He said the White House is involved and there is a lot of discussion with Congress. Congressman Sherman has Veteran disability and its relationship with HUD-VASH ineligibility as one of his four main issues (naming being another one). He said that Congressman Sherman had a press release to the HUD Secretary. He wanted to note two things in the letter:</p> <ul style="list-style-type: none"> • The letter proposes that the definition of income change only when Veterans apply for HUD-VASH vouchers. This is problematic because the income limits on applying for a voucher is set by the Public Housing Authority and they are set at 80%. That is an astronomically high number when it comes to the Veteran population. Nearly every 1 of our Veterans income is under 80%. That is not what is disqualifying Veterans from housing. What is disqualifying them is other income limits that are improved by other funders, such as tax credit vendor bonds. • Another reason that is problematic is because the previous board received a presentation from HUD on this issue in December. HUD has promoted the fact that they are pushing on all PHAs to set HUD-VASH AMI at 80%. The letter plays into their hands and says we want to change this for qualifying for HUD-VASH vouchers and they will say, “we’re already doing that” and neither of those problems are solved. • The letter also calls out low-income housing tax credits as the other source of the problem. If we solve this problem for low-income housing tax credit (LIHTC), and we do not solve it for all other funders that set income limits. The most restrictive income cap supersedes any others. • HUD said this is a LIHTC problem overseen by the Treasury, and it is their responsibility to fix it. They will again say it is not their problem to solve. To Treasury’s credit, they have proposed a legislative change that would, in fact, alter their definition to exclude disability
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	<p>benefits, so there is some movement on this problem, but it excludes other funders.</p> <ul style="list-style-type: none"> • Dr. Harris continues to work with Congressman Sherman’s office providing technical assistance on this. They are working on language that would resolve them. • The State of California update include an Assembly Bill 1386, which has been talked about in prior meetings. Assembly Bill 1386 creates a process whereby if the developer cannot fill a restricted unit, and it’s starting point of 30% AMI, they can petition the state to increase that AMI up to 60%. It is a creative way to introduce flexibility into the process. The bill took effect January 1. The state has not issued guidance yet in terms of implementation. They have not put out a form for developers to use, which is part of their plan. • Dr. Harris suggested that the legislation did not have red tape and rules around it to make this as smooth as possible for developers. It seems that they will. • Dr. Harris is monitoring this closely and wants to find developer that will petition for these to work out the kinks and get feedback to the state. <p>Chairman Begland said that the previous committee learned that some of the units they were building on campus weren’t going to be income eligible for Veterans and West L.A. leadership flagged this problem and talked with the Principal Developer. We are fortunate to have Congressional interest and Dr. Harris as an advocate.</p> <p>Mr. Zenner said there is H.R. 6179 and when the board discussed this in DC, we talked about the need to exclude it from eligibility, but the income should be counted as income when calculating the payments. H.R. 6179 15-1 and 2 talk about excluding the income from the eligibility. Number 3 talks about the income service-connected disability, not being counted as income in the monthly calculation. His concern is it is not going to be budget neutral and that is something to push back on.</p> <p>Dr. Harris said he could talk more on that. There are two different definitions of income—annual and adjusted. Annual income is used to determine housing eligibility and adjusted income is what is used to determine the tenant portion of rent. We are rightly concerned about budget impact if we take disability benefits out of both those definition. The messaging from Congressman Sherman and Lieu calls out that distinction and says they’re only talking about excluding this from annual income.</p>
<p>Mr. Robert Davenport, Chief Counsel, Office of</p>	<p>Robert introduced himself and his colleague, Kristin Grotecloss, who both are attorneys at the Office of the General Counsel. They deal with environmental issues, leasing, real estate, and the West L.A. project. He said</p>

<p>General Counsel, Real Property Law Group</p> <p>Kristin Grotecloss, General Attorney, Office of General Counsel, Real Property Law Group</p>	<p>they would brief the committee on some history and legislation. He also stated they can only do things that are specifically authorized by Congress.</p> <p>Kristin Grotecloss wanted to give new committee members a comprehensive overview of the history of the property and the West LA Leasing Act. She mentioned the leasing act is more restrictive than other land-use authorities at VA.</p> <p>The bulk of land use agreements fall into four main categories:</p> <ul style="list-style-type: none"> • Enhanced-Use Leases (EULs) <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Authorized under Section 2(b)(2) of the West LA Leasing Act ○ Leases to third parties to provide enumerated services in the West L.A. ○ Leasing Act that “principally benefit veterans and their families.” • Easements <ul style="list-style-type: none"> ○ 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, ○ Easements are a land-use rights for a specific purpose. • Revocable Licenses <ul style="list-style-type: none"> ○ Authorized under Section 2(k) in a “catch-all” term 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. <p>The West LA Campus was originally donated to the government to serve as a branch of the National Home for Disabled Volunteer Soldiers (NHDVS)</p> <ul style="list-style-type: none"> • 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 <p>In 1930, Congress merged the NHDVS system with the Veterans’ Bureau and the Bureau of Pensions to establish a new Veterans Administration</p>
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- 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.

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,

	<p>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”).</p> <p>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 (except those who are representative of the homeless as provided in the 1992 legislation).</p> <ul style="list-style-type: none"> • Prohibition of leasing on campus except the authorization in the legislation of 1992 • EUL authority as it applies to VA. <p>1991 – Veterans’ Benefits Programs Improvement Act of 1991, Public Law 102-86, Section 401</p> <ul style="list-style-type: none"> • 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. <p>2012 – the EUL was amended with the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012 , Public Law 112-154, Section 211</p> <ul style="list-style-type: none"> • Congress narrowed VA’s EUL authority, authorizing VA to enter into EULs “only for the provision of supportive housing.” <p>2022 – Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, Public Law 117-168, Section 705</p> <ul style="list-style-type: none"> • Congress broadened VA’s EUL authority authorizing EULs that are not inconsistent with the mission of VA and: <ul style="list-style-type: none"> ○ “the lease will enhance the use of the leased property by directly or indirectly benefitting veterans”; or, ○ “the leased property will provide supportive housing.” • The PACT Act 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
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****The broadened PACT Act EUL authority does not apply to the West LA Campus because of the West LA Leasing Act**

Ms. Grotecloss encouraged the committee to read the West LA Leasing Act to get a better understanding of the parameters that limit operations. The West LA Leasing Authority authorizes EULS for purposes of providing supportive housing that “principally benefit Veterans and their families.”

She explained the service leases, the separate lease to University of California Los Angeles, easements, and what “principally benefits Veterans and their families.” (see Slide 7 for exact legislation).

She also noted that 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.”
 - The lease was entered in 2016—whether there will be additional audits is up to the Inspector General.

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.

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 (see Slide 9 for more information) 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.
 - The definition of land-based revenue does not include easement consideration.

Mr. Grotecloss concluded her presentation and asked if anyone had questions.

Chairman Begland said it was great to see the comprehensive overview of legislation. It shows that the 2016 Leasing Act was not just the beginning and many of the issues the committee is dealing with today are the same issues from the past. In 1992, this campus was recognized as a resource for addressing homelessness. Many think homelessness is an issue that has occurred in the last twenty years, but it has been going on longer. He also pointed out that there is legislation from preventing the agency of disposing on the land through private sale. Even back in the 1990s, Senator Feinstein and others were worried about commercialization. He thought it was great presentation and shows that 2016 and the lawsuit isn't the starting point for this campus.

Mr. Zenner asked with the ULI report coming out, is there any ULI findings?

Mr. Davenport said that they have not fleshed out the recommendations for legality, but they believe the Veteran hotel does not fall within the parameters. Mr. Begland expressed his disagreement with that position and offered to be in the room when the lawyers debate the scope of the West LA Leasing Act.

Mr. Zenner wants to spin the idea of the hotel and make it a Veteran-run hotel that could be a vocational training opportunity.

Stephanie Cohen said piggyback around the ULI report or a follow-up between board meeting understand from the VA perspective, what the

	<p>intent was for the town center property and what was envisioned in the Veteran community. Understand a deeper dive of the history so that we know we can move forward as a board.</p> <p>Mr. Begland said they could have that conversation.</p> <p>Ms. Hunter said she thinks the hotel is a great idea that serves a broad range of Veterans, especially those who have medical procedures.</p> <p>Mr. Zenner said he remember he talked about it in 2015, 3,2000 that 19% and a hotel could help with transitioning. Veteran Student housing on campus.</p> <p>Boylan mentioned in San Francisco they have the Marine Corps Memorial Hotel in a historic building, and it is a success. It is also a non-profit, so there is examples of how this could be done.</p> <p>Mr. Davenport said the nature of hotel proposal as it would be an attractive amenity – Congress was specific about what types of activities are allowed on campus. There is a question of principally benefitting Veterans—hotels arguable fall outside of Veterans. Make it eligible for Veterans to stay there. He would be happy to have a conversation.</p> <p>Mr. Wellisch said the elephant in the room is the West LA Brentwood School arrangement. He does not know why Brentwood school is so untouchable.</p> <p>Mr. Davenport said the VA’s position and the OIG says it’s a permissible use of the West LA Leasing Act</p> <p>Mr. Begland said they are in the middle of litigation and cannot comment much on it now, but they will.</p> <p>Mr. Davenport agreed that having use for Veterans and families does fall into category into supportive housing if it’s used for Veterans and their families.</p>
<p>Ross A. Davidson, Associate Executive Director, Office of Facilities Planning, Office of Construction and Facilities Management</p>	<p>Mr. Davidson mentioned he was a 25-year army Veteran. His background is in project execution, and he now works in facility planning. He thanked the board for their participation.</p> <p>His agenda included:</p> <ul style="list-style-type: none"> • 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

He talked about GLA's dual mission of healthcare needs and improving healthcare access/outcomes for the chronically homeless. He went over the project highlights.

Critical Care Center:

- 450,000 Gross Square Feet Addition
- Connector Renovations to Bldg. 500
- 47-month Period of Construction
- 2025 - 2030...first patient day (FY25)

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.

He is working with the US Army Corps of Engineers. He showed a timeline of the facility. The number of beds has fluctuated throughout 8 years.

Additionally, part of the background of this project is the impacts of the area. In 1971, there was an earthquake, and the VA Medical Center was harmed.

- Creation of VA's Structural Advisory Committee—how we improve seismic evaluations moving forward. The building was good for the time but is high-risk when it comes to seismic evaluation.
- He gave examples of the San Diego VA and how they are seismically compliant. Replacement is the only opportunity to reduce the high-risk status.
- Want the new building to be part of the overall look and feel of the Master Plan and is the start of a series of activities

There are three basic components to healthcare planning:

- Strategy
- forecasting and,
- market analysis.

For strategy, we asked, "what are the main drivers to healthcare delivery and what Veterans are using what service?" We also asked, "how do we satisfy that demand?"

- Forecasting models such as building models on long-term (10-20 years) and provide healthcare delivery requirement.
- Market analysis on what will be needed.

There are 160 beds in the end-state.

- Reduction from current bed count, reduction in overall Veteran population in GLA.
- Looking at where are the Veterans located and how are they affected by 30–60-minute drives.

Mr. Davidson explained the project model for the Veteran population, and he said overall, there is a projected Veteran population decrease but not a decrease in enrollees for the Veteran healthcare system (see Slide 13 for graphic).

- He said there is an increase in the number of female Veterans.

Mr. Davidson then showed a map of primary service areas and the opportunity to use analytics like Dartmouth Atlas to identify how we are generating service delivery plans in the area. It also helps identify hospital service areas.

He shared some maps showing density in the market (see Slide 15 for map of LA area).

- How does the location correspond to where they receive primary care while considering drive times (30 minutes and 60 minutes)

He went over the service delivery plans and outlines smaller dots that are feeders for primary care (slide 17)

Master Plan and how does it tie into the south campus.

- We have the drivers for healthcare delivery in the market.
- Identifying projects for implementation
- Key components that are being delivered
- Open doors on regional kitchen (under construction for a while).
- Finding switchgear was a delay,
- All the equipment there is a testing period to ensure its operating.

Purple line and connection with metro – 26 million as they move forward with a parking lot.

- Identify new parking garage (funded by metro)
- New boiler plant (funded by VA NRM)
- Central Utility Plant

Those are the major construction pieces. He concluded his presentation and opened the floor for questions.

Ms. Cohen stated she sees the outline for the consolidated research facility, but the committee has not talked about that since 2022. Is that something that will be incorporated in the future slides or can talk about as a committee? The three building by the Eisenhower Gate that need to be decommissioned to build housing need to be replaced here.

	<p>He said the plan is showing it, there is a little homework associated with the research. Consolidating the north and south campus as they identify a path forward.</p> <p>Ms. Cohen asked for clarification. Mr. Davidson said that research facility has been identified as part of the Master Plan, but the specifics of those requirements have not been identified.</p> <p>Ms. Branca mentioned the new center will decompress some services. What will be occurring in Building 500 in terms of activities?</p> <p>Mr. Davidson said the slides shows the summary of new activities that will happen in the critical care center (see slide 21 for a full list of the activities including the Emergency Department Treatment Rooms and Surgical Services).</p> <p>Mr. Wellisch had two questions. He asked why the building was unsound since he watched it being build. He also asked how they know there will be less Veterans in the future?</p> <p>Mr. Davidson said the existing facility is not optimal as codes and requirements advance. From a risk perspective, it is higher risk than they would like. It is also an aging facility. The less Veterans is a projection and based on the number of Veterans service (which there is a decline).</p> <p>Mr. Boylan asked about the 2022 Air Commission report came out. A lot of it will affect the campus, many facilities that will be in the works in those surrounding areas. How will it affect this area?</p> <p>The Air condition was one part coming down from the recommendations out of the market assessments. This was the first time the VA had done detailed level of market assessment to identify service delivery planning. It is still valid information. It is valid information and part of the market assessment.</p> <p>Ms. Cohen wanted to make sure she understands the issues of seismic requirements. She understands that they are planning to transition all acute in-patient services to the new facility. Will there be any in-patient acute services in Building 500?</p> <p>Mr. Davidson said he did not think so but wanted to show what services will be moving. He showed a slide that lists all the services in Build 500 that will be moved to the new hospital (see Slide 23 for more details).</p> <p>Ms. Cohen then asked if VA hospitals in the state of California are required to comply with the state’s seismic standards by 2030 or are they voluntarily doing that? Does VA have a separate set of standards that must be followed?</p>
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	<p>Mr. Davidson said he would have to follow-up with that question. They comply with federal standards and usually there is a coordination, but he would have to get more specific details on this.</p> <p>Ms. Cohen asked if the project was fully funded, and Mr. Davidson said it is in their 25 requests.</p> <p>Dr. Nwajuaku said that downsizing chronically and cannot meet the clinical needs. If we are outstripping our capacity, would they be able to come back into Building 500?</p> <p>The initial discussion was the development of an ambulatory care center.</p> <p>Mr. Davidson went through some more pictures of the facility and its architectural structure.</p> <p>Chairman Begland said the board can help VA when thinking about the repurposing of the north campus building. The board will probably ask every year about the new critical care facility. He appreciated the presentation.</p> <p>Mr. Davidson said the requirements associated with the research facility and how it supports not only the medical functions but the overall facility and campus.</p>
<p>Chelsea Black, Deputy Chief, Strategic, Facility, and Master Planning</p>	<p>At this time, Ms. Black took the members on a tour of the campus. The meeting was concluded.</p>

Day 2
February 1, 2024

VCOEB Board Members Present

Chairman Rob Begland
BG (Ret.) Loree Sutton (Vice Chair)
Christine Barrie (virtual)
Aimee Brava (virtual)
Keith Boylan
Nicole Branca
Michael Canfield
Stephanie Cohen
Samuel Homes
Sarah Hunter
Dr. Patricia Nwajuaku
Beth Sandor
Dylan Tete
Dr. Mark Wellisch
Jim Zenner

VCOEB Board Members Absent

Jennifer Marshall
Dr. Johnathan Sherin
Dennis Tucker
Shawn VanDiver
Dave Weiner

Employees and Staff Present

John Boerstler (VEO Chief Officer)
Meg Kabat
Eugene Skinner (DFO)
Chi Szeto (Alternate DFO)
Steve Braverman
Dr. Keith Harris
John Kuhn
Alan Trinh
Fiona Hwang (virtual)
Sally Hammitt
Joseph Friddle
Dr. Frederick White
Chelsea Black
Andrew Strain
Tahina Montoya
Brett Simms
Kristin Grotecloss
DeCarol Smith
Estelle Ana

Maggie Walsh (Contractor)
Shilpa Desai (Contractor)
Alfred Flores (virtual Contractor)
Cyndee Costello (virtual Contractor)
Jeffrey Moragne
Darryl Joseph
Natalie Wheny
Kathryn Mann
Kathya Merchan
Jesse Burgard
Vangie Ligons

Public Attendees (In-person)

Kyle Olermann
Ross Davidson
Janet Turner
Emilio Salas
Tracie Mann
Tess Banko
Christinod Lujo (sp?)
Jessica Booker
Ricardo Hermosillo
Carlos Van Natter
Sennett Vandermont
Francisco Juarez
Rob Reynolds
Ryan Thompson

Virtual Attendees

1-3105xxxx93
Heather Salazar
Robert McKenrick
Cristine Barrie
Angell Bolden-Green
Tess Banko
1-3102xxxx91
Anthony Allman
Moore Lori S. (via phone too; 2 logins)
Samantha
Daniel Baez WMC (via phone too; 2 logins)
Marshall Roberto O. (VISN 22)
1-7274xxxx54
D. Brisow
Parisa Roshan

Stephan Peck
 R. Creah
 John Alford
 Anthony Chiles
 Sharon Birman
 Jon
 Sharon Kaur
 Rika Brown
 Sean G

Brian D’Andrea
 Laney Kapgan
 1-9376xxxx13
 Sarah Back
 Oscar Alvarado
 Ligons Evangelina
 Deborah Carter
 Gennifer Yoshimaru

Day 2, 01 February 2024	
Call to Order	<p>Robert Begland, Chair, Mr. Eugene W. Skinner Jr., Designated Federal Officer (DFO)</p> <p>DFO reviewed the Rules of Engagement and explained the purpose and protocol for Public Comments.</p>
<p>Robert Begland, Chair Veterans and Community Oversight and Engagement Board</p> <p>BG (Ret) Loree Sutton, Vice Chair, VCOEB</p>	<p>Mr. Begland said that Yesterday's meeting was informative and encouraging. There was significant progress from what they observed during the campus tour.</p> <ul style="list-style-type: none"> • Administrative structure there have been two sub-committees that emphasized the West L.A. Leasing Act with recommendations to the Secretary regarding, <ul style="list-style-type: none"> ○ Advice and recommendations to the Secretary on land use and implementation of the master plan ○ Services outcomes for Veterans • They felt they were well served by this sub-committee structure and want to preserve those two sub-committees. Those sub-committees are where they do a lot of the work to research and refine recommendations before they go to the full committee for a vote. • Mr. Begland asked the board members to email himself and the Vice Chair as to which committee they would like to serve on. • He would like to form a third sub-committee to focus on the needs of women Veterans suffering from military sexual trauma and domestic violence. The housing needs of this population can be different in a way that is not always recognized by the traditional market definition of affordable housing. And this new sub-committee would also look at questions about children. And anyone also interested in serving on this new sub-committee please indicate that in their email as well. • The target for the next board meeting is in April/May timeframe and he believes they should have that whole subcommittee structure in place. • Committee members were provided information regarding leasing authorities and the West L.A. Leasing Act giving the agency certain leasing authorities.

