



May 4, 2018

**Los Angeles County
Board of Supervisors**

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"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Fred Leaf
Interim Director, Health Agency

**SUBJECT: REPORT RESPONSE TO BOARD MOTION ON
COUNTYWIDE PEER NETWORK FOR VETERANS'
SERVICES AND HOUSING (ITEM 2, AGENDA OF
FEBRUARY 6, 2018)**

On February 6, 2018, your Board adopted a motion by Supervisors Mark Ridley-Thomas and Kathryn Barger directing the Chief Executive Officer and Health Agency Department Directors, in coordination with the Executive Director of the Community Development Commission and the Director of the Los Angeles Homeless Services Authority, and in consultation with the Director of the Department of Military and Veterans Affairs, the Director of the VA Greater Los Angeles Healthcare System and relevant non-profit stakeholders, to report back in writing in 90 days on a plan to establish a veteran peer access network in Los Angeles County and recommendations for an enriched set of resources seamlessly accessible to the veteran peer network, including health and mental health care, substance abuse treatment, legal services and housing. The report had to include information on:

1. Establishing a Health Agency lead and platform for convening stakeholders, coordinating activities, and conducting a landscape analysis to determine the next steps for building a veteran peer access network that would span host organizations across public and private sectors; and
2. Identifying principals, including public and private providers as well as veterans and stakeholders with relevant capacity and/or subject matter expertise and experience, to serve on an ad hoc steering committee.



Process

In preparing the response, the Chief Executive Office (CEO) and the Health Agency consulted and/or obtained information from multiple County departments, housing development and homeless service agencies, the U.S. Department of Veterans Affairs, non-profit veteran serving and advocacy organizations, philanthropic institutions, and academia. In many instances, veterans who worked in these organizations provided the information. The Report on Establishing a Countywide Peer Network for Veterans' Services & Housing (Attachment I) was developed based on the information and reviewed by key County departments. The report reflects consideration given to feedback received as of May 3, 2018.

The report is intended to provide an environmental scan that can guide the County's decisions in taking the specific steps toward enriching services for veterans. It is divided into five major sections. The first section discusses the factors to be considered in developing a Veteran Peer Network. The next section discusses considerations for enriching the network of veteran services in the County. The third section explores the issues of housing homeless and at-risk veterans and their families. The fourth section evaluates the need for an enduring stakeholder platform to initially help develop a comprehensive action plan, and, thereafter, continue as a means to promote collaboration and coordination. The final section outlines the recommended next steps.

Conclusions

Based on the discussions and collaboration between the CEO, Health Agency and other County departments, the following conclusions were reached:

- A Veteran Peer Network is an essential and effective model to help veterans access multiple services across many organizational silos to meet their complex needs and help them stay on the path to housing stability and wellbeing.
- Improved data sharing and coordination of veteran services across all jurisdictions as well as strategic expansion of County services can improve access and stability.
- There is a need for concerted action between government and non-government partners to address scarcity of affordable and special needs housing for homeless and at-risk veterans.
- There is a need for a comprehensive action plan that is County-led, results-focused, stakeholder-engaged, and peer-involved that addresses the issue of homelessness facing our veterans and improves their overall well-being.
- A County-supported convening platform is essential for ongoing engagement of veteran stakeholders from all sectors, and could help develop the action plan and support ongoing collaboration and service coordination.

Recommendations

The recommended next steps are:

1. Appoint the Department of Mental Health as the Health Agency Lead for this initiative.
2. Grant authority to the Health Agency Lead to:
 - a. Immediately initiate efforts to identify and advance the use of County funds to the Board and leverage City and Federal contributions to:
 - i. Expand affordable and special needs housing inventory for veteran and veteran families in concert with other County efforts, including the development of unused government properties and vacant government owned land, and coordinate necessary public advocacy efforts to overcome siting barriers; and
 - ii. Expand rental subsidy program for those ineligible for HUD-VASH and/or Section 8 programs.
 - b. Immediately begin the process of identifying County resources through departments and entities represented on the ad hoc steering committee to hire staff and enter into contracts that expand the number of veteran peers employed by the County and non-profit organizations serving veterans in the County.
 - c. Immediately begin to explore opportunities with County departments to focus services, dedicate existing resources and/or find new resources, including the use of technology, to improve veterans' access to County services, such as health, mental health, substance use treatment, education, training, employment, benefits, legal, family and housing services.
 - d. Explore, cultivate and accept philanthropic contributions in support of the efforts to serve veterans.
 - e. Solicit and hire a consultant within 60 days to:
 - i. Convene in 90 days an ad hoc steering committee composed of one representative each from:
 1. Each Board of Supervisors' office
 2. Chief Executive Office
 3. Health Agency (Lead)
 4. Community Development Commission
 5. Los Angeles Homeless Services Authority
 6. Military and Veterans Affairs
 7. VA Greater Los Angeles Healthcare System
 8. Veteran Service Organization
 9. Veteran Advocacy Organization
 10. Veteran Advisory Commission
 11. Philanthropy

- ii. Convene veteran stakeholders, conduct a landscape analysis, and develop an action plan for building a robust, well-supported veteran peer access network across government and non-governmental organizations serving veterans.
 - iii. Map the structure and operating principles for conducting multi-sector coordination activities for veteran services in Los Angeles County.
3. **Send a County letter of support for California Senate Bill 906** currently under consideration for establishing by July 1, 2019, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program.

If you need additional information, please contact Jonathan E. Sherin., M.D., Ph.D., at (213) 738-4601 or his staff Kumar Menon at (213) 738-4258.

FL:JES:BF:CG:AU/km

Attachment

c: Chief Executive Office
Executive Office, Board of Supervisors
Jonathan E. Sherin, M.D., Ph.D.
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Christina R. Ghaly, M.D.



**A REPORT ON
ESTABLISHING A COUNTYWIDE PEER NETWORK
FOR VETERANS' SERVICES & HOUSING**

**RESPONSE TO A MOTION BY
THE LOS ANGELES COUNTY BOARD OF SUPERVISORS
(ITEM 2, AGENDA OF FEBRUARY 6, 2018)**

**Prepared by:
The Los Angeles County Health Agency
May 4, 2018**

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EXECUTIVE SUMMARY

The actions sought by the Los Angeles County Board of Supervisors regarding the establishment of a Countywide Peer Network for Veterans' Services and Housing has directed attention on critical areas for strengthening the service network for veterans in Los Angeles County (County). The Los Angeles County Health Agency conducted an informal survey of public agencies, non-profit service and advocacy organizations, philanthropy and academia who are involved in serving veterans. The information gathered, in many instances from veterans working in these sectors, addressed services for all those who have served in the military regardless of their length of service, nature of service or their discharge status. The report synthesized the information gathered into four main sections: Veteran Peer Network, Veteran Services, Veteran Housing and Mechanism to Improve Collaboration and Coordination.

Survey participants, who in many instances were working veterans, agreed that a countywide network of veteran peers could make a significant impact on service access, and housing and income stability for veterans. Universal basic training and certification were recommended to ensure necessary service standards. A portal or hub for connecting veteran peers to each other and to veterans seeking services was seen as an important element for the success of a countywide network. Diversity among veteran peers was also emphasized as a means to better meet the array of service needs veterans have. Leveraging and collaborating with existing veteran peer programs was seen as a way to avoid duplication and be effective.

Los Angeles County has a rich network of available services to help veterans with their health, human, housing and employment service needs. Most services are provided to those with the most serious needs, including thousands of veterans. Despite these efforts, there is a rise in homelessness among veterans, compelling the County to focus on preventative services. More cross-sector collaboration, coordination, information sharing and training are necessary to provide effective, holistic services. The provision of basic support in local communities and increased geographic distribution of core service sites are recommended improvements.

The primary issue with housing veterans is the insufficient supply of affordable and special needs housing in the County. Key collaborative strategies are needed to expand the housing stock and address siting issues; and provide supportive services to stabilize those who are housed and help them retain their housing. Employment is another critical aspect of breaking the cycle of housing instability and even homelessness.

A few countywide collaborative efforts currently exist among veteran serving entities, but they lack the overall authority and means to provide infrastructure, elicit collaboration and encourage coordination to better serve the County's diverse veteran population. However, the County in close partnership with the VA Greater LA Healthcare System and the VA Long Beach Healthcare System, is positioned to provide an organizing platform for improving the regional delivery of services to Los Angeles County veterans. Engaging the necessary expertise, convening key stakeholders, deploying resources to fill some of the service gaps and investment in expanding scarce housing stock are among the recommended next steps.

INTRODUCTION

With over 300,000 veterans, Los Angeles County has the largest number of veterans of any County in the U.S. It is estimated that as much as 12,000 veterans discharge annually out of the military to Los Angeles County. Between all levels of government agencies, the non-profit sector, professional and community volunteers and philanthropic entities, the County has a rich set of services and supports to help veterans with housing, employment, education, health, legal assistance, benefit establishment, family support and others. Yet veterans in the County continue to face homelessness, housing instability, poverty, and barriers to care and wellbeing. The suicide rate for California veterans remains much higher than the rate for the state's overall population. The 2017 homeless count shows that the number of homeless veterans in Los Angeles County rose by 57% over the count in 2016, reversing the 24% decrease experienced between 2016 and 2015. It was also reported that 3,548 veterans entered permanent housing in 2016. While there is hope that the results from the 2018 count to be released later this month may show gains, the scope of the issue warrants seeking improvements and expansions to better serve our veterans.

In addition, addressing veteran homelessness can prevent veteran suicides. A recent study showed that veterans with a history of homelessness attempted suicide in the previous two years at a rate more than five times higher compared with veterans without a history of homelessness (6.9% versus 1.2%), and their rates of two-week suicidal ideation were 2.5 times higher (19.8% versus 7.4%).¹

To gain a general understanding of the gaps and barriers that prevent more veterans from achieving stability in their lives, the Health Agency conducted an informal survey of key County agencies, consulted with the US Veterans Affairs Greater Los Angeles Healthcare System and the VA Long Beach Healthcare System, and contacted veterans and representatives from veteran-serving organizations, academia and philanthropic organizations. This preliminary report summarizes the current state of affairs based on information from these sources. The report discusses the considerations for a Veteran Peer Network, for enriching the network of veteran services in the County, for stabilizing housing for homeless and at-risk veterans and their families, and for an enduring stakeholder platform to initially help develop a comprehensive action plan, and, thereafter, continue as a means to promote collaboration and coordination. A list of public, non-profit, philanthropic and academic organizations contacted to obtain information is listed in [Appendix A](#). In many instances, the information was provided by veterans leading/working in these organizations.

¹ <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700482>.

Purpose

This preliminary report is in response to a February 6, 2018, motion by the Los Angeles County Board of Supervisors directing the Chief Executive Officer and the Health Agency Department Directors, in coordination with the Executive Director of the Community Development Commission and the Director of the Los Angeles Homeless Services Authority, and in consultation with the Director of the Department of Military and Veterans Affairs, the Director of the United States Department of Veterans Affairs Greater Los Angeles Healthcare System, and relevant nonprofit stakeholders, as deemed necessary, to report back in writing in 90 days on a plan to establish a veteran peer access network in Los Angeles County as well as recommendations for an enriched set of resources including health care, mental health care, substance use treatment, legal services and housing, to which this network of veteran peers will have seamless access.

The motion directed the report to include details on establishing a Health Agency lead; a platform for convening stakeholders, coordinating activities, and conducting a landscape analysis to determine the next steps for building a veteran peer access network that would span host organizations across public and private sectors; and identifying principals, including public and private providers as well as veterans and stakeholders with relevant capacity and/or subject matter expertise and experience, to serve on an ad hoc steering committee.

This report is intended to provide an environmental scan that can guide the County's decisions in taking the specific steps toward realizing the Board's priorities for services to veterans.

Veteran Definition

The U.S. Department of Veterans Affairs (VA) considers a person who served in the active military service and who was discharged or released under conditions other than dishonorable as a veteran. Current and former members of the Reserves and/or National Guard who were called to active duty by a federal order and completed the full period of duty may be eligible for VA health benefits. But if their active duty was only for training purposes, they do not meet the basic eligibility for VA benefits.

County agencies serve veterans who are eligible and ineligible for VA benefits. In many cases, the veteran status of County service recipients is only self-reported. Hence for the purpose of this report and to be as inclusive as possible, a "veteran" is defined as a person who has self-reported as having served in the military for any duration, and without regard to the nature of his/her discharge.

VETERAN PEER NETWORK

The value of having employees with lived experience providing services is well acknowledged. For example, the mental health and addiction service systems have used peers as part of the service

delivery team. In an opinion article he co-wrote for the San Francisco Chronicle recently, military veteran Michael Pritchard writes, “Many veterans have stated time and again that they are quickly embraced by their veteran peers because of a common and shared understanding, and that they rely heavily on peer support. Studies have found that community-based groups have the potential to decrease morbidity and mortality rates, allow for enhanced self-care, and reduce the use of emergency services.” He goes on to note how one such peer group has a well-subscribed social media page that provides a safe place for veterans, their family members and first responders to connect and look after each other’s well-being.

SAMSHA’s Peer Support Workers

While volunteer peer-led supports and activities are popular in many walks of life, the need for a trained, skilled peer workforce has been well established in the recovery community. The federal Substance Abuse and Mental Health Administration (SAMHSA) describes a peer support worker as someone who has been successful in the recovery process and helps others experiencing similar situations. Among the potential activities SAMHSA lists for peer workers are: advocating for people in recovery, sharing resources and building skills, building community and relationships, leading recovery groups, mentoring and setting goals, providing services and/or training, supervising other peer workers, developing resources, administering programs or agencies and educating the public and policymakers. SAMHSA has developed core competencies² and a set of training and technical assistance materials³ for peer workers. The Los Angeles County Department of Mental Health has also identified a set of peer specialist trainings and core competencies for its workforce.⁴

VA’s Peer Specialist

The US Department of Veterans Affairs (VA) has a well-defined peer specialist position.⁵ In the VA, a peer specialist is a “person with a mental health and/or co-occurring condition, who has been trained to help others with these conditions, identify and achieve specific life and recovery goals. The peer specialist is actively engaged in his/her own recovery and is either a volunteer or an employee who provides peer support services to others engaged in mental health treatment. To qualify for the position, VA requires that an applicant be certified by a VA-approved peer support certification organization or a state approved certification organization in the applicant’s home state.”⁶ Among the VA approved certification organizations are Recovery International and Depression and Bipolar Support Alliance. The VA Greater LA Healthcare System currently employs close to 50 peer support specialists and has plans to hire a dozen more, and the VA Long Beach Healthcare System has 15 peer support specialists and has plans to hire five more. Other

² <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>

³ <https://www.samhsa.gov/brss-tacs/training-technical-assistance>

⁴ http://file.lacounty.gov/SDSInter/dmh/194804_PeerSpecialistTraining&CoreCompetencyFindings.pdf

⁵ <https://www.vacareers.va.gov/peer-to-peer/index.asp>

⁶ <https://www.vacareers.va.gov/peer-to-peer/faqs.asp>

organizations who are known to employ veteran peers in their veteran serving programs include US Vets, PATH, Volunteers of America and Vet to Vet. However, their numbers are not substantial.

Peer Certification

Certification as a peer specialist has the following advantages when an entity is creating such a class of employees: a) It defines the function of peer service or peer support; b) it sets competency, training and service quality standards; c) it sets the scope of practice that identifies the useful set of acceptable services that can be provided by the peer; and d) it potentially allows the distinct set of peer services to be billed to Medicaid.

However, Medi-Cal, which is California's Medicaid plan, currently does not allow for billing specific peer services. A state plan amendment approved by the federal Centers for Medicare & Medicaid Services (CMS) is necessary to change this Medi-Cal limitation. Los Angeles County is currently supporting state legislation (SB 906 – Beall and Anderson) to establish a statewide peer provider certificate program, including specialized training for peers to offer individualized support services to persons with mental health and/or substance abuse needs. If passed into law, California will be compelled to seek the necessary changes with CMS. The changes envisioned would support the development of a trained and certified veteran peer workforce engaged outside of VA ranks in providing a wide range of services, including those that are covered by Medi-Cal.

Program Model

Viable models for veteran peer programs are currently operating in Los Angeles County outside of the VA. The Battle-Buddy-Bridge (B3) program⁷ operated by the Volunteer of America applies the special knowledge, skills and abilities of veterans to get direct access and service to fellow veterans who experience problems transitioning back to civilian life. Battle Buddy teams provide intensive outreach and engagement services to connect veterans to resources necessary to stabilize their life as civilians. In its first year operation, using 8 Battle Buddies, the B3 program assisted 179 veterans, including 31 females, primarily with housing, transportation, employment, and assistance obtaining military documents. The ability to quickly engage and work closely as a veteran peer enabled same-day access to services about 50% of the time. Battle Buddies themselves showed a significant increase in their quality of life score by the end of the first year.

The success of a program like B3 is reflected in the suggestion by a County agency to hire more veterans with lived experience as well as female veterans to enhance access to services and maximize existing service capacity. A peer support network could provide intensive case support services that to ensure veterans maintain long term housing and do not fall back into homelessness. In addition to helping veterans connect and find a meaningful role in his/her new community, peers could do weekly check-ins to reduce isolation and identify new potential barriers to maintaining

⁷ <https://pfy-web.cof.org/ProductFiles/1009917/BATTLE-BUDDY-BRIDGE.pdf>

housing, model interactions with neighbors and landlords and provide many other critical supports. A veteran peer with mental health or substance abuse background could decompress the multiple demands placed on housing case managers who otherwise are also dealing with the intensive service needs of veterans.