- 2B1 Enhanced Use Leases - are something for supportive housing.
- 2B2 Service Leases – are the leases that promote health and wellness education, vocational training, peer activities, socialization, etc.
- Congress gave the agency that service lease authority (2B2) because of the results of the first Master Plan.
 - In 2016, after a one-to-two-year planning process a draft master plan was published in June.
 - Zone 4 was described as a town center in the master plan.
 - Congress later described the town center in the West L.A. Leasing Act that was passed in September.
 - The service lease authority was contemplated as the method by which to implement the town center.

Dr. Harris expressed his appreciation of the tour yesterday. He encouraged the group to make note of all the questions they have, and this can be used to frame the presentations in future meetings to answer those questions and build out their understanding.

Mr. Merchant thanked those who participated in the tour yesterday. It was important for the group to see what was happening with the projects vice just seeing it on paper.

Some activities going in the area in addition to this meeting:

- The Emergency Operations Team is meeting because they have received a severe weather alert in Central and Southern California.
- They are in contact with county offices of emergency management. Ensuring that employees can get to work, and Veterans can get to their appointments. Their transportation networks bring Veterans from San Louis Obispo and Bakersfield here can operate.
- Teams are doing rounds on this campus to make sure storm drains are working, areas are clear of mud, and construction sites are safe.

BG (Ret.) Sutton asked Sally Hammitt to speak about the One Team concept.

Ms. Hammitt is the Chief of the Homeless Programs in the Greater Los Angeles Healthcare System.

- One Team concept comes from the recognition that VA needs partners to be successful. There are a few medical centers that engage in this that bring members of the community together and lean into each other's expertise and talent as they move to end Veteran homelessness.
- Efforts focused on creating a leadership forum where they can create policies and procedures to end Veteran homelessness efficiently and effectively.
- Their Continuum of Care (COC) program is so big that they developed a Tri-Chair structure. Jim Zenner is one of her co-chairs,

	<p>she represents the VA as the Chair they have an SSVF representative and the program director from the Salvation Army.</p> <ul style="list-style-type: none"> • Every week 60 to 80 leaders across the catchment area meet. <ul style="list-style-type: none"> ○ Main topic of discussion is how to create policies and procedures to drive their efforts throughout this community. ○ They developed a data and performance group because they look at different systems, they all have different platforms where they enter information into, and they need to be looking at that closely so they can ensure they know who in the community is experiencing homelessness and whether that is unsheltered or in transitional housing. ○ There is a By-Name-List (BNL) case conferencing group that meets weekly, depending on the service planning area or outlying area, to look at the BNL. ○ Chairs are set up in each of these work groups. They intentionally set up the work groups so there are non-VA and VA individuals so they can create an opportunity where they learn from one another. ○ They are developing some other groups: <ul style="list-style-type: none"> ▪ Education group ▪ Racial Equality group ▪ SSVF, HUD-VASH collaboration group – case management services. ▪ Access and Triage - they want to have several access points across the community so if a Veteran shows up they know how to get them into emergency housing, and they know how to get them into transitional housing now while they are working towards a permanent plan for their journey on housing. ▪ Prevention is an issue in the community, and they are finding that some people are close to falling out of housing, so they are working on wrap-around protective services through prevention opportunities to help them. • One Team meets weekly, they have had some face-to-face meetings in addition to quarterly meetings. The meetings consist of individuals across the community, not just leaders, but also the front-line staff doing the work as well as contributing to the decision-making process. • The newest challenge they are currently undertaking is reconciling the BNL. The VA BNL data is captured in HMIS but not everyone in their system uses it, so they've had to make some changes and lean into their partners to make sure they are moving toward aggressively engaging in a coordinated way to bring people into housing. • The key is the relationships, the partnerships, and recognizing the VA cannot do this alone.
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Mr. Holtz stated VA across the system coordinates with COC. How does COC participate in the One Team meetings?

Ms. Hammitt said they work with LAHSA but she feels they need more robust support from LAHSA, they need more than one point of contact because the system is too big.

- They do have an import-export system, particularly with HUD VASH, so they can share information, but they do not have a good system in place for their databases to be able to speak to one another, so it takes manual effort and reconciliation of platforms and then connecting with LAHSA.
- Ideal state would be a daily refresh of the BNL. Since they have people uploading information from various access points, they're not going to get a good sense of who is on the list unless it's updated daily.
- They hope to do at least a monthly reconciliation but there are some barriers. Perhaps the agency did not check the Veteran's status on the key indicators, and they are not uploaded to that list.

Mr. Holtz asked can you define LAHSA and LACDA and explain the differences?

Ms. Hammitt said LAHSA is the L.A. Homeless Services Authority joint city-county commission and it is the COC.

Ms. Hunter said The Los Angeles County COC reports to LAHSA every year on how many people in our County are experiencing homelessness and then they get allocated money based on that. There are a few exceptions, Long Beach has its COC, Pasadena, and LaFayette. So, these are excluded, but most of L.A. comes under LAHSA. Many years ago, the City and the County agreed to come together, so it is a joint commission.

Ms. Hammitt said LAHSA is a strong partner and how they are leaning into their support for the master leasing. Across the country, the COCs have a board and there is a person that sits on that board in the Veteran's seat. Our system is not set up like that so One Team is an effort to create that Veteran-specific working group of leaders, and a few work groups to make sure that our system is working collaboratively.

Mr. Zenner said there needs to be more robust participation from LAHSA. They have the overall systems coordinator, but they need someone from their outreach team, their data teams, and other specializations on the calls so they can speak to the needs.

Mr. Begland asked Ms. Hammitt to explain the evolution of the understanding of the Veteran homeless population and its move from a Point In Time (PIT) count and the inferences that relied upon, to a BNL today.

Ms. Hammitt said the 2023 PIT count number was 3948 and the importance in knowing what that number is and who these individuals are is a transformation to a BNL.

- recognizing every person in our system who is experiencing unsheltered or sheltered homelessness. Without that attachment of those names and understanding the programs they are eligible for and who's connecting them what they find is duplication of services.
- many organizations are working with individuals but not talking with other organizations and not having a systematic approach to coming together and determining housing intervention outreach efforts.
- Transitioning from this big list of individuals to intentionally coming together by service planning, or outlying areas, and meeting together as a group of VA and non-VA individuals going through that list and ensuring that they are offering housing not just putting people on a list and waiting until somebody is ready but actively working with those individuals.
- For those individuals that are not ready to go into a shelter or transitional housing, there is intensive and collaborative outreach efforts to try to engage those individuals.

Mr. Begland asked if there is there a count of the BNL.

Ms. Hammitt stated on the last BNL reconciliation the count was 2168 individuals and they believe that is much closer to the actual number than the PIT count. Dr. Harris and the team can look at the data and pull it from a variety of data points to reconcile the list.

Mr. Kuhn said LAHSA is looking at providing some support on the data side they hope to have more information next week. He explained Service Planning Areas (SPAs):

- L.A. is large and is broken into eight different SPAs, which are similar to regions.
- In each SPA there are separate BNLs but there is one master list.
- Each SPA has separate case management meetings which Ms. Hammitt sets up so that the local providers will be meeting with the local community and the appropriate staff both VA and local partners.
- The SPA structure is unique to L.A.

Dr. Harris stated it is important to understand that this, among other things, is going to determine the number of housing units to build on campus. He explained the differences between the PIT count and the BNL:

- PIT count is simply looking and clicking a button, there is no interaction with the people being counted.
- LAHSA works with USC to conduct a month-long survey where there is a sample of people they interview, and that is where they determine Veteran status and other forms of demographics, etc.

- That sampling procedure is then used to essentially give proportions that are then applied to the larger tally.
- The PIT is not a known person for every one of the 3,800 that is an estimate based on proportions that came out of the survey.
- The BNL consists of real names and known people.
- This does not mean the BNL is correct, and the PIT count is wrong. There are many ways a person may not be on the BNL, so they are doing a lot of work and need more support from LAHSA to make the BNL as comprehensive and accurate as possible.

Dr. Nwajuaku asked if the COC overlap in terms of the way the SPAs are broken up? With the transition to the BNL is there a way to track the services each individual has received over time?

Mr. Kuhn said SPAs are under the COC, there are no separate COCs. They've joined USC in the survey process that was spoken about earlier so for the first time they have outreach workers. They want to do more than just count people on the streets, they want to get people off the streets. So, they are going out in "splits events" to try and connect better and they are using these survey processes to get people off the street. While they are doing that, they are also validating who are Veterans and hoping that they get a better head count. They are using this method to try and validate the number so that they can get the PIT count and BNL more accurate. The BNL function is more than just collecting names they want to track services and that every Veteran on that BNL has a plan for permanent housing, where they are in that plan, and whether they're being engaged successfully. This is why it was important for them to begin entering information into what's called the Homeless Management System, which is the HUD system that collects data nationwide. Part of the challenge is that the VA has its system called HOMES and everyone else uses HMIS. So, to create an accurate BNL has been challenging. They've looked at different technical solutions to combine the databases, which have not worked, so they are reassigning staff to do HMIS data entry because they need to get an accurate BNL. They want to ensure that everyone, not just the VA and not just their providers, are looking at the same sets of information so when they get together to talk about Veterans they are talking about the same records.

Ms. Hunter said RAND does its own efforts to enumerate people on the street. Unlike the LAHSA efforts, RAND is only in skid row Venice and Hollywood, but they conduct a count every month. If GLA has the resources, they can work with the team to help verify people's Veteran status. In 2018, the VA only had five outreach workers serving L.A. County and beyond and what that meant was that the VA was relying on LAHSA and the other nonprofit outreach organizations to identify Veterans and get them to services. At that time the VA team had no way of tracking someone's status and the only thing they could offer people was a flyer with information for them to come to the VA. In contrast, in Long Beach, they go out with two vans so if someone is ready to receive services, they can drive them to the

	<p>outreach facilities. She believes there have been improvements since then but wanted to put all this into context. Because the L.A. area is so big almost all the SPAs are operated by different nonprofit providers, who use different systems and they don't always talk to each other. They are all supposed to use HMIS, but they also have providers that don't participate in HMIS such as churches and small-time providers that are providing outreach and they don't get government funding, so they have no requirement to use HMIS. The staff of these nonprofits operating in the SPAs may use HMIS, but they go into the job to provide direct services and not sit in front of a computer entering data all day. So, the HMIS data is flawed and should not be used as the only data source.</p>
<p>Mr. Eugene W. Skinner Jr., Designated Federal Officer</p>	<p>Shared a high-level overview of the recent recommendations from the last three VCOEB FAC meetings and the process for these packages.</p> <ul style="list-style-type: none"> • 19th VCOEB recommendations approved by SECVA, May 19, 2023. <ul style="list-style-type: none"> ○ 19-01-A: VAGLAHS leadership to develop a permanent housing action plan for every current resident in temporary housing on campus and every future resident in temporary housing. VA Response: Concur. ○ 19-02-A: Advise METRO that the current station affiliation to "Westwood" does not accord with the Veterans community's perception of this land. VA Response: Concur. ○ 19-02-B: Advise METRO that the VCOEB's preferred name for the transit station is "Pacific Branch/VA Hospital". VA Response: Non-Concur. ○ 19-02-C: Ask that the transit station not be referred to as the "VA Hospital" as it denigrates the importance of restoring the campus to its historic role as a home for Veterans. It would also fail to emphasize the future housing and civic component of the campus as a resource for all Veterans not just those receiving medical care at the hospital. VA Response: Concur-in-Principle. ○ 19-03-A: Encourage METRO to be more inclusive of the Veteran community input regarding the artwork to be featured in the Veterans Campus Station. VA Response: Concur. • 20th VCOEB recommendations approved by SECVA, May 19, 2023 <ul style="list-style-type: none"> ○ 20-01: VAGLA leadership to provide funding and staffing to place at least two full-time Registered Nurses (RNs) in at least two proposed project-based facilities on the West L.A. Campus. VA Response: Non-Concur. ○ 20-02-A: Task the VA Advisory Committee Management Office to post all agendas from past meetings. VA Response: Concur-in-Principle. ○ 20-02-B: Task the VA Advisory Committee Management Office to post all briefing materials from past meetings. VA Response: Concur-in-Principle.

	<ul style="list-style-type: none"> ○ 20-02-C: Task the VA Advisory Committee Management Office to post all minutes from past meetings, including video recordings, if available. VA Response: Concur-in-Principle. ○ 20-02-D: Task the VA Advisory Committee Management Office to post all recommendations, as adopted, by the board from past meetings. VA Response: Concur-in-Principle. ○ 20-02-E: Task the VA Advisory Committee Management Office to post all Office of the Secretary response packets from past meetings. VA Response: Concur-in-Principle. ○ 20-02-F: Task the VA Advisory Committee Management Office to organize all aforementioned material by VCOEB meetings, (in reverse chronological order), to facilitate a streamlined organizational structure for archival information. VA Response: Concur-in-Principle. ○ 20-03: 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. VA Response: Non-Concur. <p>In response to recommendations 20-02 A through F, a website is in development, (https://department.va.gov/veterans-experience/veterans-community-oversight-and-engagement-board), to store the above information to be used by the board members and community. It will need to be 508 compliant and once it gets cleared it will be uploaded. Some of the items on the website:</p> <ul style="list-style-type: none"> ● Purpose of the VCOEB ● Background the VCOEB Charter, West L.A. Leasing Act, and the 2022 Master Plan ● Meetings this is where the board’s documentation will be available, and the actions that need to be taken leading up to the meeting. <ul style="list-style-type: none"> ○ Notify the public in the Federal Register when they will be conducting a full committee meeting. ○ Notification will be published 15 days before the meeting with the Webex links. ○ General topics to be covered in the meeting, how the public can have access, and the allocated time for public comments. ○ Process for recommendations: <ul style="list-style-type: none"> ▪ Sent to the VCOEB for a vote. ▪ If approved, the Chair will provide a cover letter and submit the recommendation(s) with all the supporting documentation to the DFO. ▪ The DFO will determine who the appropriate organization to task to develop a response for the recommendation(s) on behalf of the Secretary.
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- DFO will then task it out via the VA Tasking Network System and allow adequate time for the responsible organization to respond.
 - Once the responses are received by the DFO it is then packaged and sent to the Advisory Committee Management Office (ACMO).
 - ACMO then sends it to leadership within headquarters to the Office of Congressional Legislative Liaison, Officer of Public Information, Office of General Counsel, for concurrence.
 - Once they concur, it then goes to the Executive Secretariat who prepares the package and presents it to the Secretary of VA who will approve it.
 - The package goes back down to the DFO and it will be published with the Secretary's decision.
 - This process will usually take about 120 days to complete.
- Recommendations from the 21st VCOEB meeting have been sent to the Executive Secretariat and are under review by the Secretary.

Mr. Moragne said the subcommittees draft recommendations and parent committees approve recommendations.