Barriers and Gaps

1. Veteran Culture

- Some veterans rarely request assistance or keep their referral appointments. One County department reported that only 41% of veterans referred to an outside agency kept their appointment.
- Some veterans are reluctant to disclose any military connection because of previous negative experiences with government agencies.
- Some veterans are skeptical about going to the VA for services.
- Veterans entrenched in military culture may have difficulty making changes to adapt to civilian life.

2. Outreach & Navigation

- Veterans experiencing homelessness are hard to contact because they have no phone or mailing address.
- Many programs that serve veterans do not have dedicated staff with expertise in serving veterans. Without dedicated staff trained in veterans' issue, veterans may not have access to the full set of services available to them.
- Navigating the VA and its eligibility criteria can be confusing and serve as a deterrent to the veteran seeking assistance.
- Veterans require services and support in the community to which they are transitioning, however there may not be any service providers available.

3. Benefit Eligibility

- Some veterans do not report their veteran status due to misunderstanding of veteran status definition.
- Some veterans do not have their service documents.
- Veterans with other than honorable discharge statuses do not pursue veteran benefits because they believe their status renders them ineligible for any VA assistance.
- Ineligibility for certain VA benefits due to discharge status becomes a barrier in itself.

4. Veteran Peer Network

- While some veteran-serving programs utilize veteran peers, there is not a coordinated peer network to streamline access and navigation across systems and service providers.
- Some organizations, even those that use veteran peer support, have limited understanding of the competencies and standards of practice of peer support work and likely do not train the peers appropriately.

- There is a need for a standardized basic training and certification for veteran peers. Also, diversity of experience and expertise among veteran peers is necessary to match the diversity among veterans and their needs.
- Veteran peer services lack flexible funding streams. Funding can restrict the role of peer positions to the specific scope of the program under which they are funded. Flexible funding will allow veteran peers to provide holistic support for veterans who need a wide range of assistance.
- Developing a veteran peer work force is challenging because of the need for veteran peers who are well established in their recovery to be able to help others through dire straits without having their own setbacks. In addition to maintaining their wellbeing, they must be able to set boundaries, understand the service recipient's situation, be an effective liaison between service providers and service recipients, and weather the turf battles within the service provider ranks.
- 211 LA has experienced a significant gap in veteran resources that inhibits access to services: a) the lack of a cadre of veteran peers who can work across silos to provide comprehensive, round-the-clock system navigation, case management and care coordination support. The veteran peers currently providing services such as employment and housing support are only focused on their own highly complex service systems.

Opportunities

1. Unique Role

- The barriers and gaps identified cover issues of connectivity, service coordination, information sharing, local access to services and veteran-specific expertise and training. In addition to being able to provide the moral support and expert navigation for traversing the government systems, the veteran peers are able to build rapport and gain trust more quickly and successfully link them to housing assistance and social services. A trained and certified veteran peer is ideally suited to help the veteran move forward, avert risks and strive towards stability.
- The use of veteran peers should also be considered as a homeless prevention strategy by focusing on service members leaving active duty. Peers who have successfully transitioned to civilian life are best suited to help this population. They are more motivated and successful in sharing their knowledge and helping others to succeed.

2. Network Characteristics

- A number of veterans suggested both conceptual and practical considerations for the development of a Veteran Peer Network. As noted in the previous section, one recommendation was to ensure balance between the role the peer has in a veteran's life and the need for the veteran to engage and live among non-veterans. Another

suggestion was to ensure that the core veteran peer workforce is made up of paid, trained and certified peers. This would help avoid the problems of a high turnover rate a volunteer workforce might experience. Another suggestion was to ensure veteran peers have transportation capabilities, an important consideration given the distance, frequency and means of travel in Los Angeles County. Training for suicide prevention was seen as essential for veteran peers considering the high rate of suicide among the veteran population.

- There is a need for developing a well-trained, certified, deployment-ready veteran peer workforce who can be employed as full-time employees with regular wages and benefits. Being able to access such a workforce would take the burden off veteran-serving organizations in having to recruit, train and deploy.
- Veteran peers need to be part of the service teams in programs serving veterans to minimize access barriers and connect veterans to services.

3. Collaborative Development

- Given the various peer programs, including the VA program, operating in Los Angeles County, it is important to avoid wasted duplication and confusing overlap. For example, it would be more effective to collaborate with VA Greater Los Angeles Healthcare System as they make efforts to train and mobilize local colleges and universities student veterans as peers. Such collaborative efforts are more effective and mutually helpful.
- As suggested by one veteran who has worked in leadership positions helping other veterans, there is a whole set of opportunities in engaging veterans upstream as they prepare to get discharged or even before. Working with VA, veteran peers from other organizations could potentially participate in the VA's Transition Assistance Program to fill any gaps in transition supports, such as orienting service members to the resources available in local communities where they plan to live upon discharge.
- County needs a more effective platform for service connections, one that can reduce or eliminate access barriers between different systems, especially between federal and county systems.

4. Diversity

- Another consideration expressed by some veteran-serving programs was the necessity to have a diverse group of peers who can better serve the multiple needs of veterans. While the veteran population in Los Angeles County reflects the national population for most parts, it does include a larger percentage of Latino and Asian veterans.⁸ There must be consideration for the unique needs of female veterans, veteran families, single parent female veterans, LGBTQ veterans, and younger veterans from recent active duty, among others. Emulating peer support provided by organizations such as Blue Star Families and

⁸ The State of the American Veteran: The Los Angeles County Veterans Study, <http://cir.usc.edu/research/research-projects/los-angeles-veterans-survey>.

the Tragedy Assistance Program for Survivors (TAPS) are critical to addressing the impact a veteran has on his/her immediate family members.

5. Network Portal/Hub

- Consider simulating veteran peer gateway program models like San Diego 211's Courage to Call program. A collaborative partnership between San Diego County's mental health system, the Veterans Village of San Diego and 211 San Diego, the program provides a single portal for entry into a veteran peer support network.
- A hub for the veteran peer network can help engage, educate and connect veteran peers countywide.

VETERAN SERVICES

With a staff of 27 dedicated to serving veterans, the County's **Department of Military and Veterans Affairs (MVA)** provides assistance to military veterans including Guard and Reserve, uniformed service members, and veteran dependents – spouse and unmarried child under 18. Co-located in 22 County office sites across the County, MVA's Veterans Service Officers assist with filing claims for Veterans Administration (VA) benefits to include compensation, pension, education, vocational rehabilitation and burial, and assist with appeals, healthcare enrollment, mental health assessment, housing and employment services, and changes to military records and discharge designations. They also conduct home visits as needed. In addition, MVA trains County outreach teams and case managers on veterans' services and provides in-reach services within County jails and a local state prison to assist incarcerated veterans with VA benefits, family support, re-entry, education and housing.

MVA hosts legal workshops for veterans at its landmark headquarters, The Bob Hope Patriotic Hall, located in Downtown Los Angeles, and facilitates consultations for veterans with volunteer attorneys to clear tickets, warrants and criminal records. MVA partners with other County agencies and veteran-serving organizations to support complementary initiatives and/or co-locate complementary services at its headquarters. U.S. VETS, one of the largest non-profit organization serving homeless veterans, is housed at the Patriotic Hall and helps military veterans with housing, counseling, career development and case management. Veteran-specific services co-located at the Patriotic Hall are provided by County agencies such as the Superior Court and the Departments of Mental Health, Workforce Development, Aging and Community Services, Public Social Services, Human Resources, Public Library and Registrar/Recorder.

The **Department of Mental Health (DMH)** serves all veterans regardless of their eligibility for VA benefits. In calendar year 2017, DMH and its network of contracted providers delivered outpatient and/or inpatient mental health services to about 1,406 individuals 18 or older who self-reported as veterans. Nine percent (9%) of them self-reported as being homeless and over 75% had Medi-Cal benefits. DMH also operates the VALOR Program, an intensive outpatient mental health program

located at the Patriotic Hall that serves veterans who are deemed ineligible for VA benefits. Although the program accepts referrals countywide, it mostly serves veterans located in SPA 4. In the last 12 months, the program served 76 veterans and their families and connected them when needed to appropriate veterans' service organizations. Most veterans who have participated in the VALOR program meet their goals and transition to a less intensive program after 1-2 years. VALOR has had 100% success rate in housing veterans in permanent supportive housing program that include HUD-VASH, Project based, and Tenant based housing.