Mr. Begland stated when subcommittees are communicating via email the DFO should always be included in that communication. He also clarified that the Executive Secretariat serves as a filter to take all the agency's advice whether it's from the General Counsel's office, Congressional Legislative Affairs, program offices and reconcile that advice for a decision memo to the Secretary. Given the complicated staffing process, he asked the group to be mindful that they may not always get that 120-day response. During the September/October meeting the parcel release schedule (21-04A & B) and the master planning subcommittee submitted an alternative parcel release map that has been identified as more of an urgent issue that should be addressed immediately. These questions asked by the master planning subcommittee:

- Where are they relative to the goal of 1200 units?
- Could that reach this goal by concentrating on residential redevelopment in the North Campus, North of Nimitz Avenue that would preserve the town center area?

The alternate parcel release schedule map concentrates residential development either north of Nimitz Avenue, or, to the southeast corner, and keeps that central corridor open and available for use as the town center. This spring the VA is facing a choice about whether to turn over the parking lot, that would be used for building 404, to the principal developer. The committee believes this would be fine, they just don't think it should go any further south.

	<ul style="list-style-type: none"> • 21st VCOEB Recommendations Approved by VCOEB September 29, 2023. Recommendation package currently with VA Staff (OGC, OCLA, EXECSEC). <ul style="list-style-type: none"> ○ 21-01-A: 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 a sufficient step to address the ineligibility challenge. ○ 21-01-B: Ask the Secretary of HUD to invoke authority to change the definition of “annual income” under 24 CFR 5.609 to exclude VA disability compensation in the County of Los Angeles. ○ 21-01-C: Ask HUD Secretary to approve a joint meeting of VA/Treasury/HUD’s operational staff and congressional liaison staff, to meet with appropriate Congressional committees to encourage suitable legislation to accomplish a permanent and nationwide exception for this disability compensation. ○ 21-02-A: Request the OIG review the SMCAO memorandum titled Veteran’s Bathhouse Title Search and provide a written report as to whether the IG concurs with the City of Santa Monica’s findings regarding the grant deed transfers. ○ 21-02-B: Request the OIG review the March 3, 1888, deed and April 25, 1900, deed and provide a written report as to whether such land transfers were done per all applicable laws. ○ 21-03-A: Instruct VA GLAHCS to work in partnership with L.A. County Department of Economics Opportunity to establish a Veterans American Job Center of California (AJCC) on campus. ○ 21-03-B: Instruct the VA GLAHCS 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. ○ 21-03-C: VA GLAHCS to locate the Veterans AJCC as close to the main hospital as possible, preferably the South Campus, for the duration of the pilot initiative. This would allow newly screened patients to access AJCC services for a preliminary consult without the need for additional transportation. ○ 21-04-A: Reassess the current parcel release schedule given its potential to undermine the complete development of both the “northern residential community” and Town Center areas. ○ 21-04-B: Assess the feasibility of implementing the Alternative Parcel Release Map, as provided by the Veterans
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	<p>and Community Oversight and Engagement Board, before releasing Building 408 in May 2024.</p> <ul style="list-style-type: none"> ○ 21-05-A: determine 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 the VA’s Enhanced Use Lease program authorized in Section 2(b)1 of the West Los Angeles Leasing Act (Public Law 114-226). ○ 21-05-B: Write a letter expressing 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 the VA and a system of higher education to build a dedicated student Veteran housing at VA West Los Angeles. <p>Mike Canfield said there are two types of communities:</p> <ul style="list-style-type: none"> ● Subdivisions – housing projects that are residential but do not have many additional services. ● Master plan communities – mixed use that involves both residential and other services as well as a community function where people can gather. <p>In reviewing the ULI study, it seems that residents living on campus have expressed a need for a Commons that would act as the heart of the community. From the tour yesterday it seems like there is momentum happening in building housing, what remains unidentified is the Commons or Town Center. It is not clear what that is yet, but it remains important, perhaps not as urgent as housing but once you give that space up, you don’t get it back. This is a legacy; they are not building for just today this is a community that will be serving Veterans today and in the future.</p> <p>Ms. Cohen clarified that building 404 is currently under construction and building 408 is what is planned.</p> <p>Mr. Begland said Building 404 is not only under construction, but it anchors the southeast corner of that residential development.</p>
<p>Dr. Jesse Burgard, PsyD Senior Consultant for Operations for VA Suicide Prevention</p>	<p>Dr. Burgard said they have an adage that everyone has a role to play in suicide prevention and he hopes, through his presentation, to connect the group with their national strategy, the way they tend to think about this problem from a public health approach, and, where there may be opportunities for strategic alignment with the work the committee is doing. Their program is positioned within the VA Central Office (VACO), but they support regional-level work as well as facility-level work.</p> <p>The goal of his presentation is to provide a basic level of understanding of the Suicide Prevention Program (SPP):</p>

- What is their approach?
- What is their national strategy?
- What are the resources available to Veterans and the community?
- A broad explanation of processes.

2023 National Veteran Suicide Prevention Annual Report

- Website developed 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,
 - Resources available paired with key populations and issues highlighted within the year's report.
- High-Level Data Points – they have a 20-year data set currently, but it is always two years in arrears. So, the 2023 report focuses on the year 2021.
 - Suicide mortality increased for Veterans and non-Veterans U.S. adults from 2020 to 2021.
 - Count and rate. There were 6,392 Veteran suicide deaths in 2021. There was an increase of 114 from 2020. The total count is the human toll.
 - Leading Cause of death and years of life lost
 - Method – 72.2% of Veterans' deaths involve firearms which is disproportionately higher than non-Veterans.
- Why? What was going on in 2021?
 - Risk Factors
 - COVID-19
 - 13.7% increase in Veteran mortality
 - Financial strain
 - Housing instability
 - Sociopolitical instability/volatility
 - Anxiety & depression
 - Ethyl Alcohol misuse/abuse
 - Family relationship strain
 - Firearm Access
 - Protective Factors
 - Healthcare use
 - Social support
 - Community integration
 - Firearm secure storage
- How?
 - Firearm suicide rates were higher among male Veterans than non-Veterans.
 - In 2021, Veteran suicides were 72%

	<ul style="list-style-type: none"> ○ From 2020 to 2021 there was a 5.7% increase in Veteran suicides that involved firearms ○ Firearm ownership is more prevalent among Veterans than non-Veterans. ○ 1 in 3 Veteran firearm owners store at least one firearm unlocked and loaded. ○ Increase in firearm suicide rates among female Veterans. <p>Many suicide cases are impulsive decisions and so they speak in suicide prevention around time and space. Putting time and space between a person and any lethal means, particularly a firearm, is a protective factor when it comes to preventing suicide.</p> <ul style="list-style-type: none"> ● Suicide in Context <ul style="list-style-type: none"> ○ Suicide is a complex problem; it is a multi-dimensional phenomenon. ○ Public Health Approach <ul style="list-style-type: none"> ▪ Suicide is preventable, ▪ Suicide prevention requires a public health approach combining clinical and community-based approaches, ▪ Everyone has a role to play in suicide prevention. <p>Suicide is preventable, it's not inevitable and what we do does matter to many individuals.</p> <ul style="list-style-type: none"> ● Community-based interventions for suicide prevention serves as a unifying model, from national to community levels. ● Community-based interventions can be looked at the national level at the state level and VA supports and promotes several endeavors at all those different levels. ● Every VA medical facility has a Community Engagement and Partnership Coordinator (CEPC). ● The role of the CEPCs is to support the Governor's challenge related coalitions that come together. ● The coalitions are community run, and the VA does not set what that group is going to do but what the VA does is set the timeframe. The VA has full time staff at the medical centers supporting the creation of these partnerships. ● The coalitions work on things that are evidence based. The key areas that they promote the coalition to consider: <ul style="list-style-type: none"> ○ Lethal means safety ○ What can be done to create time and space? ○ Identification of Veterans at risk and training everyone on the signs of suicide risk. ● Clinical-Based Interventions – Risk Detection <ul style="list-style-type: none"> ○ 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
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	<p>model allows VHA the ability to identify Veterans across the healthcare system who are at high risk for suicide. This is a statistical program that looks at risk factors in the Electronic Health Record (EHR) and allows them to stratify Veterans based on several variables. High-risk Veterans are put on a list that is reviewed every month to ensure those Veterans are engaged in care and getting support.</p> <ul style="list-style-type: none"> ○ Their 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. <ul style="list-style-type: none"> ● Clinical-Based Interventions-Enhanced Care Through Suicide Prevention Coordinators (SPCs) <ul style="list-style-type: none"> ○ VA Suicide Prevention Coordinators (SPCs) and teams are located at every VA and connect at-risk Veterans with care and educate the community. The number of SPCs at each medical facility depends on how many sites of care. The SPCs are all clinicians. ○ Newly hired SPCs review the Suicide Prevention Program Guide (SPPG) and complete the Suicide Prevention Program Guide Companion Orientation Checklist. <ul style="list-style-type: none"> ▪ The SPPG provides a comprehensive overview of the roles and responsibilities, outlines key aspects of the program, and provides “how-to” guides. ▪ The Companion Checklist provides orienting materials/resources, and points of contact, and assists the SPC with orientation to the facility’s suicide prevention program. Training modules prepare the SPCs to accomplish key tasks and develop skills to enrich the depth of knowledge competence. ● Clinical-Based Interventions-SP-Focused Evidence-based Psychotherapy <ul style="list-style-type: none"> ○ The SP 2.0 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. ○ In recent years, there have been several psychotherapies that have emerged as promising with evidence that they work better than just traditional mental health care. It does not replace any of the traditional mental health care, but it is a time-limited, manual approach. ○ Time-limited, adjunctive, care based on the 2019 VA/DOD Clinical Practice Guideline for The Assessment and
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	<p>Management of Patients at Risk for Suicide. There are four different interventions/modalities:</p> <ul style="list-style-type: none"> ▪ Cognitive Behavioral Therapy (CBT) for Suicide Prevention – the session solely focuses on suicidal behavior and thoughts that the individual is having. ▪ Problem-Solving Therapy for Suicide Prevention ▪ Dialectical Behavior Therapy ▪ Safety Planning Intervention <ul style="list-style-type: none"> ○ All interventions are delivered through Synchronous Video Telehealth. Leveraging the Tele Hubs at each VISN/regional level allows for the treatment to get out to Veterans as quickly as possible. If the Veteran does not have a smartphone, cell phone, or an iPad they are able to furnish them with one through this program. <ul style="list-style-type: none"> ● SP 2.0 Clinical Telehealth Alignment with Greater Los Angeles (GLA) Plan and National Homeless Goals <ul style="list-style-type: none"> ○ This treatment is not for every Veteran who may have suicidal thoughts because it is specifically focused on preventing suicidal behavior. So, participation is open to Veterans who have either attempted suicide in the past or have significantly put preparations in place. ○ Participation may provide unique benefits for Veterans experiencing homelessness as the treatments aim to reduce risk by instilling a sense of home and developing resiliency to stress. ○ Among VHA facilities, GLA has the third-highest percentage in the nation of referring potentially eligible Veterans to SP 2.0 Clinical Telehealth (32.32%) and the second-highest number of potentially eligible referrals in 2023. ○ GLA refers more Veterans experiencing homelessness to SP 2.0 Clinical Telehealth than the National Average. ○ GLA Veterans who experience homelessness engage in SP 2.0 care at rates almost double the national average. ● Overview of the components of the program. <ul style="list-style-type: none"> ○ Data & Surveillance team – put information into actionable data. <ul style="list-style-type: none"> ▪ In 2006, the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC) began comprehensive suicide surveillance for the VHA patient population. ▪ In 2013, joint work with SMITREC and the Center of Excellence (COE) for Suicide Prevention (SP) to gather data for the entire Veteran population (VA/DOD Mortality Data Repository). ▪ Since 2016, Annual Suicide Reports have advanced the understanding of the scope of Veteran suicide. ▪ VHA suicide mortality dashboard with information on trends by network and facility.
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	<ul style="list-style-type: none"> ○ Staff Sergeant Parker Gordon (SSG) Fox Suicide Prevention Grant Program (SPGP) <ul style="list-style-type: none"> ▪ Seeks to provide direct funding to community partners that support suicide prevention work. ▪ Community partners that are looking at providing training, outreach, and economic and social support. ▪ Notice for funding is currently open and will continue through April. ○ Research and Program Evaluation (RPE) <ul style="list-style-type: none"> ▪ Publish <i>From Science to Practice Sheets</i> which are one or two pages that provide a quick rundown of specific populations (e.g., <i>Justice system-involved Veterans and Suicide Risk</i>, <i>Heightened Risk for Suicide Among Veterans Who Have Experienced Homelessness</i>). Available online. ▪ Program evaluation looking at outcomes of the work that is being done in the program. ○ Partnerships, Training and Innovations <ul style="list-style-type: none"> ▪ Partnerships focus on the establishment and maintenance of strategic Public Private Partnerships (P3). ▪ Training promotes the inclusion of knowledge and skills related to suicide prevention in educational materials and training across VA offices and with external stakeholders. ▪ Innovations supports various projects as project managers and contract management to further the mission. ○ Policy <ul style="list-style-type: none"> ▪ Management of all suicide prevention-related policy, legislation, regulatory and/or oversight actions and initiatives. The Suicide Prevention Policy workstream serves as the primary consultant for VA leadership. ▪ Policy, Congressional, and Oversight tracking and consultation. ▪ Assigned program development and strategic planning actions (e.g., Caring Letters). ● Suicide Prevention in VA Homeless Programs – FY 2023 <ul style="list-style-type: none"> ○ The Homeless Program Office (HPO) collaborated with the Suicide Prevention Program (SPP) and VISN 19 MIRECC to provide five suicide prevention training to VA Homeless Program clinical staff and managers. ○ Updated guidance on suicide risk screening. ○ Distribution of Suicide Prevention Toolkit and suicide prevention training resources. ○ The National Center on Homelessness Among Veterans (NCHAV) released an updated Foundational Knowledge
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	<p>Curriculum training series including content on suicide prevention.</p> <ul style="list-style-type: none"> • Suicide Prevention in VA Homeless Programs training available in FY 2024 <ul style="list-style-type: none"> ○ 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 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 – The ten-year plan (2018-2028) is a comprehensive document that looks at all the complexity of suicide prevention. <ul style="list-style-type: none"> ○ Four Strategies: <ul style="list-style-type: none"> ▪ Healthy and Empowered Veterans, Families, and Communities; ▪ Clinical and Community Preventive Services; ▪ Treatment and Support Services; and ▪ Surveillance, Research, and Evaluation. <p>Regarding the VCOEB master plan discussions, how do we support a community that is as healthy as it can be? What is the most focused health when it comes to suicide prevention? And purpose, if a person feels they lack purpose that could be defined as a cognitive risk factor. So, how do they put in support systems that allow the Veteran to feel connected to this community?</p> <ul style="list-style-type: none"> • Strategic Direction 1: Healthy and Empowered Veterans, Families, and Communities Goals: <ul style="list-style-type: none"> ○ 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. <p>What does this look like in the master plan? How do you create those spaces for Veterans to connect? Do Veterans have an opportunity to contribute?</p> <ul style="list-style-type: none"> • Strategic Direction 2: Clinical and Community Prevention Services Goals: <ul style="list-style-type: none"> ○ Develop, implement, and monitor effective programs that promote wellness and prevent Veteran suicide and related behaviors.
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- 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 known upstream risks such as opioid use.

Mr. Zenner mentioned the work that Ms. Banko is doing bringing the residents together to build that sense of community particularly as they continue to build units on the campus this is something they should look forward to from the developers and their service providers. He mentioned the justice debts as well as homelessness, in the last year the justice-involved was 151 for 100,000 and the homeless was 112.9. He also noted that the homeless and justice falls under the Homeless Program Office and suicide prevention falls under OMHSP so they need to see more collaboration between the homeless office and OMHSP to target the population in GLA. The committee has received some positive feedback from the Veterans but one concern they had was some of the residents claim that they are getting board. How would you process that information looking at it through the lens of suicide?

Dr. Burgard said it comes back to purpose. It can be doing things that matter. It's the ability to work with Veterans to adjust to change if they can no longer do what they had previously done. Partnership on recreation and are those resources that are available going to be accessible to all Veterans.

Ms. Kabat stated over the past several years there has been an effort to breakdown those silos between justice and homelessness and cross-train.

There is also a training that family members of Veterans can take to learn about suicide prevention and specifically family caregivers. She emphasized the OTH Act and that 50,000 Veterans have used that and could go to their local emergency room because they were in crisis and get that care paid for, this is about lowering the barriers to care for mental health.

Mr. Holmes mentioned the importance of this whole-person approach to suicide and all the causal factors but also the protective factors in the prevention of suicide and could potentially be categorized as homeless prevention and ways to lower risk factors for justice involvement as well. There might be an opportunity to collaborate more with the VA regarding access to benefits and the intentionality of how the benefits are being used particularly with Veterans living on campus.

Dr. Burgard said these projects on campus are bringing together different upstream prevention and protective factors creating an opportunity to look at how residents over time are benefiting from all these things. His office has also collaborated with the Veterans Benefits Administration (VBA) looking at the debt and disability systems and how they look at the at-risk Veterans and how those benefits are provided.