The **Department of Public Health's** Substance Abuse Prevention and Control (DPH-SAPC) Division provides a full spectrum of substance use prevention, treatment, and recovery support services to County residents, particularly the un- and/or underinsured, through contracts with community-based service providers. Last year, DPH-SAPC launched Los Angeles County's Substance Use Disorder (SUD) Organized Delivery System (ODS) to provide increased access to treatment services for youth and adults, including veterans, who are Medi-Cal eligible, My Health LA participants, and/or participating in another County funded program. While there is no "wrong door" to the ODS, there are three main entry points: the toll-free Substance Abuse Service Helpline, the Client Engagement and Navigation Services, and direct-to-provider self-referrals. DPH-SAPC contracts with 79 treatment agencies throughout Los Angeles County, 14 of which self-identify as providing services to veterans. Agencies employ SUD counselors with at least two years of experience providing SUD counseling and treatment services to veterans. Services provided include outpatient, residential, field-based services, outpatient and inpatient withdrawal management (i.e., detoxification), medications for addiction treatment, case management, peer-supported recovery bridge housing, and aftercare support services. DPH-SAPC served 1,433 individuals who self-reported as veterans in fiscal year 2016-17. Twenty-three percent were homeless; 43% had mental health issues; 84% were male; and 15% were employed. On average, veteran patients reported at discharge a 50% reduction in the frequency of primary drug use; about one-half of discharges among veteran patients who were homeless at admission found stable housing at discharge; and the proportion of veteran patients who reported having a mental health or a physical health issue at discharge were lower than that at admission.

Similar to DMH and DPH, the **Department of Health Services (DHS)** serve veterans just like other eligible patient categories, including Medi-Cal Fee-For-Service, Medi-Cal managed care, and uninsured. However, DHS does not currently routinely screen for veteran status during outpatient financial screening and does not have data on the number (or percent) of veterans that are seen in the DHS system.

The **Department of Public Social Services (DPSS)** serves individual veterans through the CalWORKs Program, General Relief (GR), General Relief Opportunities for Work (GROW) and Medi-Cal programs. The GR and GROW program also have a veteran-specific program, the Bridges for Veterans Program, which provides assistance through referrals to the Department's external

partners, the Supportive Services for Veterans and Families (SSVF) contracted providers, and the Veterans Affairs (VA). The SSVF and VA assist GR and GROW veterans with the following services: housing, veterans specific counseling, job preparation, employment referrals, and applying for VA benefits. All veterans are provided assistance regardless of military discharge status. For Medi-Cal eligible veterans or veteran family members, DPSS works with MVA's County Veterans Service Offices (CVSO) to help identify any potentially available income and health insurance for the veteran or veteran family member. The monthly average number of self-identified veterans in the GR caseload is about 2,200, out of which a monthly average of 501 employable veterans are in the GROW caseload for Fiscal Year (FY) 2016-17, and about 1,700 are incapacitated. GR and GROW Programs continually work with a VA outreach social worker to coordinate eligible housing and case management services for homeless disabled veterans that could help move them to stable housing. As of February 2018, 342 individuals who self-identified as veterans were receiving CalWORKs benefits; 79 spouses of veterans and 569 children of veterans and 80 homeless veterans were also assisted. In its 2017 Homeless County report, LAHSA suggested that the decrease in unsheltered homeless families over the previous year may be partially due to increase in families receiving CalWORKs temporary homeless assistance.

The **Department of Human Resources** operates the County's Veterans' Internship Program to create opportunities for veterans to enter the County workforce. The program was created in response to a disproportionate unemployment rate among returning veterans and the barriers they faced, such as on-the-job experience, in qualifying for County employment. The Program provides paid internships for qualified veterans of the Armed Forces of the United States. The internships are intended to provide veterans on-the-job training and work experience to effectively compete for permanent County positions. Depending on the job, veterans can be hired for a 12 to 24 month to provide support in the areas of administration, crafts, heavy maintenance and operation, information technology, office and clerical, and technical. Eligible VIP applicants include veterans who have been discharged or released from the Armed Forces of the United States under honorable conditions. Discharged veterans must possess a valid DD214 Certificate of Discharge or Separation from Active Duty or other official documents issued by the branch of service.

The veteran-specific American Jobs Center of California (AJCC) is operated by the **Department of Workforce Development, Aging and Community Services (WDACS)** at Bob Hope Patriotic Hall as part of the LA County Workforce Development System. In addition, the network of other AJCCs run by WDACS around the County prioritize service to veterans. Employment-focused services provided include basic career services, work-based learning programs, on-the-job training, and apprenticeship training. WDACS served 1,434 veterans in FY 16-17. 90% were male, 71.5% had low income, 8.6% were homeless and 5.2% were re-entering after incarceration. Fifty-three percent (754) were placed in jobs, 378 received training, 220 received supportive services.

Barriers and Gaps

The findings from a 2014 study report⁹ by the Center for Innovations and Research on Veterans and Military Families in the USC School of Social Work provide useful context for the information in this section. The report notes that a majority of veterans surveyed found it difficult to settle back into civilian life and acknowledged needing help on several fronts but not knowing how to get help. Almost 80% of them exit military service without a job lined up. Most of the unemployed veterans are not getting help finding work and a good number of those who work are low wage earners. At discharge, about 40% do not have a permanent place to live and many leave with untreated mental and physical health issues. The report notes the difficulty any one organization will have in meeting all the needs of veterans. It recommends developing a veteran community support network.

A 2012 report¹⁰ commissioned by the Center for a New American Security noted that veterans are not getting the help they need to transition well to civilian life. The report points out the inadequacies in helping veterans transition, the need for a long-term approach to reintegrating veterans, and the need to provide “consistent guidance” to the many non-governmental organizations that serve veterans.

Following are some of the barriers and gaps identified by County agencies and external organizations.

1. VA Eligibility

- VA can only serve eligible veterans. Ineligible veterans must rely on local government and the larger community for support.
- Veterans receiving mental health treatment often need expert assistance to have their discharge status changed and/or to determine eligibility for VA benefits based on time served.
- County eligibility staff currently lack access to VA’s veteran status information, such as character of the discharge and disability rating. The information could facilitate more appropriate referrals to assist veterans gain access to much needed VA benefits, which is higher than the \$221 GR grant. Additionally, the disability rating information allows the Countywide Benefits Entitlement Services Team to better assist veterans apply for VA and/or SSI benefits.

2. Access to County Services

- Based on the experience of the VALOR program, there is a need for veteran-specific intensive mental health services in SPA 1 and 2 for veterans who are ineligible for VA healthcare benefits.

⁹ The State of the American Veteran: The Los Angeles County Veterans Study, <http://cir.usc.edu/research/research-projects/los-angeles-Veterans-survey>.

¹⁰ Well After Service: Veteran Reintegration and American Communities, <https://www.cnas.org/publications/reports/well-after-service-Veteran-reintegration-and-american-communities>.

- One of the barriers veterans face accessing County employment services is the centralized location of veteran-staffed American Job Center of California (AJCC) at the Bob Hope Patriotic Hall. Reaching the location may be a challenge for some veterans. In addition, the facility has limited parking. Although the network of AJCCs elsewhere in the County do give priority to veterans, additional efforts are needed to ensure staff are trained to serve veterans. The option of providing mobile services to veterans are also limited given the staffing levels.
- Veterans seeking County mental health without Medi-Cal benefits often have to cover the full or partial cost of services depending on whether or not they have VA healthcare coverage and the necessary authorization.
- Given the nature of the veteran population that are struggling, all services should be responsive and trauma-informed. Referral processes should include reciprocity between agencies and limit the burden on those served.

3. Legal Services

- Veteran advocates note that justice-involved veterans may not be getting the full benefit of the existing veteran laws in California even though these statutes (PC 1170.9 & PC 1001.80) apply to all past and current members of the US military. This is a very broad definition that includes all veterans regardless of their discharge status as long as they are suffering a mental health condition related to their military service. The relief offered by these laws are critical in diverting veterans from the criminal justice system. Benefits may include entering a treatment program in lieu of being charged or sentenced, dismissal of certain kinds of cases, reduction of certain felonies to misdemeanors, waiver of fees and fines, sealing of certain types of records, and mitigation in sentencing.
- Defending and prosecuting attorneys, judges and other officials should be trained on the application of these statutes. The identification of all justice-involved military/veterans as early in the process as possible, ideally before their first court date, is crucial for many reasons. Their military service can be used as mitigation in every case from the most serious to the minor offenses.
- The application of these statutes will likely impact a majority of the estimated 1,500 justice involved veterans in LA County at any given time. It will also allow the cases to be heard in any of the courtrooms in the 24 County criminal courthouses, and not limited by the exclusivity of the five veteran courtrooms.
- In order to ensure veterans are afforded the full advantage of these statutes, there needs to be a mechanism that allows past and current members of the US Military as well as their defense attorneys to quickly connect to the entities, treatment programs, service providers that can provide necessary assessments, treatment as well as of verification of: military service, mental health condition related to military service and a treatment plan.

- VA utilizes the VA health care system to provide health care, has access to military records and uses VA Veteran Justice Outreach (VJO) workers to interview and write letters to the court to verify the 3 requirements of the statutes for the court. However, VJO workers can only help those who are VA eligible.
- An organized, dedicated and knowledgeable group of advocates may be necessary to help justice-involved veterans without VA eligibility and ensure that relevant statutes are applied to their court cases, provide similar support as the VA VOJs and help connect them to supportive services, such as VA disability benefits, discharge upgrades, housing, other legal services, employment and wellness.
- For veterans who are convicted of felonies and incarcerated for more than 60 days, their dependents need legal assistance to ensure the veterans' disability benefits are transferred to the dependents rather than it being reduced to 10%.

Opportunities

1. Outreach

- Funding a Veteran Outreach Liaison program at MVA, would benefit the hard-to-reach vulnerable population of men and women veterans (other than honorable discharge) and their families. The program can partner with DMH to integrate the liaison into the community outreach team to identify, assess, and link veterans to intervention and prevention services. MVA will be seeking the Board's approval in May 2018 to enter into a contract with the California Department of Veterans Affairs to receive \$40,000 in Proposition 63 funding to add a full-time Veteran Outreach Liaison. However, the grant will only cover the period of July 1, 2018 through June 30, 2019.
- Expand advertising and social media campaign/strategy specifically for County veterans' programs.
- Veteran Resource Centers in colleges can be an effective point of contact not only to help veterans.

2. Coordination

- Establish infrastructure for real-time communication and interaction between participants and service providers
- Strengthen coordination amongst veteran-serving partners. Seek opportunities for co-location and leveraging of each other's expertise, similar to how the DMVA is currently collaborating with DHS' CBEST teams to link or reconnect veterans identified in the DHS service systems back to the VA or link them to other benefits and services for which they may be eligible.
- Develop shared entry system such as a common intake form that allows for the enrollment into multiple programs/services. Streamline referral process to mandated partners and beyond. Modernization of processes will increase efficiency and allow for more focus on services rather than maintenance of the current system.

3. Staff Competency & Training

- Increase investment in veteran specialized staffing to expand capacity to serve. More social workers, LMFTs and other behavioral science-based service providers are needed to meet the many diverse needs of our veteran population. Many veterans are having post-deployment issues and secondary effect of combat and trauma. However, many are not diagnosed nor they want to seek treatment at the VA. Many providers struggle to find staff with adequate training and skill sets to support our veterans.
- There is a pervasive need for training: a) County staff need training on how to best engage veterans and improve their follow through on referral appointments; b) general need for more training and awareness of mental health and substance abuse issues, especially among housing case managers who have to balance the demands of housing navigation and addressing the intensive service needs of many veterans; c) community based organizations, county departments and other partner agencies need more training and technical assistance regarding veteran's benefits eligibility requirements, best practices on identifying and engaging veterans, effectively linking eligible homeless veterans to VA services, and the resources available for VA ineligible veterans.
- Consider hosting a periodic countywide conference to inform and educate peers and other who serve veterans.

4. Service Availability

- Expand VA healthcare services to satellite ambulatory clinics thus allowing veterans some flexibility in their housing search. Pursue collaborative efforts with VA (contract services, space sharing) to expand its service delivery across the County.
- Invest in technological infrastructure to facilitate the provision of remote/virtual services that complement staff capacity, including the use of technology for screening, assessment, referral and treatment.
- Expand the availability of family resiliency services to veteran families, including single parent female veteran families, throughout the county.
- The Hilton Foundation's recently published report evaluating its Chronic Homelessness initiative recommends the establishment of a data sharing agreement with all permanent supportive housing funders (including HACLA, HACoLA, DMH, DHS, and the Department of Veterans Affairs (VA) to enable better analysis and understanding of how PSH resources are geographically distributed.¹¹
- The County's HI has identified specific Measure H funding allocations for key strategies, such as Countywide Benefits Entitlement Services Team that also advocates for veteran benefits, and others that support addressing the needs of veterans experiencing homelessness, including those ineligible for VA benefits.

¹¹ https://hilton-production.s3.amazonaws.com/documents/295/attachments/2017_Hilton_Annual_Report_1.10.18_Final.pdf?1516219187

- Get ahead of the curve. Focus more resources on the vast majority of post 9/11 veterans who are relatively healthy to help them find and keep income and housing stability, and maintain their sense of purpose/mission and wellbeing.
- Emphasize strategies, including training on adapting to the civilian workplace, to help veterans gain and keep employment and prevent them from sliding into poverty and homelessness.
- Provide development support for the many small but effective programs that are solely focused on helping veterans.
- Ensure organizations that are funded for veteran services have programs and services dedicated to the veteran population.

VETERAN HOUSING

Los Angeles County has significant investments in services and supports to which veterans have access and have included veterans specifically in its Homeless Initiative strategies. Many of the County services are accessed by veterans who are eligible and ineligible for benefits provided by U.S. Department of Veterans Affairs (VA).

Advocacy for services and benefits to veterans are woven into the County's Federal Legislative Agenda. With regards to housing stability for veterans, the County's federal policy goals include advocating for funding and proposals to reduce homelessness among veterans, such as the development of permanent supportive housing at Department of Veterans Affairs facilities and underutilized or unutilized County-owned buildings, increasing funding for the HUD-VASH program, including reallocating unused HUD-VASH vouchers to jurisdictions with unserved homeless veteran populations, and restricting HUD-VASH case management funding from being repurposed for other uses.

Developed with the involvement and input of a large group of stakeholders, the **Los Angeles County Homeless Initiative's (HI) Approved Strategies to Combat Homelessness** includes veterans as a key subpopulation throughout and has a few strategies specific to veterans. For example, housing needs of veterans are included in facilitating the utilization of federal housing subsidies to secure rental units that accept federal housing vouchers. HI recommends the use of public land to increase affordable and homeless housing, citing opportunities such as the effort to house homeless veterans on the Veterans Affairs property in West Los Angeles. Also included is the establishment of the countywide veterans' benefits advocacy program for veterans experiencing homelessness or who are at risk of homelessness and advocating at the federal and state level to streamline processes for SSI and veterans' benefits, both of which are implemented and ongoing. Additionally, through HI Strategy D7, the County is supplementing the VASH-funding for case management services for 54 Veterans who are in permanent supportive housing on the West LA VA Campus. Additional opportunities for interim housing on the West LA campus are also being explored.

The **Housing Authority of the County of Los Angeles (HACoLA)** seeks to house formerly homeless veterans in permanent supportive housing until such time that supportive services are no longer needed. HACoLA currently services 1,754 veterans/veteran families through HUD-VASH vouchers. HACoLA also served 69 veterans/veteran families are served with certificates through the Continuum of Care program, which links rental assistance to supportive services for homeless individuals or families with disabilities. HACoLA provides the rental assistance to homeless veterans and their families in combination with case management and clinical services through the Department of Veterans Affairs. HACoLA served over 1,800 formerly homeless veterans/veteran families over the past 12 months. Over the past 12 months, HACoLA successfully utilized all available vouchers to serve formerly homeless veterans and veteran families. HACoLA also made 90 units available through project-based housing assistance.

The **Department of Health Services' Housing for Health (HFH) Program** is already providing housing and benefits assistance to homeless, medically complex veterans with multiple diagnoses who are identified within DHS system and may be disconnected or ineligible for VA benefits. The recently-opened, 24/7 Sobering Center in Downtown LA offers a safe and welcoming respite for individuals experiencing homelessness, including veterans, in Skid Row who are under the influence of drugs and/or alcohol. Funded through Measure H, HFH, in partnership with the Los Angeles Homeless Services Authority (LAHSA), is in the midst of deploying multidisciplinary teams to all 8 SPAs to do street-based engagement of individuals experiencing homelessness, including veterans, and help them obtain housing, income and needed care. Housing services offered through HFH to individuals experiencing homelessness, including veterans, include interim, rapid rehousing and permanent supportive housing. In addition, HFH is leveraging its Flexible Housing Subsidy Pool and access to supportive services against the Veterans Housing and Homelessness Prevention Program to create an average of 10 permanent supportive housing projects per year. For example, the HFH provides subsidy and services for 17 individuals identified as veterans at the Arlington Square building. Lastly, HFH's Countywide Benefits Entitlement Services Team (CBEST) program, in partnership with MVA, the Sheriff and DPSS, also helps veterans who are homeless or at risk of homelessness seek VA benefits. Co-located in 14 DPSS offices, various community sites, and all LA County jails, the CBEST teams also link veterans to care. In a 12-month period, HFH served 681 veterans, 91% male. 54% were placed in permanent supportive housing and 11% were placed in interim housing and provided rapid rehousing.