Ms. Sandor asked if someone on this campus charged with looking at the hospital-based suicide mortality dashboard monthly to ensure all the existing programs and resources are resulting in bringing that number down?

Dr. Burgard stated part of the Suicide Prevention Coordinator's role is to track that data. However, they do not track the rates of suicide every month. Keep in mind the annual report is two years in arrears and the annual report is looking at all Veteran suicides, not just Veterans engaged in care at GLA. They do have more timely data for Veterans in care because when an event happens, they have internal reporting so there is more focused data that the research team is reviewing. The REACH-VET program is a monthly program that's being pushed to clinicians every month to show their highest-risk Veterans each month and checking to see if those high-risk Veterans are accessing services, but the Veteran can decline services.

BG (Ret.) Sutton stated that several years ago, the VA implemented the use of the Columbia protocol which is evidence-based and can be used by anyone to assess who is at most risk and needs immediate help. What is the status of that now? That might be useful.

Dr. Burgard explained that the RISK ID program he had had mentioned, where every Veteran every year is asked questions about suicide risk, the Columbia protocol is the front-end of that. For those Veterans who are positive, (about 1%), then they will do a comprehensive risk evaluation which there is no real industry standard. Any clinician can pull the Columbia evaluation up in the EHR and complete it for a Veteran they feel is at risk.

	<p>BG (Ret.) Sutton: It is important to understand the criticality of not only that 1% but also for community members and clinicians to have confidence in knowing that if that individual in answering those questions is not at the highest level of risk. It's a better use of resources, more accurate tracking, and ensuring the Veteran receives the right level of care. Before the Columbia protocol, anyone who would acknowledge some suicidal ideation would immediately be referred to care when they may not have always needed it. So, the tool is very useful.</p> <p>Dr. Burgard said just asking the question is something they promote and if it is positive for risk there is a stratification where although it might be an elevated risk, they don't need to be in the hospital today, but they will do a safety plan.</p> <p>Mr. Begland mentioned that last October the California Governor signed the CARE Act, which allows for powerful intervention and L.A. County court system opened December 1st, he encouraged Dr. Burgard to take a look at how that works.</p>
<p>Tracie Mann, Chief of Operations LA County Development Authority (LACDA)</p> <p>Emilio Salas, Executive Director LA County Development Authority (LACDA)</p> <p>Carlos Van Natter, Housing Authority for the City of Los Angeles (HACLA)</p>	<p>Mr. Salas recognize that they are not at the level they would like to be at regarding the utilization of the Veterans Affairs Supportive Housing (VASH) vouchers. This is not unique to L.A. County it is a national issue, and there are a variety of reasons for this:</p> <ul style="list-style-type: none"> • The sheer scale and complexity of the system in which they are operating. The Los Angeles area has 19 different housing authorities that operate within this county. The two housing authorities presenting today, represent 70% of all the vouchers and most of the VASH vouchers. • The homeless count is 70,000+ and more than 4,000 identify as Veterans. <p>Ms. Mann said the VASH program is a targeted allocation from HUD given to housing authorities that come with vouchers and funding specifically for homeless Veterans and their families to secure housing. The housing authorities have opportunities to apply for these vouchers, other times HUD will just award these VASH allocations to various housing authorities. Slide review.</p> <ul style="list-style-type: none"> • Current Allocations as of January 16, 2024 <ul style="list-style-type: none"> ○ Tenant-Based – The Veteran locates a home within the LACDA's jurisdiction. They do have inter-agency agreements with other housing authorities that expand the range of where these Veterans can locate housing. ○ Project-Based – the Voucher is assigned to specific units within specific buildings. Building 207 on campus is project-based.

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

- Review of the Higher Utilization with the VASH Project-Based Voucher Portfolio slide. They have a higher utilization with project-based VASH programs because the buildings are already set, and the Veterans have a choice to go into these units or not.
- The federal government limits the number of vouchers a housing authority can use for project-based housing. The limit is 20% of the housing authority's overall allocation with another 10% for special needs housing.
- Challenges towards increasing utilization.
 - Reviewed the Allocation vs. Lease slide for LACDA,
 - In 2012, LACDA's overall allocation was 855,
 - In 2023, LACDA's overall allocation was 3,442,
 - Over the years there has been an upward trend in the utilization rate.
 - In 2016, they reached 100% utilization rate. Since then, the utilization rates have slowly gone down. Some reasons for this:
 - Growth of the program.
 - HUD's allocation of VASH vouchers to different housing authorities at different times of the year during different years.
 - The challenge with receiving more VASH vouchers is the capacity to be able to fill them.

Mr. Salas stated even though the market is challenging they did have success with the Emergency Housing Voucher program which was a national program as a result of the American Rescue Plan. They were able to lease up the entire allocation of vouchers that were received, about 2,000, in 18 months.

- Strategies for Success with the Emergency Housing Voucher (EHV) Program
 - Over issue EHV's enabled them to lease up the entire allocation of these vouchers. However, with VASH vouchers they are dealing with a smaller sub-set so they cannot do the same.
 - With the EHV allocation they're also wrap-around services similar to VASH.
 - The pool by which they are pulling from for the EHV is much larger than the VASH side.

Ms. Mann explained one of the challenges with VASH voucher utilization is the number of referrals. With VASH they typically receive a one-to-one

referral. When they receive one voucher for one person that person is not always going to find a unit. So, therefore they need more people in the pipeline to meet their lease-up goals.

- Referrals Received 2018-2023
 - The slide shows the number of referrals they've received on an annual basis and the number of referrals they need if they did a one-to-one match to reach full utilization of the VASH voucher program.
- Attrition vs. Lease from 2018-2023
 - Another challenge with reaching utilization with VASH has to do with attrition. This means the number of Veterans who end up losing their assistance or giving their assistance up.
 - The top four reasons for attrition between 2018-2023:
 - Self-termination – the Veteran who had a voucher and was in housing decided they no longer wanted the assistance.
 - Non-compliance with the Annual Reexamination – every year the housing authorities must re-certify the eligibility of the Veteran, which requires the Veteran to complete an annual re-examination packet. They have streamlined this process so that a Veteran who has a fixed source of income does not need to complete the re-examination packet on an annual basis.
 - Deceased
 - Expired Voucher – sometimes the Veteran wants to look for another unit and the owner submits a notice to vacate, the Veteran has the voucher for a year and unable to secure a unit and the voucher expires.
 - In 2018 and 2019, they saw more Veterans leave the program than they had new Veterans coming into the program.
 - In 2020 and thereafter, this shifted to a positive trend.
- Strategies and Initiatives to Increase Utilization
 - Average time to be housed – From 2018 to 2023, the average time from voucher issuance to housing 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 OTH discharge. Housing authorities can set aside 15% of their VASH allocation for this. They have a Memorandum of Understanding (MOU) in place with the county's Department of Health

	<p>Services to receive referrals for any Veteran who was OTH discharged.</p> <ul style="list-style-type: none"> ○ 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, (e.g., self-certification of identification, SSN, income, etc.), get them housed and within 60-days obtain the appropriate documentation from them. A more streamlined way to get Veterans vouchers and housed. ○ Homeless Incentive Program - Landlord Incentives: <ul style="list-style-type: none"> ▪ A host of monetary incentives to benefit landlords and tenants. ▪ Offer of a damage mitigation incentive for tenant-caused damages, up to \$2,000 above the security deposit. ○ Increased Payment Standard – Balanced payment standards/Fair market rents. At LACDA they have historically had higher payment standards for the VASH program vs. the payment standards for the regular housing choice voucher or section 8 program. So, this has been one incentive to get landlords on board with renting to VASH clients. ○ Housing Location Assistance – Housing advisors are a team of staff who have been tasked with: <ul style="list-style-type: none"> ▪ going out to the property owners and realtors to see who has vacant units available and if they are willing to rent their units to our clients. ▪ Compile a list of vacancies and send this out daily to our community-based organizations, and to the VA. If clients, ask for them they will send them to the clients as well. ▪ The housing advisors will also review the list of current voucher holders and call them and provide them with the list of units that are available for rent. ▪ Housing advisors will also provide transportation services to voucher holders that do not have the means to go out on their own and search for housing. ○ Interagency Agreements – There are eight MOUs with surrounding Public Housing Authorities, including Kern County, which allow Veterans to secure rental units outside the LACDA's jurisdiction. Although LACDA is the county housing authority, they only do business within the unincorporated areas of L.A. County and upwards of 70 cities that do not have their housing authorities. For the cities that do have housing authorities, this is where the interagency agreements come into play because they now can refer their Veterans to find housing in those other jurisdictions.
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- VA Stand Downs – In collaboration with VA partners, when stand-down events are happening LACDA deploys its team of VASH coordinators to come on-site to do on-the-spot eligibility determinations and if the Veteran is determined to be eligible, they issue them a voucher at that time allowing them immediately start looking for housing.

Mr. Van Natter said HACLA has been involved with the HUD-VASH program since 2008 and they serve over 6,100 families. Slide review.

- Tenant-Based Utilization/Allocation CY 2023 – slide review of data.
 - Allocation – vouchers received from HUD to be used throughout the year.
 - Utilization – vouchers used in the tenant-based program.
 - Utilization % - the percentage of the allocation used.
 - Referrals – the referrals the VA provides to HACLA and all the housing authorities.
 - In the HUD-VASH program, the VA is responsible for identifying the Veterans and preparing the referral packets to the housing authorities.
 - The housing authorities are responsible for determining the eligibility of the Veteran and family and issuing them a tenant-based voucher.
 - Tenants have up to 180 days to locate a unit.
 - Once a unit is identified, the housing authority completes the contract and executes payment to the landlord on behalf of the tenant.
 - Not everyone is successful in locating a unit.
 - Attrition – the number of people who leave the program each month.
- On average, HACLA has been receiving 19 referrals/per month, but they have been requesting 25 referrals/per week since 2008.
- January 2024 activity:
 - Applications in Process: 19
 - Vouchers Searching: 77
 - Request For Tenancy Approvals (RFTAs) in Process: 15 Veterans have located a unit and HACLA is working on contracting them in those units.
- Project-Based Utilization/Allocation CY 2023 – slide review of data.
 - There are several project-based voucher buildings throughout the city and three on GLA campus (bldgs. 205, 208, 209).
 - Utilization is better with the project-based vouchers.
 - These buildings are available and ready for people to move in. Whereas in the tenant-based program, the Veteran and family have up to 6 months to look for a unit, they must go out into the community and find the unit with a private landlord.

	<ul style="list-style-type: none"> • Historical data regarding referrals HACLA has received CY 2008 – CY 2023 – slide review of data. <ul style="list-style-type: none"> ○ HACLA needs to receive 1,300 referrals/year or 25/week. ○ In 2015, they achieved that goal of receiving 1,300+ referrals at that time the VA had contracted with 12 different service providers in the community and made referrals to housing authorities. This is where they say the greatest success. • Annual Attrition Percentage CY 2012 – CY 2023 – slide review of data. <ul style="list-style-type: none"> ○ People leave the program for many reasons. ○ The program's attrition rate in 2012 was 10.33% and in 2023 it was 12.72%, this is not unusual for the HUD-VASH voucher program. ○ Compared to the HACLA attrition rate for the regular Housing Choice Voucher (HCV) program which is 4.5% so, the HUD-VASH program attrition rate is more than double that of the HCV program. ○ This has been an issue that needs to be addressed. They have had issues with getting new people in the HUD-VASH program and they have had an issue keeping people housed over time. • Annual Attrition Percentage by Type – CY 2023 Tenant-Based Program. <ul style="list-style-type: none"> ○ Top three reasons: <ul style="list-style-type: none"> ▪ They “skip” the program. They just walk away from the unit. ▪ Non-compliance with annual review. There is a requirement that tenants need to comply with updating their income annually. ▪ Deceased ▪ Last year they had an average of 22 people leaving the program. • Annual Attrition Percentage by Type – CY 2023 Project-Based Program. <ul style="list-style-type: none"> ○ Top three reasons: <ul style="list-style-type: none"> ▪ Non-compliance ▪ Deceased ▪ Skip • Strategies and Initiatives to Increase Utilization <ul style="list-style-type: none"> ○ High voucher payment standards and higher small area voucher payment standards. Because of the difficult market in L.A., rents are high, and vacancies are low. HACLA pays 120% of the Fair Market Rate (FMR) across the city. ○ In 2023, HACLA started using small-area FMRs and in that program, they have three different tiers of 70 different zip codes in the city and some county areas. These are the
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higher opportunity areas in the city and county of Los Angeles and in those areas, they offer higher rental amounts.

- The tier-3 level includes all the zip codes around the West L.A. medical center, this is the highest small area FMR. For a one-bedroom apartment, they can go up to \$3,216 if they can find a unit.
 - Tier-2 they can go up to \$2,760 for a one-bedroom apartment.
 - Tier-1 they can go up to \$2,460 for a one-bedroom apartment.

HACLA HUD-VASH's success rate is 61%, they need 41 referrals per week to utilize the 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. Once the Veteran is housed, they must receive these documents within 90 days.
- Interagency Agreements with other PHAs. This doubles the size of the area where Veterans can look for units. Along with the county housing authorities, the other jurisdictions are Long Beach, Pasadena, and Santa Monica.
- Other than Honorable (OTH) Program.
- Communication with VA Case Managers regarding adverse actions.

Mr. Begland asked what is your Utilization percentage on the section 8 housing project? Project-based vouchers can only be 20% of their portfolio what is the breakdown?

Ms. Mann said LACDA utilization is between 88 - 89% utilization. This is due to the costs of subsidizing units for their current families. HUD funds them 100% based on the number of units they have leased at those rents. They are currently paying out 106% of their budget authority for housing subsidies. The higher the amount they are paying an owner(s) for their stakeholders the fewer families LACDA can assist. The project-based VASH allocation is harder to definitively say, however, this year they are slated to have 250 new project-based VASH voucher units coming online with others coming online next year. LACDA will reach its PBV cap by the end of next year. So, they are allocating as many VASH vouchers as they can to PBV, but they are limited in scope.

	<p>Mr. Van Natter said there are two metrics used in the overall Housing Choice voucher program; unit vs. budget. For unit, they are about 80-90% utilized, but since the contracts are expensive, they are about 93-94% utilization of the dollars. Their goal is to get to 100% this year but they utilized all the dollars received for this program. For the project-base vouchers, they are almost at the cap at HACLA. They have approximately 4,000 units for their project-based programs, all programs including HUD-VASH. Although this is a difficult housing market, they were able to house over 6,200 new families through the tenant-based and project-based programs: (2,500 on the project-based side and the remainder on the tenant-based side). They have allocated as many project-based units as possible for HUD-VASH and the regular program. They are expecting to have 3,000 more units in the PBV program, in new buildings this year.</p>
<p>John Kuhn Deputy Medical Center Director, VA Greater Los Angeles Healthcare System</p>	<p>Mr. Kuhn addressed the need to improve voucher utilization and diagnose the problem. What they are seeing from voucher utilization is a systemic issue, it's not just a HUD-VASH issue or a Los Angeles issue. Slide review.</p> <ul style="list-style-type: none"> • Non-VASH Voucher utilization <ul style="list-style-type: none"> ○ 48% of regular Section 8 vouchers are returned unused. These are people living in poverty who need assistance, for HUD-VASH we are working with a more complicated population. ○ HUD study found that in a 180-day window, only 61% were able to successfully use these vouchers, the rest were returned. • Why is PBV utilization higher than TBV utilization? <ul style="list-style-type: none"> ○ Discrimination – the landlord knows that by accepting a TBV voucher the client may be a person of color, may have some mental illness, or may have a criminal history. ○ Landlords are reluctance to accept Section 8. California has the most expensive housing market in the country. Landlords can lease up quickly without any hassle. If they go through HUD-VASH they would need to go through a secondary process, they have to qualify for section 8, and they must have the apartment inspected, all this time the apartment is empty, and the landlord is not collecting any revenue. So, there is an economic incentive for the landlord <u>not</u> to take a TBV. ○ Barriers to applicants (paperwork, background checks) – There are the up-front costs of application fees, fill out numerous forms for each housing authority, the PHAs do not have one standardized application. For Veterans who may suffer from some mental illness has learned helplessness these barriers can be overwhelming. • Need for Affordable Housing <ul style="list-style-type: none"> ○ California is the most expensive rental market in the country.

	<ul style="list-style-type: none"> ○ L.A. vacancy rate lowest in 20 years with 3 of 4 households rent burdened. ○ There are 499,430 units needed in L.A. to meet the demand among renter households at or below 50% Area Median Income (AMI). <p>Nation-wide there is not enough affordable housing, particularly for people with lower incomes.</p> <ul style="list-style-type: none"> ● HUD Waivers Announced - GLA request to PHAs and HUD to reduce barriers to the application/acceptance process. <ul style="list-style-type: none"> ○ 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, an alternate ID is acceptable to validate SSN. ● One Team – part of the reason the utilization rate has not changed, in part, is because there are more vouchers distributed. But they are placing more people in permanent housing, last year their permanent housing placement rate increased by 38% from the previous year. <ul style="list-style-type: none"> ○ <i>“What does the Veteran need?”</i> vice <i>“What can the program offer the Veteran?”</i>. ○ Referrals to housing come through CES/BNL <ul style="list-style-type: none"> ▪ Immediate development of a housing plan and access to a range of services. ▪ Avoids VASH screening bottlenecks. ○ Intentional bridging between SSVF and VASH <ul style="list-style-type: none"> ▪ Reduces delays in placement. ▪ Provides landlords with rent while working through administrative processes and inspection requirements. ● Benefits of Master Leasing – this is the latest thing they are working on and will be a very important intervention. With master leasing, a third party goes in and leases all the apartments in either one or multiple buildings and the landlord has no marketing costs and they have guaranteed rent. As soon as the apartment “opens up” they are ready to go, so the landlord has no marketing costs and no vacancy. The county has all these apartments for the VA on demand and they will be tied to the HUD-VASH rent. <ul style="list-style-type: none"> ○ Creates an on-demand supply of apartments. ○ Responsive to landlord needs – a critical customer. <ul style="list-style-type: none"> ▪ Do not need to maintain vacant apartments. ▪ Deal with a single tenant, saving time and money marketing and collecting rents. ○ Background checks and landlord interviews will not disqualify applicants. ○ Reduces landlord discrimination, <ul style="list-style-type: none"> ▪ More than half of unhoused Veterans are persons of color. ▪ 70% are extremely low-income (below 30% AMI).
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Ms. Hammitt thanked their partners for coming together with solutions and as a result of their work together her team has been able to explore action plans. She shared their progress,

- Goal 1: house 1,500 Veterans and they exceeded that goal and were able to house 1,790 Veterans in calendar year 2023. That was 119.3% of their goal and 489 more housing placements since calendar year 2022.
- Goal 2: Increase efforts to ensure that Veterans are successful in staying in their housing. Out of the 1,790 Veterans that were housed, 81 Veterans fell out of housing. That was 4.5% returns, so while they met the goal of less than 5%, they don't want anyone to return to homelessness.
 - 79 out of the 81 (97.5%) were put on a pathway to rehousing or rehoused. There are two follow-ups:
 - One is on a lease with his ex-wife and child, there are some relationship issues and One Team is working to get that person in housing.
 - The second person missed medical appointments, so outreach workers are working to re-engage them into the housing system.
- Goal 3: Engagement of unsheltered Veterans. They had set a goal to engage 1,888 unsheltered Veterans, they exceeded that goal and were able to engage 2,183 unsheltered Veterans. This was a success because they were able to partner with VA police, city police, Veteran Peer Access Network (VPAN), and all those efforts outside of VA in conjunction with their operations to be successful.

They have a Racial Equity Group to be involved in ensuring that they are not placing barriers in getting housing.

Mr. Zenner said HACLA referrals dropped off from 2015 to 2017, what was significant during 2017 is that the contract providers had to run all their clinicians through the credentialing process in the VA. This made it more difficult for the contract providers to hire clinicians and that is something that historically has caused staffing issues and is a reason they have not been able to utilize vouchers as much as they need to. None of the PHAs have been provided guidance from HCD about the implementation of 1386 which is the bill allowing flexibility with the 30% AMI issue. Are the housing authorities tracking the number of Veterans who have been disqualified by the PHAs over-income or service connection?

Mr. Van Natter said to his knowledge, they have not terminated anyone for excess income. The PHAs have built into their administrative plans to say that if a Veteran is receiving a pension, and it puts them over 50% AMI they

can go up to the low-income limit, which is a higher rate. From the housing authority's perspective, they allow the tenants to be on the program, when it becomes problematic is when the tenants want to go into project-based buildings because, on the PBV side, the developers have those limitations through their tax credit and other regulations they must abide by.

Ms. Mann said this has been the same for LACDA, they have not denied anyone for being over-income.

Ms. Branca asked if there has there been any movement to make it easier to have contract providers. And what else is being done to increase referrals? In New York, they had teams of Housing Advisors a model that was outside of the VA and HUD. This was a team of non-profits and city government working together with the VASH voucher holders to find them housing and understand where they wanted to live. The attrition rate may have something to do with the tenants not living in the apartment/area they are currently housed. In her experience, the VASH case managers were very good on the clinical side, but she found it helpful to have someone to check in to see if the tenants know how to research to complete their paperwork as well as tell in the landlords that they had a point of contact to call if they had a problem.

Mr. Van Natter said they would like to see the VA contract with the agencies again. They are limited in the referrals they can get for the program from the VA or through their Other than Honorable program with the contracted agency the Department of Health Services that they work with in that program.

Ms. Mann said she highlighted during her presentation that in 2016 they had reached 100% utilization which was the result of the contract agencies being in place and working with the VA not only with referrals but also providing case management to engage with the Veteran regularly to check-in and see how they were doing and to ensure they retain their housing.

Dr. Harris discussed some of those issues.

- A 30% cap on PBVs this is a problem for the campus development. If HUD does a dedicated allocation of PBVs the cap does not apply to those. The cap applies to potential TBVs that are converted to PBVs.
- He has been advocating with headquarters on doing a targeted allocation of PBVs, even if it is restricted to the campus.
- There is a denominator problem. How to do voucher allocations early on in HUD-VASH performance was heavily factored into performance, the housing authorities had to demonstrate they were using the vouchers to receive more vouchers.
 - Every year since 2015, they have been hearing that this may be the last year Congress allocates vouchers. So, they thought it was more important to make sure the vouchers went to the places where the need was greatest even if they

had not demonstrated the ability to use them. So, at this point, L.A. was flooded with new vouchers, even at a point where utilization rates were not great. That was a targeted strategic decision, knowing they were going to inflate the denominator in some places.

- Nationally utilization rates have been a struggle. In FY 2022, there were over 15,000 lease-ups and over 16,000 move-outs.
- The back-end work is as important as focusing on the referrals because it is just as important to keep Veterans in housing, once they are there.
- The Other Than Honorable (OTH) program pre-dates legislative change. Congress changed the eligibility for HUD-VASH, and those Veterans are now eligible to receive the vouchers and case management from the VA.

Ms. Cohen asked how they are projecting the allocation of PBVs on this campus? How does the voucher allocation take place? How do we know we're going to have the vouchers allocated along with the project funding and how does that process work? With the cap issue, how are we planning to get all the units that we need as described in the master plan?

Mr. Salas said they have been operating under a waiver from HUD to use the original competition that was awarded to the developers, so they do not have to reapply to a competitive process to obtain those PBVs and have been receiving a waiver every year thereafter. In addition:

- They are also putting out a notice of funding availability county-wide for developers in general to produce affordable housing and it is up to the developers to determine the population.
- They are incentivizing the unhoused and they also send out notifications that they have HUD-VASH vouchers available, but it is up to those developers to select those populations, but they are also drawing from that same cap of PBVs.
- Each year they are issuing a new notice that they are getting closer to the cap. Meanwhile, there are still developments being built here and they project that they will have reached the cap before those developments come online.
- They are actively advocating for a separate set-aside allocation, but there is also legislation to increase that cap to 50%. Advocating for that cap to be lifted with the understanding that it is discretionary you do not have to go up to 50%. In their jurisdiction this is effective, however, they are getting push-back from some housing advocacy groups that believe it takes away from the original intent of the voucher program.
- They are finding it difficult to get that cap increased and hope that there is a desire to help them get a special set aside specifically for this campus.

Ms. Sandor stated this is a national issue many communities are struggling with the contracting piece. We can learn from cities that are doing good work, including N.Y. where there is a 94% utilization rate of TBV in a very similar market. So, what can we learn from different cities where they are seeing different outcomes? The best practices discussed are what most people are doing. What is different and how do we investigate that in this context? How much is contracting a barrier to utilization? If the cap were lifted, what is the confidence rate that it would expedite the utilization rate? Has there been a discussion about partnering with organizations like Brilliant Corners who are doing full housing resources as a mechanism to accelerate the utilization rate?

Mr. Van Natter said many developers in the city would like to get PBV allocations from the housing authority, but HACLA is at their cap.

Estelle Ana, the Deputy Program Manager for HUD VASH currently has five contract agencies partnered with them. They've issued 2,290 HUD-VASH vouchers across those five contracts, but they also need to go through the credentialing process, and they struggle to get their staff onboarded in a timely manner. They have given the contractors more flexibility in the type of staff, such as they can have a bachelor's level with 5 years of experience, and they can have various master's degrees in human and behavioral services. However, all of those staff must go through the onboarding process, and this can take several months as does the VA staff it can take anywhere from 3 to 7 months for onboarding.

Deputy Chief for HUD VASH said they have less contracted agencies than in the past, but they are larger, and they have a larger percentage of the vouchers that are out there. Credentialing has been a problem they are addressing it. In addition to the case management contracts they also have a housing navigation contract in addition to the VA's internal housing specialist and peer specialist to help. They just secured a PBV contract, they have had many developments, but they have been unable to keep up with staffing them all on the VA side, so they have now allocated about half of their PBVs to contracts. They are also working with some larger landlords/developers who are not necessarily going PBV but are interested in TBVs. So, they are working on future lease-ups with Veterans that are on their interest list for TBVs.

Mr. Begland said this board makes recommendations to the VA and its leadership on what is the right size for the total number of units on campus. The original MOU said the original principal developer said at least 900 units, the master plan talks about 1200 units, and they need to decide if 1200 units is still the right number or do, they move to suggest a higher number of units. Some things they need to consider:

- Balance of the voucher utilization and how much can that improve.

	<ul style="list-style-type: none"> ○ How far is the city on the development of Veteran housing using the HHH funds? <p>Mr. VanNatter stated The HHH bond measure (1.2 billion was a city measure) LAHD has been responsible for funding the capital side of the developments. All that money has been put out to the developers. On the HUD-VASH side and the regular PBV side, they are coming up on using all that money and attributing their HUD-VASH vouchers to the full allocation that's come about from that bond measure. Last year, for the PBV program they did about 2,500 new units this year they will be doing over 3,000 units, and that will use up all the money that was earmarked from HHH. He did not know what part of the overall PBV percentage was HUD-VASH, but it was close to 1,000 units. He believes that they can utilize that 1.2 billion on the PBV side, regular, and HUD-VASH.</p> <p>Mr. Salas said addressing the issue of the right size of units on campus. With the possibilities on the campus, if 1200 units were available today and with their PBV allocation, he is confident that their utilization would skyrocket. So, he is a champion of anything that can be done to get to that number or increase that number because this is a highly desirable area for the Veteran community. In terms of rightsizing it, 1200 is good, if they can do more that would be even better.</p>
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Mr. Brett Simms Executive Director, Office of Asset Enterprise Management	<p>Mr. Simms addressed specific questions presented to him by the board.</p> <ul style="list-style-type: none"> ● Principal Developer's Contractual Relationship with the Department of Veterans Affairs specifically within the MOU and EUL <ul style="list-style-type: none"> ○ What are the agreed targets for the construction of permanent supportive housing? <ul style="list-style-type: none"> ▪ Within the Principal Developer's (PD) EUL there is an agreement to make at least 900 units available to Veterans and their families in accordance with the Draft Master Plan. ▪ Why is it 900 units and not 1200 units? The PD is not developing all the housing on campus there are two other development teams that are working on or have already delivered housing. <ul style="list-style-type: none"> ● Shangri-La step up is building 205, 208 and 209. ● Core Companies is working on MacArthur Field. ● Combined those will deliver 300 units of housing and when added to the 900 the PD is delivering that gets to the 1200 units. ● There are parcels available to develop more than 1200 units and that would go under the PD EUL.

	<ul style="list-style-type: none"> ○ There is a parcel release schedule that is publicly available and is updated regularly. ● What commitments have been made by the Department to the PD to meet the established target? <ul style="list-style-type: none"> ○ VA has committed to identifying parcels available for development and vacating the parcels before the lease/sublease execution date. ○ VA can contribute Capital Contributions from the minor construction account to an EUL developer to help offset the costs for specific things, such as historic buildings or buildings in poor conditions if there is abatement needed, these are not usually financed through low-income tax credits or other financing sources. This has been done for projects on the West L.A. campus, bringing in trunk line work, and dry utilities to support the North campus, a 13-million-dollar endeavor that the VA contributed to the PD EUL. ○ What is not finite in the EUL is the amount of money, that is determined as they go through each of the parcels to be released determine the amount needed and then the VA will determine how much they could contribute to that amount. ○ They've identified 20 parcels that could be released for housing purposes. To get to the 900 units they only need to use 14 of those parcels, the remaining parcels are "below the line" right now since they are not necessarily committed to delivering those housing units, but the parcels are available. ● When the Memorandum of Understanding (MOU) was written, did VA state the principal developer would be responsible for executing Town Center development? <ul style="list-style-type: none"> ○ The MOU did state that the PD will conduct the necessary due diligence to prepare for a comprehensive community and neighborhood plan. It did not use the term Town Center, but it did imply the VA asked the PD to look at the community as a whole and not just individual housing units. ○ The MOU was not legally binding at the time so ultimately the EUL would supersede anything that was done originally but the MOU was the first opportunity to as the PD team to take a broader view of how the housing that is being developed fit within the broader community that everyone wanted to deliver. They did ask the PD to have that vision of the community and not just individual housing units. ● When the Enhanced Use Lease (EUL) was negotiated with the principal developer, did VA state that the principal developer would be responsible for executing Town Center development? <ul style="list-style-type: none"> ○ The EUL replaced the MOU there is still no direct reference to executing a town center. What does exist within the PD
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EUL is the requirement for the supportive services for the housing.

- The requirement is for permanent supportive housing and the PD has been asked to continue with that view of the community and help with the plan to coordinate those services across the community.
- A town center is a concept and a central point within the campus. But what exactly goes into making a town center is to be determined. Some of this will go to the PD team because it is a supportive service for the housing directly tied to the residents of the North Campus that they would deliver as part of one of the EULs on the North Campus. And there would be things that are not part of the support of services that fall outside of that such as a coffee shop. They asked the PD team to look at where a coffee shop logically fits in within the buildings, network of roads, etc. that would be most advantageous they were not asked to deliver a coffee shop, but they are being asked to plan for it as they look at all the buildings in the housing to be developed on the North Campus.
- Most of the units that are in place have a food pantry. That is not a residential unit, it is something that is built into the building to support the residents that are there. That's a supportive service that does not need a service lease and is directly tied to the housing.
- They have received input from the Veterans forum for things that do not fall within supportive service and that is where the services lease will come in and they've asked the PD team to develop a plan for this.
- Building 300 was proposed with approximately 15,000 sq. ft. of supportive service space. As they work through the development of building 300, a decision needs to be made regarding those services and who will execute on this, (EUL with PD team, VA, service lease, etc.).
- They are starting the concept of flexible service space in multiple buildings across the North Campus.

Mr. Begland said VA developed a master plan in 2016 and 2022 which called for the PD to develop a community plan to create a community atmosphere for the Veterans in the supportive housing being built on campus. While they want the PDs input on the arrangement of housing, the responsibility of determining where the zones are and what happens in each of those zones is with the VA. The PD can make recommendations on how buildings should be used, and the master planning function that informs their use is decided by the VA with input from this committee.

Ms. Cohen asked when is the Q1 parcel release schedule going to be released? Building 408 has been pushed to a later timeline in 2025, do you know when in 2025? What is going to happen between now and 2025 regarding the decision to move the parcel? During the last meeting, there was a recommendation around the buildings below the limits, what is the process will be from the VA to assess the options that they have for the town center whether it's the 2016, 2022, or the EUL plan? Where are they going to land before 2025? Is this going to be worked out through a strategic process before additional parcels are released?

Mr. Simms answered they expect the Q1 parcel released within the next week to two weeks. For building 408 they anticipate spring 2025. There is no direct link between the recommendation from the last meeting and what happened with it, indirectly the ULI study had an impact on it. What is proposed in master plan 2022, is a mixed-use development approach to the town center and the ULI study supports that. How many total units do they believe will be needed and the question about the potential college Veterans at risk of homelessness are pieces that they will be working through that will help drive what would or should not change between now and 2025 and the timing and buildings to be released going forward.

Ms. Cohen asked will the board receive a presentation on what that decision is before contracts are issued?

Mr. Simms said they can do a presentation. Contracts for housing would already be part of the PD EUL. The other components that would be service leases would be done separately for the delivery of services so those would be the only contracts issued based on those decisions. If they move parcels around this does not change the PD EUL, it just changes the parcel release schedule.

Ms. Cohen asked if the PD team been selected for building 408?

Mr. Simms answered it is confirmed that the PD team has been selected for building 408.

Ms. Cohen expressed concern about reconciling the differences between the 2016 and 2022 master plans and the importance of the stakeholder involvement in the 2016 master plan and considering their input while they address the parcels on campus moving forward.

Mr. Begland stated previously, the board had asked for a third party, the Urban Land Institute (ULI), to study the viability of a town center. They were concerned that the VA had diluted the original vision of the town from the master plan 2016 to the master plan 2022. There was also concern that the VA was ceding too much of the master plan responsibility to the PD in agreeing to the notion that if the PD had a community plan for housing that

that was sufficient to constitute a master plan. He was disappointed that they will be turning over building 408 as well as building 13. Does the EUL framework amount to the right of first refusal? It does not. Even though the VA may have identified these parcels in the original town center per the EUL agreement the VA is free to decide whether to turn them over or not. He would encourage the VA to perhaps hold these parcels for the time being because otherwise, they are giving them up for 99 years.