The **Department of Mental Health (DMH)** has used its specific Mental Health Services Act funding to support housing resources. Non-service connected (without VA benefits) veterans are eligible for any of the site-based and tenant-based housing resources managed by DMH. This includes the housing in which DMH has invested capital development funding through the MHSA/Special Needs Housing Program administered by California Housing Finance Agency and the Mental Health Housing Program administered by Community Development Commission through which there are

1,254 units. Of those, 41 MHSA units are specifically for non-service connected veterans in two different developments. The Blue Butterfly property, developed by Volunteers of America in San Pedro, has a total of 75 units for veterans including 12 two-bedroom MHSA units for veteran families. This development focuses on female veterans who have experienced trauma. The Silver Star property, developed by A Community of Friends, has 47 units including 8 MHSA units for single adult veterans. The Salvation Army Bell Oasis Apartments, being developed by Salvation Army in the city of Bell, will have 64 units, with 31 VASH and 12 MHSA veteran units. The Courson Arts Colony West, being developed by Meta Housing in the City of Lancaster, will have 44 PSH units, including 35 VASH and 9 MHSA veteran units. DMH also currently has 15 contracts with the Housing Authorities of the City and County of Los Angeles for 1,800 tenant-based federal subsidies that are not veteran-specific and serve all family sizes.

A group of non-profit organizations currently serve as the providers of **Supportive Services for Veteran Families (SSVF)** program in Los Angeles County. Established at the VA to promote housing stability among homeless and at-risk veterans and their families, the SSVF program is operated through grants awarded by the VA to private non-profit organizations and consumer cooperatives that can provide a range of supportive services to eligible very low-income veteran families. Services include outreach, case management, assistance in obtaining VA benefits, and help in accessing and coordinating other public benefits. SSVF grantees can also make time-limited temporary payments on behalf of veterans to cover rent, utilities, security deposits and moving costs. An eligible SSVF veteran is defined as a veteran that served in the military regardless of time enlisted. Veterans who have an Honorable, General Under Honorable, Other Than Honorable or Bad Conduct (without a Court Martial) discharge are eligible for SSVF services. Veterans with a Bad Conduct (with a Court Martial) or a Dishonorable discharge are not eligible and are generally redirected to civilian resources. National Guard or Reserves are only eligible if they have had active duty (which means that they have been deployed or have been "activated" to address local issues such as a riot or civil unrest). A veteran must also be under 50% Area Median Income (AMI) to be eligible for the program.

The SSVF program's Rapid Re-housing (RRH) service works to get veterans into housing as quickly as possible by providing a security deposit and short-term rental subsidy. SSVF also assists veterans with connecting to employment programs and benefits to ensure a veteran will be able to sustain housing after they exit from the SSVF program. Eligible veterans can also qualify for bus/train passes, the cost for tools, certifications or anything else needed for employment, car repairs, child care, basic housing supplies such as beds and refrigerators, cost of birth certificates, IDs or any other documents required for housing and legal services. Another component of SSVF is connecting higher acuity veterans (those not able to sustain housing with the RRH option) to permanent supportive housing (PSH). The PSH may come in the form of a Section 8 voucher (HUD-VASH, Shelter Plus Care, Housing Choice, etc.) or a project-based unit. SSVF does not provide the ongoing care for

these veterans but instead connects to long-term care providers that ensure that veteran will sustain housing.

There are eight main SSVF providers in Los Angeles County. Some providers have sub-contracts with smaller agencies. Many of the providers cover multiple geographic locations. There is at least one SSVF program in each SPA. Each program serves anywhere from 300-600 hundred veterans each fiscal year. In the last fiscal year approximately 3,985 veteran/ veteran Families were served by SSVF. Out these 3,985 veterans, 68% receive benefits from either Social Security, VA or General Relief. All veteran families serviced by SSVF must be below 50% Area Median Income. Approximately, 4% of veterans served were females. Since the inception of SSVF in 2012, over 10,000 veterans have been housed with the collaboration between SSVF and the HUD-VASH programs.

According to LAHSA's dashboard for veteran Homelessness, the time to housing has substantially improved for the SSVF Rapid Re-housing program from 127 days in March 2016 to just 26 days in March 2017.¹² In the case of HUD-VASH, the time between program admission and voucher issuance has also decreased from 83 days to 15 for the same time frame. However, the number of days between voucher issuance and move-in hasn't changed significantly - 101 days in March 2016 and 108 days in March 2017.

The VA's Grant Per Diem Programs (GPD) are transitional housing for veterans experiencing homelessness. They utilize the same definition of veteran that SSVF does. They do not necessarily have the same income requirements that SSVF does but many of the veterans in the GPD programs are under 50% AMI. The GPD programs have the transitional housing for veterans and the SSVF programs have the funding needed to place veterans in housing. There are 5 GPD programs in Los Angeles County. The GPD goal outcomes are 65% of veterans discharged to permanent housing and 50% employed or receiving benefits at exit. Most of the GPD programs have been able to meet their goal of at least 65% of veterans housed at exit. There is a variation within programs regarding employment and most range from 40%-50% housed.

Barriers & Gaps

Veterans who are 100% Service Connected (VA disability benefits) and those who are VA-ineligible come back repeatedly through the system and identify issues with housing as a reason. Following are some of the barriers and gaps identified by County agencies and external organizations.

1. Housing Shortage

- The LA region is a difficult housing market for veterans. Renters in Los Angeles-Long Beach-Anaheim Metro Statistical Area (LA MSA) are among the most cost-burdened in the nation. Over half a million low income households in LA County are severely cost-

¹² <https://www.lahsa.org/dashboards?id=7-los-angeles-county-Veteran-homelessness>

burdened. According to a May 2017 report¹³ by the California Housing Partnership, Los Angeles County needs more than half a million affordable homes for “very” and “extremely” low income households. The LA MSA has among the lowest rental vacancy rate in the nation and rents tend to increase faster than median household income.

- There is limited availability of low demand shelter or transitional beds. Many chronically homeless veterans, especially those with mental health and/or substance abuse issues struggle to maintain program requirements and rules of traditional shelter and transitional beds. Although many of the transitional bed for veterans have been converted to low demand beds, there is a still a gap for many chronically homeless veterans suffering with severe and persistent mental illness.

2. Housing Retention

- Often times, providers lose track of these veterans because they do not stay in the transitional program and they miss out on potential housing opportunities. While resources such as Single Residence Occupancies are ideal to house these veterans temporarily until they get Permanent Supportive Housing (PSH), some programs, like the SSVF, are unable to pay for transitional housing if the veteran is on the pathway to PSH.
- Many veterans in short-term 6-9-month programs actually need longer term support. And as they face delay accessing PSH and go in and out of temporary housing, they do not get the long-term support.
- Lack of funding for housing retention/housing stability services. SSVF is a short term RRH program (maximum 9 months) but is increasingly serving veterans that need longer term services yet do not quite qualify for PSH. SSVF providers do all they can to ensure housing stability but eventually have to exit veterans due to time limitations. Unfortunately, what we are seeing is veterans returning to homelessness within a couple years of being housed by SSVF. The reasons veterans return to homelessness are usually things that can be addressed by case management but since veterans are not connected at the time they end up losing housing.
- Veterans who are 100% Service Connected (SC) and get into permanent housing are not getting the follow up to ensure stabilization. It could be because those who 100% SC are usually not eligible for many case management programs due to their income status. Even with income stability, many of these veterans struggle to maintain housing without some stability supports.
- Without dedicated people to support the veterans longer term, many veterans do not follow up with housing referrals or fall out of housing programs due to mental health, substance abuse, transportation, physical health and a number of other reasons.

¹³ <https://chpc.net/resources-library/>

- Community integration is also crucial to ensure that veterans sustain housing. As we know, just putting someone in a home does not ensure that they will succeed. A veteran must feel like they have a meaningful role in their community in order for an apartment to actually feel like home. Community integration, such as connecting veterans to local churches, veterans' groups or any other activity can be intensive and time consuming. Once again this is a gap for SSVF and GPD because they cannot provide this type of intensive services. Funding for such community integration positions could fill such a gap and reduce recidivism to homelessness.

3. Eligibility

- Many veterans who do not meet the technical definition of chronically homeless are falling through the cracks when it comes to accessing services such as housing because chronic homelessness seems to be a requirement for many housing programs.
- In 2015, the Housing Authority of the City of Los Angeles (HACLA) developed a new program, Homeless Veterans Initiative (HVI) in which they set aside 500 Section 8 vouchers for veterans that were not eligible for VASH. DMH was awarded 50 of those vouchers. DMH referred 69 veterans to the program and of those 35 homeless veterans successfully leased apartments using this subsidy. There were various challenges with leasing up all 50 vouchers including many of the referred veterans not passing the criminal background check. For those who received a voucher, several were unable to find housing. HACLA terminated the program on March 31, 2017, because of the difficulty agencies were having identifying veterans eligible for this resource.

4. Availability of Services

- The location of the West Los Angeles VA becomes restrictive when it comes to housing clients who need access to VA services and prefer to be near to services. Housing in West LA is limited and unaffordable.
- Distance and transportation (both time and means) to VA locations are a barrier. For example, veterans in Antelope Valley (AV) are impacted, especially those who need ongoing health care services. It would be helpful to have at least VA urgent care services in AV.
- Another gap is direct linkage to mental health and physical health services. Although these things are critical to housing stability, SSVF does not necessarily have the capacity to accompany veterans to appointments to ensure they stay connected. Many of the veterans that are served by SSVF are not VA Healthcare eligible and would benefit from being connected to County services to make them eligible for additional housing options. Often what we find though is that SSVF programs make the initial linkage but veterans may not get to their appointments due to a number of reasons. Traditionally, there has not been much coordination between SSVF, GPD and County services which creates confusion about programs, creates inappropriate referrals and sometimes results in veterans falling through the cracks.