Ms. Sandor stated the 1200 units are focused on the homeless population. She asked if there have there been conversations about how you integrate mixed income into this site as well?

Mr. Simms said part of the EUL requirement does focus on homeless and at-risk populations for West L.A. The EUL program outside of L.A. does have some broader parameters that expand their authority to do things beyond housing that would be a benefit in general just for Veterans. Outside of West L.A. that could be a different conversation, here it is very focused on the homeless and at-risk Veterans. They can do other types of housing but in different venues such as emergency housing. If you are looking for something closer to market-rate housing, there is not a good venue to do that under the authorities they currently have.

Ms. Sandor said not market value but low-income affordable housing.

Mr. Simms stated there are different targets with different buildings and different parcels that the PD team will explain. Building 210 will have a section for women Veterans. So, it has not been income-focused, it's been more about senior disabled, family-based, women and more about different groupings of Veterans that might need different types of housing and less about income.

Mr. Zenner said he's Interested in some of the limitations of service leases. In the ULI report, it mentioned certain services such as a restaurant and hotel with the service lease could the VA enter into an agreement with an organization to provide those amenities on campus?

Mr. Simms said they could enter into an agreement with an entity to provide those services on campus. However, there is an enumerated list of things and how does that requirement fit within that list? So, a restaurant is going to have the same question that the hotel does. How do you ensure it principally benefits Veterans? Nutrition is one of the things on the enumerated service list and they could say that a restaurant supports that, but how do you satisfy that principally benefits Veterans which is also a requirement that exists? Whatever the use is you're proposing for a service lease it would need to fit within the allowable use of a service lease on this particular campus.

Mr. Zenner asked if they can they get 1200 units built in the Northern limits?

Mr. Simms said he did not believe they could it would be close because there are buildings 408 and 13 so there are a number of those below the line that they couldn't just flip. He believed that building 257 they might be able to flip but he did not believe that will provide them with enough density if they take out 408 and 13 and some of the others that they've talked about.

Mr. Zenner ask if it possible for a separate developer to look at the town hall and other amenities on campus.

Mr. Simms said they could do service leases for those but ultimately the VA has to decide on what those services are fully supporting and that's got to be driven by the Veteran stakeholders. Whatever those services are, how we go about executing those in most cases it will be either direct supportive service to the housing which falls under the EUL and done by the PD where it falls outside of it, and it would be done by a services lease. Provided it is within the definition.

Mr. Zenner emphasized the importance of making sure there is stakeholder engagement and that the opinions of the Veterans who live on campus are involved as well as others who are using the campus interacting with Veterans.

Mr. Begland added that Congress gave leasing authority but did not provide a separate funding source for those leases.

Mr. Simms said under a service lease VA does not have the ability to contribute to that service lease, 100% funded and operated by whoever you lease with. EUL we cannot, we can do that capital contribution, but West L.A. Leasing Act did not give us any money for that either. However, it does give us the ability under EUL's permanent supportive housing to contribute service leases, but they have no ability to contribute to that.

Mr. Begland stated:

- 1) If a private corporation wanted to come on campus and operate a restaurant under a service lease, the challenge would be that most conventional financing would not want to serve a captive population that is limited to principally benefiting Veterans. We would think that is a desirable mission, however, most market-based lenders would not agree to finance that construction. So, they need to inform Congress there is a mismatch and need these things married up.
- 2) They would like to put a lot of civic identity in Building 13 which is considered an architectural gem. Based on the outline discussed, they can give it to the PD and they can put 24 units on the second floor, and by doing that they can finance the rehabilitation of the building. How do you think you could split the use of Building 13?

Mr. Simms asked if they develop the 24 units of housing, there is a significant amount of service space that would be programmed in there. They would envision that building 13 would have more of a communal space that was designed to support the entire North campus Veteran population and beyond that. This is one of the areas they talked about having a coffee shop or restaurant dining options. They would also have a large conference room/gathering area that is for the community.

Mr. Begland asked if the PD would have the fee interest on the second floor and the VA have the fee interest on the ground floor?

Mr. Simms answered if it was for communal uses, such as a restaurant that meets all the requirements that you can enter into a service lease, then when the building is leased to the PD, the square footage for the restaurant is carved out and VA would retain responsibility and ownership of that space.

Mr. Begland asked:

- The VA's thoughts on this have evolved, if VA is now suggesting we can split the building by floor and separate leases. That is not what was previously briefed to the VCOEB. They have these mismatches where Congress will allow you to enter these service leases to support the town center, but they don't have any funding source for this.
- Chip In Act was passed by Congress several years ago and allows projects that are on the strategic capital improvement plan to be paid for by private donors. Could they make some of these town center activities within the parameters of the skip so that they could invite third-party funding.

Mr. Simms answered no, the result of the Chip In project is that it must be a donation of that asset to VA and must satisfy a VA requirement, so that is the challenge.

Mr. Begland asked if the town center a VA requirement/

Mr. Simms said it is not and that is why it would be a service for the third party to do on a town center behalf of the Veteran community.

Mr. Begland then asked the preferred solution would be to use the recent appropriation from Congress in the form of the EUL and partner with the PD, is that your preferred course to execute the town center?

Mr. Simms said no, because he does not believe that the town center is a thing that he can determine any individual is going to execute. He does think that the town center concept of mixed-use for the exact mismatch that was described, funding is available to develop and renovate housing mixing in

	<p>services is the way to get capital to do the building, but it does not mean the PD is going to be the ones that deliver it.</p> <p>Mr. Begland then asked by VA articulating how it's going to hold back some of these assets is important. They were impressed with the housing the PD was able to deliver when they visited the Villages at Cabrio, but they believe that housing should remain the PD's focus and that other activities that they've contemplated for the campus should be competitive solicitation.</p> <p>Ms. Cohen said they need to remember why this board was created and the discussions between the board and the VA. She does not believe there has been much transparency on this topic which is evident in the ULI report not being released until last week. She has not seen it published for public consumption anywhere. They need to be included moving forward.</p>
Break	
Public Comments	<p>DFO explained the rules of engagement.</p> <p>Mr. Ryan Thompson: No show</p> <p>Mr. Francisco Juarez: "Good afternoon, my name is Francisco Juarez and I am the Commander of the Elcamino Real Chapter of the American G.I. Forum serving Greater Los Angeles. This is our brand and everything I tell you today is under the sanction and recognition of our national law office. We represent the stakeholder opinion, a pretty much dissenting stakeholder opinion, as we always have since the first day this body has been put together and well before that. This is a home not a medical center. It could be a home with a medical center to tend to the needs of the residents, but it should not be a medical center with a home as an afterthought and that's what's happening here. There is a mismatch here, I heard that word mentioned earlier, but the mismatch that you're speaking of is far behind the original mismatch, which is your failure to recognize that there is not a settlement that caused these master plans, versions of master plans to come into effect to be viewed and reviewed by you. When we talk about a restaurant and a hotel and we say "there's a trick" to getting to it, that's all that I've seen happen, that we've seen happen, a lot of trickery and a lot of negligence towards the dissenting opinion we're bringing. We don't do it maliciously, we do it to educate you. "And beyond" is another term I just heard, and before we get to far beyond it is our purpose at AGIF to bring you back in. Finally, the word "transparency" was brought up and that is so welcome to hear. You have a paper in front of you, and I appreciate that Mr. Skinner that you passed all these out, this is a paper I put together I will not read it all but I will tell you that in the first paragraph, it points to the mere appearance of wrongdoing is something that must be taken seriously and in the case of third party contractors, like Shangri-La and Step Up on second, which is running a slum and failing to meet responsibilities here, that's what's happening. Mere appearance of wrongdoing but you go right ahead and start working with them, that's not good. In the second paragraph we</p>

represent a partnership with a National, NHPVS coalition which is composed of Veterans and non-Veterans and have taken the position that we align ourselves to, based on the evidence that they have proposed to us, what we reviewed and what we hear here, we're gonna err on the side of Veterans. (inaudible)... has to include a dissenting opinion, to my knowledge in the Federal Register on the reports of all these meeting you've had there has been no mention of how Veterans feel. I've heard it said that you get a lot of comments from Veterans organizations, you don't post any of the comments you heard from us or the NHDVS coalition over the years and that is objectionable. Testified to the perpetuity, what is it that we don't know about the word permanent that's written five times in the original deed and it has to be adhered to. There is a rule of law that's being dismantled and the principal upon which this home was established. This is a campus; this is homeland and this must be upheld. There's a lot of comments I want to make but honoring the request of my time, I'll tell you that simply there has been no settlement let's take it back there and if there's seriousness about engaging everything that you should engage as a body with integrity, you will address that fact that there was not settlement. And Mark Rosenbaum admitted that himself. Bring back the oversight of our Veteran Service Organizations until then NHDVS and the American G.I. Forum will consider itself the oversight, we don't need anyone's permission to be the oversight. I appreciate your attention. Thank you very much."

Mr. Jeffrey Powers: No Show

Mr. Erick Hoffman: "My name is Eric Hoffman. My grandparents met in the European Theater during WWII, him a Lieutenant in the Army her in the Women's Army Corps. They were sent to Los Angeles (inaudible) invasion of Japan, and they rest today in the cemetery across the street. My father served two tours in Vietnam, myself who served in the Balkans and my sister a Marine were born in the same Santa Monica hospital. I tell you this from a three generation Angelino Veteran family that it's unacceptable that the Wadsworth Chapel, the most historic building not only on this campus but on Wilshire Blvd., has been left in decay and to rot for nearly 50 years. This gift to the Veterans of Los Angeles needs to be honored and restored to a symbol of pride to our local Veterans and our city. I don't know what needs to be done on your part but there needs to be something."

Ms. Janelle Hoffman: No Show

Ms. Kylie Orlerman for Mr. Jerry Orlermann: "Good afternoon, ladies and gentlemen. Thank you for the opportunity to speak today, I am speaking in place of my husband, Jerry Orlermann, who is having a medical issue today. So, I am going to be filling in some things some of you have already heard from me before. Over the years I've been involved in the planning of this facility since 2013/2014 and being that I am not a Veteran, but I am a Veteran caregiver and have been a full-time caregiver since September of 2001, with the 9/11 attacks I have a little different perspective than what

you are going to hear from some of the Veterans in the community. So, I would like to address a couple of things some of these comments I've heard the past couple of days have been very exciting to me. You've talked a lot about the loneliness that people talked about experiencing when they are in the housing here or when they are homeless, talked about suicide prevention, talked about building community, and most important, the one that rang my bell, was the comments that you made about having to have a purpose to do something that matters and that mitigates a lot of the depression and the loneliness and the isolation and the lack of community that people have, that they want. So, one of the things that you are going to have in a community here, especially with so many people living on the campus is, as you see I have a service dog with me, my husband also has a service dog, and we have had service dogs since 2009, so I am acutely aware of the issues that are necessary to have a service dog in your life. You're going to have Veterans living in this housing who are going to have service dogs and they are going to have needs. You are also going to be having Veterans living in this community who have what are called, ESAZ, emotional support animals, so they may be cats, they may be untrained dogs but those are pets they are not medical equipment like the service dog is, the Veterans that are going to have animals like these on campus are going to have certain needs because dogs need to, forgive the adult language, dogs will need to pee and poop. So, one of the things I'm suggesting that you take into consideration is have an area right outside each of the Veteran buildings, and I know the buildings going in on MacArthur Field are going to have those types of deals, but I will tell you as a service dog handler the last thing I do before I leave my house to go somewhere is give her a pitstop, the first thing I do when I arrive at my destination is give her a pitstop. If its raining or pouring or 4:00 in the morning, am I going to want to come out and walk four blocks to wherever the nearest dog pitstop is? So please take that into consideration with your planning. One of the other things about service dogs and about pets in general, is occasionally an accident does happen and there's an injury or illness, so those animals are going to need medical care. One of the things that VA did a number of years ago is they put in a program through a company called TruPanion, so if you have a service dog, and the service dogs here are issued through the prosthetics department they are considered that same as a fake leg or wheelchair or oxygen tank, if you meet the qualifications through prosthetics, you can get this TruPanion card. this is good for the life of the animal anywhere, anytime, preexisting conditions across the board for medical care. The reason that is so critically important and I am sharing this with you is my husband's first dog came down with Autoimmune hemolytic anemia, which is an autoimmune disorder, we found out about it on a Saturday morning, that first day our medical expenses for the dog was over \$10,000. By the time he passed away, we were at well over \$50,000. The people in the prosthetics department had been sitting on that application for three years. One of the people that used to sit at this table was responsible for getting that policy issued, because if that policy had not been issued and we couldn't get that dog the treatment he needed, my husband would have

killed himself and there would have been not one thing I could have done to stop him. So, I'm going to be very brief here, you have a couple of opportunities; there is an organization called the Sam Simon Foundation, they are one of less than 100 training facilities in the country that are authorized to have trainers who are authorized to get you this card. I think the Sam Simon Foundation already has a service dog training facility right up here in Malibu. It might be worthwhile talking to them about perhaps putting in a service lease and put in a service dog training facility and put it on campus, that'll serve a number of purposes; you can't walk around with a dog attached to you and be isolated because people are going to talk to you and you're not going to be rude so you're going to engage with them. Also, it's a training opportunity the Veterans who have been military working dog handlers or trainers could be trained by Sam Simons people who are certified in the organization that can get you this card and they could work with the people here on this campus the Veterans could be trained bathe the dogs, walk the dogs, have boarding, what happens if the Veterans winds up in the hospital or rehab or whatever, who is going to take care of the dog? The Sam Simon Foundation also has a mobile veterinary clinic, they are the answer to all the problems about the animals that you're going to have on this campus. Thank you."

Mr. Senett Devermont: "Hello, my name if Senett Devermont, I am a Los Angeles resident and a concerned individual for what is going on here in Los Angeles our nation's capital of Veteran homelessness. I would think if you're sitting here on an oversight committee it would be the number one priority to end that. I want to mention the land that we're talking about is not a campus, it's a soldier's home that was donated in 1888 through several deeds over 900 acres not 300 acres, so if you wanted to end Veteran homelessness without costing taxpayers \$1, if you go to this CNH track it's on Veteran Ave. and in 1948, UCLA said they would build a medical center in exchange for the land and they never built that and instead 3,000 UCLA graduate students live in these buildings, while the Veterans here at the soldier's home live in sheds that are 4' bigger than a prison cell except they don't have a toilet and they don't have running hot water. There's a place called Westwood Transitional where Veterans are denied it because 38-40 non-Veterans live there for free. Westwood Transitional is on the soldier's home footprint but Veterans have to pay through disability. There's about eight Veteran occupancies there. Jessica Miles and her daughter were not allowed to go there, denied there, and were never told when they could come back. In fact, Janet Turner responded that Jessica Miles was a certain number on the list, but Jessica Miles and her daughter ended up in a car and the VA PD bashed out a window causing the daughter and her mother to be separated. This is not benefiting Veterans and so private developers here are not benefiting the Veterans. There's a call from a gentleman who formally worked at Concourse Federal, Village for Vets all these solutions and inner city laws, he name was Ian Musa, and he went on record saying that the private developer is doing 20% oversight and there is illegal activity going on that there is homes in Italy being purchased and cars and I would strongly

encourage all of you to look into that. The last thing I want to mention is it was talked about the PACT ACT gave the West L.A. VA more money and a good friend Sergeant Brian Alvarado died on January 22nd. He has not gotten any of that PACT ACT help, and he was a victim of the burn pits. And again, what is being accomplished in this room as Veteran homelessness only increases. That's all."

Mr. Anthony Allman: (virtual) No Show

Mr. Sal Grammatico: No Show

Mr. Earl Davenport: No Show

Mr. Anthony Wimberly: No Show

Mr. Mark A. James: "Hello everybody my name is Mark James and I'm a resident on this campus. The housing here is great for the Veterans but also too we don't have anything to do here because you put in these houses and that's what you do is put in the houses, there's not activities and the activities they do have is limited. The thing with me is the Veterans here need something to do with employment and (inaudible) things like that. And the Veterans don't have anything to do in their housing other than watch TV in their room or go to the community room and watch TV, we'll watch and then we get bored and then all of a sudden other elements come in to our building which is not allowed. I put in a proposal for a commissary here because the Veterans here are tired of walking down that hill and up the hill going to Ralph's Market, which is very expensive, and coming back with limited groceries because they are not able to walk back up that hill because a lot of us is disabled. Transportation is very vital to us out here. Transportation is limited to the Veterans that's in this housing. And what bothers me most of all is the women Veterans, we are a limited program for the women Veterans here. There's housing you're putting us in and there's no family housing. We been in the military with a bunch of men and now you're forcing us to live with a bunch of men and I don't think that's cool because we do have wives, girlfriends that we would love to have come stay with us in the apartment. But due to the rules and regulations we're not able to. The thing that I'm just trying to reiterate to all of you guys, is that think this thing out thoroughly because the rules that you guys are putting on these Veterans her on these grounds don't even make sense to me. You know, 14 days, you can only have a visitor for 14 days out of a year. But we're paying rent here and it's supposed to be independent living and by being independent living we should be able to have what we want in our apartment; you know. And I was asking you guys, would you do that if you moved into an apartment building and the manager tells you "you can only have guests in your apartment for 14 days" What are you gonna do? Also too, you have Veterans here that were out on the streets you need programs set up and show them how to budget their money, show them

how to save money so that they can learn to be productive in society again. Thank you.”

Mr. Ryan Thomas: “Only two stakeholders are authorized to use this national soldier’s home. Deeds accepted by our federal government as recorded by congressional acts and any ethically legislated federal laws aligning under those deeds’ terms and only our federal government permanently maintain all this federal land as only a home for disabled and homeless Veterans. Veterans whom at will when afforded they ship anywhere within the town centers already flanking three sides of this national soldier’s home. So, despite this information the national soldier’s home two stakeholders are not Montana Senator, Jon Tester, Brentwood donors; California Century Housing Agency converted into a publicly funded private corporation. Even full performance housing, the families displaced by the 105 freeway we pay them to and over \$70 million/year Brentwood school that sued homeless Veterans and maliciously lobbies to continue stealing their home where its math teacher was serial raping a student, the University of California lobotomized disabled Veteran residents for decades. Shangri-La construction run by UCLA’s football, Andy Meyers, ever since prior CEO Steven biggest hookers and blow addiction turned his focus from big campaign donations towards the Century City penthouse window he left from. The Step Up On Second, Janis Han, in 2019 gave \$14 million of mortgage bonds to acquire, renovate and house Veterans and what they declared was an empty office building called 209. Yet, it was the same building they illegally acquired in 2017 that VA had already renovated in 2015 and Veterans were already living in it. The national soldier’s home two stakeholders are the disabled and homeless Veteran plaintiffs. And the U.S. Department of Veterans Affairs pitted against each other by University of California attorney, Mark Rosen, in the case of University of California calling David O. Carter presides over. The law firm of Beverly Hills bars public council and the inner-city law center behind a minimum-security prison of sheds without sinks, toilets it calls homes. Simultaneously counsel record to the Veteran plaintiffs and since years ago the VA (inaudible). Thus, divide and conquer is the approach to displacing Veterans and by a HUD-VASH scheme 20-year expiration date. So, the L.A. County and city can tax everything around 20,000 subway commuters a day, which they would do in an illegal Westside metropolis. If Rosenberg’s new lawsuit is what (inaudible) tells California, California’s formally independent news agencies to publish about it as opposed to the fraud of protecting the nonexistent so called “settlement”, obstructing the judgement order, homeless Veterans; (1) to evict Brentwood School and UCLA way back in 2013 this would be a federal criminal case a U.S. attorney in direct tiers (inaudible). So, when that happens don’t forget the illegal Enhanced Use Lease scheme, that developer’s default on mortgages in the banker’s possession. Meanwhile, we’re in Booze Allen’s Concourse Federal Advisory Committee meeting responsive (inaudible)...despite fading a dialogue between the racket you represent, and homeless, disabled Veterans defaulted to death by it. It’s really the meetings only monologue, amid the rackets orders you self-centered from engaging those from you’re

federally charged to improve the lives here. All this censorship, soft power, scripted due diligence, explaining a pandemic to the segregate the public from speaking back in June 2022, bought off advocacies, Veterans charities and ulterior motives that pay to play news. Our counterintelligence failing to manage the huge volume of lies it created despite the multibillion-dollar racket backing. Given the education several of you received at our country's top defense intelligence school. While others studied how to serve homeless Veterans to get the jobs you did instead. Did you forget it's true it's easy to remember, confidently communicate because counterintelligence requires removing through some information. The logic, whatever fiction replaces doesn't last, and it's hard to communicate in ways deceiving people as intended. When this contract shares a room is when your order to zip mid, nothing viable to say. Since learning long ago that counterintelligence sent us into Vietnam, counterintelligence lost Vietnam and counterintelligence inspired people and this procedure was intelligent to sit on those who returned from Vietnam instead of the counterintelligence people that sent them there. Why is a criminal racket high fiving itself in 2024? Like it's ingenious to pretend we're ending Veteran homelessness with counterintelligence. Whether you're ignorant or aware of this racket's inevitable approach towards self-destruction. Our great concern is how many more Veterans will this racket chill with homelessness before that implosion day? I'm sincerely worried about you and your freedom (inaudible)..because no matter how many pages of fine print there are in two bills behind multibillionaire Mark Daniels proposition one the bogus U.C. San Francisco, University of California San Francisco Institute fronts and no matter how progressive Senator Padilla publicly seems upon quietly submitting 118 as 3165 and it's HR 173 companion bill. Black people, Hispanic people, the homeless Veterans are not California's most underserved people requiring involuntary treatments. And the nearly \$2 billion megamall slush fund U.S. Vets (inaudible) shove into prop one is not a mental health program. Contrarily it is truly a mixture of silent defiance, no remorseful witnesses to the systemic Veteran homelessness and death caused by the racket you represent. You are among California's most underserved people who are in dire need of prompt mental health treatment by law enforcement agencies in partnership with psychiatrists. Should we avoid revisiting the streets of (inaudible) Hitler's Berlin approaching the 1936 Olympics? Thank you."

Mr. Jeffrey Powers: No Show

Mr. Larry Laughlin: No Show

Mr. Marvin Gunn: No Show

Mr. John Eaton: "I am John Eaton, I'm not a Bruin I went to USC (inaudible)...U.S. Veteran Air Force during the Vietnam War and I'm here because I'm concerned about the Wadsworth Chapel, and will it ever be finished? I belong to a group of ad hoc Veterans who are also concerned

	<p>about that particular place in our city’s history. Because I think it’s a place of reparative possibilities for returning Veterans after wars; PTSD, people that have been injured spiritually who need help. I’ve heard a lot of things the last two days about homelessness and about the hospital itself and I think those are all valid issues, but I also think that there’s a place for spiritualism for people that believe in something larger than themselves, and I think the Wadsworth Chapel is that simple. And our group is comprised of Veterans and the oldest Veteran is Harry Core, he was a WWII POW a Bataan Death March survivor. He is 100 and will be 101 come May 1st this year and frankly, we would like to see this finished before Harry departs this plain and I would just like to hear that it’s going to be finished, and that it’s going to be finished soon, because I think it’s very important historically for L.A. as the oldest building on Wilshire Blvd. But I also think it’s important because it stands for something bigger than ourselves. It stands for, when it was originally built for Civil War Veterans to come together and build something together after the Civil War. And I think that today we have two different countries going on and I see, I think that we need to come together again and put this chapel back together as a symbol of putting our country back together so we can all function together again. And that’s all I have to say. Thank you.”</p> <p>Mr. Rob Reynolds: So, just to echo what everyone else is saying about the land use issues here, obviously that’s a big issue for a lot of Veterans that (inaudible)...has been leasing off this land to Brentwood School, UCLA, oil company. That being said, there is a lawsuit in federal court and judge Carter, on three separate occasions, has asked “where is the representative from the VA, that can make decisions, and why are they not there?” The Department of Justice attorney never has an answer. Someone from the VA, from VA central office should be at those court hearing, and actually show that they’re there to make an effort to end Veteran homelessness and stop fighting everything we’re trying to do in court. Because it is really a bad look for the VA, it doesn’t look good. The things that we are trying to address are income restrictions, that’s one of them and I see some of the representatives from Congress over here what are you guys doing about that? I’ve heard a lot of talk for a long time, and I still don’t see any action. There’s still 100% disabled Veterans that aren’t able to get into housing, which is absolutely unacceptable. There’s 4,000 homeless Veterans in Los Angeles. There’s 400 acres of land there’s plenty of room to get all the Veterans off the street and housed here and also you need to get the CWT back, some type of compensated work therapy. I know that program is here, but I don’t think it is doing that well. There’s a lot of Veterans in housing that want to go back to work that are constantly asking to go back to work. So, with that said, I really hope Secretary MacDonald’s office takes this lawsuit seriously get someone to that courthouse we begin mediation in two weeks. Thank you.”</p>
Break	

<p>Brian D’Andrea Senior Vice President Century Housing</p> <p>Tyler Monroe Senior Vice President of Development Thomas, Saffron and Associates</p> <p>Lori Allgood Vice President of Housing Development U.S. Vets</p> <p>Tess Banko Representative of the Veterans Collective and U.S. Vets</p> <p>Laney Kapgan U.S. Vets</p>	<p>Mr. D’Andrea – Senior Vice President Century Housing, presenting on behalf of the PD team which consists of:</p> <ul style="list-style-type: none"> • Century Housing • Thomas, Saffron and Associates • U.S. Vets <p>In 2018, they were selected by the VA to build a thriving and supportive community at the VA that upholds the promise of 1887 and does justice to our Veterans. Today, they wanted to share some of the multifaceted progress that they’ve made. Their MO is to build a Gold Standard community and that is language from the RFQ.</p> <p>Buildings Under Construction</p> <ul style="list-style-type: none"> • Building 404 <ul style="list-style-type: none"> ○ New construction – began in November 2022 construction is proceeding at pace. Slated for completion late next year. ○ 73 apartment homes ○ Set aside for Veterans experiencing homelessness ○ Property will support upwards of 5 case managers between the VASH case management and the property level case management which they will provide. ○ Services provided; case management, mental health services, physical health coordination, substance abuse preventative services and beyond. • Buildings 156 & 157 <ul style="list-style-type: none"> ○ Adaptive reuse of the old TB hospital on the North campus. Construction began in June 2023 and is slated for completion spring 2025. ○ 112 apartment homes, 35 of these apartments are set aside for Veterans experiencing homelessness that are also presenting with mental illness. ○ Property will support upwards of 6 case managers between the VASH case managers and the property level case management. ○ Services provided; case management, mental health services, physical health coordination, substance abuse preventative services and beyond. • Building 158 <ul style="list-style-type: none"> ○ Adaptive reuse sister building to 156 and 157. It is the third wing of this hospital complex. They began construction November 2023 and slated for completion August 2025. ○ 49 apartment homes ○ Veterans experiencing homelessness ○ Property will support upwards of 5.5 case managers
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- Services provided; case management, mental health services, physical health coordination, substance abuse preventative services and beyond.

Mr. Monroe – Senior Vice President of Development with Thomas, Saffron and Associates.

Buildings Under Construction

- Building 402
 - New modular construction – construction started January 2023 and slated for completion Q1 2025. All units were manufactured off-site and delivered to the project, an effort to experiment with ways to accelerate housing development for future projects.
 - 120 units of housing (118 Veterans + 2 on-site staff), 50 units set aside for homeless Veterans experiencing mental illness.
 - Property will support 5.5 case managers and Veterans support specialists.
 - Services provided; case management, mental health services, physical health coordination, substance abuse preventative services and beyond.

Ms. Allgood: Vice President of Housing Development U.S. Vets.

Building in Pre-Development

- Building 210
 - Adaptive reuse with a construction start date of May 2024 and completion December 2025.
 - 38 units (37 VASH PSH. & 1 Manager)
 - Population homeless women Veterans’ preference and all Veterans.
 - Property will support 1 Director of Behavioral Health, .5 Veteran Service Coordinator, 1 HUD-VASH Clinical Supervisor and 1.5 HUD-VASH case managers.
 - Services provided; 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.

Mr. Monroe: Provided update.

Building in Pre-Development

- Building 408
 - Preliminary planning starting with initial concept designs and basic due diligence in alignment with the VA and the parcel release schedule. Estimated construction to start sometime next year.
 - 80 units of housing
 - Homeless Veterans

- Various services and amenities to create a thriving community.

Ms. Banko: Building the services community looking at services within the buildings and in other areas on campus.

- Currently, there are 1,200 Veterans living on campus.
- U.S. Vets West Los Angeles established for campus.
- 8 staff members on-site (Veteran support Coordinator, Outreach Coordinator and VASH staff).
- B207 VASH case management ongoing in response to a multi-year VASH RFP regarding future buildings.
- Supportive offerings for Veteran residents:
 - Monthly Coffee & Conversation
 - Community Meeting
 - Birthday celebrations
- Groups/classes include:
 - NA/AA
 - Arts and Technology 101
 - Finance
 - Juicing
 - Fitness
 - Special events with supporters including the United Talent Agency T-day Celebration and Fox Holiday Party
- They have an ADA compliant van that they use to transport Veterans off campus.
- A temporary services center is set up outside of building 210, they have started providing joint programming for Veterans and their families.
- Coordination across the VA sections and community partner services, including care support, special needs resources for women Veterans and different populations that might be in the minority on campus.
- She will be stepping into the role of Community Development Director under the Veterans Collective as part of the PD's team community plan.

Backbone Community-Building Progress

- Veterans Collective continues its mission of bridging gaps and bringing Veterans, VA and the macro community partners together.
- Administration, property management best practices and safety are key components.
- Joint events, training and initiatives with the VA and community partners such as CDCE, L.A. Public Library, V4V Westside Food Bank, etc.
- Feedback from Veterans
- The 2024 Annual Impact Report is in progress, previous versions of the annual report are on the WLAMC website.

	<p>Ms. Kappan: The Veterans Promise Campaign was their effort to engage the community in this vision they have for the campus. The campaign priorities reflect the areas that don't have other funding sources available. The goal was to fill in the gaps that were required to bring this campus to life.</p> <ul style="list-style-type: none"> • More than \$92 million raised as of January 22, 2024. • Generous support from multiple foundations (see slide). • The Veterans Fund – Seed pre-development and community planning for campus, housing and services, and support three years of campus operations – Complete. • Veterans Housing Fund – Build 1,200+ supportive housing units for formerly homeless and at-risk Veterans, focusing on priority populations – Complete. • Investment Highlight: Wadsworth Chapel Lead Gift: The Ahmanson Foundation. • Campus Services & Wellness Fund – Deliver wraparound services, career and enterprise programs, activities, amenities, community service integration. • Community Activation & Green Fund – enhance infrastructure, transportation, wellness, and green initiatives. • Greatest Needs Fund – offer flexibility and deployment of resources to areas of need. • Endowment Fund – ensure the long-term health and viability of the campus and services. • Timely Projects: seeking continued investment in the Wadsworth Chapel, key supportive service spaces for priority underserved Veteran populations. <p>Mr. D'Andrea said there is a lot of construction underway.</p> <ul style="list-style-type: none"> • Construction: 504 total units with 37 more to begin when building 210 closes in the spring. • Connectivity and Mobility Improvements: completing the planning process that are funded by the State of California nearly \$20 million of AHSC/IIG funding. This will bring many of those improvements to the areas they are developing on the North campus down to the West side of the campus where they connect into Brentwood. • Pre-development of the Phase 2 area of the community starting with building 408. • Fundraising: they are hoping to make more progress with the Wadsworth Chapel as well as the other funds as part of the Veterans Promise Campaign. • Advocacy: with the legislative leaders on elements of the leasing act, including the ability to name different areas and buildings that would support some of the fundraising. • Backbone implementation: bringing together stakeholders and Veteran Service Organizations on the North campus. • Lease up: planning effort for 380+ homes being concurrently completed and leased.
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Mr. Zenner asked Is there any type of One Team type coordination going on campus?

Ms. Banko said that is part of the continued coordination not only between the VA but also with the additional partners coming onto the campus.

Mr. Zenner asked is anyone from the education institution part of this coordination planning?

Ms. Banko explained as part of U.S. Vets services model, we have a career development initiative. They also work directly with the VA employment section they also pull resources from the outside most recently with the L.A. Veterans Collaborative, Brentwood School and UCLA have been working with this collaborative group as well.

Mr. Zenner stated it would be nice to see a list of everyone involved in the collaboration. Is it a special invite? Or is it possible to open it up to see if there's anyone from the community who would like to participate?

BG (Ret.) Sutton: Thanked the group for their presentations and had several questions.

- What experience does the PD team have in terms of past developments that would be consistent with the Commons/Town Center concept?
- What provisions are there for dog parks or places, convenient to the buildings, for dogs?
- In building 210, some of the programming that's developing for women Veterans, are those units transitional or permanent supportive housing?
- Is there any future programming in terms of permanent supportive housing for women Veterans that entail potential family members?

Mr. Monroe said there's a lot of alignment in terms of what types of services and amenities the ULI suggests, specifically administrative and events, food and nutrition, social and recreation, education, employment, health and wellness, daily amenities and other resources. These align with what the PD has contemplated in the master plan 2022. We have a variety of experience, which makes this joint venture unique, Villages at Cabrio, is often cited as an example that Century Housing and U.S. Vets have worked on. Thomas Saffron and Associates have completed many mixed-use projects throughout Southern California.