5. Employment

- Employment is often overlooked in the homeless stabilization process. Employment should be tackled as early as possible in the process of housing homeless veterans. There is a need for more programs that can successfully help veterans with high barriers to employment such as homelessness, addiction and a criminal record find and keep jobs. With fewer and fewer landlords accepting Section 8 and rising rents, veterans need to increase income through employment or benefits acquisition but may require more intense case management and follow up than programs like SSVF/GPD can provide.
- Although programs like SSVF and GPD are tasked with increasing veterans' income in order to ensure housing stability, their staffing capacity to do more than initial employment referrals. The Homeless Veterans' Reintegration Program although focused on employment can only serve those who are considered homeless and hence unable to assist those in PSH and other permanent housing who need employment assistance for stability. Providers have managed to piece together some funding to fill this gap with grants from local philanthropic institutions.

6. Training

- Most SSVF & GPD staff are trained in such models as Housing First but additional supplemental trainings such as mental health, substance abuse & physical health are needed to ensure veterans get more holistic case management. In addition, training on programs and how to link to all these programs is also greatly needed within the SSVF/GPD world. The veteran world is very well connected to each other but not as well connected to their community partners that could provide both training and services to the veterans being served.

7. Data Reporting

- As noted in a recent Hilton Foundation's annual report¹⁴, current countywide reporting is unable to accurately distinguish between active placements made by the SPA-level CES implementations, DHS, DMH, and other providers, as compared to the overall number of people who exited to a permanent housing destination, many of whom likely self-resolved their homelessness.

Opportunities

Addressing the major problem of affordable housing scarcity in LA County is already a priority of the Board of Supervisors. Multiple jurisdictions are involved. Leveraging federal and state funding, funding affordable housing, investing Measure H funds and repurposing/developing government property are some of the avenues being pursued.

¹⁴ https://hilton-production.s3.amazonaws.com/documents/295/attachments/2017_Hilton_Annual_Report_1.10.18_Final.pdf?1516219187

1. Siting

- Despite the best efforts, development of new housing stock, a slow process in itself, sometimes runs into local opposition. As suggested by a veteran leader, there is a need to ramp up efforts to combat NIMBYism. Perhaps the focus on veteran homelessness could be the catalyst to get a wider involvement in siting affordable housing.

2. Use of Public Land

- An easier win than developing on private land could be the development of vacant/available government property. For example, the West LA VA campus may have vacant land on which a joint investment between City of LA using HHH funding, the County using Measure H for ongoing support services and MHSA funding, in collaboration with VA, and with the support of veteran advocacy groups, the veteran-serving organizations and philanthropy, could bear fruit in a significant housing development. The City of LA has already begun plans to convert some of its unused buildings into transitional housing.

3. Incentives

- Continue to implement Landlord Incentive Program for veterans and homeless to address the current state of the rental market by providing monetary incentives to property owners/managers willing to rent their homes to formerly homeless veterans housed through the VASH and/or Continuum of Care programs.

4. Leverage Current Initiative

- The County's HI has identified specific Measure H funding allocations for key strategies, such as B4-Facilitate utilization of federal housing subsidies, F7-Preserve and promote the development of affordable housing for homeless families and individuals, and others that also support addressing the needs of homeless veterans, including those ineligible for VA benefits.
- The County has plans to invest in affordable housing up to \$60 million in FY 2018-19, \$80 million in FY 2019-20 and \$100 million each year thereafter.

MECHANISM TO IMPROVE COLLABORATION AND COORDINATION

The 2012 report¹⁵ commissioned by the Center for a New American Security on veteran reintegration recommends that “civic, community and nonprofit leaders (including conveners of community-based reintegration efforts) should access or develop data on the veterans and military families in their catchment areas, develop the attendant needs analyses, inventory community resources available to address these needs and convene stakeholders in the design and implementation of a community reintegration model.”

As evidenced in this report, how county services are operating to serve veterans and what they are identifying as barriers, gaps and opportunities all clearly indicate the need for improved

¹⁵ Well After Service: Veteran Reintegration and American Communities, <https://www.cnas.org/publications/reports/well-after-service-Veteran-reintegration-and-american-communities>.

collaboration and coordination not only between County agencies but also their external partners such the VA and the various non-profit veteran-serving organizations.

The convening of stakeholders for the purpose of designing, implementing and ongoing coordination of large initiatives is familiar to Los Angeles County on many fronts, including the Homeless Initiative. However, a similar effort focused on veteran services is not in the County's recent policy history. Nevertheless, such efforts have existed locally albeit without the County leading the charge.

The Los Angeles Veteran Collaborative, administered by the USC Center for Innovation and Research on Veterans & Military Families, is a group of more than 200 stakeholders, government and non-profit agencies, and community service and advocacy organizations serving veterans and military families in Los Angeles County. It seeks to reduce suffering and improve the lives of veterans and military families. LAVC members gather monthly in workgroups, currently numbering 13, to address systemic issues that impact wellbeing of veterans and military families. LAVC was founded in 2010 at New Directions, a well-known Los Angeles non-profit serving veterans. Administration of LAVC transferred to USC CIR in 2012. LAVC is seen as a good-faith effort to model large scale collaboration and was instrumental in spurring the USC CIR's well-known Los Angeles County Veterans Study (2014). LAVC is currently helping to develop a technology platform for agencies assisting veterans with employment, including facilitating the execution of Memoranda of Understanding between participating organizations. LAVC has also launched the Los Angeles Veteran Orientation, a quarterly peer-network and engagement event for newly separated veterans and veterans new to Los Angeles. It is intended to provide a casual, informal community for veterans to discuss their needs, obtain information about available resources, and connect with veteran networks in Los Angeles. Outside of its locus at a university and limited infrastructure, the LAVC may provide a model for the convening platform sought in the Board motion. In fact, some leaders in the veteran space has expressed interest in County using LAVC as the convening platform. They also suggested the potential for LAVC as an ongoing platform for a supporting a network of veteran peers.

There appears to be some synergy between County's efforts and some of the ongoing efforts at the VA. The VA's Community Veterans Engagement Board (CVEB) are independent, community-based organizations that are comprised of a collaborative network of veterans, advocates, resources, and other stakeholders who organize in the local community to improve outcomes for veterans, Service members, and their communities to create *"Veteran-friendly Communities."* The mission of the Los Angeles Region – Community Veteran Engagement Board ("LAR- CVEB") is to establish and maintain effective communication links among veterans of all eras, their families, all service providers (including the VA), and stakeholders in the community for the purpose of facilitating an improved quality of life for veterans. Its stated goals are to: maximize the provision of information to veterans to facilitate access to both VA and community resources; identify and compare trends in veteran issues; and develop measurable gap analysis in services; and develop a common agenda for action

to achieve the mission of the LAR-CVEB. Composed of veterans and representatives of veteran-serving organizations, the LARCVBE board has three VA officials as ex-officio members. VA has developed an extensive set of resource documents to support the development and operation of a CVEB.

Another veteran-focused regional collaborative currently operating is the Veteran Housing Alliance which meets once a quarter at the Bob Hope Patriotic Hall. It is a collaboration between and jointly facilitated by the LAHSA's Continuum of Care and the VA. Regular participants are VA HUD-VASH, VA Outreach, VA Homeless Patient Aligned Care Team (HPACT), VA GPD, Homeless Veterans Rehabilitation Programs, SSVF, DMH VALOR, AMVETS, CalVet and LAHSA. HACLA, HACoLA, City of Los Angeles representatives, VA advocacy groups and other veteran organizations attend occasionally. Traditionally, it has been leadership of these programs that attended but some line staff do attend. The purposes and goals of the VHA are: 1) Review and implement best practices; 2) Review data in order to guide practice; 3) Create a networking opportunity for providers to develop relationships between partners; 4) Provide training and resource information to veteran services providers; 5) Provide a space for systemic barriers and solutions to be identified.

211 LA County is the established countywide information and referral service provider under a contract with the County of Los Angeles and First 5 LA to provide county-wide information. They also operate specialized hotline services for other public and private entities and privately-funded Care Coordination programs. They currently have a veteran service coordinator who makes follow-up contacts with veterans who access 211's referral services. In 2017, 9,903 veterans or military spouses called 211 LA for help connecting to services. 63% were single individuals, 15% had children and the rest were couples or mixed family composition. Over 65% had household income of less than \$2,000/month. The most frequent needs for all callers were housing, counseling and search assistance. About 2,602 of the callers were homeless or imminently homeless and 80% of the homeless veterans did not have a HUD-VASH voucher. 1,066 veterans needed help finding emergency shelter. Many reported being turned down by veteran housing programs due to family compositions, income, discharge status or program funding capacity. Often they didn't know the reason they were turned down and did not receive alternate referrals; hence they contacted 211 with the same unmet service needs. Of the 1,297 veterans who accepted the offer for follow-up with the veteran service coordinator and had a referral to SSVF services, only 71 confirmed receiving services when contacted within the month. 875 of the veterans with SSVF referrals who agreed to a follow up by the coordinator did not respond and could not be contacted.