Mr. D'Andrea said the mixed uses are allowable under the Leasing Act and the EUL authority. There were numerous citations in the RFQ and the VA engaged us to help build a sense of community, the town center is referenced in the RFQ document so it was more than just building housing, it was about creating a holistic, thriving, supportive community. That is the

	<p>spirit of the community plan, which was almost entirely folded into Master Plan 2022.</p> <p>Ms. Banko said service animals are allowed in the buildings. U.S. Vets has provided a list of resources for those Veterans who have service animals, including food, and veterinary care. Building 210 is permanent supportive housing for women Veterans. There is an existing program on campus, New Oasis for Women, but U.S. Vets does operate transitional housing for women Veterans and those with children at Century Village at Cabrio.</p> <p>Mr. D’Andrea said they have contemplated the connectivity to the dog park in Brentwood and those amenities. He was not sure if the VA had considered a dog park, but they will take that under submission and give some thought to where they could potentially locate a dog park within the confines of the North campus.</p> <p>Ms. Branca asked What will the security be for individual buildings and the community? And can they provide the unit size distribution?</p> <p>Mr. D’Andrea answered they have separately established a Community Association which is the equivalent of an HOA and the subsequent EULs will pay into the Association and one of the primary expenditures is private security which would supplement beyond what the L.A.P.D. or VA PD would provide. The Association officially “kicks in” once they reach 380 accumulative homes that are operating on campus.</p> <p>Ms. Banko said the PD team has agreed to use the same security provider, Elite Security, and they have already had conversations with the VA PD. The PD has also created a Joint Safety White Paper which has been shared with their colleagues in other buildings.</p> <p>Mr. Begland said unit distribution on the slides would be helpful, so the board is aware of the breakdown of studios, one bedroom, etc.</p> <p>Ms. Sandor asked Is there an inventory of the tenant eligibility criteria and funding sources for each of the projects, both those that are operational and in development?</p> <p>Ms. Banko stated they do track that, and they can provide that information.</p> <p>Ms. Cohen request that the PD team meet in person next time with the board. Technical challenges are distracting.</p> <p>Ms. Hunter said L.A. County uses an intense case management services model which is not the same fidelity as what was tested in Housing First across the county. What this means is that case management is not 24/7 nor is there access to psychiatric care. This has been tested and shown to work which is why Housing First works. Are they going to have 24/7 supportive</p>
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	<p>services here? Do they need to revisit having nurses on that side of the campus?</p> <p>Ms. Banko said a key component on campus is the relationship the residents have with the VASH case managers particularly those who may have intensive care needs. There is a lot of coordination between VASH teams, medical providers HPACT teams that includes nursing. There are no nurses in 207 but they have access to VA nursing in the VASH program.</p> <p>Mr. D’Andrea also added they spent time with Dr. Bamberger and toured a number of supportive housing developments in San Francisco and it is very common for the County Health Department to provide that nursing service. In the buildings here on campus they have provided for case management offices to allow for possibly a nurse functionality. They are not an organization that would provide nursing, but certainly through the VASH case management or the VA directly if nurses were made available that type of pairing of health care and housing within each building would be possible.</p> <p>Ms. Banko said the State of California Veterans Supportive Services Grant, which is specific to aging Veterans or Veterans in need of additional support, U.S. Vets is a recipient of that Grant and uses it to support Veterans.</p> <p>Mr. Zenner said the gentleman from the public comments had mentioned having difficulty getting connected to meaningful work and then Mr. Reynolds mentioning the CWT program. The Compensated Work Therapy (CWT) program has had individuals that are now Peer Support Specialists that had come through the CWT program and are now making a decent wage and many of the Veterans housed on the campus would be a good fit for the CWT program. The employment side of the CWT program is part of the treatment team. Suggest looking at CWT utilization throughout the different units on campus moving forward. Is there a survey of the Veterans living on campus to determine what amenities they may want on campus? Is it possible to do a survey to see how the Veterans living on campus feel connected to the community they are housed in? What is the impact on the VA PD since the opening of buildings 205 and 208?</p> <p>Mr. Merchant said the VA PD usually see about a 20% spike in calls with the opening of each new building.</p> <p>Mr. D’Andrea said they have done a lot of outreach and they are in the process of developing a more specific survey instrument that is focused on the residents on the campus. The VA is also working on a survey instrument, and they will marry these up to ensure there is one global instrument that goes out to the Veterans.</p> <p>Mr. Zenner would like access to the survey data so they can make informed recommendations to the VA.</p>
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	<p>Ms. Branca said some domestic violence survivors, MST survivors may be intimidated by uniformed police. Possibly think of an alternative model in addition to the regular police to provide security.</p> <p>Ms. Banko said they have discussed a community policing model that is not imposing and feels more like an extension of the caring community as well as peer support, policing their own.</p> <p>Dr. Harris said employment is an incredibly important tool in terms of homelessness prevention and quality of life. There are many Veterans in the HUD-VASH program retired, and/or are disabled Veterans so the solutions that are made will need to be nuanced and there are some Veterans who are not interested in employment at this time. So, they need to help generate more of an incentive and an interest in that.</p> <p>Ms. Banko stated during the monthly L.A. Collaborative meetings there are some people that will say “I need to hire a Veteran” and somebody will respond back and get the job. They’re creating a system where people that need to hire and Veterans that want to be employed can come together.</p> <p>Mr. Begland thanked the team. Going forward for the next few briefings he would like to see:</p> <ul style="list-style-type: none"> • The unit characteristics • Funding sources • AMI thresholds • Chronic homelessness, mental illness, etc.
<p>Jo Sornborger, PsyD Executive Director, UCLA Health Operation Mend</p> <p>Bruce Kagan, MD, Ph.D Co-Director Trauma, Recovery Service (TRS)</p> <p>Walter Dunn, MD, Ph.D Operation Mend Associate Medical Director</p> <p>Katie Mann, LCSW</p>	<p>Dr. Kagan provided some history of the UCLA Operation Mend program.</p> <ul style="list-style-type: none"> • Operation Mend was originally a surgery focused initiative. Founder Ronald Katz collaborated with UCLA leadership surgeons and surgical programs that could not be accessed through normal VA channels and he arranged for UCLA to deliver those services (plastic surgeons, constructive surgeons, orthopedic surgeons, etc.) for some of the badly injured Veterans that could not get this highly specialized care at the VA. • After several years they realized that those physically injured patients had a lot of psychological needs as well. • In 2015/2016 the program expanded to become an intensive treatment program for PTSD. • The partner with the Warrior Care Network and receive support from the Wounded Warrior Project. • Operation Mend – Who we serve. <ul style="list-style-type: none"> ○ Post 911 Veterans ○ Veterans injured in combat or training, ○ Those that require specialty treatment,

<p>Operation Mend, Case Management Team Supervisor</p>	<ul style="list-style-type: none"> ○ A friend or family can accompany, ○ Veteran has a local medical provider,
<p>Kathya Merchen, LCSW Operation Mend, VA Liaison</p>	<p>It has been important to make these services acceptable and remove the stigma of getting mental health.</p> <ul style="list-style-type: none"> ● Gold Standards – all patients <ul style="list-style-type: none"> ○ Patients accompanied by family members or non-medical assistants. Family members are full partners so they can get almost all the services that the Veteran gets except for the specialized one-on-one PTSD therapy. ○ Individualized care and case management. Veterans partake in multiple programs, (surgical programs, brain health programs, PTSD intensive programs), so they have different tracks, but the Veterans are welcome to use what is most appropriate for their needs. ○ Specialty surgical care ○ Behavioral health screening ○ Psychological health care ○ Continuity of care (VA, local PCP) ○ Air and ground transportation provided, ○ Housing at the Tiverton. They provide housing at Tiverton, next to the UCLA campus. ○ Escort to appointments, procedures, and airport ○ Community engagement/Buddy program ○ Connections to resources/VSOs
<p>Ben Johnson Operation Mend, Director of Development</p>	<ul style="list-style-type: none"> ● Tracks of Care <ul style="list-style-type: none"> ○ Specialty Surgical Care (ongoing) ○ Comprehensive Brain Health Diagnostic Evaluation & Treatment Assessment (1-week) ○ Post-Traumatic Stress Intensive Treatment Program (2-weeks) is the heart of the program. Since PTSD is a chronic illness requiring continued care one of the challenges is connecting Veterans to care in their respective towns, particularly those living in rural areas. ○ Brain Health Intensive Treatment Program (2-weeks), a track for individuals with suspected brain injuries or cognitive issues. ● Specialty Surgical Care - Some of the Veterans have been maimed and disfigured and the surgeons have been able to restore appearance and function. This also takes a psychological toll on the Veterans and their families. ● Warrior Care Network – A national network for the treatment of PTSD and TBI. Four academic medical centers and programs share information, pool data, share best practices, and techniques and learn from each other. <ul style="list-style-type: none"> ○ UCLA Health – Operation Mend ○ Rush University Medical Center – Road Home ○ Massachusetts General Hospital – Home Base ○ Emory Healthcare – Veterans Program

- Evaluation and Treatment Programs
 - Comprehensive Diagnostic Evaluation for Intensive Treatment.
 - Neurological and psychological evaluation over five days.
 - Intensive Treatment Programs
 - PTS (Post-Traumatic Stress) – two-week program.
 - BRAIN-ITP (Balanced Recovery and Integrated Neuroscience) – a two-week program that can include group therapy, art therapy, equine therapy, etc. These therapies complement the one-on-one treatment.

Pain management has become a vital part of the program, even though they're considered psychiatry there are many of their Veterans have pain as a comorbidity.

- PTSD ITP Outcomes between June 2019 and September 2023
 - After the two-week program their Veterans experience about a 50% decrease in symptoms. PTSD is a particularly difficult disorder to treat.
 - They shortened the treatment time to two-weeks vice the three-month treatment time of the past.
 - Operation Mend completion rate is 95%, by making it shorter, makes it easier to complete.
 - The improvements that we get in two-weeks continue out to 12-months.
 - Durability of treatment is difficult because for someone with PTSD there are many triggers in the environment, (crowds, fireworks, cars backfiring, sirens, etc.), so if daily life is filled with triggers patients frequently relapse.
 - The 12-month symptom maintenance seen is very good.

Ms. Mann stated she collaborates with Kathya and she sees them as an extension of the Warriors Home care team which is usually the VA for the majority of that.

- Working Together
 - VA and UCLA collaborate to provide Veteran services as they go back and forth between treatment at UCLA and with their home VA.
 - Operation Mend VA Liaison and case managers oversee the Military Treatment Facility (MTF) Referrals.
 - Liaison maintains direct contact with the Veterans home VA's and UCLA.
 - They maintain transparency by meeting with the Veteran as a multidisciplinary team and remain in contact with the Veterans so if issues arise, they can reach out and connect.

Ms. Merchan explained the duties of the VA Liaison working with Operation Mend and the Wounded Warrior Care Network:

- VA Liaison Involvement
 - Provides Operation Mend medical records to determine the track of care,
 - Participates in interdisciplinary team meetings – meets with case management, psychiatry, and treatment programs to see how they can best provide services to Veterans.
 - Participates in National Liaison meetings with VACO,
 - Meets 1:1 with Veterans/caregivers for individual or group meetings (depending on care meetings may be multiple times),
 - 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, and provide VA fact sheets, medical records, etc.
- VA Liaison & Case Management Meetings with Veteran/Caregiver
 - Discuss VA services (confirm, connect with PCP, MH)
 - Discuss any issues or concerns with home VA,
 - Discuss any services Veterans would like to be referred,
 - Provide education regarding liaison role and VA (e.g. VA is a teaching hospital)
 - Provide education regarding *My Healthvet* and how to send secure messages to their provider, how to check if they have an appointment, etc.,
 - Provide education regarding VA and UCLA collaboration.

Ms. Mann explained the Buddy program, approximately 80% of patients are coming from outside of California and many may be coming from small towns. This is an optional program.

- Buddy Families
 - Provides an extra layer of support when they are here in L.A. receiving treatment.
 - Designed to fill the warriors' non-clinical needs, fulfilling more of the social needs.
 - Opportunity to engage in activities beyond UCLA's clinic and hotel walls. They try to link them up with people who have similar interests.
 - 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.

Many remain in contact with their Buddy Families even after they've completed treatment this provides them with another level of support and engagement.

Dr. Kagan said they have been engaged in exploring new interventional therapies and have proposals in process and hope to start soon.

- Transcranial magnetic stimulation
- Adjunctive use of Ketamine to facilitate psychotherapy.
- Use of psychedelic agents to facilitate one-on-one psychotherapy (not yet approved). The leading candidate for this is MDMA (ecstasy) which has properties that seem to facilitate trust and seems to facilitate patients being able to approach their trauma.
- Stellate Ganglion Block (SGB) – ITP integration (in progress). It requires a needle inserted in the spinal cord in the neck, anesthesiologists and pain management specialists have been using this for pain for many years. They noticed that some of their pain patients who had PTSD seemed to have a corresponding improvement in their PTSD symptoms.
 - Pilot program completed (n=17)
 - Additional studies and future implementation pending outcomes.

Dr. Nwajuaku asked how individuals are selected for these programs. What are the funding sources for the program? Her second question was about funding sources.

Dr. Kagan answered that anyone who meets the criteria in terms of PTSD symptoms or traumatic brain injury symptoms can participate in the psychological health programs. They have other patient who come in for pain or for surgical treatment. Initially, Mr. Katz assembled a group of private donors that was initially for the surgical program and UCLA provided in-kind funding for operating in-kind and things like that. The PTSD intensive treatment program is funded by the Wounded Warrior Project which has been renewed for another three years. We have some service members who experience trauma not in combat.

Dr. Nwajuaku asked how they identify them and their pulled into the program.

Dr. Kagan said a lot of them come through the Wounded Warrior Project.

BG (Ret.) Sutton expressed her pleasure in hearing about the evolution of the ongoing development of this program. She asked what they see in patients that come with PTSD with respect to sleep disruption.

Dr. Kagan stated over 95% of our patients have a sleep disturbance of some kind. Over 50% have obstructive sleep apnea. There is a connection between sleep apnea and PTSD but there are only a few papers on it. They try to get these patients sleep evaluations, sleep studies and if necessary, get them fitted with the right sleep apnea device. He would like to have a sleep specialist on staff.

BG (Ret.) Sutton asked what plans they have in terms on collaborating with the VA treatment team that work with other Veterans that may help other eras of Veterans.

Dr. Kagan said there is one-on-one therapy to treat PTSD called CPT (Cognitive Process therapy) and is usually done over 12-weeks. We have done where people get a session every single day. He personally thought everyday was too much, but he was wrong. He has a staff that is involve making a relationship with Veterans.

Mr. Tete wanted to clarify that to be eligible for the program, you have to be a post 9/11 Veteran. Mr. Kagan said yes.

Mr. Tete said he was a student at the California Institute of Interval Studies, and part of their psychedelic therapy program. He was curious if the team could expand more on the funding proposals for the MDMA study. Are you having conversations with the Wounded Warrior Project and where does California on the schedule?

Dr. Kagan said they have been discussing with Wounded Warrior Project and are also applying through the VA system. They are also applying for funding to study DMT, another psychedelic, that is shorter. MDMA is about a 7–8-hour session. The scheduling must come through the federal government. California can do things like decriminalize substances, but they are still considered Category 1 substances. MAPS is the pioneer thinking some of these substances may have medical use.

Mr. Holmes stated that when he thinks about barriers to care for Veterans with PTSD (they have touched on one of the primary ones). The implementation of a treatment plan is drawn out for 6+ weeks. We are here advising VA on the best way to help this campus. There are a lot of Veterans that are not post 9/11 Veterans. What is the funding for post 9/11 Veterans?

Dr. Kagan said yes.

Mr. Holmes asked if they have explored opening up those services to all eras.

Dr. Kagan is interested in opening it up to everyone because everything he knows, he learned from Vietnam Veterans. He would love to expand. One of the striking things about PTSD is it is a chronic disease.

Mr. Holmes said he wants to see those services expand and would love to hear updates if they are able to get past that barrier.

Dr. Nwajuaku wanted to follow up with the number of Veterans with sleep apnea that have PTSD. She assumed they would have difficulty using a CPAP. She asked if they were aware of the Inspire device. Inspire is an implant device that would eliminate the need for those with sleep apnea to wear a

	<p>CPAP. It moves the tongue from the back of the airway so the person can breathe, and the data is captured and able to assess the person’s sleep. She imagined that would be beneficial in this population.</p> <p>Dr. Kagan said he believes Inspire is exciting and interesting. He knows Dr. Dunn has had conversations about piloting that. He hopes that will happen.</p> <p>Begland encourage members to look at the website. It is extraordinary the UCLA contributions to Veterans. This is a good partnership. Two years, the board audited the lease holder, and he thinks this is an example of a partnership. He suggested that the board get periodic briefings from this because it is one of the best examples on campus.</p>
<p>Wrap-up Adjourn</p>	<p>DFO discussed administrative details. Subcommittee selections Travel voucher process</p> <p>Begland said traditionally the board meets two days a , four times a year. We will...reduce the face-2-face meetings to 2-3 times per year,might also do half day or one day meetings via video...April/May timeframe is next meeting.</p> <p>The next three main subjects:</p> <ul style="list-style-type: none"> • voucher utilization issue...higher level agency interventions regarding voucher utilization... • next master plan revision...what’s the target size for the residential population and concept of the town center. • Access to the campus, recommendations from a land use perspective regarding access, information exchange, lead some discussion on how we need to think about access, open for suggestions. <p>BG (Ret.) Sutton said with the board's combined expertise it can support the VA and embark on this journey. She thanked everyone.</p> <p>Ms. Kabat also thanked everyone and said she is here to support the board.</p> <p>Dr. Harris thanked the team for their tremendous progress. The Chairman concluded the meeting.</p>

/s/
Robert Begland, VCOEB Chair

/s/
Eugene Skinner, Jr., DFO
4/5/2024