Barriers and Gaps

1. Competency & Focus

- As a coordinated and collaborative network of veteran services is developed, there is a need to ensure organizations listed in referral directories for veteran services are actually able to serve the uniquely complex and sensitive needs of the veteran population.

- Access to services should be the primary focus of a countywide coalition. Focusing on sub-population issues is a barrier.

2. Coordination

- There are notable gaps in the exchange of information between agencies about the outcome of a referral and the services provided. There is a need for improved data sharing and coordinated reporting in order to better serve veterans and provide a more accurate picture of service impact. For example, even sharing information like numeracy and literacy evaluations would make veteran employment services more effective.

3. Infrastructure

- Current collaboration efforts across veteran-serving entities primarily provide opportunities for networking and information sharing. While these efforts do generate ideas, it is difficult to realize them since neither the collective body nor the members who attend have the necessary decision-making capacity. Moreover, they tend not to have the infrastructure to take action.
- Need a coherent veteran service portal for Los Angeles County. 211 San Diego and Combined Arms are some examples to consider.

Opportunities

1. Philanthropic Community

- This past December, the Southern California Grantmakers convened a group of veteran community stakeholders focused on seeking solutions for coordinating services for veterans between all sectors involved. The group has suspended its activities temporarily to wait for the follow up to the Board's action of February 6, 2018. The group communicated its collective interest in the County's action regarding services to veterans and expressed its readiness to participate in a stakeholder process convened by the County.
- The philanthropic community has expressed interest in helping to convene stakeholders to develop a plan of action for deploying and operating both a peer network and collaboration of service providers.

2. Countywide Portal

- Build a virtual countywide veterans services portal that can supplement the work of a peer network to remove access barriers to service.
- Courage to Call in San Diego offers a model for a Veteran Peer Network portal.
- LAVC has launched the Los Angeles Veterans Orientation to help newly separated veterans and veterans new to Los Angeles connect informally with peer networks and learn about available resources.
- LAVC is involved in developing a technology platform with 211 L.A. County to support organizations that are helping veterans with employment.

- County's implementation of provisions in the Assembly Bill 210 is slated for June 2018. It is an opportunity to address sharing of confidential information between provider agencies involved in the assessment and linkage of homeless individuals to housing and supportive services. The purpose is to coordinate housing and supportive services to ensure continuity of care.

3. Collaborative Models

- Several working models exist for a collaborative. In addition to efforts like the Los Angeles Veterans Collaborative and the Veteran Housing Alliance, efforts like the San Diego Veteran Coalition, the Orange County Veterans and Military Families Collaborative and Los Angeles Magnolia Place Initiative offer features and experience worth considering. For example, the Magnolia Place initiative is a consortium of over more than 70 County, City of LA and community programs working together across silos to improve population level outcomes.
- To strengthen the collaborative model, consider hosting a periodic conference to inform and educate both peers and others serving veterans.

4. Independent Organization

- Fund an independent organization (NGO) that has the relevant experience and ability to develop, administer and coordinate a local network of veteran peers and veteran-specific services, but can connect with veteran-specific resources at a national and state level. Not only does this avoid "reinventing the wheel" but also gives the County the deployment flexibility as the need changes. Have the independent organization also organize and operate a steering committee to help guide its work. This consolidates the reporting and accountability within one entity.

SUMMARY

1. Veteran peer support can help veterans overcome barriers to service access that are unique to them.
2. Although County has experience using a peer staff model in the Department of Mental Health, the scale of developing a countywide Veteran Peer Network independent of service silos will require a substantial investment in a comprehensive and coordinated approach to recruitment, training, deployment, support and management of the network.
3. The County is laying the groundwork for effectively building a viable peer support network, including seeking legislation to professionalize and establish reimbursable peer services in California.
4. Although, as evidenced by the outcome data from various departments, County's investment in services and supports for veterans have been impactful, there needs to be more information sharing and service coordination between County agencies as well as strategic expansion of County services for veterans.

5. Affordable housing and special needs housing for homeless individuals and families are scarce in the County and often defeats the use of housing subsidies and assistance.
6. Overcoming barriers to affordable and special needs housing development require multi-jurisdictional collaboration on siting advocacy and leveraging multiple funding streams.
7. Given the diversity and multiplicity of efforts under various jurisdictions, it is best that County use a stakeholder process to develop the Veteran Peer Network and a structure for ongoing coordination/collaboration between various service silos.

RECOMMENDED NEXT STEPS

1. Appoint the Department of Mental Health as the Health Agency Lead for this initiative.
2. Grant authority to the Health Agency Lead to:
 - a. Immediately initiate efforts to identify and advance the use of County funds to the Board and leverage City and Federal contributions to:
 - i. Expand affordable and special needs housing inventory for veteran and veteran families in concert with other County efforts, including the development of unused government properties and vacant government owned land, and coordinate necessary public advocacy efforts to overcome siting barriers; and
 - ii. Expand rental subsidy program for those ineligible for HUD-VASH and/or Section 8 programs.
 - b. Immediately begin the process of identifying County resources through departments and entities represented on the ad hoc Steering Committee to hire staff and enter into contracts that expand the number of veteran peers employed by the County and non-profit organizations serving veterans in the County.
 - c. Immediately begin to explore opportunities with County departments to focus services, dedicate existing resources and/or find new resources, including the use of technology, to improve veterans' access to County services, such as health, mental health, substance use treatment, education, training, employment, benefits, legal, family and housing services.
 - d. Explore, cultivate and accept philanthropic contributions in support of the efforts to serve veterans.
 - e. Solicit and hire a consultant within 60 days to:
 - i. Convene in 90 days an ad hoc Steering Committee composed of one representative each from:
 1. Each Board of Supervisors' office
 2. Chief Executive Office
 3. Health Agency (Lead)
 4. Community Development Commission

5. Los Angeles Homeless Services Authority
 6. Military and Veterans Affairs
 7. VA Greater Los Angeles Healthcare System
 8. Veteran Service Organization
 9. Veteran Advocacy Organization
 10. Veteran Advisory Commission
 11. Philanthropy
- ii. Convene veteran stakeholders, conduct a landscape analysis, and develop an action plan for building a robust, well-supported veteran peer access network across government and non-governmental organizations serving veterans.
 - iii. Map the structure and operating principles for conducting multi-sector coordination activities for veteran services in Los Angeles County.
3. Send a County letter of support for California Senate Bill 906 currently under consideration for establishing by July 1, 2019, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program.

APPENDIX A – LIST OF CONTACTS

- 211 L.A. County
- ABA Veterans Legal Services Committee
- American Legion
- AMVETS (American Veterans)
- Blue Start Families
- California Department of Veterans Affairs
- Call of Duty Endowment/Activision
- Cohen Veterans Network
- Community Development Commission/HACOLA
- Community Veteran Justice Project
- Deloitte LLP
- Disabled American Veterans
- Housing Authority of the City of Los Angeles
- Iraq and Afghanistan Veterans of America
- L.A. County Chief Executive Office
- L.A. County Department of Health Services
- L.A. County Department of Mental Health
- L.A. County Department of Military and Veteran Affairs
- L.A. County Department of Public Health
- L.A. County Department of Public Social Services
- L.A. County Department of Workforce Development, Aging and Community Services
- L.A. County Probation Department
- L.A. County Public Defender
- Los Angeles Homeless Services Authority
- L.A. Region – Community Veteran Engagement Board
- National Association of Veteran Serving Organizations
- National Veterans Foundation
- Network of Care/Trilogy Integrated Resources Inc.
- PATH
- Rose Hills Foundation
- Save A Warrior
- Southern California Grantmakers
- Sutherland Partnership
- Team Rubicon
- The Ahmanson Foundation
- The Carl & Roberta Deutsch Foundation
- The Salvation Army
- The Soldiers Project
- Tragedy Assistance Program for Survivors
- U.S. Veterans Affairs Greater Los Angeles Healthcare System
- U.S. Veterans Affairs Long Beach Healthcare System
- U.S. VETS
- UCLA Center for Neurobehavioral Genetics
- UCLA Nathanson Family Resilience Center
- UCLA/VA Veteran Family Wellness Center
- UniHealth Foundation
- United Way Greater LA
- USC Suzanne Dworak-Petk School of Social Work
- Vets Advocacy
- Veteran Housing Alliance
- Veterans of Foreign Wars
- Volunteers of America Los Angeles